



How accessible is Social Protection for people living with HIV in Ethiopia?

The study 'Access to Social Protection by PLHIV and Key Groups' is part of the Linking & Learning project of the Community of Practice on HIV and livelihoods (CoP) in Ethiopia, supported by STOP AIDS NOW! The CoP is offering social protection programs to people living with HIV, people at high risk of HIV (like sex workers, housemaids) and people affected by AIDS (like orphans, vulnerable children, widowed households).

Meaningful Impact of Social Protection

UNAIDS has designated social protection as one of the ten elements to achieve zero new infections, zero discrimination and zero AIDS related deaths. Effective social protection is core in:

- reducing the disadvantages and inequalities that make people vulnerable to HIV infection;
- enabling people living with HIV to live healthily;
- mitigating the impact of HIV and AIDS on households.

Ethiopia's government and NGOs are offering a range of social protection programs targeting specific groups and poor people in general. In 2012 the government launched the Citizen's Charter, a mechanism designed to improve the effectiveness and efficiency in delivering services.

Aim of the study

This study explores the availability, access to and quality of social protection programs. The levels of access to social protection between four groups have been compared:

1. People living with HIV.
2. Members of key groups (people at high risk of HIV/people affected by AIDS like orphans, widows).
3. People with disabilities
4. Poor people without HIV or disabilities.

The study has been executed by the Community of Practice on HIV and Livelihoods (CoP, a collaboration between 11 Ethiopian NGOs). The first two groups are typical clients of CoP partners. The last two are included for comparison.

Study method

The study was executed in May-August 2015 in operational areas of four CoP partners: Addis Abeba (large city), Goba town (large town), Fincha (sugar plantation and town) and Debre-Elias (small town). It involved 304 survey interviews and focus group discussions with 123 participants. The respondents are either members of NGOs or non-members. Key informant interviews were held with 52 representatives from state agencies, local government and CoP partners. The majority of respondents (83%) is female, this is due to the fact that most programs are targeting women. About half (47%) of the respondents is aged 28-37 years. The level of education is relatively low. Most respondents (71%) are economically active and household heads.



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Findings

Available Social Protection Programs

The following seven social protection programs are available in all four sites in Ethiopia: Social Insurance, Provision of Basic Social Services, National Nutrition Program, Support to Vulnerable Children, Support to Persons with Disabilities, Employment Promotion and Community Based Social Support. Urban Housing is available in all sites except Fincha and Support to Older Persons is only available in Goba and Addis Abeba. Three programs are lacking in all sites: Food Security, Health Insurance and Disaster Risk Management. The providers of the social protection programs are governments (48%), NGOs (43%) and community institutions (10%).

Access to Social Protection is still low

Overall 37% of respondents doesn't receive support from any program at all and 24% receives support from only one program. The respondents believe they are entitled to receive support from 4.4 programs and have actually obtained support from 1.3 programs. On average People living with HIV have access to 2.0 programs, People with disabilities to 1.3 programs and Members of key Groups/People without HIV or disabilities to 0.9 programs. The mostly accessed programs are Support to Vulnerable Children (33%), Employment Promotion (20%), Provision of Basic Services (22%) and Urban Housing (21%). Surprisingly Community Based Social support is accessed by only 3% of respondents while it is known by 54%. The average of accessed programs per site is: 1.6 in Goba, 1.5 in Debre Elias, 1.2 in Addis Abeba and 0.6 in Fincha.

NGO-membership leads to greater access

Of all respondents, 38% is a member of CoP or other NGO programs. Membership of an NGO is the most influential factor for the number of programs that are accessed. This is because members can benefit from training and support in seeking access. Almost all (95%) members obtain social protection support compared to only 43% of non-members. Members seek more support from both NGO and government-led programs. Non-members are able to access to government-led programs only. They obtain support from 0.73 programs, which is much less than the 2.1 accessed programs by CoP members. Key groups are severely hampered by non-membership as 85% of non-members in this group doesn't access governmental social protection programs, followed by People without HIV/disabilities (64%), People with disabilities (50%) and People living with HIV (24%). The membership advantage is effective for all four study groups, but is more common for People living with HIV who also have the lowest disadvantage of non-membership.

Barriers for seeking and accessing Social Protection

Access to programs can be limited by various barriers. **Lack of information** about programs is the most mentioned reason for not seeking support. One in four respondents didn't seek support because he/she didn't know where to go or whom to ask. **Perceptions about rights and eligibility** can prevent people from accessing programs. Most respondents don't consider social

protection as a right. One in five respondents didn't think he/she is eligible. People also reported **about unclear poverty criteria**, leaving room for personal judgments by representatives of programs. It also happens **services are only available for the targeted group** of a program while these are needed by more people, as is the case with the OVC program that could be interesting to poor people without children too. Or **programs are just not accessible** in all areas, like The Food Security Program. **Practical constraints** can make programs effectively unavailable. People are experiencing difficulties to obtain certificates for free medical care. And even though certificates are obtained, in many occasions people don't get medical care for free. Accessibility to the Micro & Small Enterprises Development program is limited because requirements are too difficult to meet and support is lacking. **Discrimination and (self-)stigmatization** have been mentioned as persistent barriers to accessing programs.

Social Protection can make a difference in people's lives

The study didn't evaluate the effectiveness of specific programs but assessed the general perception about the usefulness of social protection. More than 65% of supported respondents said that their lives would have been somewhat or a lot worse without social protection. People living with HIV perceive the greatest benefit. The most mentioned benefit is: keeping the children in school. People living with HIV frequently mentioned providing more food (44%), paying their own medical costs (42%), increasing savings or assets (36%), maintaining health/nutrition (34%) and improving their house (30%).

Recommendations

Increasing knowledge and awareness of rights can lead to better access to Social Protection. Membership of an NGO could facilitate access and has shown to reduce barriers for beneficiaries. Further exploration by the government is needed to reduce barriers and increase availability. The coordination between government and NGOs in delivering social protection programs can be improved by raising or strengthening task forces, such as the Community Care Coalitions. The Citizen's Charter could play a vital role in safeguarding the standards of provision but awareness about the existence of the Citizen's Charter needs to be increased among all stakeholders. Groups that deserve more attention are people with disabilities, housemaids, poor people without children and the elderly.

For more information

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