Universal Periodic Review of Ethiopia
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Joint Stakeholder Submission by:

Forum for Africa Women Educationalists (FAWE) Ethiopia,
Address: Ten Sisters NGO building, 3rd Floor, Yeka Sub-city, Addis Ababa
Contact details: selamawit.admassu@faweethiopia.org; +251911232469

Plan International Ethiopia,
Founded in 1937, Plan International is a development and humanitarian organisation that works together with children, young people, supporters, and partners to strive for a just world, where we are all equal
Address: Kirkos Sub-city, Adama Real Estate Building, Behind Ziquala Complex, Addis Ababa, Ethiopia
Contact details: Ethiopia.CO@plan-international.org; +251-115571916

Young Men Christian Association (YMCA) Ethiopia
YMCA Ethiopia upholds the founding principles of Body-Mind-Spirit, emphasizing a holistic approach to youth development to empowering youths for Africa's renaissance
Address: Kirkos Sub City, Woreda 04, Meskel Flower, Addis Ababa, Ethiopia
Contact details: admin@ymcaethiopia.org; +251 114 70 10 35

Terres des Hommes Netherlands (TdH NL)
Terre des Hommes Netherlands is a Dutch not-for-profit child rights organisation dedicated to stopping child exploitation
Address: Kirkos subcity,Duki Building, 3rd Floor, Meskel Flower Square, Addis Ababa, Ethiopia
Contact details: laura.chello@terredeshommes.org; ethiopia@tdh.nl; +251 11470 2140

Voluntary Service Overseas (VSO)
VSO is a charity that brings together local, national, and international volunteers to work alongside the world's most marginalised and vulnerable communities
Address: Located around Hayahulet area behind Meklit building, Addis Ababa, Ethiopia
Contact details: Negash.usman @vsoint.org; +2519406576/+251945630679

IPAS Ethiopia
Began work in 1973, with the provision of life-saving reproductive health technology for health systems in several countries
Address: Located around Wuha Limate area behind Capital hotel, Addis Ababa, Ethiopia
Contact details: Abelai@ipas.org; +251116626311

with technical support from

SRHR Africa Trust (SAT)

The SRHR Africa Trust (SAT) is an innovative organisation with a regional footprint contributing to improved systems for Sexual and Reproductive Health and Rights (SRHR) of girls, adolescents, and women in East and Southern Africa (ESA). Through its UN- ECOSOC consultative status, SAT connects community voices and experiences to national, regional, and international networks while bringing global best practices in adolescent and youth SRHR to communities through strategic partnerships, innovation,

and advocacy.
Contact: Hambweka Munkombwe, Regional Coordinator - Break Free program.
Email: munkombwe@satregional.org **Tel:** +260977443197; **Website**: http://satregional.org/
Address: 225 Jan Smuts Avenue, Parktown North, Johannesburg, South Africa,

and **Sexual Rights Initiative**

The Sexual Rights Initiative is a coalition of national and regional organisations based in Canada, India, and Argentina that work together to advance human rights related to gender and sexuality at the United Nations
Contact: Anthea Taderera, Advocacy Advisor - UPR **Email:** anthea@srigeneva.org
Tel: +41767656477 **Website:** www.sexualrightsinitiative.org
Address: Rue de Monthoux 25, Geneva, 1201 Switzerland

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Executive Summary

1. This report examines the human rights situation in Ethiopia, with a focus on the status of adolescent sexual and reproductive health (SRH), including issues related to HIV, gender-based violence (GBV), and the meaningful engagement of young people in decision-making processes. The findings are based on primary data collected through a youth-led consultation process involving six collaborating partner civil society organisations and the participation of young people themselves.
2. The report identifies the three aforementioned key areas that require attention in relation to adolescent health in Ethiopia:
    a. Limited Equitable Access to SRH Services: The report highlights the persisting challenge of limits to, and inequality in, access to SRH services for adolescents and young people in general and adolescent girls and young women, youth with disabilities, and those living with HIV in particular. The findings emphasise the need for targeted interventions to ensure that all young people have equal access to quality SRH services, including information, education, and healthcare. The report further recommends that the Ethiopian government prioritise the expansion of accessible and youth friendly SRH services to address this disparity.
    b. Increased Cases of Gender-Based Violence: The report notes a concerning rise in the number of gender-based violence (GBV) cases against adolescent girls and young women. This indicates a need for stronger measures to prevent and address GBV, including effective legal frameworks, awareness campaigns, and support services for survivors. The Report urges the Ethiopian government to prioritise the prevention of GBV and the provision of comprehensive support to survivors, with a specific focus on the needs of adolescents and young women.
    c. Limited Youth Representation and Engagement: The report highlights a sense among young people of limited representation and meaningful engagement in the national decision-making process at all levels. The findings underscore the importance of including youth voices in policy development and implementation to ensure that their unique perspectives and needs are taken into account. It recommends that the Ethiopian government create more opportunities for meaningful youth engagement in decision-making processes, in delivery of services to other young people, and in accountability for commitments made to young people. It further recommends mechanisms be established or strengthened for regular engagement and dialogue with young people.
3. In conclusion, the report assesses the progress made by the Ethiopian government in implementing the recommendations on adolescent SRH from the third cycle of the UPR (2019). It finds that several advancements have been made, but that significant challenges persist in the identified issues. It provides precise and concrete follow-up recommendations for the government to prioritise in the upcoming cycle, emphasising the need for targeted interventions and sustained commitment to improving the sexual and reproductive health of adolescents and young people in Ethiopia.

Introduction

4. This civil society joint report examines the progress towards implementation of the third cycle UPR recommendations focusing on adolescent girls and young women's rights. The report also presents recommendations for the effective realization and protection of adolescent girls' and young women's rights and welfare in Ethiopia. The findings are based on primary data collected through a youth-led consultation process involving 6 collaborating partner civil society organisations and the participation of young people themselves.
5. The total population of Ethiopia is estimated to be is estimated to be 129,7 million based on data from the World Population Dashboard (UNFPA).[1] Women constitute 50.2% of the country's population. The population under 15 years of age in Ethiopia accounts for 44 percent of the population. On the other hand, the population under the age of 30 in the country accounts for 71 percent of the total population. The youth represent a large section of the Ethiopian society. An estimated 31.5 million people in Ethiopia are between 15-29 years, which constitutes about 30 percent of the total population, with the median age being just 19 years old.[2] The number of people in this age group is projected to increase beyond 40 million by 2030.[3] According to the 2011 World Report on Disability issued by the World Bank and World Health Organization, there are an estimated 15 million persons in Ethiopia, at a rate of 17.6 per cent working valid estimate.[4]
6. As of September 2023, there were 2.9 million internally displaced people in Ethiopia due to conflict.[5] Conflict remains to be the major cause of internal displacement in Ethiopia as more than half of IDPs in the country are displaced as result of conflict. Despite the GoE signing the CoHA with the TPFL in November 2022 and initial steps of Ethiopia's first national dialogue commenced in 2022, the displacement of adolescent girls and young women continued with ongoing armed conflicts leading to widespread displacement with disruptive access to the restricted essential services. There are over 146,764 Ethiopian refugees and asylum seekers in neighbouring countries.[6]
7. Line ministries including the Ministry of Education, Ministry of Health, and Ministry of Women and Social Affairs responsible for implementing SRH services and their regional counterparts suffer from numerous capacity gaps. These bodies are challenged in fulfilling their mandate due to lack of information, knowledge, and skills and organizational, human, financial and material resources contrary to the recommendations of the UPR Working Group. This has resulted in the fragmentation of interventions and the lack of synergetic cooperation between line ministries working on SRH services.
8. The Ethiopian Government has enacted several laws and policies to protect the rights of adolescents and young people in areas of equitable access to sexual and reproductive health (SRH) services, and sexual and gender-based violence (SGBV) against adolescent girls and young women. With regard to SRH service access and adolescent engagement, the government has implemented the National Adolescent and Youth Reproductive Health Strategy (2021-25) and the National Youth Policy. These policies prioritize the provision of comprehensive SRH services and advocate for the empowerment of young people in Ethiopia. In addressing SGBV, there are legal measures in place such as the criminal code which must be effectively implemented. Finally, to enhance youth participation in decision-making

[1] World Population Dashboard -Ethiopia | United Nations Population Fund (unfpa.org)

[2] FDRE Ministry of Women, Children and Youth, Adolescent and Youth Status Report 2018, p. ix; *See also* Care Ethiopia, A Decade of Results in Social Transformation for Urban Female Youth (2009-2019) p.7

[3] Care Ethiopia, A Decade of Results in Social Transformation for Urban Female Youth (2009-2019) p.7

[4] World Bank and World Health Organization, 'World Report on Disability' [2011] 25 available at <http://www.unicef.org/protection/World_report_on_disability_eng.pdf>, *See also* International Labour Organization (ILO) and Irish Aid, 'Inclusion of People with Disabilities in Ethiopia'

[5] UNHCR, Ethiopia Situation | Refugees, asylum-seekers and IDPs

[6] UNHCR, Ethiopia Situation | Refugees, asylum-seekers and IDPs

processes, the National Youth Council Establishment Proclamation and the Education and Training Policy both promote youth engagement in governance processes and educational institutions.

9. Within the framework created by laws and policies, effective implementation, enforcement, and monitoring and accountability mechanisms are crucial to ensure their realization, and the realization of quality SRH education, information and service delivery, the prevention of SGBV, and meaningful youth engagement in decision-making throughout the country. Challenges continue to keep the gap between policy and last-mile community delivery, wider than is desirable.

Access to SRH services for adolescents and young people without discrimination

10. Ethiopia supported several recommendations related to promoting access to SRH services for adolescents and young people without discrimination including:
    - 163.257 Continue advancing work in the field of promoting family planning services in Ethiopia, significantly by extending services to young people and adolescents (State of Palestine)
    - 163.289 Promote gender equality, empowerment of women, and increasing the utilization of health services by women (South Africa)
    - 163.311 Continue efforts to address prejudice against children with disabilities, and to ensure them equal access to social and health-care services and inclusive education (Bulgaria);
11. Ethiopia needs to do more to ensure that adolescents and young people in the country can enjoy their right to health, and particularly have access to sexual and reproductive health services. Adolescents and young people in Ethiopia, particularly girls and young women, youth with disabilities, and people living with HIV/AIDS, are significantly affected by the limited equitable access to sexual and reproductive health (SRH) services.[7] According to the National Roadmap for HIV prevention, only 20 per cent of women aged 15-49 and 38 of men aged 15-49 have comprehensive HIV prevention knowledge, underscoring the need for targeted education and outreach.[8] The barriers to equitable access to SRH services are attributed to multiple bottlenecks including provider level (supply-side) barriers, adolescent level (demand-side) barriers, health facility level barriers and community level barriers.[9]

***"Despite limited access to SRH services for young peoples, there remains a significant lack of clarity and effectiveness surrounding the concept of SRH. The controversy and unanswered questions surrounding SRH often overshadow the importance of the services themselves, hindering adequate access and utilization. As a 24-year-old male youth, I find it concerning that the performance and accessibility of SRH services are not clearly defined or prioritized."* – Tefera (name changed), 24-year-old male youth.**

[7] Yibeltal Mesfin, Disparities in Sexual and Reproductive Health Service Utilization and Associated Factors among Adolescents with and without Disability in Southern Ethiopia (2021)

[8] Federal HIV/AIDS Prevention and Control Office (FHAPCO), HIV Prevention in Ethiopia: National Road Map (2018-2020).

[9] Habtu Y, Kaba M, Mekonnen H. What do service providers in Southern Ethiopia say about barriers to using youth-friendly sexual and reproductive health services for adolescents?: Qualitative study. Report Health. 2021 Feb 9;18(1):32.

12. Marginalised groups such as girls and young women, youth with disabilities, and people living with HIV/AIDS are particularly vulnerable to the limited access to SRH services due to intersecting barriers and discrimination they face.
13. A UNFPA study revealed that very few young persons with disabilities receive SRH information from healthcare professionals or educators.[10] Instead, they rely on television and radio for information. Additionally, a significant number of young persons with disabilities have never discussed sex or their own sexual health with their parents. Studies have also shown that healthcare accessibility for people with physical disabilities is limited due to physical, equipment, and communication barriers.[11] This is particularly concerning when taking into account that adolescent girls and young women (AGYW) represent a significant portion of the population in Ethiopia, with 80% residing in rural areas.[12] HIV prevalence among urban AGYW is reported at 0.8%, constituting approximately 18% of the total HIV burden in the country.[13] A recent study conducted among out-of-school AGYW in Addis Ababa and Gambella indicated a higher HIV prevalence of 2.1% in Addis Ababa and 3.3% in Gambella, with a prevalence of any sexually transmitted infection (HIV, syphilis, or chlamydia) reported at 10%.[14] The study also highlighted low consistent condom use and engagement in transactional sex among AGYW.
14. The Government of Ethiopia has adopted far-reaching policy environments such as the HSTP II, the RH strategy, AYH strategy and FP guideline, the National Youth Policy, and Youth Development Package. However, the implementation and enforcement of these policies faced challenges due to resource constraints, limited awareness, cultural norms, and inadequate healthcare infrastructure. Accordingly, the FDRE Ministry of Health has taken a positive step by preparing the Adolescent and Youth Health Implementation Guideline, Standards, and Minimum Service Delivery Package. This guideline aims to set service provision standards, a minimum service delivery package, and quality and coverage measurement tools to ensure comprehensive and accessible SRHR services for adolescents and young people. However, there is limited data available to evaluate the effectiveness of this guideline. The foregoing shows that the GoE has not yet taken significant concrete actions to implement the aforementioned UPR recommendations relating to access to SRH services despite some progress.

Protection of adolescent girls and young women from Sexual and Gender-Based Violence (SGBV)

[10] UNFPA, Young Persons with Disabilities: Global Study on Ending Gender-based Violence, and Realizing Sexual and Reproductive Health Rights (2018).

[11] Tagel Tesfaye *et al*, Accessing Healthcare Services for People with Physical Disabilities in Hawassa City Administration, Ethiopia: A Cross-Sectional Study (2021)

[12] Federal HIV/AIDS Prevention and Control Office (FHAPCO), HIV Prevention in Ethiopia: National Road Map (2018-2020)

[13] Federal HIV/AIDS Prevention and Control Office (FHAPCO), HIV/AIDS National Strategic Plan for Ethiopia (2021-2025), See *also* Comins CA, Rucinski KB, Baral S, Abebe SA, Mulu A, Schwartz SR. Vulnerability profiles and prevalence of HIV and other sexually transmitted infections among adolescent girls and young women in Ethiopia: a latent class analysis

[14] Comins, Carly A., Sheree Schwartz, Stefan Baral, and Andargachew Mulu. 2020. "Characterizing the unmet HIV prevention needs and HIV risk vulnerabilities of adolescent girls and young women in Ethiopia," Project SOAR Final Report. Washington, DC: USAID | Project SOAR.

15. Ethiopia supported several recommendations related to the protection of adolescent girls and young women from sexual and gender-based violence (SGBV) including:

    - 163.290 Continue to take measures to prevent and protect women and girls from physical, emotional and sexual abuses and harmful practices (Sri Lanka)
    - 163.70 Re-examine the penalty framework for perpetrators of sexual violence, and increase the resources dedicated to combating sexual and gender-based violence (Norway)
    - 163.291 Further protect women's rights while working to end all forms of violence against women and girls, including harmful traditional practices, such as female genital mutilation, as well as promote women's economic empowerment (Thailand)
    - 163.284 Continue measures to combat discriminatory practices against women and girls, including gender-based violence (India)
    - 163.282 Accelerate its efforts to tackle violence and discrimination against women and girls (Myanmar)
    - 163.140 Ensure that the disaster risk management policy addresses existing and new risks of gender-based violence within the context of disaster risk reduction (Fiji)

16. In Ethiopia, the current conflict and school closures have exacerbated the problem of sexual and gender-based violence (SGBV), with adolescent girls and young women being particularly affected. They face increased risks of sexual assault, rape, forced marriage, and other forms of violence. The disruption caused by the conflict and school closures has left them more vulnerable to exploitation and abuse.
17. Studies show that one in every three women in Ethiopia has experienced violence in their lifetime. Findings of a meta-analysis of 36 literatures found that nearly half of Ethiopian women experience any type of VAW in their lifetime.[15] The FDRE Constitution guarantees women's rights and protection in marriage, legal safeguards, affirmative action, and guarantees in political, social, and economic spheres.[16] The Ethiopian criminal code, particularly articles 620, 622, and 625, criminalizes rape, sexual assaults accompanied by violence, and the exploitation of a woman's distress or dependence.[17] Additionally, the Ministry of Health developed a national policy in 2016 on gender-based and sexual violence (GBV/SV), demonstrating a commitment to prevention, clinical management, and psychological support for survivors.
18. Despite the recommendations, the judicial system faces challenges in holding perpetrators accountable for sexual and gender-based violence, especially during times of conflict, resulting in widespread impunity for war crimes committed against women. For instance, a joint investigation by the Ethiopian Human Rights Commission (EHRC) and the Office of the United Nations High Commissioner for Human Rights (OHCHR) revealed extensive SGBV during the conflict in Tigray, Ethiopia. The investigation documented numerous cases of sexual violence, including gang rapes and prolonged incidents of rape in detention, affecting various individuals, particularly adolescent girls and young women.

[15] The National Coordinating Body on Violence Against Women and Children, Evidences and Proposed Strategies to Inform The Strategy and Action Plan on Violence Against Women and Children in Ethiopia, 2021 - 2026

[16] The Constitution of the FDRE, Proclamation 1/1995, Federal Negarit Gazeta, Year 1, No 1, August 21, 1995, [FDRE Constitution], Article 35

[17] The Criminal Code of 2005, Proclamation 414/2004

19. The UN Human Rights Council released a comprehensive report in December 2021, highlighting the widespread violations and abuses of human rights, including rape and sexual violence, throughout the two-year conflict in Ethiopia covering the period from 2020 to 2022 across the Tigray, Amhara, Afar, and Oromia regions.[18] It reported that rape and crimes of sexual violence had been perpetrated on a "staggering scale" since the conflict began.[19]The situation described highlights the dire circumstances faced by women and girls in conflict-affected areas of Ethiopia, where they are at increased risk of gender-based violence (GBV), including rape.[20]
20. This violence not only violates their rights but also contributes to the spread of HIV and exacerbates the existing humanitarian crisis. While Ethiopian law and the constitution uphold women's rights, the enforcement of these laws and policies tends to falter during times of conflict. Insufficient staffing and operational challenges in police stations, as well as the risks involved in reporting incidents for adolescent girls and young women, compromise law enforcement's effectiveness and weaken mechanisms for holding perpetrators accountable.

> ***'' I went to the forest and 3 soldiers surrounded me. They started beating me, with fists and the butt of guns then forcefully pushed me to the ground. Then they forcibly took my dress off. While two of them were holding my body one of them raped me… I stayed in the forest and hid all day and night because I was afraid other soldiers can also rape me. Now, I sleep so much, sometimes I cry, I don't want to speak to anyone, and I get dizzy."*** A Young Female Victim

> *"Amidst the war in Amhara Region, I have witnessed a distressing rise in gender-based violence cases in my village. It pains me to see my fellow friends and community members endure such suffering. The conflict has left us feeling vulnerable and insecure, constantly fearing for our safety. We need immediate action that can protect us." - Alimaz Yeneabat, 19-year-old resident of Amhara Region.*

21. To address these issues, the Ethiopian government has taken some steps. It has officially ratified the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which includes provisions for protecting women during conflict situations.[21] However, to enhance accountability and ensure that the acts are appropriately targeted, marital rape is duly criminalized, establishing a specific criminal code dedicated to addressing sexual and gender-based violence (SGBV) is recommended.
22. Policies should also prioritize sexual and reproductive health (SRH) services and the specific needs of those in conflict-affected areas in the distribution of humanitarian aid. The government has been proactive in providing food and other forms of humanitarian aid to conflict-affected areas and has allowed international organizations to assist in these efforts. Partnerships between organizations such as UNDP and UNFPA have resulted in the distribution of over 17500 dignity kits including sanitary pads and underwear to support women and girls in affected

[18] Report of the 33rd Special Session of the Human Rights Council on the grave human rights situation in Ethiopia
[19] Report of the 33rd Special Session of the Human Rights Council on the grave human rights situation in Ethiopia
[20] Report of the 33rd Special Session of the Human Rights Council on the grave human rights situation in Ethiopia
[21] Maputo Protocol Ratification Proclamation, Proclamation No. 1082/2018

regions (Afar, Amhara and Tigray) demonstrating a commitment to addressing the crisis.[22] National policies and strategies on transitional justice are being formulated through collaboration between the Ministry of Women and Social Affairs, Ministry of Justice, and UN Women Ethiopia. These efforts aim to promote the adoption and effective implementation of frameworks, enhance accountability, and educate parliament members on issues related to violence against women and children. Moreover, the Ethiopian government incorporated sexual and gender-based violence (SGBV) cases from conflict zones into the transitional justice process for resolution and attention.[23]

23. However, despite these initiatives, challenges persist. There is a need for more centers, medical supplies, and legal support for victims, which highlights the gaps in resources and attention required to fully address SGBV in conflict-affected regions militating against survivor-centred and multi-sectoral approach. While the Ethiopian government has taken steps to address the issue of SGBV in conflict-affected areas, there is still much work to be done in terms of resource allocation, legal support, and the implementation of comprehensive policies and strategies. Efforts should focus on strengthening accountability, providing necessary services, and ensuring the protection and empowerment of women and girls in these challenging circumstances. The foregoing shows that the GoE has not yet taken significant concrete actions to implement the aforementioned UPR recommendations relating to combating SGBV despite some progress.

Youth Representation in national decision-making process at all levels

24. Although Ethiopia did not receive any specific recommendation on meaningful youth engagement and representation on the national decision making, some recommendations have direct and obvious relevance to the issue. These recommendations include:
    - 163.127 Put in place provisions prohibiting discrimination against girls, children with disabilities, children belonging to ethnic minorities, children living in poverty and in street situations, and children with or suffering from HIV/AIDS (Madagascar);
    - 163.222 Continue current efforts to minimize gender disparity in federal executive organs and extend those efforts to the legislative and judiciary organs of federal and regional states (Eritrea);
    - 163.221 Continue to support and encourage the participation of women in politics platforms at both the regional and national levels (Lao People's Democratic Republic);
25. Ethiopia's government recognizes the potential for youth to contribute to the country's socioeconomic and political progress. The FDRE National Youth Policy (2004) emphasizes the importance of youth participation in establishing a democratic society and good administration. Development efforts must ensure that all parties benefit fairly from the results. Public authorities have taken efforts to incorporate youth in decision making processes, such as inviting delegates from youth federations to approve policies. The Ethiopian Youth Federation, formed in 2009 by regional youth federations and associations, illustrates the government's commitment to youth participation in national and local development efforts.

[22] UNFPA and UNDP working jointly to restore dignity of women and girls affected by conflict across northern Ethiopia.

[23] Report of the Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR) Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia (2023)

26. Despite the progress made, there are significant barriers that hinder active youth participation in socio-economic, political, and cultural life, resulting in human rights violations. Since August 4, 2023, the government of Ethiopia has issued a six-month state of emergency in the country that could limit the right of youth to participate in the political and decision-making affairs of the country. The state of emergency has been extended again for four months by the HPR which directly affects youth voices, perspectives, and concerns are not adequately considered, denying them the opportunity to shape policies that directly affect their lives and the future of the nation.
27. The barriers to youth participation, such as persistent gender inequality, youth poverty, and a lack of recreational activities, contribute to discrimination and marginalization. Certain groups, including marginalized youth, face additional challenges in accessing decision-making spaces, exacerbating existing inequalities. The limited youth representation in Ethiopia's national decision-making process has significant impacts on people's lives. Young people feel excluded and disempowered in the political and social spheres, leading to a sense of alienation and frustration among the youth population;

    Belsti Kassahun, a 23-year-old from Amhara Region, passionately believes in the power of youth representation and participation. He states,

    ‘'While the government acknowledges the importance of youth involvement in theory, the reality often falls short. Local authorities tend to perceive us as troublemakers and underestimate our potential. It's time for a change. We, the youth, have immense capabilities, innovative ideas, and a strong desire to contribute. We urge the government to trust us, involve us in decision-making, and recognize the value we bring to our communities.''

28. The government of Ethiopia has drafted a Civic Engagement Policy, as of January 2019, recognizes the importance of youth civic engagement and the right of young men and women to equitable political participation and representation. The Policy also emphasizes the need to involve young men and women from different backgrounds, including from marginalized groups. It also recognizes the role of civil society, including youth-led civil society organizations and grass-roots youth associations. As the policy is still in draft form, there remains an opportunity to design clear implementation strategies tailored for the specific and differing needs of male and female youth. Ultimately, the lack of meaningful youth participation in decision-making processes denies young people the opportunity to shape policies that directly impact their lives and the future of Ethiopia, hindering their empowerment and well-being.
29. Empowering youth economically is crucial for fostering their meaningful participation in decision-making processes. Ethiopia introduced the Youth Revolving Fund in 2017 as a significant policy measure to address youth unemployment. This multi-billion-birr initiative aimed to support both rural and urban unemployed youth by providing additional resources to existing small and micro enterprise programs. However, the effectiveness of this policy has been hindered by inconsistency and a lack of sustained efforts. Although over 70 percent of the youth in Ethiopia are rural youth, the bulk of the budget allocated was for urban youth. Despite the implementation of the Youth Revolving Fund, unemployment in Ethiopia has continued to rise, reaching 18.9% in 2022. These figures show a very high rate of joblessness in Ethiopia. To promote youth meaningful participation in decision-making, it is essential to not only address unemployment but also create an enabling environment that encourages youth involvement in shaping policies and strategies that affect their lives. This entails ensuring access to quality

education, skills development opportunities, mentorship programs, and inclusive platforms that amplify youth voices.

30. The 2009 National Employment Policy and Strategy of Ethiopia recognizes the importance of gender and youth mainstreaming in employment creation as a crucial policy action. However, despite the increasing participation of Ethiopian youth in political processes, their limited inclusion in decision-making processes concerning national issues, international relations, and domestic development has contributed to a rise in youth-related conflicts. This lack of meaningful participation has created a sense of frustration and marginalisation among the youth, leading to their involvement in security issues and conflicts across the country. As a result, millions of Ethiopian youths have become participants in ethnic and civil wars.

Recommendations

We call on Ethiopia to:

1. Ensure equitable access to SRH services by adopting a multi-layered approach that involves strengthening laws and policies, improving healthcare infrastructure, increasing awareness and education, and promoting inclusivity and non-discriminatory practices.
2. Ensure quality and inclusive access to SRH services for all individuals, including youth and people with disabilities, in both rural and urban areas.
3. Establish coordination and collaboration between government bodies, such as the Ministry of Education, Ministry of Health, and Ministry of Women and Social Affairs, to effectively address SRH issues in a holistic and comprehensive manner.
4. Re-evaluate awareness raising strategies on SRH issues and available services, incorporating more captivating approaches to effectively reach the target audience.
5. Allocate sufficient budgetary resources for SRH programs and services to ensure their effective implementation and sustainability.
6. Establish an autonomous monitoring entity responsible for monitoring the enforcement of legislation and regulations related to SRH and GBV, ensuring accountability and proper implementation.
7. Strengthen and enforce existing laws related to SRH and GBV to protect the rights of individuals, including provisions for access to services, prevention of GBV, and support for survivors.
8. Establish youth councils in every government institution to represent the voice of young people and actively engage them in decision-making processes.
9. Take immediate action to reopen closed schools, particularly in the Amhara regional state, to ensure education and support for young people affected by war.
10. Revise the 2004 National Youth Policy (NYP) by including concrete, deliberate, targeted measures and indicators to monitor progress in terms of addressing youth unemployment.