



**Convention on the  
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**COMMITTEE ON THE RIGHTS OF THE CHILD**  
**CONSIDERATION OF REPORTS SUBMITTED BY STATES**  
**PARTIES UNDER ARTICLE 44 OF THE CONVENTION**

**Third periodic report of States parties due in 2003**

**ETHIOPIA\***

[27 April 2005]

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\* For the second periodic report submitted by Ethiopia, see CRC/C/70/Add.7; for its consideration by the Committee on 11 January 2001, see CRC/C/SR.675-676 and CRC/C/15/Add.144.

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**ABBREVIATIONS AND ACRONYMS**

AA	Addis Ababa
AACs	Anti-AIDS Clubs
AAGR	Average Annual Growth Rate
AAE-SIPAA	Action Aid Ethiopia - Support to International Partnership Against AIDS in Africa
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
BCG	Bacille Calmette Guerin
BSS	Behavioural Sentinel Surveillance
CBR	Crude Birth Rate
CDC	Centre for Disease Control
CDR	Crude Death Rate
CETU	The Confederation of Ethiopian Trade Unions
CMR	Crude Mortality Rate
CPR	Contraceptive Prevalence Rate
CRC	Convention on the Rights of the Child
CSA	Central Statistics Office
CWD	Children with Disability
DFID	Department for International Development
DHS	Demographic and Health Survey
DPT3	Diphtheria, Pertusis and Tetanus
EEF	Ethiopian Employees Federation
EMSAP	Ethiopian Multisector AIDS Project
ETB	Ethiopian Birr
ETV	Ethiopian Television

FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GG	Gender Gap
GPI	Gender Parity Index
HO	Health Officer
HA	Health Assistant
HAPCO	HIV/AIDS Prevention and Control Office
IEC	Information, Education and Communication
ILO	International Labour Organization
IMR	Infant Mortality Rate
JJPO	Juvenile Justice Project Office
MCH	Maternal and Child Health
MOLSA	Ministry of Labour and Social Affairs
MOE	Ministry of Education
MOH	Ministry of Health
MOAg	Ministry of Agriculture
NA	Not Available
NER	Net Enrolment Rate
NFBE	Non-Formal Basic Education
NGOs	Non-Governmental Organizations
NMW	Nurse Midwife
OVC	Orphan, Vulnerable Children
PHS	Potential Health Service
PNC	Post-Natal Care

PNP	Paediatric Nurse Practitioners
PWD	Peoples with Disability
RH	Reproductive Health
RNI	Rate of Natural Increase
SD	Standard Deviation
SIPAA	Support to International Partnership Against AIDS in Africa
SRH	Sexual Reproductive Health
STDs	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TTI	Teacher Training Institute
TVET	Technical and Vocational Education Training
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Committee on the Rights of the Child
UNICEF	United Nations Children's Fund
U5MR	Under-Five Mortality Rate
UPE	Universal Primary Education
USAID	United States Agency for International Development
VCT	Voluntary HIV/AIDS Counselling and Testing
WHO	World Health Organization
WMS	Welfare, Monitoring Survey

### **Foreword**

- (i) This report is the second five-year periodic report. The first five-year periodic report of Ethiopia was submitted to the UNCRC Committee in 1998.
- (ii) The present periodic report covers the period 1999-2003/04 and has been prepared pursuant to the provision of article 44, paragraph 1, of the CRC. The report was organized in accordance with the General Guidelines regarding the form and content of the periodic reports to be submitted by the States parties to the UNCRC Committee.
- (iii) The report incorporates the latest statistical information and changes that have been made following the suggestions and recommendations forwarded by the UNCRC Committee concerning the first periodic report. Furthermore, efforts made to implement the Convention both by the Government and non-governmental organizations are included in the report.
- (iv) Primary and secondary sources have been used to gather and compile information related to implementation of the CRC. Data have been collected from governmental and non-governmental organizations both at federal and regional levels. Different legal documents, proclamations, policies and strategies, statistical abstracts, annual reports, etc., have been consulted during the preparation of this country report. Furthermore, successive consultative meetings have been conducted to enrich this report with relevant sources.
- (v) Information that was already provided in the previous reports has not been included in this report. Therefore, the report mainly covers changes that have occurred during the reporting period.

## **Introduction**

### **The land and its people**

1. With its land area covering 1.126 million square kilometres, Ethiopia shares an international boundary with five countries. Having its longest borders with the Sudan in the west and Somalia in the east, it has common boundaries with Kenya in the south, Djibouti in the north-east and Eritrea in the north.
2. Although Ethiopia is known as the roof of Africa, its topography features spectacular contrasts. While its highest mountain top rises to more than 4,500 metres, its altitude falls to as low as 100 metres. As a result of its wide diversity of climate, the nation boasts a countless variety of flora and fauna, some of which are found only in Ethiopia.
3. The total population is estimated to be 71 million, with almost equal proportions estimated of the two sexes. Being a developing country, the structure of the population exhibits a typically pyramidal shape in that the under-15 age group accounts for 44 per cent of the total and the over-65 age group constitutes slightly more than 3 per cent. Though there are regional differentials, the average rate of urbanization is about 15 per cent.

### **Demographic and housing characteristics**

4. Among the population aged 10 and above, half of the population is reported to be in a marital union. There is, however, significant variation in this between the sexes. While 54 per cent of males are married, the proportion of the females rises to 68 per cent. Moreover, the pattern of marital status exhibits a geographic disparity in that while the proportion of the population in a marital union stands at 34 per cent in urban centres, the figure rises to 53 per cent in rural areas.
5. Being a developing country, Ethiopia is predominantly illiterate, with only 27 per cent of its population having literate status. As might be expected, literacy status is different in urban and rural areas, with the proportion of literate people as high as 83 per cent in Addis Ababa and falls to 25 per cent in Amhara. Similarly, literacy status also reflects gender inequality in that while 43 per cent of males are literate, the proportion plummets to 21 per cent among women.
6. Reflecting the population and educational characteristics of the country, the nation has a relatively large household size, averaging 4.6 persons per household for the country as a whole but falling to 4.1 persons per household in urban centres.
7. The tenure status of the households again reflects the underdevelopment of the country. Referring to the arrangement under which households are defined as those people occupying a given living quarter, the tenure status of the households is dominated by non-owner occupation. In other words, 42 per cent of the households own the housing units they occupy.

### **Access to (basic) social services**

8. Given the limitations of the country's infrastructure, access to basic social services such as health care and education is severely confined to urban centres and their environs. As a result, under-five infant mortality stands at 160 per 1,000 live births while maternal mortality is 400-450 per 100,000. Similarly, malnutrition appears widespread, with 51 per cent of the children under 5 years being stunted [DHS, CSA, 2001].

9. Safe motherhood remains inaccessible to a large majority of Ethiopian women. Only 20 per cent of the women have access to prenatal medical care and 30 per cent of women of reproductive age have a low BMI at birth. Moreover, only 8 per cent of married women practise any family planning method [ibid.].

10. The provision of child health-care services is extremely inadequate. Of all children between 12 and 24 months old, only 14 per cent are fully vaccinated. Among children who had diarrhoea within the two weeks preceding the survey, only 19 per cent received ORS or RHF; only 16 per cent of children who suffered ARI were taken to a health facility [ibid.].

11. Similarly, the majority of the Ethiopian households do not have access to potable sources of drinking water. Indeed, over 70 per cent of households imbibe from either unprotected springs or rivers with significant residues. In fact, access to a potable source of water is limited to 19 per cent of households in rural areas while available to 91 per cent in urban centres [Child Labour Survey, op. cit.].

### **The poverty profile**

12. According to available data the national economy grew on an average rate of 5.8 per cent between 1992/03-2001/02, exceeding average population growth of 2.89 per cent during the same period. Despite the double rate of growth in real GDP over the growth of population, real per capita GDP remained Birr 286 per annum, which is much lower than the official poverty line drawn by the Government of Birr 1,400 per annum [SDPRP, MoFED, 2002].

13. The emergence of HIV and AIDS has fundamentally eroded whatever achievements were recorded. With a prevalence rate of 16 per cent, the pandemic is not only ushering in fundamental changes in demographic patterns but also, and more importantly, it is undermining the painful gains made with respect to health care, life expectancy and productivity [*AIDS in Ethiopia*, Fourth Edition, MoH, 2002].

14. The MoH reported that the rate of infant mortality declined after 1996/97. Although life expectancy was forecast to increase consistently from 45 to 53 years between 1989 and 2001, instead it fell to 43 years in 2001. Moreover, the national return from investment in education has been contracting as AIDS-induced illness takes its toll of the professional class [ibid.].

15. The devastation caused by the pandemic is also threatening the very social fabric of the nation, causing social havoc and economic crisis. According to the MoH, the number of AIDS orphans has reached 1.2 million children, aggravating the already severe problems of homelessness and its attendant social evils [ibid.].

16. Besides the current impact of the pandemic, future projections are also daunting to development practitioners. The MoH forecasts that deaths from AIDS will increase from 189,850 in 1999 to a staggering 322,310 in 2014 according to conservative estimates. The social, economic and political implications of such AIDS-related morbidity and mortality are too immense to elaborate here.

### **Political context**

17. With the usurpation of power from the longest dynasty in the world by uncommissioned and middle ranking military officers in 1974, a brutal power struggle was unleashed. The bloody war between the military regime and opposition parties in different parts of the country was concluded with the coming to power of the current Government in 1991.

18. The Government occasioned several changes in the Ethiopian polity. First, Eritrea seceded and became formally independent in 1993. Second, the federal governance system was introduced, resulting in the creation of 14 regional states which later contracted to 9 regions and 2 chartered cities. A two-tier system of parliament was created, viz., the House of Federation and the Houses of Peoples' Representatives.

19. On the economic front, the (then) Transitional Government embarked on structural adjustment with the objective of transforming the economy from one of central planning to one driven by the forces of the "free market". Two key elements of the structural adjustment decision were the removal of subsidies, including the contraction of public employment, and the "liberalization" of the foreign currency market.

20. Ethiopia is now a Federal State with the regions having an autonomous authority over local affairs. On the economic front it is said that the free market prevails, with the forces of supply and demand determining prices, consumption, saving and investment.

### **Summary**

21. Thus, the design and implementation of the second five-year plan on the United Nations Convention on the Rights of the Child ought to be viewed within the context of the socio-economic environment of Ethiopia, keeping in mind that the devastation brought by HIV and AIDS has had a significant bearing on the implementation of the CRC.

## **I. GENERAL MEASURES OF IMPLEMENTATION**

### **A. Measures taken to harmonize national laws and policies with the provisions of the Convention**

#### **The Constitution**

22. Adopted in 1996, the Federal Constitution provides the umbrella articles for the protection of the rights of the child. Article 36 of the Constitution relates to the protection of the rights of the child that has been enshrined in the CRC.

## Legislation

23. As a party to the Convention, the Ethiopian Government has been revising legislation that does not tally with the provisions of the Convention. One crucial exercise on this front has been the revision of the Penal Code and its ratification, in force since July 2004.
24. The revised Penal Code criminalizes widespread traditional practices perpetrated against women and children. Although the previous Penal Code, enacted in 1965 had articles (604-607) dealing with such practices as abduction and child trafficking, it was insufficient both in scope and detail. The revised Penal Code incorporates new provisions representing significant progress in criminalizing harmful traditional practices.
25. For example, the revised Penal Code criminalizes abduction regardless of the ultimate outcome of the act. In other words, abduction has become a punishable crime whether it leads to the consummation of marriage or not. Moreover if the woman sustains physical or moral injury, the perpetrator would be prosecuted separately for these elements of the crime. The Penal Code has also set a minimum punishment of 5 years in prison and a maximum of 20 years. It should be noted that while the previous Penal Code provided for a maximum of 10 years, it did not set a minimum punishment.
26. The second important inclusion in the revised Penal Code is the criminalization of female circumcision and genital stitching. While the Code punishes female circumcision by a prison term of no less than three months or a fine of no less than Birr 500, a more rigorous prison term of three to five years is imposed for stitching.
27. A third improvement in the revised Penal Code pertains to the protection of women and children from abuse and exploitation, issues that were not addressed sufficiently in the 1965 Penal Code. The revised Penal Code includes articles that punish criminals who engage in the abuse and exploitation of women as well as of underage children in or outside Ethiopia. Engagement in the trafficking of women or children for any purpose now is punishable by a rigorous prison term of 3 to 20 years.
28. Two other important steps were also taken in the upholding of human rights. Proclamation No. 210/2000 was enacted in July 2000 establishing the institution of the Ombudsman. The Human Rights Commission was also set up by Proclamation No. 210/2000. Although the Ombudsman and the Human Rights Commissioner were appointed in June 2004, the institution has yet to become operational.
29. In further confirmation of the provisions of the new Family Code, another law dealing with the issues of Vital Registration has been drafted and submitted to parliament for ratification. A Plan of Action on birth registration has also been drafted.
30. Despite these important measures harmonizing national legislations with the provisions of the Convention, there still exist significant gaps in protecting the rights of the child. The most fundamental of these gaps appears to be lack of an effective juvenile justice system in the country. As a result, in many regions juvenile offenders are tried and convicted in adult courts. Likewise, several bottlenecks are slowing down the initiative to strengthen the juvenile justice system in the country.

31. Among the problems facing the emergence of a strong juvenile justice system, SC Sweden identified the absence of promulgations incorporating additional provisions pertaining to children, the absence of community-based correctional programmes, limited expertise of law enforcement agencies in dealing with juvenile offenders and the lack of correctional facilities as the most prominent bottlenecks [SC Sweden, 1999].

32. Cognizant of the problems facing the emergence of a juvenile justice system in Ethiopia, the Federal Supreme Court, in collaboration with several NGOs, launched a programme entitled "Juvenile Justice Project Office" in June 1999. Some efforts are already under way, most notably the establishment of a Steering Committee. Besides studying existing Ethiopian laws vis-à-vis the CRC, the programme has conducted training sessions for members of the law enforcement agencies and has compiled information regarding intervention instruments for the protection of the rights of the child. It has also been reported that a division dealing with juvenile offenders was created in the Federal First Instance Court in Addis Ababa.

### **Policies and strategies**

33. Within this constitutional and legislative framework, the Government has designed several policies and strategies meant to tackle the severe level of poverty prevailing in the country. The Government has issued the Agriculture-led and Rural Centred Economic Policy, the Sustainable Development and Poverty Reduction Programme (SDPRP) and the ongoing Civil Service Programme.

34. Of direct relevance to the CRC has been the formulation and implementation of the two National Plans of Action for Children, spanning the period 1996-2000 and 2003-2010 and beyond. The latest NPA revolves around the central theme of "The World Fit for Children". Besides these NPAs, a youth policy has been formulated after engaging the various segments of the society in debate and consultation.

### **Non-governmental organizations**

35. Complementing the efforts of the Government in implementing the CRC, the NGO community has been engaged in improving the well-being of the children. Numbering about 70, the NGOs are working in the areas of:

- Advocating the rights of the child;
- Empowering marginalized groups;
- Providing emergency relief; and
- Building the capacity of grass-root communal institutions.

36. The Government has also ratified additional conventions regarding the rights of the child. With Proclamation No. 283/2000 the parliament endorsed the African Charter on the Rights and Welfare of the Child in its session of 4 July 2000. The Charter has been commemorated by the general public every year on the occasion of African Child Day, 16 July.

37. Following the ratification of the Convention with respect to Prohibition and Immediate Elimination of the Worst Forms of Child Labour, ILO Convention No. 182, a National Strategy is being drafted for implementing its provisions. It ought to be pointed out that the ILO Convention on Minimum Age, No. 138, 1973, was also ratified by the Government in 1999.

38. Although it is awaiting endorsement, the Optional Protocol to the Convention on the Rights of the Child, the Sale of Children, Child Prostitution and Child Pornography as well as the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict have been submitted to the Council of Ministers, which is expected to pass them on to Parliament for ratification. Last but not least, the Ethiopian Government is now a signatory to the 1951 Convention on the Status of Refugees and its 1967 Protocol, the Ottawa Convention to Ban Landmines.

**B. Existing or planned mechanisms at national and local levels for coordinating policies relating to children and for monitoring the implementation of the Convention**

**Council and Secretariat**

39. With the enactment of the comprehensive Policy on HIV and AIDS in 1998, the Government set up the National AIDS Prevention and Control Council to coordinate and oversee the delivery of anti-HIV and AIDS services in 2000. The National HIV and AIDS Council, NAC, is multitiered and at the federal level is comprised of sector ministries, religious institutions, NGOs, the private sector and PLWAs. The NAC is presided by the Head of State. Accountable to the NAC are the National HIV and AIDS Prevention and Control Secretariat, NACS, the National Advisory Board, NAB, and the National Review Board.

40. Formerly established under the Prime Minister's Office and now in the MoH, the NAC coordinates and facilitates the routine implementation of the anti-HIV and AIDS programmes. The NAB, elected by the NAC, acts as the executive arm of the NAC. With the head of the National Secretariat designating its chairperson, the NAB is comprised of competent individuals representing MoFED, NAS, MoH, WAO, the Association of PLWAs, CRDA, the Ethiopian Employer Federation, ESRDF and MoLSA.

41. Several subcommittees have also been formed under the NAS: the Advocacy Subcommittee, Education Subcommittee, Finance and Inspection Subcommittee, Capacity Building Subcommittee, Socio-Economic and Demography Subcommittee, Technical Subcommittee and Regional Subcommittee. Moreover, other line ministries will be involved in one or more of these subcommittees. There is also a programme coordination unit which has been temporarily established to coordinate the Ethiopian Multisectoral HIV/AIDS Programme, EMSAP.

42. Replicating the Federal arrangement, the Regional AIDS Councils are composed of members drawn from the regional government, regional bureaus, religious institutions, NGOs, the private sector and PLWAs. Members of the RAB are assigned by the RAC. At the Woreda level, the Woreda AIDS Councils are comprised of members of the local administration responsible for the social sector who also chair the council, religious and community-based institutions, PLWAs and line offices having incumbencies at the Woreda level.

43. In the context of this institutional set-up a Strategic Framework for the National Response to HIV and AIDS in Ethiopia was formulated by the NAC in June 2001. The Strategic Framework elaborates the national guiding principles underlying the prevention and control efforts in the country. After outlining the 10 priority intervention areas, it goes on to depict the institutional framework of implementation. It concludes by enumerating strategies for the collection and compilation of monitoring and evaluation data.

### **Child Rights Committees**

44. Although both governmental and non-governmental actors have been involved in the implementation of the provisions of the Convention, coordination of activities has been entrusted to the Child Rights Committees formed at various levels of the Government. While MoLSA chairs the National Child Rights Committee, the regional counterparts are presided over by regional BoLSA. At the Woreda level, the chief administrator heads these Woreda Child Rights Committees. Moreover, Child Rights clubs have been flourishing across the nation, mainly in the schools.

45. The strengthening of existing Child Rights Committees and the establishment of new ones, as well as clubs, has been going on in the regions. Between 2002 and 2003/04, 396 Child Rights Committees have been formed in the regions.

### **Budgetary allocation**

46. As indicated in Table 1 below, the Government's budgetary allocation for the social sector has been increasing over the years. As such, the total budget for the education sector increased from Birr 1.12 billion in 1990 E.C (1997/98) to Birr 2.17 billion in 1993 E.C (2000/01). In a similar way the share of the health-care services rose from Birr 390 million to well over half a billion in the same period. Moreover, the expenditure on culture and sports registered a nearly three-fold increment as it grew from Birr 30.6 million to Birr 95.6 million in the period under discussion.

**Table 1**  
**National expenditure summary**

Sector	Ethiopian fiscal year											
	1990			1991			1992			1993		
	Recurrent	Capital	Total	Recurrent	Capital	Total	Recurrent	Capital	Total	Recurrent	Capital	Total
Education training	1 120 144 313	395 413 784	1 515 558 097	1 515 558 097	441 974 669	1 702 825 287	1 338 191 535	300 430 407	1 603 727 837	1 576 966 133	601 207 300	2 178 173 433
Health care	390 217 510	251 577 823	641 795 333	641 795 333	179 256 572	638 361 973	401 942 427	175 803 672	561 932 002	432 100 197	164 556 689	596 656 886
Labour and Social Affairs	55 579 646	15 481 847	71 061 493	71 061 493	14 489 435	67 858 981	57 293 469	5 179 638	62 473 107	64 262 656	2 880 513	67 143 169
Justice	346 495 216	-	346 495 216	346 495 216	-	388 980 787	410 506 103	-	410 506 103	502 580 346	-	502 580 346
Culture and Sport	19 269 538	11 340 070	30 609 608	30 609 608	8 158 862	30 980 288	21 662 334	22 603 981	44 266 315	84 360 856	11 288 911	95 649 767
Relief and Rehabilitation	115 610 295	87 057 651	202 667 946	202 667 946	36 456 803	156 631 779	276 886 382	181 543 998	458 430 380	211 033 436	396 786 267	607 819 703
Ministry of Water	57 885 219	337 146 976	395 032 195	395 032 195	292 607 026	359 782 049	90 431 376	273 635 743	364 067 119	101 663 646	347 376 071	449 033 717

**C. Measures taken to make the principles and provisions of the Convention widely known**

47. Besides the harmonization of actual laws and the creation of the institutional set-up for the implementation of the CRC, awareness-raising efforts have been under way both nationally, regionally and at the grass-roots level. The African Child Day is commemorated every year and awareness-raising workshops have been convoked at the various levels of the governance system.

48. More importantly, training sessions on the rights of the child have been conducted for members of the law enforcement community. The Juvenile Justice Project Office enrolled judges and police officers in a training session regarding the provision of the Convention along with the national legislative structure regarding juvenile offenders and their rehabilitation. At the grass-roots level, the Child Rights Clubs in the schools have been actively engaged in awakening their respective communities about the abuse and exploitation to which children are subjected.

49. By way of reaching diverse ethnic groups, a booklet containing the major provisions of the CRC has been translated into four of the major languages of the country. The articles of the Convention were translated into Amharic, Oromiffa, Tigrigna, as well as Somaligna and were then published. It may be recalled that the English version had previously been translated into 11 local languages. These translated publications were disseminated to the relevant institutions as well as to the wider public.

50. Supplementing the Government's efforts have been the advocacy works of the various NGOs in promoting the rights of the child. In advocating the rights of the child, the NGOs:

(a) Publish a biannual newsletter as well as a pictorial booklet. These publications elaborate the articles of the CRC in simple language, enriched by pictorial presentations and the views of the children themselves. Posters and leaflets on the rights of the child are also circulated occasionally;

(b) Conduct seminars for the various strata of the Government including school principals and health professionals, social workers, judges, prosecutors, police officers as well as representatives of the NGO community;

(c) Assisted the formation of Child Rights Clubs and Network of Child Rights Clubs;

(d) Awarded school Child Rights Clubs with prizes such as tape recorders, megaphones, mini-media equipment, etc. The contribution of these infrastructures of advocacy to strengthening the capacity of the Child Rights Clubs continues to be crucial;

(e) Have tried to reach the wider public through sponsoring weekly radio programmes. In collaboration with Ethiopian Radio, Radio Fan, FM 97 and regional media centres, lively discussions were held on issues relating to the rights of the child.

## **D. Constraints and challenges**

51. Despite these efforts there are multifaceted factors undermining a more effective implementation of the CRC. As these are constituted by the wider socio-economic-institutional environment, they can hardly be overcome within the context of popular participation and concern in the implementation of the CRC.

52. For example, the gap in the legislative system (see paras. 34-36) has still to be filled. Second, the institutional set-up has visible deficiencies.

53. Third, although Child Rights Committees are formed at various levels of Government, they are neither institutionalized nor systematized.

54. There is a lack of capacity at both zonal and Woreda levels. Worse still has been the adverse effect of staff turnover in the regional government structures, which eroded the operational capacity built by the Child Rights Committees in some areas. As some of the staff were members of the Child Rights Committees as well, their transfer meant automatic removal from the Child Rights Committee, depriving the latter of the members' accumulated experience and knowledge.

55. The adverse impacts of the severe poverty prevailing in the country manifests itself not only in the shortage of budgets and capacity but also in the increasing participation of many members of the community in the abuse and exploitation of children as a source of livelihood.

56. Last but not least, the absence of a specific policy on child welfare has further undermined the implementation process of the CRC. Given the absence of such policy pronouncements, the needs and concerns of children are still dealt with on a par with adults in some instances.

## **II. DEFINITION OF THE CHILD**

### **A. General**

57. Still awaiting review and amendment, the legal codes either define the child in differing ways or leave the definition open-ended. The revised Family Code simply defines the child as a member of either sex under the age of 18.

#### **Age of consent for marriage**

58. As per the recommendations of the UNCRC Committee, the minimum age for the consummation of marriage for both sexes now stands at 18 years. It may be recalled that the previous Family Code had set the minimum age of marriage for girls at 15 [see para. 29].

#### **Age of consent for custody**

59. Article 191, paragraph 3, of the revised Family Code provides that in a custody case between couples, where one of them will not give his/her consent and the child is 10 years old or above, the court may decide the custodianship upon hearing the opinion of the non-consenting

parent and the child. Furthermore, article 191, paragraph 4, stipulates that where the child is not capable of consent the court may decide on the custodianship, taking into account the interest of the child.

### **Age of consent for medical treatment, surgery and experimentation**

60. Article 257, paragraph 1, provides that the guardian shall see to the health of a minor. Moreover, article 257, paragraph 2, stipulates that the guardian take measures for the re-establishment of the health of the minor in case the latter falls sick.

### **Age of consent for change of name/identity/guardianship**

61. There is no clear designation of a minimum age of consent for change of name or identity but article 199, paragraph 3, of the Civil Code states that the child should be accompanied by his/her guardian in applying to a court for such purpose. But article 235, paragraph 2, of the Civil Code leaves to the discretion of the court whether or not to hear the minor concerning the appointment, change or removal of a guardian. Moreover, article 235, paragraph 3, provides that the court shall be concerned with the interest of the child alone in deciding the appointment or removal of guardians.

## **B. Legal capacity to inherit and conduct property transactions**

62. The Civil Code is premised on the argument that the sex, age or nationality of the child should not hinder the ascertainment of his/her right to succession. Besides considering adopted children on equal footing with biological ones, article 835, paragraph 2, of the Civil Code ascertains the rights of inheritance of foster children.

63. The revised Family Code prohibits a minor who has not attained the age of 16 years from making a will as stipulated by article 295, paragraph 2. Moreover, article 285, paragraph 1, provides that although the guardian cannot make a will on behalf of the minor, he/she can nonetheless accept a will devolving on the latter. In matters concerning the pecuniary interests of the minor, he/she can be represented by the guardian as per article 216, paragraph 2.

64. According to article 261, paragraph 1, the guardian shall receive the income of the minor and use it in the interest of the latter. After the age of 14, however, a minor shall receive the income deriving from his/her work and freely dispose of it after making contributions to his/her maintenance.

## **C. Lodging complaints and seeking redress before a court or other relevant authority**

65. Article 218 of the Criminal Code provides that complaints of minors should be lodged through their parents or legal representatives. However, it leaves domestic violence of biological parents unaccounted for.

## **D. Constraints and challenges [see paras. 34-37]**

### III. GENERAL PRINCIPLES

66. The Constitution of the FDRE upholds the principles of the fundamental rights of humanity. Several articles of the Constitution pertain to the rights and freedoms of individuals, and ethnic groups, which tally with the precepts and provisions of International Conventions to which the country is a signatory. In particular, articles 13-44 are devoted to the ascertainment of the rights of all human beings, children included.

#### A. Non-discrimination

67. Besides article 36, which specifically provides for the rights of the children, the latter are also entitled to all the rights and freedoms enjoyed by other segments of the society. Article 36 ascertains the rights of children to life, name and nationality; protection from exploitation and abuse; the right to care from parents and guardians, as well as protection from corporal punishment in childcare institutions and schools.

68. There are also ongoing assessments of the compatibility of the legal codes with international standards and conventions. As pointed out earlier, although article 581 of the Civil Code sets the minimum age of consent for marriage at 15 for girls, the revised Family Code has raised it to be on a par with boys at 18 years old.

69. Following the introduction of the federal governance system, every region has begun to use the local vernacular as a medium of instruction in primary schools. Although the use of the mother tongue in primary schools is an internationally-accepted norm, the practice has posed educational problems for minority groups in given regions and in some areas has given rise to serious controversy. Since the mid-1990s, however, a compromise has been struck so that separate schools have been designated for minority groups in large urban centres such as Awassa, Nazareth, Shashemene, etc.

70. In order to give social groups access to basic social services, a variety of interventions have been implemented [see chapters VI and VII]. Special attention was paid to creating educational access for marginalized groups living in peripheral areas. The MoE launched an Alternative Education Programme targeting pastoral and semi-pastoral areas of the country. The Pastoralist Education Development Task Force has begun a Basic Education Programme in Afar, Somali, Gambella and Benishangul Gumuz regions. As a result, 2,000 children drawn from 13 Woredas of the selected regions are now enrolled in schools. In order to enhance the enrolment of children from pastoralist and semi-pastoralist areas, a feeding programme has been launched in 15 Woredas; the feeding programme is seen to be benefiting 102,000 children. The feeding programme has been undertaken by 106 primary schools located in these areas.

71. It is now a foregone conclusion that stigmatization and discrimination inflicts a heavy psychological blow on PLWAs or AIDS orphans. Cognizant not only of the need to ensure the basic human rights of those infected and affected by the pandemic but also of the formidable obstacles posed by stigmatization and discrimination, the Government has begun studying legislation to accommodate the new realities occasioned by HIV and AIDS. The MoJ is finalizing a draft law providing for the rights and responsibilities of PLWAs and AIDS orphans.

72. The devolution of political power certainly facilitates a better delivery of goods and services to all segments of the society, particularly children. In light of this, the Government has embarked on decentralization so that Woredas can respond to local (development) needs realistically. Notwithstanding the unfavourable short-term conditions resulting from the lack of capacity and experience in the delivery of goods and services on the part of the Woredas, it is hoped that the long-term benefits of decentralization will surface and crystallize in due course.

### **B. Best interests of the child**

73. Article 36, paragraph 2, of the Constitution stipulates that in all actions concerning children undertaken by public and welfare institutions, courts of law, administrative authorities or legislative bodies, the prime consideration shall be the best interests of the child. In other words, children are constitutionally entitled to obtain proper care from their parent or guardian and to be protected from abuse and exploitation. Moreover, article 36, paragraph 3, of the Constitution stipulates that the best interests of the child should underlie the decision-making processes concerning children and rules for the separation of the young from parents in correctional institutions and orphanages.

74. Reflecting the provisions of the Constitution, article 113, paragraph 2, of the revised Family Code states that “When giving decision on the dissolution of marriage, the court shall take into account the income, age, health and living condition of the spouses as well as the age and interests of the children as to which spouse shall have custody of the children.” It also provides for the views of the child to be considered in the decision [see para. 64].

75. Article 194, paragraph 2, of the same Code provides that “Before an agreement of adoption, the court shall decisively verify that the adoption is to the best interest of the child.”

76. The Labour Proclamation No. 42/93 forbids the employment of children under 14 and categorizes children between 14 and 18 as young workers. In stipulating the conditions under which this age cohort may be employed it stated that young workers cannot be engaged in hazardous jobs and are protected from working overtime. It also prohibits them from working after 10.00 p.m. and before 6.00 a.m. as well as on weekends and holidays. Moreover, the nation has ratified two ILO Conventions, C 138 and C 182.

### **C. Survival and development**

77. The child’s right to survival and development is enshrined in the Constitution. The child must have access to food, health care, education and leisure. The Constitution also stipulates that the child must be protected from harm, abuse and exploitation.

78. Article 219 and 220 of the revised Family Code provides that both parents have responsibility for the proper upbringing of their child(ren).

79. The Government has formulated socio-economic policies that are believed to accelerate the development of the country, thereby improving the delivery of basic goods and services. Despite legislation and effort, a significant proportion of children are still deprived of basic welfare due to the severe poverty prevailing in the country [see paras. 9-13].

#### **D. Respect for the views of the child (participation)**

80. Besides the right to freedom of expression enshrined in the Constitution for all citizens, article 14 of the Civil Code provides that every person, including a child, has the right to think and express his/her ideas freely. Moreover, article 291, paragraph 1, of the revised Family Code states that a minor shall be consulted in all important matters concerning him/her unless the latter is below 14 years of age. Article 249, paragraph 2, stipulates that the views of the child shall be invariably heard in the case of decisions regarding the appointment or removal of guardians.

81. Pursuant to article 12, paragraph 1 and paragraph 2 of the CRC, the Government has been taking measures that enhance the opportunities for children to express their views. The MoE has been actively encouraging the establishment of Student Councils in schools; as a result, children are now given the opportunity to get involved in the decision-making process of the educational system. Children are participating in education contests broadcast weekly on Ethiopian TV. Furthermore, in the preparation of the National Plan of Action for Children, due emphasis has been given to children's participation both in the coordinating body and in the consultation process.

#### *Voting on UNICEF's Global Norton*

In confirmation of UNICEF's global slogan to "Say Yes for Children" Campaign, 50,000 Ethiopian children were asked to vote on their priority needs. It turned out that in terms of a better future for them, the first priority of the children appears to be winning the fight against HIV and AIDS, followed by a reasonable level of well-being for all children. While eradicating poverty was cited as a third concern, access to education was ranked fourth.

82. Complementing the efforts to promote respect for the views of children, the NGO community had been collecting data about the opinion of Ethiopian children concerning their current status and future hopes. For instance, SC Sweden collected responses from 1,500 children on 10 major issues. The top 10 priorities of children, as perceived by SC Sweden, are:

- (a) Proper care of street children and their reintegration into mainstream society;
- (b) An end to sexual harassment of girls by instituting strict measures to be taken against perpetrators;
- (c) Provision of the basic needs of nutrition, health care, shelter and education;
- (d) Ending the use of corporal punishment as an instrument of child discipline;
- (e) Delivery of proper care and support services to PLWAs and AIDS orphans;
- (f) Creating awareness among households about family planning tools and child rights;

- (g) Ensuring children's right to get involved in matters concerning them;
- (h) Delivery of care and support services to children with disabilities;
- (i) Ending harmful traditional practices perpetrated against children; and
- (j) Ending female circumcision.

83. Although these are encouraging beginnings vis-à-vis promoting respect for the views of the child, they are still far from engendering the required outcome. A formidable obstacle that is undermining the efforts to promote respect for the views of the child is the extreme level of poverty prevailing in the nation. Both individuals and families are too preoccupied with ensuring their basic survival to be concerned with rights of children. Besides poverty, harmful traditional practices, particularly early marriage and abduction, are counteracting the efforts to promote respect for the views of the child.

#### **IV. CIVIL RIGHTS AND FREEDOMS**

##### **A. Name and nationality (art. 7)**

84. Article 36, paragraph 1, of the Constitution enshrines the rights of every child to life, name and nationality. What should be noted is the fact that in Ethiopia citizenship is bestowed according to genealogy.

85. As per the recommendations of the UNCRC Committee, earnest efforts are under way to set-up an effective system of Vital Registration. As mentioned earlier, a draft bill concerning Vital Registration has been submitted to the House of Peoples' Representatives for ratification.

86. Although the draft bill has yet to be promulgated into law, a national workshop has been convoked for members of the media so as to create awareness of "The Need for Birth Registration".

87. Moreover, a panel discussion involving public figures, intellectuals, community leaders and members of Woreda administration as well as child-focused NGOs was held on the topics of "The need for birth registration" and "Systems to be followed in carrying out birth registration in the country". The panel discussion was purposely scheduled to coincide with the commemoration of African Child Day, 16 June. In connection with this occasion, in 2003 representatives of the children submitted their appeal concerning birth registration to the parliament.

##### **B. Preservation of identity (art. 8)**

88. Detailed information may be obtained from the Initial Report.

##### **C. Freedom of expression (art. 13)**

89. The Right of Thought, Opinion and Expression laid down in the Constitution applies to all citizens even though the statement does not specifically refer to children. Article 29, paragraph 2, of the Constitution entitles every citizen to freedom of expression without any

interference. This right includes freedom to seek, receive and impart information and ideas of all kinds either orally, in writing or in print, in the form of art or through any other media of his/her choice.

#### **D. Freedom of thought, conscience and religion (art. 14)**

90. Article 27, No. 1, of the Constitution entitles every citizen to freedom of thought, conscience and religion. This right includes the freedom to hold or to adopt a religion or belief of his or her choice and the freedom, either individually or in community with others, in public or private, to manifest his or her religion or belief through worship, observance, practice and teaching.

#### **E. Freedom of association and peaceful assembly (art. 15)**

91. The Constitution in its article 30, paragraph 1, says every one has the right to assemble peacefully and demonstrate. Article 31 of the Constitution states that citizens are entitled to freedom of association for any cause or purpose. In this regard, different youth associations and children's parliaments in the country have been established and are participating in issues of their concern.

#### **F. Protection of privacy (art. 16)**

92. Detailed information may be found in the Initial Report.

#### **G. Access to appropriate information (art. 17)**

93. Currently, Ethiopian Television (ETV), Ethiopian Radio, Radio Fana and FM Addis 97.1 Radio transmit children's programmes weekly in different languages of the country. The information conveyed through these programmes focus on:

- (a) The rights of the child;
- (b) Prevention of abuse of children;
- (c) Testimonials from model children; and
- (d) The experience of abused children and ways of protecting them.

The broadcasting of commercial advertisements during children's programmes is prohibited.

94. *Addis Zemen*, the daily Amharic newspaper, has a special column devoted to imparting information to children and parents on child rights and other related issues. This is aimed at promoting the child's social, spiritual and moral well-being. *Addis Zena*, a private weekly Amharic newspaper, has a two-page column containing advice, stories, facts, etc., suitable for children. Another private newspaper, *Brilliant*, aims at imparting information in the form of puzzles, short stories, questions, cartoons, etc., created exclusively for children. A major private newspaper, the *Reporter*, usually carries children's issues both in Amharic and English.

95. However, the circulation of the private press in rural areas is very much limited due to a small number of copies printed out, illiteracy and low awareness in the rural communities of the press in general.

#### **H. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment**

96. The Constitution, in article 18, says: “Everyone has the right to protection against cruel, inhuman or degrading treatment or punishment”. Article 36 of the Constitution, which deals particularly with children’s rights, also prohibits corporal punishment and the cruel and inhuman treatment of children.

97. A project called “A campaign against corporal punishment”, initiated by a local NGO, has been under way and has the following objectives:

- (a) Reducing physical punishment of children;
- (b) Influencing policymakers to design policy guidelines that prohibit physical punishment;
- (c) Creating a network that will act as a vanguard for the well-being of children;
- (d) Incorporating alternative methods of child discipline in the curriculum of teacher training.

#### **I. Constraints and challenges**

98. Although the draft law to conduct countrywide birth registration has been submitted to the House of Peoples’ Representatives, the requisite human and financial resources for undertaking countrywide registration is considered expensive vis-à-vis the current economic situation in Ethiopia.

99. Furthermore, lack of awareness on the part of the majority of the population about the importance of birth registration as a fundamental right of the child has undermined efforts to popularize Vital Registration.

100. The prevalence of cultural barriers such as the social prohibition against allowing children to speak and express their views, etc., in the presence of adults seriously curtails the right of children to be heard.

101. Exposure of children to pornographic material due to the spread of illegal video films has a negative effect on the well-being of children.

102. The cultural endorsement of corporal punishment as a tool of child discipline means that, often even professional teachers do not fully understand the importance of non-corporal disciplining methods.

## V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

### Parental guidance

103. In Ethiopia, the nature, content and manner in which parental guidance is delivered appears to be as varied as the number of ethnic groups. Moreover there are also class, religious and sex differences impacting on the quality of parental guidance. However, it may generally be asserted that parental guidance follows gender patterns in that fathers are entrusted with the upbringing of boys while that of girls is left to mothers. Furthermore, decisions regarding such important turning points in the life of a child as school enrolment, the consummation of marriage or inheritance are usually made by elder members of the extended family, including women. Children are rarely consulted.

104. The advent of systematized delivery of educational programmes on parental guidance and child development may be traced to the mid-1970s. Both the Government and the non-governmental sectors have been providing these services. The MoH, MoE and the MoRA have regular programmes of parental education. For instance, the MoH has delivered education programmes on breastfeeding in six regional states.

**Table 2**

#### **Number of parents trained in breastfeeding between 1998/99-2001/02**

Year	Female	Male	Total
1998/99	236 082	215 185	451 267
1999/2000	329 124	316 734	645 858
2000/01	280 953	371 426	652 379
2001/02	836 188	729 116	1 565 304

*Source:* Data collected from six regional states.

Among the NGO community, the Family Guidance Association of Ethiopia stands at the forefront in delivering parental education on child development.

### Parental responsibility

105. Article 50 of the revised Family Code states that spouses shall have equal rights in the management of the family. Spouses cooperate in all cases to protect the security and interest of the family by bringing up and educating their children while ensuring their good behaviour in order to turn them into responsible citizens.

106. Article 52, No. 1, of the same code stipulates that each of the spouses shall have an exclusive right of decision in matters concerning the upbringing of child(ren) whom s/he had before the marriage. Article 52, No. 2, further states that any agreement to the contrary shall have no effect.

107. Article 219 of the same code also prescribes the responsibilities of the parents by stating that the father and mother are, during their marriage, joint guardians of their minor children. In case of the death, disability, unworthiness or removal of one of the parents, the other shall alone exercise such functions.

108. Despite these legislative provisions, a significant proportion of the Ethiopian child population remains deprived of parental guidance and responsibility. Although efforts appear limited in scope vis-à-vis the magnitude of the problem, both the GO and NGO sectors are trying to fill the gap [see chapters VI and VII].

### **Separation from parents**

109. When the separation of parents is deemed to be absolutely inevitable, the court shall pronounce divorce. From the time the petition for divorce is brought before it, the court shall forthwith give the appropriate order regarding the maintenance of the spouse, the custody and maintenance of the couple's children and the management of their property. Articles 5 and 6 of the revised Family Code declare that: "Where circumstances absolutely require that one of the spouses leave their common abode, the court shall, when giving an order under sub-article 5 of this article, take into consideration the interest of the child(ren) and the condition of the spouse who may be affected more by leaving their common abode."

110. Article 113, paragraph 1, of the same code further describes the custody of children. It states that the court shall, when deciding the dissolution of marriage, also decide which spouse shall have custody of the child(ren) and be responsible for caring for their education, health and maintenance. The court shall also determine the visitation rights of the parents and children. Children of 10 years and above can give their views in any proceedings that concern them. In Ethiopia, children are not separated from their parents while both parents live together or where there are no external factors that result in such separation.

### **Family reunification**

111. Governmental and non-governmental organizations are involved in reuniting children. More than 6,750 children have been reunited with their families and provided with a range of support services, within the reporting period.

### **Recovery of maintenance for the child**

112. Although the revised Family Code introduced some new principles that give priority to the well-being, upbringing and protection of children, it is stipulated that reconsideration may still be required regarding parental obligations for the immediate provision of maintenance to minors [see para. 116].

113. Latest survey results have revealed that minors face difficulties due to irrelevant processes and long delays in judicial decisions having to do with approving bequests or providing of maintenance. Recommendations have been forwarded with regard to immediate judicial procedures for appropriate maintenance supply. It is hoped that measures be taken soon to resolve the problem.

### Children deprived of their family environment

114. Although Ethiopian children may be deprived of their family environment for a variety of reasons, the CSA delineates three categories of especially difficult circumstances for children. These include orphans bereft of both parents, children who do not live with their biological mothers and children who reside in single-adult households. CSA estimates that 0.8 per cent of children are bereft of their parents; 15 per cent do not live with their biological mothers; and nearly 8 per cent reside in single-adult households. All in all, almost 24 per cent of Ethiopian children live in especially difficult circumstances. When the number of children orphaned by AIDS, estimated at 1.2 million, is considered, the final figure is staggering [DHS, CSA, 2000 and AIDS in Ethiopia, Fourth Edition, MoH, 2002].

115. Fully cognizant of the problems posed by the increasing number of children living in especially difficult circumstances, the Government, in collaboration with NGOs, has been implementing child-focused interventions in the areas of basic health-care, education and protection services. [See the subsequent three chapters and also The Mid-Term Review on the 5th Country Programme of UNICEF, September 2004].

116. Moreover, the Government issued the Social Welfare Policy while the MoLSA formulated five guidelines to improve the quality of services delivered to OVC. The five guidelines dwell on Institutional Child Care, Community Based Child Care, Reunification, Foster Family Care and Adoption. As may be seen from table 3 below, the total number of children in institutional care stands at 6,679 as of 2003.

**Table 3**  
**Number of children under institutional care**

Types of institutions	Number of children		
	Number of institutions	Female	Male
Governmental childcare institutions	4	508	327
Non-governmental childcare institutions	15	2 186	1 976
Religious childcare institutions	11	677	405
Total	30	3 371	2 708

117. It should be noted that a large majority of these children are being cared for in non-governmental childcare institutions. As austerity measures and the effects of structural adjustment have reduced the role of the Government in institutional childcare, it has conversely increased the role of NGOs in this area. Among the services provided by NGOs in the childcare institutions, mention should be made of:

- (a) Rehabilitative and development activities being undertaken for the disabled;

- (b) Delivery of institutional childcare services and sponsorship;
- (c) Provision of educational support in formal and non-formal day care; alternative basic education; and vocational training;
- (d) Feeding and rehabilitative programmes for street children;
- (e) Support extended to orphans;
- (f) Access created to basic health-care services; and
- (g) Reuniting children with their families.

### **Child trafficking**

118. Although child trafficking for any purpose is punishable by a rigorous prison term, it is nonetheless reported to be widely practised in Ethiopia. Child trafficking is being carried out both internally and externally. Given the illicit nature of the practice as well as the absence of a tradition of reporting rescued children, it has been virtually impossible to obtain estimates of the magnitude of child trafficking.

119. Internal child trafficking has been carried out for a variety of objectives. In Ethiopia children are trafficked for labour, prostitution and a source of income through begging. The most widely reported route for child trafficking is the south-western area; children abducted from South and North Omo are brought to Addis Ababa and other regions via Shashemene.

120. On the other hand, external child trafficking has the Arab countries as its destination. Although it is youngsters over 18 years old that are usually abused in external child trafficking, reports of great cruelty have been reaching the public. Cases of inhuman exploitation and brutal treatment have come to light; murder, insanity and inflicted disability were some of the outcomes of external trafficking. As a response to strong public outcry condemning the practice, the Government has intervened by regulating the practices of the so-called employment agencies that provide job placement services for Ethiopian women in Middle Eastern countries. In the last couple of years or so the practice of illicit external transfer of women seems to have abated.

### **Adoption**

121. There are two forms of adoption in Ethiopia. While intracountry adoption, known as *Gudifacha*, is as old as living memory, intercountry adoption is a rather recent phenomenon. As a very deep-rooted practice, intracountry adoption is a highly valued and socially endorsed act. Adopted children are both legally and socially considered to be on a par with biological offspring; they are entitled to all the privileges and benefits accruing to the latter. Intercountry adoption, on the other hand, is concluded via the Government, viz., MoLSA.

122. The exact number of adopted children may never be known, particularly with respect to intracountry adoptions. Tradition considers reporting adopted children to third parties as a form of discrimination abominable to God and man. Thus, recorded cases of adoption can only include those that have been concluded via the Government. Thus a total of 2,760 children have been adopted through intercountry agreements while the figure falls to 130 for intracountry adoptions between 1999/2000 and 2002/2003.

**Table 4**  
**Number of inter and intracountry adoptions**

Year	Intercountry adoptions			Year	Local/private adoptions		
	Female	Male	Total		Female	Male	Total
1999/2000	275	249	524	1999/2000	4	7	11
2000/2001	361	306	667	2000/2001	13	18	31
2001/2002	388	371	759	2001/2002	8	18	26
2002/2003	434	376	810	2002/2003	19	43	62
Total	1 458	1 302	2 760	Total	44	86	130

*Source:* Ministry of Labour and Social Affairs, 2003.

### **Factors of consideration in approving adoption**

123. Article 815 of the Civil Code stipulates that: “Adoption cannot take place unless there are good reasons for it and it offers advantages to the adopted child.” Furthermore, article 194 of the revised Family Code provides that the opinion of the child as well as that of the guardian must be heard by the courts before approving the adoption. It may be noted incidentally that the revised Family Code has introduced changes into the concept and procedures of adoption so as to maximize the interest of the child.

124. As MoLSA is entrusted with the task of handling adoption agreements, it has set preconditions that must be met before the approval of foreign adoption. A foreigner can only be eligible for adoption if s/he is:

- (a) Able to produce a document certifying that the applicant’s State law is consistent with the legal requirements of Ethiopian law;
- (b) Able to produce a document from a competent and accredited government body testifying to the sufficiency of the adopter’s income for raising the child;
- (c) Able, in the case of the adopter being married, to produce a document certifying the consent of the other spouse to adopt the child conjointly and live up to the requirements;
- (d) Willing to enter into agreements obliging him/her to send reports in the third and sixth months after adoption as well as every year until the child reaches 18 years of age; and
- (e) Able to produce a document proving s/he is free of any incurable and/or contagious disease as well as free from criminal activities.

### **Age of the adopter and the adopted**

125. While the revised Family Code stipulates that the age of the adopter should not be less than 25 years, article 185 of the same Code provides that any person less than 18 years old and under a guardianship can be adopted.

### **Parties to agreement of adoption**

126. In its article 19, paragraph 1, the revised Family Code states that both parents have to give their consent to the adoption agreement where both are alive and known. But article 192, paragraph 2, of the same Code stipulates that where one of the spouses is dead, absent, unknown or incapable, the other spouse shall give his/her consent.

### **Revocation of adoption**

127. Although article 806 of the Civil Code provides that once formally completed, the contract of adoption cannot be revoked, article 195 of the Family Code stipulates that the court may reverse an adoption decision where the adopter, instead of looking after the child, treats him/her as a slave or keeps him/her in a condition resembling slavery or engages him/her in immoral acts for the adopter's gain.

128. Despite the fact that the revised Family Code recognizes the need to protect the relationships resulting from a legal adoption, article 196, paragraph 1, of the same Code provides that a petition for revocation can be made by the child, governmental authorities following up the adoption or any other interested person.

### **Abuse and neglect**

129. Notwithstanding the fact that both the Penal Code and the revised Family Code provide rigorous prison terms for criminals perpetrating child abuse and exploitation, the practice is believed to be widespread. The abuse and neglect of children takes two forms in Ethiopia, viz., harmful traditional practices and (urbanized) child abuse and exploitation. Given the absence of systematic data gathering or a monitoring mechanism, exact figures or even crude estimates are not available regarding the number of children subjected to such harmful traditional practices as tonsillectomy, circumcision, early marriage or domestic violence.

130. In recent times some form of data gathering mechanisms have emerged, particularly after the insertion of Child Protection Units in the police structures in a few urban centres. Also, the NGO community has been deeply involved in protecting and rescuing children from situations of abuse and exploitation. It was reported in a bulletin by the Forum for Street Children that in Addis Ababa, Dessie, Dire Dawa and Nazareth alone a total of 3,099 cases of child abuse had been reported to the respective CPUs between 2000-2002. It was further confirmed that a preponderant majority of the abused children, numbering 1,707, were female. Addis Ababa had the biggest share, with 1,634 of the abused children drawn from the metropolitan area.

### **Measures undertaken**

131. Realizing the need for better protection of the rights of children, the Government has taken several measures ranging from the ratification of conventions and the harmonization of national legislations through the prosecution of perpetrators of child abuse to the design of intervention programmes.

*Legislative protection:* Following the ratification of the CRC, the Government has been reviewing existing legislation with the objective of harmonizing them with the articles of the Convention. Besides the laws already discussed [see paras. 25-33], a review of others is also going on.

*Child Protection Units:* Although it has yet to be expanded to reach all the major urban centres of the country, the CPUs have been inserted into the police structure and the units are operational in several towns including Addis Ababa, Nazareth, Dire Dawa and Dessie. Besides protecting the rights of the child, the CPUs have been active in apprehending young offenders and bringing them to court. For instance, 3,828 young offenders were reported to the CPUs in the four cities between 2000-2002 and 1,350 of these cases were sent to court for trial [Bulletin, *ibid*].

*Awareness-raising:* In addition to the legal and institutional protection extended to children, awareness-raising activities were also undertaken so as to sensitize the wider society regarding the rights of children. From 2000 through 2003 the four regions of Dire Dawa, Tigray, Amhara and Southern Nations, Nationalities and Peoples' Region (SNNPR) between them held 2,619 sensitizing workshops [Mid-Term Review, UNICEF, 2004, p. 14].

*Physical and psychological recovery:* In light of the increasing incidence of child abuse [see para. 118], it has become imperative to provide physical and psychological rehabilitation services for child victims. Both governmental and non-governmental actors are engaged in providing these rehabilitative services.

*Child Abuse and Neglect Unit, Yekatit 12 Hospital:* Run by the Government with financial and technical assistance from NGOs, the unit is attached to the paediatric section of the hospital. It provides comprehensive medical and psychological treatment to sexually abused children. From July 2001 to August 2002 the unit provided medical and psychological treatment for 256 female children. It is also reported that 730 abused children received counselling services while 1,333 were reunited with their families [Bulletin, *op. cit.*].

### **Services for abandoned children**

132. Given the absence of systematic data gathering mechanisms, the exact figure of abandoned and displaced children could not be obtained. As a result, countless instances of abandonment and displacement occasioned by war, drought, broken families and unwanted pregnancies are still left unaccounted for. Although reunification programmes and institutional childcare services have been provided, it appears that they are far from satisfactory vis-à-vis the magnitude of the problem.

### **Constraints and challenges**

133. As pointed out earlier, the measures taken to protect the rights of the child were unable to generate the desired results for several reasons. There are still gaps in the national legislation system that need to be filled [see paras. 34-37]. Moreover, the shortage, or even absence, of trained human resources at the various levels of Government has seriously curtailed the effective implementation of the articles of the Convention. Third, not providing funds for the CPUs has adversely undermined their activities; lacking funds, there is little the CPUs can do in the way of supporting rescued children.

**Table 5**  
**Number of abused children reported to CPUs and measures taken (2000-2002)**

Case and measures	Number of abused children														
	Addis Ababa			Dessie			Dire Dawa			Nazareth			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Total number of abused children reported to the CPUs	810	824	1 634	209	131	340	269	573	842	104	179	283	1 392	1 707	3 099
Victims reunited with their families	556	459	1 015	24	10	34	143	132	275	6	3	9	729	604	1 333
Victims referred to hospitals for medical evidence of abuse	420	370	790	108	69	177	60	91	151	47	95	142	635	625	1 260
Victims who exhibited medical evidence	335	218	553	66	39	105	9	2	11	33	86	119	443	345	788
Victims who received counselling services at CPUs	152	131	283	47	39	86	152	162	314	15	32	47	366	364	730
Victims who joined safe homes/ temporary shelter programmes	22	76	98	11	13	14	-	-	5	5	10	15	38	89	127

*Source: Forum for Street Children Ethiopia, Bulletin, p. 27, 2003.*

**Table 6**

**Young offenders reported to CPUs<sup>1</sup> and measures taken (2000-2002)**

Case and actions	Number of offenders by city														
	Addis Ababa			Dessie			Dire Dawa			Nazareth			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Total number of young offenders reported to the CPUs	2 433	423	2 856	314	64	378	238	151	389	163	42	205	3 148	680	3 828
Cases sent to hospitals for ascertaining medical evidence of their age	1 351	255	1 606	147	28	175	6	5	11	32	8	40	1 536	296	1 832
Cases sent to court for trial	1 049	148	1 197	82	10	92	29	11	40	21	-	21	1 181	169	1 350
Cases released on bail	850	110	960	9	-	9	2	1	3	5	4	9	866	115	981
Cases referred to the community-based correction programme	543	110	653	-	-	-	-	-	-	-	-	-	543	110	653
Cases immediately released from police stations (being under age for criminal charges, lack of sufficient evidence for prosecution, arbitrated by CPU)	37	23	60	260	45	305	111	98	209	48	12	60	456	178	634
Cases whose age was ascertained by the hospitals	365	63	428	59	9	68	2	-	2	19	4	23	445	76	521
Cases referred to remand homes by court order	100	15	115	-	-	-	-	-	-	4	-	4	104	15	119
Cases set free by court order	26	9	35	-	-	-	-	-	-	1	-	1	27	9	36

Source: *Forum for Street Children Ethiopia, Bulletin*, p. 25, 2003.

<sup>1</sup> CPUs: Child Protection Units.

## **VI. BASIC HEALTH CARE AND WELFARE SERVICES**

### **General**

134. The Government formulated a 20-year Health Sector Development Plan spanning the years 1997-2017. Broken into four five-year development plans, the first phase was completed in 2002. The result of a review of the first five-year section of the development plan showed that coverage of health-care services had risen from 33 per cent in 1997 to 52 per cent in 2002 while the rate of immunization doubled from 20 to 42 per cent. In the same period, the provision of MCH services increased from 15 to 29 per cent and CPR shot up from 4 to 19 per cent.

135. Despite these encouraging beginnings, a significant proportion of the population, including children, is still left out of the modern health-care system of the country. There are still communities and social segments that are visibly marginalized in terms of access to health-care services.

### **Children with disabilities**

136. The 1994 Population and Housing Census had estimated that the prevalence of disability in Ethiopia stands at nearly 3 per cent. The current NPA for children raises the figure much higher.

137. Besides numbers, the socio-economic and institutional setup highly discriminates against children with disabilities. Quoting studies by MoLSA and individual researchers, it was reported in the NPA that “various kinds of misconceptions, stereotypes, prejudices and discrimination exist in the country at large” compounding the marginalization of children with disabilities.

138. Having recognized the multiple facets of the nature of the problems faced by persons with disabilities, the Government has been trying to create an enabling environment by enacting appropriate policies and formulating programmes. To begin with, article 41, sub-article 5, of the Constitution assures that the necessary rehabilitative and support services will be provided to persons with disabilities. Besides the enactment of the Developmental Social Welfare Policy, one focus of which is disability, the United Nations Standard Rules on the Equalization of Opportunities for persons with disabilities was translated into several local languages.

139. The National Programme of Action for the Rehabilitation of Persons with Disabilities was finalized in 1999. With the objective of sensitizing the general population about the rights of persons with disabilities, awareness-raising programmes have been under way through workshops, leaflets, posters, etc. Indeed, the Ethiopian Federation of Persons with Disability conveys IEC messages on disability through the national radio.

140. Complementing these efforts are the programmes run by NGOs. The three prominent NGOs working on disability are the Cheshire Foundation, Cheshire Services and Handicap National. Operating in the three urban centres of Addis Ababa, Jimma and Bahir Dar, the Cheshire Foundation implements a comprehensive programme of:

- Assessing and classifying types of disabilities;
- Conducting regular home visits by social workers;
- Providing orthopaedic appliances, medical treatment, physiotherapy and counselling services;
- Creating opportunities for health-care services and educational enrolment;
- Encouraging the formulation of disability clubs in schools; and
- A Self Reliance Scheme in which efforts are exerted to develop and shape the capacity of persons with disability for a productive engagement.

141. In the course of implementing these programme components, Cheshire Foundations was able to reach thousands of children with disabilities. In 2000 and 2001 for instance, it had enrolled 128 children with disabilities in a training programme; it provided educational support to 362 children with disabilities; and it organized 23 parents of children with disabilities into saving and credit schemes.

142. An indigenous organization, Cheshire Services works on the prevention of disability as well as an advocacy agency for, and rehabilitation of, persons with disabilities. It admits about 180 children every year for such rehabilitative services as surgery and intensive physiotherapy. It has also provided outreach treatment to nearly 5,000 children with disabilities in 28 towns while home-based rehabilitation was provided for 321 children. Third, 163 children have been supported through inclusive education. Fourth, 814 retarded children are being clinically treated to stimulate their growth. Fifth, an average of 6,484 walking appliances and orthopaedic shoes are produced and distributed to the needy every year.

143. For its part, Handicap National has been working on awareness programmes as well as provision of services. While it sponsors a radio programme on disability and the rights of children with disabilities, it has also been providing door-to-door services, physiotherapy, appliances and educational rehabilitation for 405 children in the operational target area.

**Table 7**  
**Types of activities and number of beneficiaries**

No.	Activities	2000			2001			Remark
		Male	Female	Total	Male	Female	Total	
1	Rehabilitation							
	• Provision of appliance			250	38	30	68	
	• Medical treatment			527	186	176	362	
	• Home visits			55	46	48	94	
	• Counselling			55	88	107	195	
2	Awareness-raising related to PWD			146	9 202	8 175	17 377	
3	Skill training			82	10	36	46	
4	Educational support			69	156	137	293	
5	Initial loan			10	10	3	13	
6	Saving and credit			72		190	190	Mothers
	• Parents of CWD							
7	Maternal and child health							
	• Growth monitoring and nutrition rehabilitation			4 380	1 120	1 006	2 126	
8	Health education programme			3 942		1 700	1 700	Mothers
9	Immunization follow up			4 380		2 126	2 126	
10	Family planning/ARH participation							
	• First visits			604		678	678	Mothers
	• Repeat visits			3 712		4 500	4 500	Mothers
11	Ante-natal visitors							
	• New			198		208	208	
	• Repeating							
12	Screening and surveillance, identification and treatment of primary causes of disability			2 254				
13	MCH clinic diagnosis treatment							
	• Adults			4 061		6 759	6 759	
	• Children			4 465		2 365	2 365	
	• Day-care centre			171	119	113	232	
14	House improvement			52			200	Family members

*Source:* Cheshire Foundation Ethiopia, Annual Report 2000 and 2001.

### Health and health-care services

144. As mentioned earlier (see paras. 9-11) the reach and coverage of the health-care services remain far from being comprehensive. Notwithstanding the low coverage of the health-care services, there have been improvements in terms of infrastructure and delivery. For instance, the number of hospitals increased from 96 in 1997/98 to 115 in 2001/02; similarly, the number of health centres rose from 282 to 412 in the same period. In terms of human resources, the number

of physicians reached 1,888 in 2000/02, up from 1,415 in 1997/98. The most dramatic increment was registered with respect to nurses whose number almost tripled from 4,774 to 12,838 in the period under discussion.

145. Despite these increments over the years in terms of infrastructure, the health sector remains overburdened. Indeed, the population-doctor ratio stands at a staggering 58,000, while one midwife attends 3,756 deliveries. The overburdening of the health-care system has inevitably resulted in high rates of maternal and child mortality from preventable diseases. For instance, a case study in Hattat Hospital, Gurage Zone, SNNPR, revealed that maternal mortality could be reduced significantly with increased availability of maternity waiting services. It was recorded that among the 4,118 women admitted to a maternity waiting home between 1987 and 2002, 6 maternal deaths had occurred; but among the 11,149 non-MWA admitted to the same, 134 maternal deaths were recorded.

146. Cognizant of the underdevelopment of the health-care services, the Government has formulated a 20-year Health Sector Development Plan, 1997-2017, broken into four 5-year medium-term plans. Although formulated as part of meeting the MDGs, along with the Sustainable Development and Poverty Reduction Programmes (SDPRP), the HSDP has been phased into several tiers in terms of priority. HSDP I 1997-2002 revolved around the reorganization of the delivery system of health-care services focusing on the rehabilitation and expansion of the network of Primary Health-care Units (PHCUs). Capitalizing on the achievements of HSDP I, HSDP II emphasizes disease prevention and narrowing urban-rural disparity by increasing access.

147. The major components of HSDP II derive from the recommendations resulting from the joint review of the progress made by HSDP I. Among the recommendations of the joint review of HSDP I, the major one remains that of addressing the problem of persistently high levels of child malnutrition by focusing on maternal malnutrition and nutrition for children under two years old through the introduction of a basic minimum nutrition package and improved caring practices.

148. To this end, three programmes were designed which are:

- (a) Integrated Management of Childhood Illnesses (IMCI);
- (b) Prevention of Mother to Child Transmission (PMCT); and
- (c) Maternal Health Care.

(a) **IMCI:** with all the regions having included IMCI in their annual health sector plans, 198 of the 604 public hospitals and health centres, i.e., 33 per cent, have trained IMCI health workers managing children under 5. Moreover, 2,803 of the 10,318 target health workers have received pre-service and in-service training on Case Management. By way of bringing the community on board in the development of the health sector, 20 key family and community practices were adopted as a result of which a three-year Strategic Plan for the implementation of C-IMCI was developed. Two pilot C-IMCIs are already under way in Amhara and Tigray.

(b) **PMCT:** although the National Guideline on the Prevention of Mother-to-Child Transmission was issued by the MoH in 2001, the Nigat project was the only PMCT in the country until 2003. The project provided PMCT at Tikur Anbessa Hospital and four health centres in Addis Ababa. So far, VCT services have been provided to 12,000 pregnant mothers along with the administration of nevirapine to around 550 mother/infant pairs. Furthermore, under the President's initiative of Mother and Child HIV prevention 23 sites, consisting of 10 hospitals and 13 health centres, have been selected for the implementation of PMCT. In collaboration with the MoH, the National PMCT implementation framework was developed which paved the way for the training of care providers and programme managers from the selected regions. The delivery of services commenced in March 2004. Since July 2003 around 1,000 mothers and children have received PMCT services at 4 hospitals through the Hareg Project partnered by UNICEF. UNICEF is currently expanding the reach of the PMCT services through 18 satellite health centres under these 4 hospitals. What needs to be noted is the fact that the provision of PMCT services was preceded by issuance of the Strategic Framework for the National Response to HIV/AIDS in 2001 as well as the designation of the Technical Working Group in the same year (see para. 48).

(c) **Maternal health:** underscored by the principle of safe motherhood, the MoH, in collaboration with UNICEF, WHO and UNFPA launched the programme of Making Pregnancy Safer in the four zones of Oromia, Amhara, SNNPR and Tigray in June 2001. The national goal of the MPS is to strengthen the capacity of the selected health-care infrastructure by providing basic and emergency obstetric care through a functional referral loop between zonal hospitals and the four health centres, health posts and communities that do the referring so as to reduce maternal and prenatal mortality.

### **Child health and immunization**

149. Reflecting the country's extreme poverty, the status of child health care and the levels of immunization remains low. According to a review of HSDP I done by the MoH, out of the 1,000 live births each year, 113 and 160 children die before reaching respectively 1 and 5 years of age. In terms of immunization, only 30 per cent of the child population was fully vaccinated against BCG, DPT<sub>3</sub> and measles. Furthermore, 47 and 51 per cent of the under-5 children are reported to be suffering from wasting and stunting respectively. The IMCI programme of HSDP II is intended to improve the situation. The status of child health care and the level of immunization exhibit significant urban-rural disparities (DHS; WMS, CSA, 2000). The IMCI, PMCT and Maternal Health Programmes of HSPD II are also intended to improve the situation (see para. 147 (a)-(c)).

### **Access to clean water**

150. Although the supply of safe drinking water is an effective way of protecting the proliferation of waterborne diseases, the Ethiopian population in general and children in particular still lack access to this basic necessity. According to a comprehensive survey conducted in 2000, only an average of 28 per cent of the population had access to clean water by 2000, although this represented an increment of 9 per cent over 1996. This aggregate figure, however, ought not to conceal the significant urban-rural disparity; while 92 per cent of the urban population had access to safe drinking water in 2000, the figure falls to as low as 17 per cent in rural areas.

**Table 8**  
**Sources of drinking water by residence**

Activities	Place of residence and survey year								
	Country			Rural			Urban		
	1996	1998	2000	1996	1998	2000	1996	1998	2000
River, lake	48.2	43.5	33.9	53.6	49.5	38.9	18.1	7.0	4.5
Unprotected well/spring	19.0	28.2	38.1	21.5	32.2	43.9	5.0	4.1	3.7
	19.1	23.7	27.9	9.6	3.7	17.1	72.1	83.5	91.7
Others	13.7	4.7	0.1	15.3	4.6	0.1	4.8	5.4	0.1

*Source:* WMS, vol. II, p. 28, 2000.

### **Most common diseases and their impact on children**

151. The most widespread diseases in Ethiopia are related to or caused by malnutrition and the lack of environmental health-care services.

#### **A. Acute respiratory infection**

According to the DHS, the prevalence rate of ARI varies by the age of the child. Children aged 6-11 months have the highest susceptibility to having ARI symptoms, viz., 33 per cent, compared with all other age groups. Only 16 per cent of all children under 5 with a cough and rapid breathing were taken to health centres.

#### **B. Fever**

Similarly, the prevalence of fever varies by the age of the child. Children aged 6-11 and 12-23 months are more commonly sick with fever, 40 and 35 per cent respectively, than other children. Prevalence of fever among children under 5 ranges from 21 per cent in Addis Ababa to 44 per cent in the Afar Region. The prevalence rate of fever among children under 5 is also relatively high in the Gambella Region where, along with the Afar Region, malaria is more common. Mother's education has little impact on the prevalence of fever among children under 5 years. Very few children with fever are taken to health centres.

#### **C. Prevalence of diarrhoea**

Dehydration from diarrhoea is a major cause of infancy and childhood mortality. A national average of 24 per cent of all children under 5 have experienced diarrhoea at some time in the two weeks preceding the DHS survey.

### **Breastfeeding and nutrition**

152. Breastfeeding is nearly universal in Ethiopia and the median duration of any breastfeeding is a relatively long 26 months. The level of malnutrition is significant, with more than one in two Ethiopian children under 5 years of age stunted, 11 per cent wasted, and 47 per cent under weight.

153. The nutritional status of children is an indicator for the income level of households in the community as well as for the national living standard. According to the survey results, Ethiopian children face chronic malnutrition. The level of stunting stands at 11 per cent and 60 per cent respectively among children under 6 months of age and children aged 3 years and older. Rural children are more likely to be stunted than their urban counterparts.

#### **Antenatal care**

154. According to the DHS, 27 per cent of the mothers received antenatal care from health professionals for their most recent birth in the five years preceding the survey and less than 1 per cent of mothers received antenatal care from traditional birth attendants, both trained and untrained. Nearly 73 per cent of the mothers did not receive antenatal care in their births during the five years preceding the survey.

#### **Tetanus toxoid coverage**

155. Tetanus toxoid vaccination during pregnancy is not widely accessible in Ethiopia. Only 9 per cent of the women received one dose of tetanus toxoid during pregnancy and 17 per cent received two or more doses. Mothers living in urban areas are more likely to be protected against tetanus than mothers in rural areas. In urban areas 58 per cent of mothers have received protection during pregnancy compared with 22 per cent of mothers in rural areas. The coverage is highest for mothers in Addis Ababa and lowest for mothers in the Afar Region.

#### **Delivery care**

156. An overwhelming majority of 90 per cent of the births in the five years preceding the DHS were delivered at home. The majority of births are attended either by an untrained traditional birth attendant, 26 per cent, or a relative or other person, 58 per cent. Six per cent of all the births are delivered without any type of assistance at all. Only 6 per cent of births are delivered with the assistance of a trained health professional, e.g., a doctor, nurse or midwife, and 4 per cent are delivered by a trained traditional birth attendant.

#### **Postnatal care**

157. A large proportion of maternal and neonatal deaths occur within 48 hours after delivery. As PNC coverage is extremely low in Ethiopia, only 1 in 10 mothers received postnatal care. There are significant differences in the receipt of post-natal care between urban and rural women. In urban areas, 38 per cent of mothers received post-natal care within two days of giving birth compared with 4 per cent of the mothers in rural areas. The utilization of timely post-natal care ranges from less than 4 per cent of mothers in the Amhara region to 69 per cent in Addis Ababa.

#### **Female circumcision**

158. According to the DHS, the prevalence of practising female circumcision is lower among women living in Tigray, 36 per cent and Gambella, 43 per cent, while it reaches almost 100 per cent in the Somali and Afar regions. Urban-rural residence, education, and work status do not make any notable difference in the practice of female circumcision. The practice is slightly lower among younger women.

159. There appears to be widespread social endorsement of female circumcision among Ethiopian women. When asked whether the practice should continue, 60 per cent of the women stated that they sanction circumcision. This approval is greatly influenced by residence and level of education. Rural women are twice as likely to support the practice as urban women. Women in Addis Ababa, Tigray and Gambella regions are relatively less likely to support the continuation of the practice.

### Teenage pregnancy

160. Early marriage, premarital unprotected sexual intercourse, abduction and rape are the major causes of teenage pregnancy in the country. Teenage pregnancy is accompanied with high risk of delivery problems leading to fistula. Reflecting significant regional variation, the incidence of teenage pregnancy ranges from 26 per cent in Gambella to nearly 5 per cent in Addis Ababa.

**Table 9**

### Teenage pregnancy and motherhood age 15-19

Region	Percentage who have begun childbearing	Number of teenagers involved in survey study
Tigray	20.9	234
Afar	21.1	34
Amhara	25.0	842
Oromiya	15.8	1 594
Somali	12.7	43
Benishangul-Gumuz	22.2	41
SNNP	8.1	688
Gambella	26.0	8
Harari	12.9	9
Addis Ababa	4.7	199
Dire Dawa	11.0	18

*Source:* Ethiopia DHS 2000, 0 46.

161. The only fistula hospital in Ethiopia treats more than 1,200 fistula patients annually. The findings of a study conducted by National Office of Population in 1999 on 1,210 patients indicated that nearly half of the patients were between 13 and 20 years of age. The study revealed that fistula was often caused by obstructed labour that lasted for more than three days.

### Prevalence and national response to HIV/AIDS and its consequences

162. Data on the prevalence rate of the virus is collected through a “Sentinel Surveillance System” that regularly provides antenatal services to pregnant mothers. The 4th Edition of AIDS in Ethiopia covers 28 urban and 6 rural sites. According to the report of The Ministry of Health,

it is estimated that about 2.2 million people in the country are currently infected with the pandemic, including 2 million adults and 200,000 children. The virus is more widespread in urban centres than in rural areas; in urban centres the prevalence rate of the pandemic stands at nearly 16 per cent while it falls to 4 per cent in the rural areas (HIV/AIDS in Ethiopia, Fourth Edition, 2002).

163. One devastating effect of the pandemic is the number of orphan children bereft of their parents by it. It is projected that the number of AIDS orphans will increase from 1.2 million in 2001 to 1.8 million by 2007, rising to 2.5 million in 2014. AIDS also affects the survival of children. Those born from infected mothers usually develop AIDS and die within five to eight years. Children in difficult circumstances are also more vulnerable to the infection.

164. As per the response of the Government discussed in paragraphs 44-48, the priority intervention areas in the fight against the pandemic have been identified, which are:

- (a) Information, Education and Communication (IEC) and behaviour change communication;
- (b) Condom promotion and distribution;
- (c) Blood safety;
- (d) Management of sexually transmitted infection;
- (e) Universal precaution;
- (f) Prevention of mother-to-child transmission;
- (g) Care and support;
- (h) Legislations and human rights; and
- (i) Surveillance and research.

165. The Government has allocated substantial sums of money for the implementation of these priority intervention programmes. As of May 2003, a total of Birr 106 millions was allocated, with the biggest share going to Oromia, accounting for 22 per cent of the total and the lowest to Harari, less than 2 per cent.

**Table 10**  
**Fund disbursement by region and source, May 2003**  
**‘000 Ethiopian Birr**

Source of funds	Afar	Amhara	Ben. Gu.	Dire Dawa	Gambella	Harari	Oromia	SNNP	Somali	Tigray	A. A.
EMSAP	10 500.7	7 960.6	2 866.6	1 007.5	3 901.5	2 009.9	19 791.8	8 770.9	4 193.4	15 737.1	8 164.2
UNICEF		4 825.2	673.8	2 954.8	524.0		3 532.3	542.7		5 100.0	800.0
AAE-SIPA+					463.4			743.3			
CDC+											2 000.0
Total	10 500.7	12 785.8	3 540.4	3 962.3	4 888.9	2 009.9	23 324.1	10 056.9	4 193.4	20 837.1	10 964.2

*Source:* Ethiopian HIV/AIDS National Response (2001-2005) consolidated National Report of the Joint Mid-Term Review, 21 February-19 March 2003, Addis Ababa.

*Note:* AAE-SIPAA: Action Aid Ethiopia - Support to International Partnership Against AIDS in Africa (funded by DFID).

*CDC:* Centre for Disease Control.

*Source:* \* denotes HAPCO - data.

+ denotes regional data.

### Voluntary HIV/AIDS Counselling and Testing

166. Voluntary HIV/AIDS Counselling and Testing, VCT, centres have been set up in different regional states. All in all, 142 VCT centres have been established throughout the country. It may be noted that although Dire Dawa is a highly urbanized city, it does not have a VCT centre while Addis Ababa has 54 VCT centres.

**Table 11**

#### Number of VCT Centres by region

	A.A.	Afar	Amhara	Ben. Gum	Dire Dawa	Gambella	Harari	Oromia	SNNP	Somali	Tigray	Total
No. of Centres	54	7	17	3		1	3	15	20	1	21	142

*Source: National Report of the Joint Mid-Term Review, 21 February-19 March 2003, Addis Ababa.*

### Awareness-raising on HIV/AIDS

167. Awareness-raising and sensitization activities are organized using various forums such as public meetings, mass rallies, religious sermons, public holidays, sport events and World AIDS Day. Theatre, music, mini-media and testimonials of PLWAs are commonly used as instruments for the delivery of anti-HIV and -AIDS messages. All regions reported the involvement of traditional leaders, elders, religious leaders, traditional institutions such as Idirs and women's associations in awareness-raising activities.

### Condom promotion and distribution

168. Communities, youth anti-AIDS clubs, NGOs and a few government offices have distributed condoms free of charge. But DKT-Ethiopia is the most prominent actor in the promotion and distribution of condoms as it carries on with the social marketing of the prevention tool throughout the country. In 2002, DKT reported distributing 67 million condoms through social marketing schemes. Some of the most important outlets for the distribution of condoms are health institutions, kiosks, workplaces, clubs, bars and hotels.

### Children orphaned by HIV and AIDS

169. Despite the magnitude of the impact of HIV/AIDS, exact and detailed data on the status of AIDS orphans is virtually absent in the country. Estimates have been given by various institutions such as the MoH and USAID. MoLSA, in collaboration with Italian Cooperation and UNICEF, undertook a survey entitled "The Prevalence and Characteristics of AIDS Orphans in Ethiopia" in which it tried to assess the status of AIDS orphans. The survey found that the prevalence of AIDS orphans varies with residence, standing at 15, 17 and 15 per cent respectively in urban, semi-urban and rural areas. An important point to be noted is the fact that there seems to be an increasing equalization of the prevalence rate of AIDS orphanhood between urban and rural areas. [Survey on the Prevalence and Characteristics of AIDS Orphans in Ethiopia, MoLSA, Italian Cooperation and UNICEF, 2003]

### **The availability and accessibility of services**

170. The types of services designed to alleviate the problems of orphans due to AIDS are support in meeting basic needs, including food and shelter; educational services; health-care services; counselling; sponsorship; vocational training and apprenticeship; support to community institutions and financial support to AIDS orphans and their guardians.

171. The findings of the study indicated above revealed that while service providers design their programmes for all people living with HIV/AIDS or to the general child population, the attention given to orphan children is minimal. Thus, out of the total agencies/organizations, associations/institutions that claim to provide service to AIDS orphans, only one out of two has programmes especially designed for such orphans. Thus, the various special needs of AIDS orphans appear to be neglected. It was further noted that service providers targeting AIDS orphans, include governmental agencies, non-governmental organizations, community-based associations and religious institutions. Missionaries of Charity, an international religious congregation, has 14 branch houses all over Ethiopia. Among other things, the branch houses deliver services for AIDS orphans and PLWAs. About 250 children living with the virus were admitted as of 2001.

### **Standard of living and childcare**

172. Given the widespread poverty prevailing in the country, the status of the child vis-à-vis access to a decent standard of living remains far from satisfactory. For a detailed profile of the living conditions of the population in general, see paragraphs 9-13 and paragraphs 14-18.

### **Selected living standard indicators**

173. During WMS of 2000 the basic necessity indicators related to food security, clothing and financial capacity of households were computed from subjective information collected from sample households. In the rural areas only 2 per cent of the households meet their food needs for 10 to 12 months while 22 per cent are food self-sufficient for only 3 months. Twenty-three per cent are food insecure for six to eight months.

**Table 12**

#### **Food self-sufficiency of rural household in terms of months, 2000**

Months	Country - Rural	
	Number	%
Up to 3 months	20 075 719	21.8
4-6 months	3 146 658	23.1
7-9 months	1 971 642	20.7
10-12 months	1 907 833	20.1
Above 12 months	191 939	2.0

*Source:* WMS 2001 volume 11, p. 52.

174. Furthermore, 35 per cent of the households reported that their poverty profile had improved from the previous year while 36 per cent replied that their impoverishment had worsened. With respect to the supply of clothes, 34 per cent of households spoke of worsening conditions; 26 per cent reported improvements; and 39 per cent reported that their condition remained the same as it was 12 months before.

175. In terms of comparison of their general living standard, 41 per cent of the households replied that their living standard had deteriorated while 33 per cent reported improvement. Twenty-seven per cent said they did not experience any change. Half of the total households hope for better living conditions while 30 per cent expect worsening conditions and close to 20 per cent expect the same conditions in the coming 12 months.

**Table 13**

**Changes in living standard over the 12-month period  
by place of residence year 2000**

Place of residence	Current living standard compared to 12 months ago	Living standard with respect to food	Living standard with respect to clothing	General living standard	Expected living standard over the coming 12 months
Country level	Better	35.1	26.3	32.9	50.0
	Worse	36.4	34.3	40.6	30.2
	Same	28.4	39.4	26.5	19.7
	Total households	11 519 768	11 519 770	11 519 768	11 519 769
Rural	Better	36.3	26.6	33.3	49.3
	Worse	37.4	35.3	41.8	31.2
	Same	26.3	38.1	25.0	19.5
	Total households	9 853 561	9 853 560	9 853 558	9 853 560
Urban	Better	28.5	24.5	30.9	54.4
	Worse	30.6	28.6	33.4	24.5
	Same	41.0	46.9	35.8	21.2
	Total households	1 666 208	1 666 209	1 666 208	1 666 209

*Source:* WMS Vol. II, 2001.

**Measures taken to improve adolescent health services to lower the incidence of early pregnancies and STDs**

176. Provision of IEC and appropriate reproductive health-care services are the main measures taken to improve the status of adolescent health care and reduce the incidence of early pregnancy and STDs. The delivery of IEC messages has been carried out in collaboration with health education clubs in schools.

177. The Family Guidance Association of Ethiopia (FGAE), is the leading national non-profit organization promoting family planning throughout the country. The association currently focuses on the sexual and reproductive health-care needs of youth. The programmes being implemented by FGAE include:

- (a) IEC messages on reproductive health care;

- (b) Training of health personnel on reproductive health and service delivery;
- (c) Delivery of health-care services, promotion of fertility regulation tools and distribution of contraceptives;
- (d) Provision of counselling services on reproductive health care; and
- (e) Youth programmes.

**Table 14**

**IEC materials distributed by FGAE, 1998-2001**

Types of materials	Quantities distributed			
	1998	1999	2000	2001
Posters	4 000	5 600	46 500	32 563
Leaflets	90 000	123 000	700 000	624 760
Association's Bulletin	8 000	9 800	2 000	2 000
Calendars	15 000	16 000		
Seasons greeting cards	3 000	4 200		4 000
Booklets			24 000	29 021
Flip charts			2 000	537
Magazines			2 000	2 000
Training directory			4 000	2 500

*Source:* Statistical Abstract FGAE 2001.

178. Between 1999 and 2001 FGAE distributed fertility regulation tools to 206,976 youngsters. What ought to be noted is the fact that the number of youth using contraceptives has dramatically increased over the years; indeed, the number of contraceptive users soared eight times between 1999 and 2001. The provision of fertility regulation tools to young people is done through the youth centres of the FGAE numbering 24.

**Table 15**

**Adolescent family planning users at FGAE youth centres**

Year	Number of users	
	Users	Counselling
1999	15 964	
2000	62 280	
2001	128 732	38 144

*Source:* Statistical Abstract FGAE 2001.

### **Constraints and challenges**

179. Despite these efforts at expanding and sustaining the reach of basic health-care services there are still constraints on the sector. These are:

(a) The fact that health-care professionals, decision makers and the public at large emphasize curative rather than preventive health-care services has increased the burden on the health-care system;

(b) Shortage of staff and medical equipment in the newly-established primary health-care units;

(c) Absence of a monitoring and evaluation mechanism;

(d) Malnutrition remains one of the most common health problems affecting a significant proportion of children;

(e) An increasing number of orphans due to AIDS;

(f) Services made available to AIDS orphans fall short of the needs on the ground; and

(g) With malaria becoming a major killer, it poses a serious threat and is testing the capabilities of the health-care system.

## **VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES**

### **General**

180. As per article 28 of the CRC, the Government has been trying to provide primary education to all while expanding the reach of secondary education in various forms. Arrangements have been made to assist the poorest segments of society in covering the costs of schooling. Since the right of the child to education falls within the context of the Education Sector Development Plan of the nation, a recapitulation of the content and objectives of the ESDP will provide background to the review.

### **Education**

181. As part of the effort of implementing the education policy, a five-year Education Sector Development Programme (ESDP), was adopted in 1997. Over the period of 1997-2002 the ESDP focused on access, quality, efficiency and equity in education, with special attention to girls as well as to rural and underserved areas. The ESDP was intended to be instrumental in the achievement of universal primary education for all by the year 2015. The first five-year programme was concluded in June 2002. It was managed through a Central Steering Committee, Regional Steering Committees, an Annual Review Committee, Joint Review Missions, Education and Training Boards and School Management Committees. The formulation of the Second Education Sector Development Programme, ESDP II, spanning the years 2002-2005 has been finalized.

**The major goals of ESDP II are:**

- (a) To produce good citizens who understand, respect and defend the Constitution; students who respect democratic values and human rights;
- (b) To expand access and coverage of primary education along with equity and improved quality;
- (c) To meet the demand for trained manpower through vertical integration of secondary, technical-vocational and higher education programmes;
- (d) To build the capacity within the education system for the system's sustainable development through organizational capacity-building for programme implementation, continuous innovation and quality leadership at various levels.

182. A National Educational Measurement and Examination Organization has been established as an independent governmental body under the Ministry of Education in order to provide:

- (a) Central professional guidance and coordination in national examinations;
- (b) The necessary expertise to give guidance about measurement and evaluation;
- (c) The necessary examination item-banking system;
- (d) Research help on test development.

**Structure of the formal education system**

183. Ethiopia's formal education system has an eight-year cycle for primary education and a four-year cycle for secondary education. Primary education is further divided into two cycles, of which the first four years aim at the attainment of a basic education while the second four years aim at the attainment of a general primary education. It may incidentally be noted that though primary education is free for all, it has yet to be made compulsory. Secondary education is also divided into two cycles of which the first two years are for the attainment of a general secondary education while the second two years prepare students for higher education and the world of work.

184. At G-4, along with continuous assessment, a formal examination and aptitude test will be given to ascertain the achievement of a sound basic education. National examinations will be administered at G-8 and G-10 levels to certify completion of primary and general secondary education respectively. Entrance examinations will also be given after completion of the second cycle of secondary education for admission to higher institutions.

185. Technical and vocational schools will have 10+1, 10+2 and 10+3 structures, i.e., a one-year, two-year and three-year duration after completing G-10. Students are trained in middle- and entry-level skills in these structures to satisfy the country's urgent needs at this

level. The tertiary level (higher education) will have three and four years' duration for the first degree programme. This used to be four and five years for various fields of studies in the previous education system.

### **Girl child education**

186. Ethiopia is one of the countries selected for UNICEF's "25 by 2005" Campaign, a major initiative to eliminate gender disparities in primary and secondary education in 25 priority countries by the year 2005. UNICEF is at present working with the Ethiopian Government to mobilize new resources, build a broad national consensus on the need to get and retain girls in school and help improve schools to make them more welcoming to girls. The tutorial programme for girls is one of the projects helping 16,000 girls in grades 4 through 8. UNICEF provides supplies such as pens and notebooks and pays for teacher training and transportation.

### **Schools and facilities**

187. The evaluation of ESDP I has indicated an increase in the number of primary schools during its implementation period (1998-2002). An annual rate of 3.2 per cent growth has been recorded in the expansion of primary schools, i.e., from 10,394 schools in 1997 to 11,780 in 2001. In 2002 the number of schools reached 12,089. No difference has been observed between urban and rural areas in terms of the growth of schools in the last five years.

188. As regards school facilities, there were 81,221 classrooms in 12,089 schools by the year 2002. In other words, the pupil/section ratio stands at 73 in primary schools although the target was to reduce it to 50. Furthermore, 5,389 primary schools have safe water; 8,881 primary schools have safe latrines; 261 primary schools have clinics; 3,914 primary schools have libraries; and 9,025 primary schools have pedagogical centres.

### **Access to books**

189. The Federal Government has significantly improved the provision of textbooks for the students. At the beginning of the implementation of ESDP I there were 2-3 million core primary textbooks in circulation in schools. Now the number has risen to over 20 million textbooks, registering a more than ninefold increment. Currently the national average pupil/textbook ratio stands around 2.5:1. It used to be 5:1 five years before. However, the student/textbook ratio has not yet achieved a ratio of 1:1.

### **Primary school teachers**

190. The first cycle of primary education, 1-4, requires teachers with the minimum qualification of a teacher training institute certificate, while in the second cycle, 5-8, a teacher training college diploma is compulsory. In 2002, 96 per cent of the first cycle and 25 per cent of the second cycle teachers were at the expected standard in terms of qualification. Currently the pupil/teacher ratio is 50 for primary education.

191. As ESDP I focuses on quality, extensive efforts have been made to upgrade the capacity of existing teachers to fulfil the minimum requirement for primary education. Accordingly, 21,400 teachers are currently enrolled in diploma programmes through distance education. The percentage of female teachers in primary education has increased from 27 per cent in 1998 to 31 per cent in 2002.

192. In 2002 there were 13 Teacher Training Institutions in the country responsible for training qualified teachers for the first cycle, 1-4, of primary education. A total of 22,240 teachers graduated from these institutions between 1998 and 2002.

### Special education

193. Education policy is directed, among other things, to ensure the enjoyment of the right to education by all children without discrimination as per articles 28, 23 (1-3) of the CRC. Thus the provision of relevant education to people with special needs, viz., the disabled and the gifted, is one of the specific objectives outlined in the policy. However, special education in Ethiopia is in its infancy although efforts have begun to expand this subsector of education in the country.

194. The total number of exceptional students currently attending special education stands at 3,630. It is the deaf that appear to be served the most, accounting for nearly 53 per cent of special education. There seems to be little gender disparity: the share of girls in special education was reported to be 46 per cent.

**Table 16**

#### Data on special education

No.	Type of exceptional students	Enrolment		Total
		Male	Female	
1	Hearing impaired	1 019	902	1 921
2	Mentally retarded	282	209	491
3	Vision impaired	458	369	827
4	Others	198	193	391
	Total	1 957	1 673	3 630

*Source:* Data collected from six regional states only.

195. A number of in-service trainings for the preparation of teachers of special-need students have been conducted at federal and regional levels. A structure of responsible bodies/persons for exceptional students has been set up at federal, regional and Woreda levels in the educational administration.

### Impact of NFBE Programme on children

196. Creating educational access for girls close to their places of residence forms one important strategy for increasing the schooling of female children. To this end, a non-formal approach to education has made a significant contribution towards increasing the participation of girls. The reduction of travel time to and from schools, as well as the minimization of risks associated with distance, has had a positive effect on girls' education.

197. Moreover, parents expressed satisfaction at having the centre nearby because lesson plans were prepared having in mind the activities schedule of the households. This allowed the household to make use of their children's labour for domestic chores. As the evaluation of ESDP I had revealed, 320,581 children who were out of school were enrolled in basic education programmes in 2001, indicating an increment of 14 per cent from the previous year. The number of youth and adult participants in non-formal education stood at 1,049,061 in 2001. But such factors as a high workload at home for female participants, low qualifications of facilitators, absence of incentives for facilitators and other cultural barriers have resulted in a dropout rate as high as 16 per cent among the youth and adult participants.

198. The 13th National Education Conference approved the launching of an alternative basic education programme in non-pastoral areas. The programme was launched in 2002 at 42 stations in the Somali, Afar, Oromia and SNNP regions, becoming suitable for students in the pastoralist and agro-pastoralist areas. As a result, 12,000 children in pastoralist and agro-pastoralist areas have become beneficiaries of the alternative basic education programme.

199. Besides these governmental efforts to expand the reach of education, SC-UK has launched an alternative education programme in the Somali region enrolling 3,500 children as part of the Alternative Primary Education Programme.

### **Leisure and cultural activities**

200. Involving children in sports games has been actively pursued so as to contribute to their physical and psychological development. Although limited in scope and magnitude, the "Youth Project," which is being implemented by the MoYCS, has so far reached 13,365 children. These children have been given professional training in various games of sport. It may be noted incidentally that the objective of the Youth Project is to produce replacements for senior players in sports.

**Table 17**

**Number of young children participating in the project  
and type of fields of training**

Field of training	Male	Female	Total
Volleyball	480	480	960
Football	6 800	-	6 800
Athletics	393	392	785
Handball	1 015	1 015	2 030
Basketball	925	925	1 850
Boxing	250	-	250
Table tennis	220	220	440
Lawn tennis	125	125	250
Total	10 208	3 157	13 365

*Source:* Data collected from MoYCS.

## Cultural activities

201. Again, although extremely limited in scope, efforts have been seen to engage children in such cultural activities as visiting museums, theatres and dramas as well as visiting programmes organized by different private schools as well as participation in the Great Ethiopian Run. A total of 1,095 children took part in these recreational activities.

**Table 18**

### Participation in recreational activities by sex and year

Recreational activities	2000			2001			2002		
	M	F	Total	M	F	Total	M	F	Total
Indoor and outdoor games	87	32	119	118	95	213	103	74	177
Sports competition	90	30	120	133	10	143	70	22	91
Visiting museums and exhibition centres	25	20	45	20	20	40	25	23	48
Theatre and dramas	18	12	30	12	18	30	20	10	30
Participation in the Great Ethiopian Run	-	-	-	-	-	-	9	-	9
<b>Total</b>	<b>220</b>	<b>94</b>	<b>314</b>	<b>283</b>	<b>143</b>	<b>426</b>	<b>227</b>	<b>129</b>	<b>355</b>

## Constraints and challenges

202. The following are identified as constraints and challenges in the area of education, leisure and cultural activities:

- (a) Lack of meaningful local action to surmount social and cultural barriers to access to education for girls;
- (b) Community participation in education is inadequate;
- (c) Lack of a sufficient number of qualified teachers in the second cycle primary schools, secondary schools and TVET institutions;
- (d) Weak programme management and implementation capacity;
- (e) Inadequate planning and management capacity at the lower levels of the organizational structure;
- (f) Lack of harmonization of donor procedures with that of the government procedures with respect to planning, approving, implementing procurement and reporting;
- (g) High dropout rate of out-of-school youth and adult participants;

- (h) Low quality in all sectors of education;
- (i) Lack of sufficient capacity of the teacher training colleges to train the required number of qualified teachers;
- (j) Weak institutional capacity and limited community involvement in the management of the schools;
- (k) Very insignificant number of children with disabilities, street children, etc. benefiting from the education programme of the country;
- (l) The lower value given by the society to the profession of teaching;
- (m) Urban-rural disparities regarding access to preschool education due to the high concentration of preschools in urban areas;
- (n) In the NFBE programme there was a shortage of textbooks for facilitators.

## VIII. SPECIAL PROTECTION MEASURES

### Children in situations of exploitation

#### A. Child labour

203. Given the extreme level of impoverishment prevailing in the country, it inevitably turns out that the use or abuse of child labour becomes a common practice. According to a survey carried out by the CSA, 83 per cent of Ethiopian children in the age cohort of 5-14 are engaged in either a productive activity or the performance of household chores. When the age cohort is pushed to 15-17, the proportion rises to 97 per cent. More appalling is the fact that 62 per cent of children aged 10-14 and 39 per cent of children aged 5-9 are engaged in at least one type of employment besides household chores. The survey revealed that all-in-all, 15.5 million of the 18.13 million children are working either in the household or outside. In other words, only 14 per cent of the Ethiopian children in the age cohort of 5-17 are not working.

**Table 19**

#### Percentage of working children aged 5-17 years by work status (in percentage)

Age	Total children	Working		Total	Not working
		Children engaged in productive activities (%)	Engaged in housekeeping activities only (%)		
5 to 9	100	38.90	35.40	74.30	25.70
10 to 14	100	62.40	32.90	95.30	4.70
Sub-total (5 to 14)	100	49.03	34.32	83.35	16.65
15 to 17	100	67.50	29.70	97.20	2.80
Total (5-17)	100	52	34	86	14

Source: Calculated from table 4.2, p. 43, *Children Survey Report*, CSA, 2001.

204. When looked at in terms of employment status, an average of 92 per cent of the children work in households without pay while another 3 per cent are engaged in jobs other than domestic chores.

**Table 20**

**Employment status of children: percentage distribution of children who were engaged in productive activities aged 5-17 years by status of employment**

Total children engaged in productive activities	Male	Female	Total
	5 745 886	3 737 724	9 483 610
Employment status			
Domestic employee	0.4	1.8	0.9
Employee other than domestic	4.1	1.3	3.0
Self-employed	2.2	4.1	3.0
Unpaid family worker	92.6	91.7	92.3
Apprentice	0.1	0.0	0.1
Others	0.3	0.6	0.4
Not stated	0.3	0.4	0.3

*Source:* Child labour survey, 2001.

205. Asked as to the reason for working at their age, two out of three children replied that they wanted “to assist household enterprise” and one in four children stated that they had “to supplement household income” as the main reason for being currently engaged in economic activities. In addition, 4 out of 10 children in Ethiopia start work below 6 years of age.

206. The effects of work on the psychological and physical development of the child as well as on the school attendance rate is obvious. As children work an average of 33 hours per week they experience exhaustion and fatigue that they cannot withstand. Moreover, 38 per cent of the children confirmed that their working status affected their schooling. But as the situation is a reflection of the wider socio-economic impoverishment of the country, it seems that there is little the Government can do.

**B. Sexual exploitation of children**

207. There are several factors that aggravate the sexual exploitation of children in Ethiopia, as elsewhere in the world. Among these factors poverty, rural-urban migration, family breakdown, early marriage and displacement are the major ones contributing to the rapid increase in sexual abuse and child prostitution. Although the law provides for rigorous prison terms for those engaged in the sexual abuse of children, the practice has not yet come under full control.

208. A National Steering Committee Against Sexual Exploitation of Children was established comprised of representatives from relevant stakeholders, viz., MOLSA, MoFED, MoE, Health, MoJ and MoYSC, UNICEF, Radda Barnen and ANPPCAN-Ethiopia. Having been established with the objective of implementing policies, laws and programmes pertinent to the abolition of sexual exploitation of children, the steering committee has accomplished the following major tasks:

- (a) Conducted a study on sexual exploitation of children;
- (b) Translated the concept of the English term “sexual exploitation” into the local national language in order to create a clear understanding of the term by the majority of Ethiopian people and public officials;
- (c) Convoked a workshop to discuss the situation of sexual abuse and exploitation of children, thereby identifying research areas for further analysis on the magnitude of the problem in the country;
- (d) Conducted research in two focal towns regarding sexual abuse and exploitation;
- (e) Developed a national action plan on sexual abuse and exploitation.

209. A number of NGOs in the country have formulated a programme with a view to tackling the problem of sexual exploitation and have started implementing it. The services provided by NGOs include the delivery of professional assistance, community counselling, medical, legal and financial support, Drop In Centre Services where female street children are the beneficiaries, etc.

### **Street children**

210. As streetism is one of the most pervasive social problems prevalent in the larger towns of Ethiopia, efforts have been under way to minimize the situation both by the Government and by non-governmental organizations. The Ethiopian Government and UNICEF have made an agreement for the period 1 January 2002 to 31 December 2006 to address the problem of children and women in six programmes of operation: Health and Nutrition, Basic Education, HIV/AIDS, Water and Environmental Sanitation, Gender and Child Protection and Capacity-Building in Planning, Monitoring and Evaluation. Children are benefiting from all these programmes. The project is part of the joint programme, implemented in 14 towns where streetism is highly prevalent and has affected the condition of children. The programme of addressing the needs and concerns of street children has been launched and is providing basic services in education, health, counselling, legal services, family support, etc. It is also creating partnerships with microfinance and training institutions in order to open access for street youth and street mothers to acquire loans and marketable skills that enable them to engage in income-generating activities. Regional BoLSAs coordinate the activities, while MoLSA monitors and evaluates the activities performed in line with the objectives of the programme.

211. More than 16 NGOs are involved in addressing the problem of street children through the programme in the country. As seen in the following table, in six towns in 2002 alone, 6,225 children have been provided with formal and non-formal educational support while 826 were enrolled in a skill training programme. Furthermore, 1,093 youth and parents benefited from the microcredit services of the programme.

**Table 21**  
**Provision of services for street children, 2002**

Type of programme	Quantity	Number of beneficiaries (street children and mothers)
Education		
Formal education		3 977
Non-formal education		2 248
Sport		1 023
Health		
Medical treatment		1 140
Construction of communal latrines	10	
Construction of wash basins	12	
Construction of communal bathrooms	2	
Health education		3 480
Dwelling		
Renovation of demolished houses		84
Provision of temporary shelter		123
Provision of sleeping materials, electricity, etc.		440
Skill training and productivity enhancement		
Business management		459
Sewing, weaving, cooking and hair dressing, electricity, etc.		367
Provision of credit		1 093
Provision of tools to be self-employed		18
Advocacy and social mobilization		
Raising the knowledge of the problem of street children in the community		34 833
Publishing and distributing leaflets, brochures and posters		14 000

*Source:* Data collected from the six towns.

212. The second meeting of the Ethiopian Teenager's Forum, supported by UNICEF, developed a 10-point plan to assist street children. The teenagers called upon the Government to adopt policies that will address the root causes of poverty and so enable people to get off the street.

213. A local NGO has been providing transit shelter to protect street girls from being exposed to sexual abuse. The programme mainly focuses on provision of temporary shelter, washing facilities, counselling, education and family reunification. At present, 234 girls are benefiting from the programme, of which 162 are working on the street to support their families while 72 are living on the street.

### **Children in conflict with the law**

214. The Juvenile Justice Project Office (JJPO) was established in the middle of 1999 within the Federal Supreme Court, with financial and technical support from donor organizations with the following objectives.

#### **(a) Long-term objectives**

- (i) To propose ideas towards reforming the juvenile justice system of the country to protect adequately the rights of children in line with the international child rights standards;
- (ii) To enable the juvenile justice system of the country to develop the necessary infrastructure and specialized capacity for the realization of the provisions of the United Nations Convention on the Rights of the Child, the Constitution of Ethiopia and the working laws of the country pertaining to children.

#### **(b) Short-term objectives**

- (i) To improve the existing mode of operation of the judiciary, the police and reformatory organizations in dealing with cases of children;
- (ii) To improve the institutional linkage among the judiciary, the police, reformatory organizations and other concerned bodies for the effective realization of the provisions prescribed in the working laws of the country pertaining to children;
- (iii) To enable the judiciary, the police and staff members of reformatory organizations to acquire adequate professional knowledge and skills on child protection and influence their attitude and practices towards children.

### **Major activities of JJPO during 2000-2002**

215. The following major activities were undertaken during the years 2000-2002 by the Juvenile Justice Project Office, JJPO:

- (a) A review of existing Ethiopian laws pertaining to child rights;
- (b) An assessment of the structural framework of the judiciary and the police with regard to the protection of children;
- (c) A two-day National Workshop on “Juvenile Justice System Reform in Ethiopia” conducted in Addis Ababa;
- (d) Training of Trainers on the handling of young offenders for 20 judges was conducted;
- (e) A three-day workshop on juvenile delinquency and the administration of juvenile justice was conducted in Awassa for police officers, judges, teachers, prosecutors and health workers drawn from the Woredas and Zones of the region;

(f) A regional training programme for judges, including all sitting judges of the Supreme, High and Woreda Courts, police and reformatory prison personnel was conducted jointly with the Judicial Training Program.

216. Currently there are 10 child-protection units in 10 police stations in Addis Ababa. Additional child protection units have been established in four regional administrations in the last five years. The total number of CPUs in the country now stands at 29.

- (a) In Dire Dawa Administrative Council, 2 child-protection units;
- (b) In Oromia Regional State, 7 child-protection units;
- (c) In Amhara Regional State, 5 child-protection units;
- (d) In Southern Nations, Nationalities and Peoples Regional State, 5 child-protection units;
- (e) In Addis Ababa, 10 child-protection units.

#### **Alternative to court appearance**

217. Community-based centres are established as a subcomponent of the child protection programme to serve as an alternative to the protection of petty and first-time offenders reported to the CPUs. Children with petty offences are protected from being detained with adults at the police stations and with hardcore criminals in remand homes. Instead, the children are transferred to the community-based correction centres. The centres focus on educational support to motivate children in their schooling and prevent them from becoming involved in delinquent activities and truancy. They also provide reading materials, apprenticeship and skill training programmes, recreational facilities as well as guidance and counselling services. The child is rehabilitated without interrupting his schooling and while he stays with his family.

218. According to the information obtained from the Federal Police Commission, the number of minors in the age cohort of 9-18 years who committed a crime reported to the police was 177,651. It may be noted that 14 per cent of these alleged criminals were girls.

**Table 22**

#### **Number of alleged juvenile offenders reported to the police, 1998-2002**

Year	Male	Female	Total
1998	28 682	4 803	32 485
1999	25 746	3 941	29 687
2000	26 998	4 188	31 186
2001	32 733	5 656	38 389
2002	39 036	6 868	45 904
Total	152 195	25 456	177 651

219. The alleged crimes of the juvenile offenders range from attempted murder through rape to pickpocketing. Two per cent of the juvenile offenders are alleged to have attempted murder while 23 per cent stand accused of theft. It may be noted that 42 per cent were apprehended for assault.

**Table 23****Minors detained in Juvenile Delinquents Rehabilitation Institute (JDRI)**

Nature of offence	Number of children in conflict with the law according to age and sex						Total number of delinquents in each type (both sexes)
	9-15 (age)			16-18 (age)			
	Male	Female	Total	Male	Female	Total	
Attempted murder	319	35	354	3 018	162	3 180	3 534
Robbery	504	38	542	5 081	190	5 271	5 813
Assault	9 078	2 466	11 544	49 627	8 826	58 453	69 997
Theft	5 142	860	6 002	29 281	3 912	33 193	39 195
Burglary	161	15	176	1 152	98	1 250	1 426
Transgression of law and regulations	3 281	1 063	4 344	24 528	4 940	29 468	33 812
Murder	519	134	725	3 064	413	3 477	4 202
Breach of trust	292	61	353	2 622	447	3 069	3 422
Cheating	235	51	286	2 136	311	2 447	2 733
Rape	419	28	447	2 413	82	2 495	2 942
Pickpocketing	481	16	497	1 995	31	2 026	2 523
Total	20 503	4 767	25 270	124 917	19 412	144 329	169 599

*Source:* Federal Police Commission, 1999-2002.

\* These numbers indicate female offenders do not actually participate in the act of deflowering; they rather created conducive environment to the act, or forced their friends to be deflowered by males.

**Minors detained in Juvenile Delinquents Rehabilitation Institute (DRI)**

220. The Addis Ababa Juvenile Delinquents Rehabilitation Institute, JDRI, has constructed a separate building to house suspected female offenders. Separate facilities for females were not available previously. The number of suspended sentences in the JDRI during the years 1998-2003 totalled 747, out of which the number of girls was 130.

**Table 24**

**Minors detained in Addis Ababa Juvenile Delinquents  
Rehabilitation Institute (1998-2003)**

Type of offence	Male	Female	Total
Theft	446	59	505
Assault	50	5	55
Cheating	1	1	2
Murder	22	1	23
Damage to property	9	5	14
Insulting	2	8	10
Deflowering (forced)	28	-	28
Drug addiction	15	21	36
Homosexuality	8	1	9
Physical injury	11	4	15
Quarrelling	6	7	13
Mobbings	1	1	2
Embezzlement	17	17	34
Total	616	130	746

*Source:* Addis Ababa JDRI (1998-2003).

**Harmful traditional practices**

221. It was reported in the second periodic report of Ethiopia that a National Committee on Harmful Traditional Practices in Ethiopia, which is a non-governmental organization, had been established for the purpose of eradicating all forms of Harmful Traditional Practices prevailing in the country (Please refer to the second periodic report of Ethiopia.)

222. As part of the consistent efforts to eradicate Harmful Traditional Practices, the National Committee undertook a “Base Line Survey on Harmful Traditional Practices in Ethiopia” in 1998. According to the survey results, children and women suffer the most adverse effects of harmful traditional practices such as nutritional taboos, circumcision and abduction. In addition, harmful traditional practices such as milk teeth extraction (89 per cent of the children), uvulectomy (84 per cent) and circumcision (73 per cent) appear to be widely practised in the country. In aggregate terms, children are subjected to six major harmful traditional practices, with circumcision ranking number one followed by uvulectomy, soiling the stump of the umbilical cord, milk teeth extraction and incision.

## Refugees

223. In the last few years, Ethiopia has sheltered and cared for 175,882 refugees; the majority originated from neighbouring Somalia, Sudan, Djibouti and Eritrea. While 49 per cent of these refugees are from Somalia proper, 47 per cent are from the Sudan. Out of the total number of refugees, approximately 24 per cent of the refugee population is between 0-4 years and 38 per cent is between 5-17 years. In general the majority of the refugees, about 60 per cent, are below 18 years of age.

**Table 25**

### Number of refugees and country of origin

Country of origin	Number of refugees	Camp location
Somalia	86 114	East of Ethiopia
Sudan	83 614	West of Ethiopia
Eritrea	4 164	North of Ethiopia
Djibouti	1 560	North East and Addis
Other	430	Addis Ababa
Total	175 882	

*Source:* UNHCR, Refugee Statistic, 31 March 2002, Children's Situation in Ethiopia, by Save the Children (Sweden).

224. With the help of an international rescue committee, Run Youth Centre, supported by the American Government, Ethiopia provides recreational and educational activities for over 1,000 refugees in youth camps for Eritrean refugees in northern Ethiopia. In other refugee camps such as Dima and Bonga, there are currently two formal secondary schools that are providing educational assistance.

## Constraints and challenges

225. The following are identified as constraints and challenges in the area of special protection measures:

- (a) Absence of mechanisms to record and report the cases of sexual abuse, abduction, rape, etc. at regional, zonal and Woreda levels;
- (b) There is only one Juvenile Delinquents Rehabilitation Institute, the facilities of which are inadequate;
- (c) Lack of a specialized juvenile court system with specialized judges;
- (d) Lack of organizational capacity to reach the grass-roots level to combat harmful traditional practices;
- (e) The alarming rise in number of HIV/AIDS orphan children;

- (f) Low participation of the community in the process of solving the problems of street children;
- (g) Attitudinal problems of the community towards CEDC in general;
- (h) Lack of coordination/networking/collaboration among organizations supporting orphan and vulnerable children;
- (i) Lack of financial and human power resources to minimize effectively the problems of vulnerable children;
- (j) Inadequate coordinated and target-oriented advocacy work on various child-focused issues;
- (k) Low enforcement of legislation to protect the rights and well-being of children.

## **IX. CONCLUSIONS**

226. Since the ratification of the CRC by Ethiopia, the Government has exerted plausible efforts in the implementation of the Convention over the last decade or so. These efforts span the whole spectrum of the institutional and socio-economic environment, ranging from the harmonization of national laws with the provisions of the articles and the enactment of policies through the establishment of Child Rights Committees to the formulation of National Plans of Actions and the implementation of the same.

227. Besides the severe poverty of the country, which has seriously curtailed the implementation of the provisions of the Convention, there are also noticeable gaps militating against the promotion of the rights of the child. Foremost of these gaps is the absence of an effective juvenile justice system in the country. Although one juvenile court is inserted in a First Instance Court in Addis Ababa, juvenile offenders are still tried in adult courts throughout the country.

228. There are legislative gaps and a lack of trained human resources with respect to the protection and upholding of the rights of the child. Although there have been attempts to acquaint the law enforcement community with the precepts and provisions of the Convention, a greater proportion of the judges and police forces do not have sufficient awareness about the rights of the child.

229. Despite the fact that they still await refinement, Child Rights Committees have been set up at various levels of governance. The Child Rights Committees are not yet fully institutionalized, as they lack transparency and accountability. In addition, mechanisms of coordination, monitoring and evaluation are yet to be put in place. Notwithstanding these shortcomings, the Child Rights Committees have done a commendable job in the areas of awareness raising, increasing the enrolment of girls, fighting harmful traditional practices perpetrated against girls, etc.

230. As the advent of HIV and AIDS has impacted the status of children vis-à-vis their survival and development, it has become imperative to address the needs and concerns of orphans. Despite the preliminary efforts to ameliorate the problems faced by orphans, there remain huge tasks to mitigate the impacts of the pandemic on children.

231. In Ethiopia, children are deprived of their family environment for several reasons; poverty, displacement, emigration and broken families are the major causes and recently HIV/AIDS has become the single most important cause. Although there are a limited number of alternative childcare services, they are few and far between. As may be recalled, only a couple of thousand children found alternative care in a nation believed to have millions of children living in especially difficult circumstances.

232. Among the measures taken to ensure the protection of the rights of the child, the insertion of CPUs into the police structure occupies a prominent place. These CPUs have been instrumental in reducing, if not overcoming, the incidence of child abuse in the major urban centres. Had it not been for shortfalls in human resources and budgets, the CPUs would have generated better results in protecting children from abuse and exploitation.

233. Efforts in expanding the access marginalized children have to basic services of health care, education and shelter have been undermined by the pervasive impoverishment prevailing in the country. Significant numbers of children have been left out of the formal health-care and educational systems of the country. In fact, the status of the children vis-à-vis access to health care, education and shelter is a reflection of the country's wider socio-economic impoverishment.

234. Whatever the achievements or shortfalls in the implementation of the CRC, they ought to be viewed within the political and socio-economic processes of a country characterized by grinding poverty. It will be a very long time before Ethiopia fully implements the articles of the Convention in the real sense of the term.

### Notes

<sup>1</sup> Child Labour Survey Report, MoLSA, CSA and ILO, Addis Ababa, 2001, p. 18. The report is partial in that it did not completely cover the peripheral (nomadic) areas of Afar and Somali. For purposes of consistency, all figures are taken from this report.

<sup>2</sup> Bulletin, Forum for Street Children, 2003, p. 27.

<sup>3</sup> The Nigat Project is a collaborative research undertaking between AAU and JHU funded by NIH since 2001.

<sup>4</sup> It is locally known as the Hareg Project and is a joint USAID and CDC programme covering six regions.

## ANNEXES

### Annex I

#### SUMMARY FINDINGS FROM THE BSS

About 98 per cent of the studied population is aware of HIV/AIDS.

Almost all groups know at least one prevention method.

Nearly 60 per cent know all three prevention methods.

Knowledge of prevention methods increases with the number of media sources for the AIDS message.

Nearly two out of three young people out of school reported that they are sexually active and had had sex with two or more partners in the last year.

In some areas, sexually active girls out of school are even more likely than boys to report multiple partners.

Condom accessibility and cost are not barriers to condom use among most groups.

Condom use is high among commercial sex workers.

A significant number of respondents do not always use condoms with non-regular partners, though they know condoms will protect them from HIV/AIDS.

A little more than one out of five married respondents who have had multiple partners in the last 12 months do not always use a condom.

Forty-seven per cent of respondents have tried drugs.

About two thirds of respondents who consume “Chat” at least weekly and drink alcohol once a week have had recent unprotected sex with a non-marital partner.

Commercial sex is more common among mobile men with money.

Non-commercial sex is relatively very high among youth in and out of school.

Misconceptions about HIV/AIDS transmission remain prevalent in almost all groups and regions.

Misconceptions about HIV/AIDS are high irrespective of the level of knowledge.

Own-risk perception is very low among almost all target groups.

Most respondents who had unprotected sex with non-marital partners do not feel that they are at risk.

Despite a high level of knowledge, a significant proportion of the population, particularly the young, is at high risk of HIV infection.

*Source: AIDS In Ethiopia, 4th edition, p. 20.*

## Annex II

### NUTRITIONAL STATUS OF CHILDREN

**Percentage of children under 5 years classified as malnourished according to three anthropometrics indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected characteristics; and percentage of children of non-interviewed mothers as well as all children classified as malnourished, Ethiopia 2000**

Background characteristics	Height-for-age			Weight-for-age			Weight-for-age			Number of children
	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	
Child's age in months										
<6	2.1	10.6	-0.4	1.3	4.1	0.0	2.0	6.6	-0.2	877
6-11	11.6	28.7	-1.4	1.5	13.9	-0.7	13.2	37.4	-1.6	1 051
12-23	29.6	57.2	-2.2	3.1	19.5	-1.1	21.6	56.1	-2.1	2 074
24-35	28.6	56.1	-2.3	1.1	9.3	-0.9	19.6	54.8	-2.1	2 073
36-47	31.1	60.7	-2.4	1.0	6.4	-0.7	15.8	49.6	-1.9	2 291
	31.0	60.1	-2.4	0.5	8.4	-0.8	15.1	50.1	-2.0	2 082
6-9 months	9.2	24.9	-1.2	1.5	13.5	-0.5	9.6	32.0	-1.4	697
12-15 months	23.6	48.5	-2.0	3.0	19.4	-1.1	21.5	60.5	-2.2	749
20-23 months	35.4	64.2	-2.4	4.0	21.1	-1.1	20.8	54.4	-2.1	681
Sex of child										
Male	27.1	52.2	-2.1	1.7	11.4	-0.8	16.4	48.1	-1.9	5 255
Female	25.6	50.8	-2.0	1.1	9.6	-0.7	15.9	46.2	-1.8	5 193
Birth order <sup>1</sup>										
1	19.5	46.9	-1.9	1.1	7.5	-0.7	11.1	39.6	-1.7	1 736
2-3	25.7	50.7	-2.0	1.4	10.3	-0.7	14.4	45.0	-1.8	2 969
4-5	29.6	54.2	-2.1	1.4	12.2	-0.8	18.1	51.8	-1.9	2 154
6+	27.4	52.5	-2.1	1.5	12.3	-0.9	19.1	50.7	-1.9	2 915

**Annex II (continued)**

Background characteristics	Height-for-age			Weight-for-age			Weight-for-age			Number of children
	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	
Birth interval in months <sup>2</sup>										
First birth	19.5	46.9	-1.9	1.1	7.5	-0.7	11.1	39.6	-1.7	1 736
<24 months	32.8	57.9	-2.3	2.1	9.8	-0.8	21.3	51.4	-2.0	1 483
24-47 months	26.9	52.5	-2.1	1.3	12.0	-0.8	16.8	49.0	-1.9	4 998
48+ months	23.6	45.1	-1.9	1.3	11.5	-0.8	14.3	46.1	-1.8	1 557
Residence										
Urban	18.9	42.3	-1.7	0.7	5.5	-0.5	7.9	33.7	-1.4	1 067
Rural	27.2	52.6	-2.1	1.5	11.1	-0.8	17.1	48.7	-1.9	9 382
Region										
Tigray	26.5	55.3	-2.1	0.9	11.1	-0.8	16.1	47.9	-1.9	689
Afar	26.5	47.6	-1.9	1.7	12.6	-0.9	17.8	50.5	-1.9	94
Amhara	29.0	57.0	-2.3	1.1	9.5	-0.8	16.5	51.8	-2.0	2 712
Oromiya	22.1	47.2	-1.9	1.6	10.4	-0.7	13.6	42.4	-1.7	4 288
Somali	25.9	46.4	-1.7	2.5	15.8	-0.8	16.2	44.3	-1.6	83
Benishangul-Gumuz	19.7	41.3	-1.7	2.2	14.2	-0.9	12.2	42.3	-1.7	101
SNNP	33.2	55.4	-2.3	1.5	11.8	-0.8	22.0	53.7	-2.0	2 237
Bambela	20.1	37.0	-1.3	3.1	18.1	-1.0	11.7	39.0	-1.6	23
Harrari	14.8	37.3	-1.5	1.0	6.3	-0.5	8.2	27.1	-1.4	21
Addis Ababa	8.1	26.8	-1.1	0.5	4.2	-0.3	2.6	14.1	-0.9	165
Dire Dawa	9.5	30.5	-1.1	1.4	11.1	-0.8	7.3	30.8	-1.3	36

**Annex II (continued)**

Background characteristics	Height-for-age			Weight-for-age			Weight-for-age			Number of children
	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	Percentage below - 3 SD	Percentage below - 2 SD	Mean Z-score (SD)	
Mother's education										
No education	27.5	52.9	-2.1	1.6	11.4	-0.8	17.3	49.6	-1.9	7 968
Primary	22.4	49.1	-1.9	0.8	8.8	-0.7	13.4	40.4	-1.7	1 286
Secondary and higher	11.0	32.9	-1.4	0.5	6.7	-0.4	3.7	27.7	-1.2	520
Children of interviewed mothers	26.0	51.3	-2.1	1.4	10.8	-0.8	16.1	47.2	-1.8	9 774
Children of non-interviewed mothers living in household	21.8	49.5	-2.0	2.1	6.5	-0.8	15.0	36.8	-1.8	91
Mother not living in household	33.3	55.2	-2.2	1.1	6.6	-0.7	17.5	47.7	-1.9	584

*Source:* Ethiopia DHS 2000, p. 154.

*Note:* This table refers to be fact children.

<sup>1</sup> Includes children who are below - 3 standard deviations from the International Reference Population Median.

<sup>2</sup> Excludes children whose mothers were not interviewed.

**Annex III**

**STATISTICAL INFORMATION ETHIOPIA (2002)**

**Surface area**

Population density per km <sup>2</sup> (2002)	53.7
GNP per capita (US\$ 2002)	110
Rate of inflation (%)	9
% of population below absolute poverty level	45

**Population (projection of 2002 based on the 1994 census)**

Total population	67 220 000
Population under 15 years of age	27 800 660
Population of 0-4 years of age	11 331 536
Population 5-9 years of age	8 523 791
Population 10-14 years of age	7 945 333
Economically active population (total) (%)	72.4
Male %	81.9
Female %	62.8
Dependency ratio	0.83
Sex ratio	100.86
Average household size (persons per household)	4.8
Per cent urban	14.92
CBR per 1,000 (2000-2005)	39.90
CDR per 1,000	12.60
RNI per cent	2.73
GR per cent	2.73
Urban GR per cent	4.10
Rural GR per cent	2.57
Male life expectancy	53.42
Female life expectancy	55.43
Total fertility rate	5.83

**Health indicators (2002)**

PHS coverage (%)	61.0
EPI coverage (%)	51.5
Antenatal coverage (%)	34.1

**Number of facilities**

Hospitals	115
Health centres	412
Health stations	2 452
Health posts	1 311
Private clinics	1 235
Pharmacies	311
Drug shops	309
Rural drug vendors	1 856

**Human resources (at service)**

Physicians	1 888
Health officers	484
Nurses	12 838
Health assistants	8 149
Paramedicals	3 706

**Human resources (graduate)**

Physicians	152
Health officers	183
Nurses	1 437
Health budget as percentage of government total budget	7.0

*Source:* Health and Health-Related Indicators (MOH) 2002 Analytic Report of Population and Housing Census (CSA), 1994.

**Annex IV**

**LIST OF INDIGENOUS CHILD-ORIENTED NGOS IN ETHIOPIA**

Aba Afework G/Selassie Children's Welfare Association

Aba Wolde Tensae Gizaw Mothers' and Children Welfare Association

Abebech Gobena Orphanage and School

African Network for the Prevention of and Protection Against Child Abuse and Neglect -  
Ethiopian Chapter (ANNPPCAN)

APAP

Arat Kilo Child Care and Community Development

Berhane Hiwot Children's Village and Family service

Blind School Association

Bole Baptist Church and Family Support Projects

CDI

Cheshire Foundation Ethiopia

Cheshire Home

Christian Relief and Development Association

Church of Christ Mission

Concern Ethiopia

Dawn of Hope

Emmanuel Development Association

Emmanuel Home

Ethiopian Aid

Ethiopian Evangelical Church Mekane Yesus - Child and Youth Care Program

Ethiopian Gemini Trust

Ethiopian Muslim's Relief and Development Association

Ethiopian Orthodox Church Child and Family Affairs Organization

Family and Children Integrated Development Foundation

Focus on Children at Risk

Forum on Street Children - Ethiopia

Goal Ethiopia

Godanaw Rehabilitation Integrated Project

Gondary Relief, Rehabilitation and Development

Handicap National

HIWOT - Life

Hope Enterprise HPSO

IFSO (Integrated Family Service Organization)

IHA - UDP (Integrated Holistic Approach Urban Development Project)

Jerusalem Association Children's Home

Kind-Hearts Child Aid Development Organization

Mary Joy Aid Through Development

Mekdim

NARC

National Committee on Traditional Practices of Ethiopia

Nazareth Children Centre and Integrated Development

Needy Youth Service Association

NRDP (National Resources, Development and Protection)

OICE (Vocational Training)

OPRIFS

Oromo Self-Help Organization

Progynist

Relief Society of Tigray

SOOM

ZOA

**List of international child-oriented NGOs in Ethiopia**

Action Aid - Ethiopia

Catholic Relief Service - USCC

Christian Children's Fund INC., Ethiopia

DORCAS Aid International Ethiopia

Handicap International

Missionary of Charity

Pathfinders International/Ethiopia

Save the Children Denmark

Save the Children Federation (USA)

Save the Children Fund (UK)

Save the Children Norway

Save the Children Sweden

Save the Children Canada

Save the Children Finland

*Source: Children's Situation in Ethiopia, A Child Rights Analysis, A.A. 2002. Save the Children Sweden.*

**Annex V**

**BUREAUX PARTICIPATED IN GIVING INFORMATION/NECESSARY DATA  
DURING THE PREPARATION OF THE REPORT**

**A. Federal institutions participated in the process of the preparation**

Ministry of Labour and Social Affairs

Ministry of Education

Ministry of Health

Ministry of Finance and Economic Development

Ministry of Justice

Ministry of Youth, Culture and Sport

Ministry of Water Resources

Police Commission

Supreme Court

HIV/AIDS Secretariat

**B. Regional bureaux in each State**

Bureau of Labor and Social Affairs

Bureau of Justice

Bureau of Education

Bureau of Health

Regional Police Commission

Bureau of Water Resource, Mines and Energy

Regional Secretariat of HIV/AIDS

Regional Office of Women Affairs

Bureau of Information

Regional Office of Youth and Sport

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