

**COMBINED INITIAL, FIRST,  
SECOND AND THIRD PERIODIC  
REPORT ON THE  
IMPLEMENTATION OF THE  
AFRICAN CHARTER ON THE  
RIGHTS AND WELFARE OF THE  
CHILD**

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**The Federal Democratic Republic of  
Ethiopia**

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## Acronyms

<b>ABE</b>	Alternative Basic Education
<b>ACPF</b>	The African Child Policy Forum
<b>ANPPCAN</b>	Ethiopian-African Network for the Prevention and Protection of Child
<b>APAP</b>	Action of Professionals' Association for the Poor
<b>ARI</b>	Acute Respiratory Infections
<b>BCG</b>	Bacilli Chalmette Guerin
<b>BEOC</b>	Basic Emergency Obstetric Care
<b>BPR</b>	Business Process Re-engineering
<b>CAS</b>	Country Assistance Strategy
<b>CBCC</b>	Community Based Correction Centres
<b>CBHI</b>	Community Based Health Insurance
<b>CBN</b>	Community Based Nitration
<b>CBO</b>	Community Based Organization
<b>CBR</b>	Community Based Rehabilitation
<b>CCC</b>	Community Care Coalitions
<b>CDP</b>	Continuing Professional Development
<b>CISWL</b>	Children Who Come in Contact with Law Enforcement Agencies
<b>CJPO</b>	Child Justice Project Office
<b>CPU</b>	Children Protection Units
<b>CRC</b>	Convention on the Rights of Child
<b>CSA</b>	Central Statistics Agency
<b>CSO</b>	Civil Society Organizations
<b>CSRP</b>	Civil Service Reform Program
<b>CTE</b>	College of Teacher Education
<b>DACA</b>	Drug Administration and Control Authority
<b>DAPE</b>	Drug Abuse Prevention Education
<b>DIP</b>	Democratic Institutions Program
<b>DMS</b>	Demography Health Survey
<b>DOTS</b>	Directly Observed Treatment Short Courses
<b>DPT</b>	Diphtheria, Pertussis and Tetanus
<b>ECCE</b>	Early Childhood Care and Education
<b>EDHS</b>	Ethiopian Demography and Health Survey
<b>EFA</b>	Education for All
<b>EFPF</b>	Ethiopian Federal Police Forces
<b>EHRC</b>	The Ethiopian Human Rights Commission
<b>ELIC</b>	English Language Improvement Center
<b>ELIP</b>	English Language Improvement program
<b>EOS</b>	Expanded Outreach Service
<b>EPI</b>	Expanded Program on Immunization
<b>ERIA</b>	Enhanced Routine Immunization Activities
<b>ESDP</b>	Education Sector Development Program
<b>EWLA</b>	Ethiopian Women Lawyers' Association
<b>FDRE</b>	Federal Democratic Republic of Ethiopia
<b>FFIC</b>	Federal First Instance Court

<b>FGM</b>	Female Genital Mutilation
<b>FHIA</b>	Federal Health Insurance Agency
<b>FMOH</b>	Federal Ministry of Health
<b>FSC</b>	Federal Supreme Court
<b>FSCE</b>	Forum on Sustainable Child Empowerment
<b>FSHIA</b>	Federal Social Health Insurance Agency
<b>FSP</b>	Food Strategy Program
<b>GDP</b>	Gross Domestic product
<b>GEQIP</b>	General Education Quality Improvement
<b>GER</b>	Gross Enrolment Rate
<b>GOs</b>	Governmental organizations
<b>GPI</b>	Gender Parity Index
<b>GTP</b>	Growth and Transformation Plan
<b>HAPCO</b>	HIV AIDS Prevention and Control Office
<b>HCT</b>	HIV Counseling Testing
<b>HDP</b>	Higher Diploma Program
<b>HEP</b>	Health Extension Program
<b>HEW</b>	Health Extension Worker
<b>HMIS</b>	Health Management Information System
<b>HSDP</b>	Health Sector Development Program
<b>HTP</b>	Harmful Traditional Practice
<b>ICT</b>	Information Communication Technology
<b>IDA</b>	International Development Assistance
<b>IGA</b>	Income Generation Activity
<b>ILO</b>	International Labor Organization
<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illnesses
<b>IOM</b>	International Organization for Migration
<b>ITN</b>	Insecticide Treated Net
<b>IYCF</b>	Infant and Young Child Feeding
<b>JFA-PFE</b>	Justice for All and Prison Fellowship-Ethiopia
<b>JICA</b>	Japan International Cooperation Agency
<b>LAMP</b>	Leadership and Management Program
<b>LLITN</b>	Long Lasting Insecticide Net
<b>MDG</b>	Millennium Development Goals
<b>MDT</b>	Multi Drug Therapy
<b>MMR</b>	Maternal Mortality Ratio
<b>MOA</b>	Ministry Of Agriculture
<b>MOCT</b>	Ministry Of Culture and Tourism
<b>MOE</b>	Ministry of Education
<b>MOFA</b>	Ministry Of Federal Affairs
<b>MOFED</b>	Ministry Of Finance and Economic Development
<b>MOH</b>	Ministry of Health
<b>MOJ</b>	Ministry of Justice
<b>MOLSA</b>	Ministry of Labour and Social Affairs
<b>MOU</b>	Memorandum of Understanding
<b>MOWCYA</b>	Ministry of Women's Children's and Youth Affairs

<b>MSE</b>	Micro and Small Enterprises
<b>NER</b>	Net Enrollment Ratio
<b>NEWA</b>	Network of Ethiopian Women Associations
<b>NGO</b>	Non-Governmental Organizations
<b>NHA</b>	National Health Account
<b>NNP</b>	National Nutrition Program
<b>NNP</b>	National Nutrition Program
<b>NNS</b>	National Nutrition Strategy
<b>NPA</b>	National Plan of Action
<b>NPAEFCL</b>	National Plan of Action on Elimination of the Worst Forms of Child Labour
<b>OTP</b>	Out-Patient Therapeutic
<b>OVC</b>	Orphan and Vulnerable Children
<b>PASDEP</b>	Plan for Accelerated Development to End Poverty
<b>PHCU</b>	Primary Health Care Unit
<b>PHEW</b>	Pastoralist Health Extension Workers
<b>PMTCT</b>	Prevention of Mother to Child Transmission of Child
<b>PSNP</b>	Productive Safety Net Program
<b>PTA</b>	Parent Teacher Association
<b>RH</b>	Reproductive Health
<b>RHB</b>	Regional Health Bureau
<b>RTD</b>	Real Time Dispatch
<b>SAM</b>	Severe Acute Malnutrition
<b>SHI</b>	Social Health Insurance
<b>SNE</b>	Special Needs Education
<b>SNNPR</b>	South Nation National and People Region
<b>STI</b>	Sexual Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TPC</b>	Tuberculosis Prevention and Control
<b>TTI</b>	Teacher Training Institution
<b>TTTM</b>	Tsotawi Tekat Tekelakay Mahiber
<b>TVET</b>	Technical and Vocational Education Training
<b>VAC</b>	Violence against Children
<b>VAWC</b>	Violence against Women and Children
<b>VCT</b>	Voluntary HIV/AIDS Counseling and Testing
<b>WCPU</b>	Women and Children Protection Unit

## **Preparation of the report**

The Federal Democratic Republic of Ethiopia as a member of the African Union ratified the African Charter on the Rights and Welfare of the Child (ACRWC) on 2 October 2002. Ethiopia therefore has an obligation to submit reports on the progress on implementation of the ACRWC in terms of Article 43 of the Charter. This report submitted to the African Committee of Experts on the Rights and Welfare of the Child constitutes the Combined Initial, First, Second and Third Periodic Report.

Following the Guidelines for Initial State Party Reports, of the African Committee of Experts on the Rights and Welfare of the Child, this report is prepared by the Child Rights Directorate at the Ministry of Women, Children and Youth Affairs. Input was obtained from sectoral Ministries and other stakeholders in the preparation of the report.





## **Introduction**

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

Ethiopia is situated in the Horn of Africa between the 3 and 15 degrees north latitude and 33 and 48 degrees east longitude. Although Ethiopia is known as the roof of Africa, its topography which is at the highest mountain top rises to more than 4,500 meters above sea level at Ras Dashen, and falls as low as 110 meters below sea level in the Afar Depression features spectacular contrasts (CSA, 2000). The climatic condition of the country varies with the topography. Accordingly the Temperature goes as high as 47 degrees Celsius in the Afar Depression and as low as 10 degrees Celsius in the highland Ethiopia. In its relative position Ethiopia borders with the Sudan in the West, Somalia in the East, Kenya in the South, Djibouti in the north-east and Eritrea in the north. As a result of the climate diversity, the nation boasts a countless variety of flora and fauna, some of which are only found in Ethiopia

Ethiopia is the 10<sup>th</sup> largest country in Africa with its land area covering 1,138,512 square kilometers and shared international boundary with five countries. Ethiopia is an ancient country with a rich diversity of population and cultures and a unique alphabet that has existed for more than 3,000 years. It also remains to be a free African nation throughout its history. Paleontological studies identify Ethiopia as one of the cradles of humankind.

Through its long history, Ethiopia has become a melting pot of diverse customs and varied cultures, some of which are extremely ancient. It also embraces a complex variety of nations, nationalities and peoples, and linguistic groups. Altogether, over 80 different languages are spoken in the country, comprising 12 Semitic, 22 Cushitic, 18 Omotic and 18 Nilo-Saharan languages (MOI, 2004). Being a home to more than 80 nations, nationalities and ethnic groups, the National Population and Housing Census 2007 projected the country's population to be 82,101,998 in 2011 with 41,431,989 male and 40,670,009 female (CSA National Statistics Abstract 2010). According to the Ethiopian population and development indicators of 2008, children below the age of 15 years constitute 45% of the population while youth between the ages of 15 and 24 make up 20.6% of the total population (MOFED, 2009). About 84% of the population lives in rural areas (CSA 2010).

### **Demographic Characteristics**

Half the population of the age group between 10 years and above is estimated to be in a marital union. There is, however, significant variation in these statistics between the sexes. While 54% of males are married, the proportion of the females rises to 68%. 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% in urban centers, the figure rises to 53% in rural areas.

Reflecting on the population and educational characteristics of the country, the nation has a relatively large household size, recording an average of 4.8 persons. About 46% of household members are children

under age 15. 25% of all Ethiopian households are headed by women (CSA Ethiopian Welfare Monitoring Survey 2011 Summary report April 27, 2012).

Housing conditions vary greatly based on the number of rooms. According to the Welfare Monitoring Survey more than half of the total households (51.0 %) reside in single-room houses and 31.0% of the households live in 23 dwelling units that have two rooms. The survey in addition has shown that about 18.0% house-holds live in dwelling units that have three or more rooms. Approximately 8 out of 10 housing units were owner occupied, with a higher percentage in rural areas (96.0 %) than in urban areas (43%). The results of the WMS show that rental housing was more prevalent in urban (50.0 %) than rural areas (2.0 %). As expected, most households residing in urban housing units were renters. (CSA Ethiopian Welfare Monitoring Survey 2011, 2012)

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

The Health Policy enunciated by the Transitional Government explicitly states that special attention will be given to the health needs of the family, particularly to women and children. At country level, 64.7%, 40.1%, 38.0% and 14.2% of the households are within a distance of less than five kilometers from the nearest Health post, Clinic, Health Center and Hospital. Among the total households, 83.9%, 63.1%, 59.6%, and 20.8% are within a distance of less than 10 kilometers from the respective nearest health service rendering institution. (CSA Ethiopian Welfare Monitoring Survey 2011 Summary report April 27, 2012)

The Ethiopian population is predominantly illiterate. 46.8% of the total Ethiopian population is literate with a large discrepancy between rural and urban residents. Literacy rates in urban areas are about two times higher than that of rural areas (78.0 % against 39.5 %). This variation was higher in a previous survey conducted recording 74.2% in urban areas against 30.9% in rural areas. This variation might be considered as an indication of the differences in accessibility of schools between urban and rural areas. There exists a clear gender bias in Ethiopian societies. Literacy rates among the male population (56.3%) are found to be higher than that of female population (37.8%). This discrepancy exists both in rural and urban areas with a wider gap among rural residents. Literacy rates among the male population is two times higher than that for the female populations in the rural areas (49.4% against 29.8 %), while it is approximately 87.8% and 69.6%, respectively, in urban areas. The gross enrolment ratio at country level is 90.7% for primary level and 20.3% for secondary level. The primary level gross enrollment rate in urban areas (118.0%) is higher than that of rural residents (86.2%). The net enrolment ratio for children for grades 1-8 is 62%, and those for grades 9-12 is recorded at 11%. The figures show that school attendance drops steeply after the basic education level. The sex difference in this context is marginally small and in favour of females. (CSA Ethiopian Welfare Monitoring Survey 2011 Summary report April 27, 2012)

The 2005-2010 Plan for Accelerated and Sustained Development to End Poverty (PASDEP) recognised the relevance of human rights and endorsed the national action plans on gender, equality and children. Furthermore, the Growth and Transformation Plan 2010-2014 (GTP) represents a marked improvement on service delivery for women and children and dedicates a separate chapter on children and women (UNICEF: 2011). These comprehensive poverty reduction strategies succeeded in registering constant decline in poverty levels, from 49.5% in 1994 to 38.7% in 2004/5 and 29.2 % in 2009/10 (MOFED, 2010).

## Political context

The country has always maintained its independence, even during the colonial era in Africa. Ethiopia is one of the founding members of the United Nations and has been playing an active role in African affairs, specifically in a pioneering role in the formation of the Organization of African Unity (OAU). In fact, the capital city, Addis Ababa, has been a seat for the OAU since its establishment and continues serving as the seat for the African Union (AU) today.

Since the World Summit for Children in 1990, a change of government has taken place in Ethiopia after 30 years of civil war which claimed numerous lives and caused immense damage to property and hampered development the war between the military regime and opposition parties in different parts of the country came to an end, under a ceasefire with the inauguration of the current government in 1991.

The Government effected several changes in the Ethiopian political environment. First, Eritrea seceded and became an independent state in 1993. The federal governance system was then 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, consisting of the House of Peoples' Representatives and House of Federation. At present, Ethiopia is administratively structured into nine regional states, namely, Tigray, Afar, Amhara, Oromia, Somali, Benishangul-Gumuz, Southern Nations, Nationalities and Peoples, Gambela and Harari regional states and two city administrations, that is, Addis Ababa and Dire Dawa Administration Council.



## Map of the Federal Democratic Republic of Ethiopia

### Economic context

The Ethiopian economy has registered an average growth rate of 11.8% over the last five years ending 2007/08. Agriculture is the mainstay of the economy accounting for 83.4% of the labor force, 43.2% of the Gross Domestic Product (GDP) and 80% of exports. The Agriculture Development-Led Industrialization (ADLI) Strategy was adopted in 1993 to stimulate the country's economic growth,

promote the development of the agricultural sector and improve the lives of farmers through increased productivity.

The (then) transitional government embarked on a structural adjustment program 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 “liberalisation” of the foreign currency market. Ethiopia is now a Federal State with State regions having an autonomous authority over their local affairs. The free market system is said to prevail on the economic front with supply and demand determining prices, consumption, saving and investments.

The economic and social policies are largely responsible for the positive socio-economic growth the country is witnessing. This policy framework among others composes of Agricultural Sector Policy and Investment Framework 2010-2020, Nutrition Extension Package 2003, Food Security Strategy (FSS) 1996, Infant and Young Child Feeding Strategy, Education and Training Policy 1994, the Education Sector Development Program I-IV, National Adult Education Strategy, the National Health Policy and the Health Sector Strategic Plan (I-IV), National Hygiene and Sanitation Strategy and Child Survival Strategy.

Ethiopia is an agrarian country and agriculture accounts for 43 percent of the gross domestic product or GDP (CSA, 2009). Coffee has long been one of the main export items of the country; however, other agricultural products are currently being introduced on the international market. The Ethiopian currency is the Birr and at the current exchange rate, 1 US dollar is equivalent to about 17 Birr. Between 1974 and 1991 the country operated a central command economy but has since moved toward a market-oriented economy. Currently, the country has one commercial and two specialized government owned banks and 14 privately owned commercial banks, one government-owned insurance company and eleven private insurance companies. There are also 30 micro-financing institutions established by private organizations (NBE, 2010). To help attain the Millennium Development Goals (MDGs) by 2015, Ethiopia adopted the Plan for Accelerated and Sustained Development to End Poverty (PASDEP), the second poverty reduction strategy, covering the period 2005/06 to 2009/10. In keeping with this plan, the economy has grown in real GDP at a rate of 11 percent per annum in the past five years. With an average population growth rate of 2.6 percent, the GDP growth rate translates to an 8.4 percent growth in average annual per capita income. This rapid growth is the result of diversification and commercialization of small-scale agriculture, expansion of non-agricultural production in services and industry, capacity-building and good governance, off-farm employment especially through small enterprises, and investment in infrastructure (MOFED, 2010). The Growth and Transformation Plan (GTP) has been developed for the next five years, designed to maintain rapid and broad-based economic growth and eventually to end poverty (MOFED, 2010). The primary objectives of the GTP are:

- a) Maintain the average real GDP growth rate of 11 percent and meet the MDGs;
- b) Expand and ensure education and health services, thereby achieving the MDGs in the social sectors;
- c) Establish favorable conditions for sustainable state-building through the creation of a stable democratic and developmental state;
- d) Ensure sustainability of growth by realizing the above objectives within a stable macroeconomic framework.

### **The social situation**

The emergence of HIV/AIDS poses a fundamental challenge to the efforts towards development of the nation. The pandemic is not only ushering in fundamental changes in demographic patterns 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]. 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 other social evils [*AIDS in Ethiopia*, Fourth Edition, MoH, 2002].

Although life expectancy was forecast to increase consistently from 45 to 53 years between 1989 and 2001, it fell instead to 43 years in 2001. Moreover, the national return from investment in education has significantly decreased due to the younger population contracting AIDS related illness thus taking a toll on the working and professional class. [*AIDS in Ethiopia*, Fourth Edition, MoH, 2002]. Besides the current impact of the HIV/AIDS 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.

The continuous effort exerted towards the problem has shown some progress. The MoH reported that the rate of infant mortality is continuously declining after 1996/97. With the continuous implementation and follow up of development policies life expectancy at birth increased by almost 5 years from 51.8 years (UDH 2007/8) to 56.1 years (HDR 2010).

The proportion of population living below poverty line has declined from 44.2% (MDG base) in 1999/00 to 39% in 2008 and GNI per capita increased by a remarkable 75% between 2000 and 2010 (HDR 2010).

The Government of Ethiopia has made and is still making maximum efforts to implement poverty alleviation measures, within the available resources and to the extent possible. Some of the salient features of these measures incorporated in the development endeavor of the government include rapid development of the rural areas and attainment of self-sufficiency in food; provision of better inputs for agriculture; expansion of small-scale irrigation schemes; development of animal husbandry; conservation and protection of the natural environment; expansion of education and health care in rural areas; expansion of economic infrastructure, etc.

### **Legal framework**

The Constitution of the Federal Democratic Republic of Ethiopia (the FDRE Constitution), which came into force in 1995 is the supreme law of the land and any law, customary practice or decision of an official that contravenes its provisions is null and void. There are 31 provisions devoted to human rights out of 106 provisions of the Constitution, which also specifically recognizes the rights of the child including the principle of best interest of the child in Article 36.

The Constitution recognises that all international instruments ratified by Ethiopia form an integral part of the law of the land as provided under Article 9(4). Article 13 on the other hand states the constitutional provisions on human rights shall be interpreted in line with international human rights instruments that Ethiopia has ratified and, these are deemed to serve as general standards for interpretation of law.

The Proclamation establishing the Negarit Gazette requires all federal or regional legislative, executive and judicial organs as well as any natural or juridical person to take judicial notice of laws including international treaties ratified and promulgated on the national gazette of the country.

Ethiopia has ratified and promulgated the African Charter on the Rights and Welfare of the Child (ACRWC) (Ratification Proclamation No. 336/2003). The United Nations Convention on the Rights of

the Child (CRC) on the other hand was ratified by the Transitional Government of Ethiopia on 9 December 1991. Following its ratification by the Council of Representatives, the Convention became part of the legal system of the country by proclamation No. 10/1992. The ratification Proclamation empowers the Ministry of Labour and Social Affairs to undertake all acts necessary for the implementation of the Convention. In addition to these international instruments ratified by the country include the African Charter on Human and Peoples Rights (Accession Proclamation No. 114/1998), the Convention on the Rights of Persons with Disabilities (Ratification Proclamation 676/2010); ILO Convention 138, on the Minimum Age of Employment and ILO Convention 182, on the Elimination of Worst Forms of Child Labor (Convention Ratification Proclamation No. 335/2003).

It should be noted that the legal rights of children stipulated in the laws and other legal instruments of the country are by and large compatible with the provisions of the CRC and ACRWC. The main problems hampering the implementation of the Charter lie in the poor socio-economic conditions of the country and the lack of adequate and effective implementation mechanisms.

Despite the adoption and implementation of relevant economic and social policy measures the challenges faced by the Government are still enormous. Nonetheless, through the actions it has taken so far the Government has amply demonstrated its commitment to the realisation of the provisions of the C. The main factors hampering the implementation of the African Charter on the Rights and Welfare of the Child are economic underdevelopment, scarcity of resources, limited administrative structures and harmful traditional practices and customs. In this effort, the Ethiopian government has received continued support and assistance of international agencies and non-governmental organizations during the past years. Since the magnitude of some of the economic problems hampering implementation of the Charter are complex and enormous, it welcomes the recommendations made by the Committee on the Rights of the Child concerning the organization of a meeting of international organizations working in the country, including agencies and organizations of the United Nations system, non-governmental organizations and competent national authorities, with the aim of assessing the needs for further international assistance with regard to the protection of the rights of the child.

## **Chapter One: General Measures of Implementation – Article 1**

### **Measures taken to harmonize national laws and policies with the provisions of the African Charter on the Rights and Welfare of the Child**

The civil and political rights of the child and the right of the child to basic freedoms have been recognized in Ethiopia as constitutional principles since 1955. The Transitional Period Charter which endorses the Universal Declaration of Human Rights envisages an improved level of protection for children's rights. Subsequently the FDRE Constitution, 1995 dedicates chapter that contains 33 articles for human and democratic rights among which is found the detailed rights of the child (Article 36). The ratification and endorsement of the basic human rights instruments, that form part and parcel of the law of Ethiopia including the African Charter on the Rights and Welfare of the Child has a direct bearing on development of protection of the right of the child in Ethiopia.

#### **1.1. Adoption of international standards**

The rights of the child to special protection measures are recognized in the basic international and regional human rights instruments including the UDHR, the ICCPR, the ICESCR and CEDAW. However, the core instruments on child rights are the UN CRC and the ACRWC. For the most part, these two child rights instruments contain very similar provisions and impose comparable obligations on states towards the realization of child rights.

General human rights instruments ratified by Ethiopia include the, the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights, and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The signing of the Optional Protocol to the UNCRC on Armed Conflict is an important recent development towards the realization of child rights in Ethiopia the Optional Protocol have been submitted to the Council of Ministers, which is expected to pass them on to Parliament for ratification.

The Constitution recognizes treaties and other instruments adopted by the country in two ways. Article 9 (4) of the FDRE Constitution states international agreements adopted by the HPR constitute part of the law of the land. The other approach is provided under Art 13 of the Constitution according to which human rights provisions of the Constitution should be interpreted in accordance with treaties adopted by Ethiopia. Thus treaties including the CRC, the African Charter on the Rights and Welfare of the Child and other instruments adopted by Ethiopia are part and parcel of the laws of Ethiopia and serve as standards for interpretation of the human rights provisions of the Constitution.

#### **The following proclamations are endorsed to promulgate the treaties ratified by Ethiopia**

- African Charter on the Rights and Welfare of the Child Ratification Proclamation No. 283/2002
- The Convention on the Rights of the Child Ratification Proclamation No. 10/1992

- Accession to African Human and Peoples Rights Charter Proclamations No 114/98
- Ratification of Convention Concerning Prohibition and Immediate Action for the Elimination of the Worst forms of Child Labor No 335/2003 Proc No 336/2003
- Convention on the Rights of Persons with Disability Ratification Proclamation 676/2010
- The Convention Against Transnational Organized Crimes Proclamation No 526/2007
- Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children Ratification Proclamation 737/2012
- Protocol Against the Smuggling of Migrants by Land, Sea and Air Ratification Proclamation No 736/2012
- Convention for the Suppression of the Traffic in Persons and the Exploitation of the Prostitution of Others
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ILO Convention No. 29 (Forced Labor),

## **1.2. Domestic legal framework**

### **1.2.1. The Constitution**

The Constitution, which went through a process of consultations and discussions by the general public and other various political and interest groups before its promulgation in 1995, has a distinct section on the protection of the rights of the child in line with international and human rights standards. The Constitutional provisions for the incorporation of international agreements into the Ethiopian legal system render a significant place for international laws adopted by Ethiopia.

The FDRE Constitution enumerates fundamental rights and freedoms under its Chapter III covering the whole range of human rights including child rights consistent with the substance of the international bill of rights. The general provisions of the Constitution on security of the person (Article 16) and prohibition of inhuman treatment including forced labor, slavery, servitude and trafficking in persons (Article 18) are especially important in the context of children. The right to equal access to publicly funded social services and the corresponding obligation of the State to allocate the necessary resources have also been recognized (Article 41/3 and 4, and Article 90/1). These general provisions are applicable to all persons, including children, without discrimination as per Article 25 of the Constitution on non-discrimination and equality before the law. The Constitution also provides specifically for the rights of children under Article 36.

Article 36 of the Constitution explicitly recognizes several rights of the child namely the rights of the child to life, name and nationality, to know and be cared for by parents or legal guardians, to be protected from labor exploitation and not to be forced to undertake work that may harm his or her education, health and well-being, to be free from harsh or inhuman punishment that may be inflicted on his body, in schools or child care institutions. Article 36(2) of the Constitution goes beyond recognition of specific child rights and incorporates the principle of best interest of



the child. This provision provides that the best interest of the child shall be the primary consideration in all actions concerning children by public institutions, courts of law, administrative authorities or legislative bodies. Another relevant constitutional provision, Article 41 (4), dealing with economic and social rights states that, “The State shall, within available means, allocate resources to provide rehabilitation and assistance ... to children who are left without parents or guardian.”

### **1.2.2. Other laws**

As a party to the African Charter, the Ethiopian Government has taken significant administrative, policy and law reform measures aimed at ensuring compatibility of local laws with provisions of international human rights instruments that are relevant to the protection of the right and welfare of children.

Pursuant to the provisions of Article 1 of the Civil Code of 1960, a child as a human person is entitled to exercise basic rights and freedoms. The right of the child to parental care and legal protection is also sufficiently covered by the Civil Code. The Criminal Code (2004) provides ample protection for children against all forms of malicious treatment and exploitation by parents, guardians or other members of society. Thus, the laws and the policies are reasonably sufficient to translate the African Charter on the Rights and Welfare of the Child into municipal legal and policy frameworks.

#### **i. Family Law**

The Revised Family Code of the Federal Democratic Republic of Ethiopia (Proclamation No. 213/2000) comes into force in the year 2000. The Code replaces the family law provisions of the Civil Code of 1960. Though the Family Code is applicable only in the chartered cities of Addis Ababa and Dire Dawa yet; most of the other regions have adopted similar provisions under their respective regional family laws.

The Revised Family Code is enacted recognizing the need to amend the former family law in order to better protect the family that is recognized to be the natural basis of society, and that shall be protected by the society and the state through regulating and governing family relation by law; the Code also aims at harmonizing Ethiopian family law in accordance with the socio-economic development of the society and, above all, with the Constitution of the country. Amendment of the former law was also necessitated by the need to give priority to the well-being, upbringing and protection of children in accordance with the Constitution and International Instruments which Ethiopia has ratified.

The recognition of the welfare and wellbeing of children as the principles guiding the competence of relevant authorities is elaborated through detailed provisions of the RFC, which directs legal action in family matters. Recognizing the family to be the fundamental basis of the society the Code regulates conclusion of marriage, respective rights and duties of spouses, protection of welfare of children and the outcome of dissolution of marriage. The Revised

Family Code has further incorporated the principles of the best interests of the child and child participation.

## **ii. Criminal Law**

The Criminal Code of the Federal Democratic Republic of Ethiopia (Proclamation No. 414/2004) came into force in 2005 replacing the Penal Code, which was in force since 1949. The provisions of the Code criminalize and stipulate serious penalties for the various forms of abuse and exploitation against children. The right to protection from violence and harmful traditional practices is enforced under the various provisions of the Criminal Code. Among many other factors one of the rationales behind revision of the former penal Code is the failure of the amended law to acknowledge the grave injuries and sufferings caused to women and children by reason of harmful traditional practices (Preamble of the Code). Accordingly, the revised law addresses various issues in relation to the right of children and woman to be free from violence and harmful traditional practices.

The Criminal Procedure Code regulates the procedure to implement the Criminal Code. The Code contains special provisions applicable to children in contact with the justice system. In addition to the Policy the Criminal Procedure Code (CPC) is under revision. The Draft Code is presented to the Federal Parliament for deliberation and enactment. The revised CPC incorporated significant measures to ensure children's access to protective and child friendly justice system. These include measures such as application of diversionary methods and setting up child friendly structures at various levels in the judicial process in line with international principles and standards

## **iii. The Labour Proclamation**

Proclamation number 377/2003, i.e. the Labor Code applicable to employment relationships within the private sector, explicitly prohibits the employment of children below the age of 14 years (Article 89/2). It also provides special protections for child workers between the ages of 14 and 18 including prohibition of employment to perform work the circumstances under which it is to be carried out is harmful to the life or health of the young worker (Article 89 (3)). The Code sets the maximum working hours for young workers at seven hours a day (Article 90) and precludes the employment of young workers for night work, overtime work, and work on weekly rest days and on public holidays (Article 91). Furthermore, this law requires the Ministry of Labor and Social Affairs to prescribe the schedules of dangerous operations that are not to be performed by persons below the age of 18 (Article 89(4) ). MOLSA in 2012 enacted the same schedule enlisting hazardous forms of labour for children. The proclamation finally prescribes penalties for contravention of its provisions by the employer under Articles 183 – 187.

### **Laws related to children's rights and protection**

- The Civil Code of Ethiopia, 1962

- The Criminal Code Proclamation No. 414/2004
- The Criminal Procedure Code Proclamation No.185 of 1961
- Nationality Law of Ethiopia Proclamation No. 378/2003.
- Freedom of Mass Media and Access to Information Proclamation No. 590/2008
- The Revised Family Code, Federal Negarit Gazette No. 1/1992
- Public Health Proclamation No. 200/2000
- Public Servants' Pension Proclamation No. 714/2011,
- Private Organization Employees Pension Proclamation No. 715/2011
- Ethiopian Human Rights Commission Establishment Proclamation No. 210/2000
- Office of the Ombudsman establishment Proclamation No 211/2000
- Environmental Pollution Control Proclamation No. 300/2002
- Proclamation concerning the Rights to Employment for Persons with Disabilities, No. 568/200
- Social Health Insurance Proclamation No.690 /2010
- Definition of Powers and Duties of the Executive Organs of the Federal Democratic Republic of Ethiopia Proclamation No. 691/2010
- Registration of Vital Events and National Identity Card Proclamation 760/2002

### **1.3. Policy framework and institutional arrangements**

#### **1.3.1. Policy framework**

There has been general willingness on the part of the government to establish policy actions to ensure adequate implementation of the rights and protection of children as envisaged under the treaties adopted and domestic laws.

- **National Children Policy, 2012**

The Policy endorsed by the Council of Ministers in 2012. The policy provides for multifaceted protection for the wellbeing of children in all sectoral activities. The policy emphasize the three fundamental pillars that are Rehabilitation, care and support for vulnerable children and children in difficult circumstances, Prevention of harms and Protection of children from social, economic and political problems and Development and growth of children. The Policy contains detailed action points on education, health, alternative care, leisure and recreation of children and protection of highly vulnerable children. Reflecting the peculiar provision of the African Charter on responsibility of children and value of the African society in child rearing the Policy provides for responsibility of the child. It laid down institutional framework and means's of resource mobilization to implement the policy and stresses the need to mainstream implementation of children's rights.

- **Growth and Transformation Plan**

The plan has the aim of ensuring sustainable economic development and improving the life of the Ethiopian people. Within the five years period of its implementation the plan aims to halve poverty in Ethiopia. With specific objective in every sector the policy matrix of the GTP on woman's and children's rights provide for indicators that must be fulfilled. The indicators include legal and policy reform on children's rights, support for highly vulnerable children, capacity building of institutions, and empowerment of the family. The GTP will play a major role in improving the economic and social circumstance of the country thereby significantly addressing the concerns of children.

- **The Plan for Accelerated and Sustained Development to End Poverty (PASDEP)**

PASDEP (2005/06-2009/2010) is the Government's second poverty reduction strategy paper which is linked with the MDG and accords high priority to children. Similarly, the GTP gives due attention to children's affairs and its main objectives include 1) ensuring the inclusion of child well-being indicators in the country's economic growth, 2) respecting children's rights 3) providing appropriate care to OVC, 4) promoting the rights of children to participate, and 5) protecting children from harmful traditional practices (HTP).

- **The Developmental Social Welfare Policy**

Prepared by the Ministry of Labor and Social Affairs the Policy has been adopted by the House of People's Representatives. It gives utmost priority to the welfare of children and indicates broad policy directions and strategies such as community-based approaches, planned and integrated methods of work and participation of the whole society in the implementation of developmental, preventive and rehabilitative social welfare programmes within the country. The strategy for implementing the policy has been elaborated. Implementation of the policy has shown significant progress on the area. Taking the encouraging impact of the policy the government has introduced a Social Protection Policy that is presented before the Council of Ministers for endorsement.

- **The National Criminal Justice Policy**

The Policy issued in 2011 has incorporated various changes to address a number of gaps observed in the criminal justice systems and ensure compatibility with the provisions of the ACRWC and CRC. The policy devoted a separate section for care and special handling of victims of crimes and children in conflict with the law. For instance, section 6 of the policy focuses on the circumstances of vulnerable children, the rights of victims to participate in criminal investigation and procedures for charging and trial, legal protection and handling of children in conflict with the law, alternative remedial measures and establishment of special units for children who come in contact with the law. Most of these provisions provide protection to children who are victims of FGM, early marriage, child labor, neglect and abuse.

- **The National Policy Framework for Early Childhood Care and Education (ECCE)**

The Policy was developed in 2010 to ensure the provision of good quality services to all children from birth to the age of seven years. The Policy Framework was developed to ensure the rights of children to health care and nurturance in a safe, caring and stimulating environment to develop their full potential. The strategic objectives of the Policy Framework focus on establishing a coherent governance and program implementation structures for ECCE and mainstreaming it in all relevant national policies and programs; promoting the development of accessible, equitable and quality ECCE services for children particularly to those with special needs and marginalized children; protecting young children from abuse and harmful practices; promoting and strengthening partnerships and collaboration among all stakeholders required for mobilization of the necessary resources and ensuring effective delivery of services and programs for young children.

- **National Plan of Action (NPA) for children**

As a continuation of the preceding program of action for children (1996-2000), a National Plan of Action (NPA) for children was endorsed by taking in to consideration the goals and objectives of other international and national programs such as the MDG. The NPA identified four thematic areas 1) promotion of health lives, 2) provision of quality education, 3) protecting children against abuse, exploitation, and 4) combating HIV/AIDS. Subsequently the NPA identified targets, strategies, activities as well as indicators to protect children against abuse, exploitation and violence. These measures include piloting birth registration practices, revision of laws, raising awareness about harmful traditional practices (HTP), improvement of the juvenile justice system, assisting children in especially difficult circumstances and combating child labor. This action plan was being implemented and achievements were made with regard to these components.

- **National Plan of Action for the Elimination of the Worst Form of Child Labor 2010 -2014**

Ethiopia, as a signatory of the ILO Convention, developed a National Plan of Action for the Elimination of the Worst Form of Child Labor 2010 -2014.

- **National Action Plan on Sexual Abuse and Exploitation (2006-2010) and National Plan of Action on Orphans and Vulnerable Children (2004-2006)**

Although these plans of actions have phased out, both contributed to the improvement of legal and regulatory framework, prevention, protection, rehabilitation and reintegration strategies, advocacy and capacity building of the institutional arrangements and monitoring and coordination of interventions. The National Policy Actions 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.

Realizing the need to implement state party obligations towards children the following major policies were enunciated between 1992 and 1994:

- a) The Growth and Transformation Plan
- b) Health Policy of the Transitional Government of Ethiopia and the Health Sector Strategic Plans I-IV
- c) National Policy on Ethiopian Women;
- d) Education Policy and the Education Sector Strategic Plans I-IV
- e) National Disaster Prevention and Management Strategy.
- f) National Food and Nutrition Strategy
- g) National Child Survival Strategy
- h) National Infant and Child Feeding Strategy

In addition to the above there are a number of plans and policies that are relevant to the realization of children's rights. For instance, the development and publication of the alternative Child Care or Community Based Child Care Guidelines and the Standard Service Delivery Guidelines for Highly Vulnerable Children represent an important step in translating child rights principles and standards into workable practice standards. The development of organizational child protection standards within institutions working with children is of particular importance in this respect.

### **1.3.2. National Child Rights Institution**

The national role to coordinate child rights activities is now consolidated under the new structure of the Ministry of Women, Children and Youth Affairs formerly the Ministry of Women's Affairs (MoWA). The Ministry is the core executive body mandated for promoting and implementing the rights of children. Moreover, MOWCYA is the lead agency for implementing the policy framework on children's issues and follow up implementation of the treaties adopted by the country. The Ministry's child Rights Directorate coordinates implementation of children's rights at the federal level while the Child Rights Bureaus of the nine regional states discharge a similar function at regional level.

MOWCYA is responsible to create awareness and movement on the question of women, children and youth; collect, compile and disseminate to all stakeholders information on the objective realities faced by children; coordinate all stakeholders including sectoral ministries to protect the rights and well-being of children; follow up the implementation of treaties relating to women and children and submit reports to the concerned bodies (Proclamation No 691/2010). To facilitate its function the Ministry applied Business Process Re-engineering (BPR). Accordingly it restructured and re-equipped its human and financial resources to effectively execute its mandates in line with protecting the rights of women, youth and children of Ethiopia.

The Ministry has setup various working strategies to coordinate and monitor the performance of the Federal Ministries and Regional Bureaus in accordance with the principles of ACRWC and CRC. One of the strategies was collecting annual plans and performance reports of Federal Ministries and Regional Bureaus, organizing common platforms for stakeholders to evaluate the overall performance and identifying challenges and solutions on mid-term and annual basis.

MOWCYA also engage in capacity building of Women, Children and Youth Affairs bureaus at regional, zonal and woreda level to respond to their duties and mandates with regard to protection of the rights of children. In relation to the financial resource allocation, the Ministry as well as, the Regional Offices are entitled to obtain funds from the Government, UN and other donor agencies.

To discharge its function the Ministry works on legal and policy reform and issues instruments and guidelines on care and support of Highly Vulnerable Children, community based care and foster care of children deprived of the family environment, reunification and integration of children without parental care.

### **1.3.3. Other Coordinating efforts**

As a step to ensure the institutionalization, mainstreaming and coordination of the ACRWC, various coordinating structures are established and action plans are formulated and adopted. These structures are given the tasks to oversee the coordinated implementation of these national action plans. Some of the committees that collaboratively work to promote and protect the rights of the child include, the Child Rights Committee, National OVC Task Force, The National Steering Committee against Sexual Abuse and Exploitation of Children, Alternative Care Network, National Steering Committee on Child Labor and National Committee on Trafficking in Women and Children.

Further than the Ministry a national coordinating body composed of 18 high officials including ministers, court presidents, police commissioners, Director General of prison authority and three regional justice bureaus was established with the objective of setting up a multi-sectoral and integrated approach to prevent and respond to violence against women and children.

With the target of eliminating violence against children a National Inter-Ministerial Committee was formed in 1994, consisting of members from the Ministries of Labour, Health, Education, Information, Justice, Culture and Sports, the Police Commission. This Committee was chaired by MOLSA. Similar committees have been formed in most of the regional, zonal and Woreda administrations, consisting of members from the above institutions. The regional administrations have already taken steps for the setting up of such committees at the community level.

Although both governmental and non-governmental actors have been involved in the implementation of the provisions of the African Charter, coordination of activities has been entrusted to the Child Rights Committees formed at various levels of the Government. The child right committee at the federal level consists of MoWCYA (chair), MOJ (vice chair), MOFED, MoE, MOH, Ministry of Foreign Affairs, MoFED, MoLSA, and MoCT. While MoWCYA chairs the National Committee, the regional counterparts are presided over by regional children's affairs bureaus. 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. The strengthening of existing Child Rights Committees and the establishment of new

ones, as well as clubs, has been effected in the regions. Between 2002 and 2003/04, 396 Child Rights Committees had been formed in the regions.

There is also a national CRC committee consisted of MoWCYA, MoH, MoE, MoFED, MoI, MoLSA, FSC, Ombudsman, HRC, FPC, UNICEF, Italian Cooperation, Save the Children Alliance and CRDA. This committee is represented by ministers and state ministers and answerable to the MOWCYA. The overall objective is to coordinate and promote child right conventions, monitoring and evaluation, mainstreaming child rights in various development programmes, improving legislations and laws inconsistent with the international CRC, and other policy issues. It also plays a vital role in decision making and programming.

The committee led by the deputy Prime Minister to combat trafficking and illegal migration and Smuggling is also operational. The Committee extends to the local level to control human trafficking through awareness creation and implementation of laws that criminalize illegal movement.

#### **1.3.4. Parliamentary body on children's rights**

The House of Peoples' Representatives, the Social Affairs Standing Committee of the House and Regional State Councils are currently mandated to exercise independent monitoring and supervision of ministries and executive organs. The Standing Committee for Women's mandate has been expanded to include issues of Children and Youth. The committee's oversight implementation efforts of sectoral agencies with regard to guaranteeing children's rights follow up suitability of laws to children thereby acting as the pertinent organ to ensure proper consideration of child rights in the law making process.

#### **1.4. Independent Monitoring of International and Regional Treaties**

The Human Rights Commission was set up by Proclamation No. 210/2000 and Proclamation No 210/2000 was enacted in July 2000 establishing the institution of the Ombudsman. The two institutions are fully functional in regulating the principles of child rights in Ethiopia. Both of the Institutions as well have a child Rights desk monitoring implementation of children's rights in the country.

The Human Rights Commission and the Institute of Ombudsman conduct periodic follow ups on the implementation of human rights conventions and treaties and submit observations and proposals to the relevant authorities. The EHRC also coordinates and cooperates with other human rights bodies, receive complaints about alleged violations of human rights and refer them to the relevant authorities. Both institutions also have desks dedicated to handling the affairs specific to children. The Human Rights Commission in addition has the duty to translate and disseminate treaties adopted by the country.

EHRC and the Institute of Ombudsman work in collaboration with UNDP under the Democratic Institutions Program (DIP). This collaboration has resulted in developing different programs and projects for the benefit of children. For instance, one such collaboration resulted in a review conducted by EHRC on the achievements of the first cycle education policy where gaps and



future strategies were recommended. In addition to this, the Commission in collaboration with all Regional Education Bureaus selected 90 model primary schools and designed a program to make schools conducive for children in exercising their rights. In order to make the EHRC accessible to the public, six regional branch offices have been established in Tigray, Amhara, Oromia, Somali, Gambella and SNNPR and are fully functional. Similarly, the Institute of the Ombudsman opened branch offices in 5 regions in Tigray, Oromia, Amhara, SNNPR, and Dire Dawa.

On 5 October 2010, EHRC signed a Memorandum of Understanding with 16 government universities throughout the country to establish legal aid centers and provide free legal aid services for disadvantaged groups, particularly women and children. In addition, 39 free legal aid centers were established at Woreda level in collaboration with Ethiopian Women's Lawyers Association. The total number of legal aid centers supported by the Commission has reached over 104.

The Commission also receives complaints from/or on behalf of children about violation of rights and conducts investigations. The Institute of Ombudsman established 11 model child parliaments in nine regions and two city administrations which are fully equipped. There are also more than 60 child parliaments established at Woreda level. The institutions conducted capacity building training for child parliamentarians in 36 rounds. Similarly their founding members held 36 consecutive meetings. These enable children to exercise and express their views freely in all matters affecting them.

The activities of the EHRC also include monitoring visits to orphanages and alternative care, calling upon institutions to constantly check the quality of their services from human rights perspectives. If alternative care standards are below the required level, the Commission recommends their immediate improvements or even closure. The Commission also monitored more than 95% of prisons in the country with the aim of making recommendations to the concerned bodies. Children who are under 18 years of age and those who are found in prisons accompanying their inmate mothers receive particular attention during the monitoring visits. After the monitoring visits, the Commission recommends improvements on the living conditions of prisoners and children in prison. To this effect the Commission has also visited the children correction center twice in 2011 and provided recommendations. Accordingly, most of the recommendations were accepted and appropriate actions have been taken by the relevant organs. Based on the findings of the monitoring visits, training was provided to the staff relating to human rights, child rights and related local and international laws and standards relevant to children in general and children in conflict with the law in particular. The Commission has further conducted different trainings targeting a wide variety of members of the society including teachers, prison officials, police officers, media professionals, military personnel, community representatives, as well as federal and regional members of parliament.

The Institute of Ombudsman receives complaints concerning maladministration and investigates the cases. However, since the only means that children can send their complaints is through their

parents or guardians, the strength and willingness of these parties determines the success of this program. As a result, the numbers of complaints brought so far to the Ombudsman's office have been minimal. Therefore, the institution in order to encourage child participation has undertaken National Forum for Children's Parliament where child member of parliaments, selected from all parts of the country, held consultations with the President of the country as well as the Speaker of the House of Peoples Representatives. Each of the children's parliaments presented reports regarding their efforts of curbing issues relating to mismanagement. The Institution has also conducted 10 supervisions of 50 governmental institutions based on the reports made by children parliamentarians. The Institution has also conducted research on the achievements of the children's parliaments and developed a guideline which will help to organise and strengthen child parliament all over the country.

The Government of Ethiopia has taken due consideration of the strength the EHRC and the Institution of the Ombudsman with human and financial resources from the government and UN agencies. For instances, the budget allocated by the Government for EHRC and the Institute has increased from 7,332,700 Birr in 2008 to 8,404,900 Birr in 2010.

### **1.5. State collaboration with non-governmental organizations**

The enactment of Charities and Societies Proclamation (CSO Proclamation) No. 621/2009 created an adequate legal framework to administer the sector. It also provided an opportunity to define areas of intervention for charities and societies, their relations with sector bodies and created conducive situations for NGOs to operate. Civil societies play an important role in the care and support of Highly Vulnerable Children.

Efforts have been made, especially to increase and improve collaboration amongst all groups and individuals involved in Child Rights protection issues and on the implementation of the Charter. Complementing the efforts of the Government in implementing the CRC and ACRWC, the NGO community has been engaged in improving the well-being of children in Ethiopia. Numbering approximately 115, 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.

CSOs are working in seven core service areas which are considered critical components of services for vulnerable children. The seven services are 1) shelter and care, 2) economic strengthening, 3) legal protection, 4) health care, 5) psychosocial support, 6) education, food and nutrition, and 7) coordinated care linked to all sectors for appropriate mix of services provided for beneficiaries. Coordination of care is overarching to the other service areas and creates strong

information sharing mechanisms, good level of cooperation, collective vision and long term commitments.

### **1.6. Studies commenced concerning rights and protection of children**

The establishment of appropriate mechanisms for the regular and timely collection of data required for monitoring progress is appreciated by the Ethiopian government and has progressively developed. Baseline studies have been undertaken to determine the level of implementation of the African Charter and the UN Convention on the rights of the child. The following studies have been conducted:

- a) A National Study on Child Abuse and Neglect was undertaken by MOLSA and
- b) A study on street children and dislocated families covering 25 major urban centers of the country conducted by MOLSA. The study report was distributed to all regions that are engaged, both on their own and with technical assistance from the central Government, in implementing small-scale projects aimed at improving the welfare and livelihood of children in especially difficult circumstances;
- c) A local NGO conducted a study on “Child Sexual Exploitation in Ethiopia: Law and Practice” (FSCE) and finalized a study on “Health and Psychosocial Aspects of Children Involved in Prostitution”
- d) Another local NGO (ANPPCAN-Ethiopia) undertook in 1994 a survey on the situation of child rights in Ethiopia, and in 1996, the same NGO conducted two studies, namely, “A Study on Child Labour in the Informal Sector of Three Selected Urban Areas” and “A Study on Child Abuse and Neglect in Addis Ababa Elementary Schools”;
- e) In 1994, a study on the complications of Female Genital Mutilation (FGM) during labour was conducted in six hospitals and four health centers in Addis Ababa and four hospitals in Harer and Dire Dawa by the National Committee on Traditional Practices of Ethiopia (NCTPE). A group discussion on harmful traditional practices (HTPs) in general and FGM in particular was conducted and the results of the analysis have been compiled;
- f) A KAP (knowledge, attitude and practices) study on female circumcision covering all circumcisers and other persons in 40 kebeles (lowest administrative unit) in Addis Ababa was undertaken by the NCTPE in 1995. A study on the negative effects of childhood marriage and pregnancy covering 2,000 households in North Shewa, Wollo, Gojam and Gondar was undertaken in 1996. NCTPE also undertook a study, “Towards the development of community-defined strategies and intervention on the eradication of FGM and HTPs”, in four regions of eastern Ethiopia (Afar, Harari, Somali and Eastern Oromia) using participatory Rural Appraisal methods which is one of the components of a UNICEF-assisted project. The preliminary report was completed and the final report is under preparation;
- g) Studies conducted by the African Child Policy Forum including

- Harmonisation of laws related to children, 2006, 2011
- Violence against Children with Disabilities in Africa: Field Studies from Cameroon, Ethiopia, Senegal, Uganda and Zambia, the African Child Policy Forum (2010)
- A Study on Female Genital Mutilation in Africa: Promising Actions and Persisting Challenges Case Studies Egypt, Ethiopia, Gambia, Guinea, Sudan, Ghana, and Kenya, (2010):
- A Ticket to Citizenship: Towards a Multi Stakeholder Action Plan for Full Birth Registration in Ethiopia.
- Perceptions and Practice: A Review of Birth Registration in Addis Ababa and the Regional States of Oromia, Amhara, the SNNPR, Ethiopia, (2005).

### **1.7. Child Rights Statistics**

As Ethiopia progresses towards sustainable economic development within the context of liberalizing and decentralizing economic management, the need for reliable and timely statistical data has become more crucial than ever before. Given the current situation, where the Ethiopian economy is registering an impressive growth rate of over 10% per annum, the government of Ethiopia has recognized the need for a strong National Statistical System (NSS) in managing socio-economic changes taking place in the country. The government of Ethiopia has committed itself to an agenda of results and, to realize this, almost all public institutions including child rights institutions are currently designing, or are in the process of implementing, Business Process Re-engineering (BPR) to bring about fundamental change in their services and pave the way for performance (results) management. Moreover, the government is implementing the poverty reduction strategy i.e. a Plan for Accelerated and Sustainable Development to End Poverty (PASDEP), the Millennium Development Goals (MDGs) and other national, regional and sectoral development plans. This shows the Government's commitment to improve the promotion and protection of children's rights by focusing on budget allocation for education, health, poverty and welfare.

The Central Statistical Agency (CSA) produces Demographic and Health Survey after conducting the periodic census. The survey is conducted by interviewing and sample study in representative size of the population. Major stakeholders from various government, non-government, and UN organizations involve and contribute in the technical, managerial, and operational aspects of the survey. The Survey report gives comprehensive statistical data on population growth, child and maternal health and survival, nutrition, education etc.

Ministry of Education, Ministry of Health and MOFED provide relevant statistics on the situation of children in Ethiopia. Children who come in contact with law enforcement agencies are systematically registered in a database designed by the Ethiopian Federal Police Commission, Federal Court and MOJ. Thus all crimes committed against children, including sexual abuse, trafficking, and abandonment are being constantly recorded. Child Rights Statistics

have enabled the government to assess the level of implementation of child specific laws, thus enabling the government to highlight the gaps in policy and practice.

The MOWCYA is planning to design a database for recording information on orphaned and vulnerable children. For the purpose of registration and reunified documentation of information concerning children in alternative care, Management of Information Systems (MIS) is implemented in five regions of Ethiopia.

### **1.8. Budgetary Allocation and Budget Trends**

Budget is a crucial component for advancing the survival, protection and development of children. It is closely linked to the concept of child-friendliness of a government. This is particularly the case in situations where the capacity of most families to finance and provide basic needs for their children is limited and where there are huge unmet needs for access to basic services. However, budgetary allocations to issues that concern children are embedded in the budgets of various ministries at the federal and state levels. It is therefore problematic to isolate such allocations, or fully account for all expenditures in respect of the proportion of budget devoted to social expenditure for children including health, welfare, social services, education, recreation and leisure.

The Government continues to dedicate increased amount of its resources for the development of the Ethiopian people and children as observed in its allocation of the budget over the past years. For instance, the annual budget of the Government increased from Birr 28,031,758,089 in 2005/6 to Birr 71,281,521,463 in 2009/10. The annual expenditure for education and health sectors increased from Birr 2,744,244,304 in 2005/6 to Birr 6,755,966,147 in 2009/10 and Birr 529,660,215 in 2005/6 to Birr 3,786,096,503 in 2009/10 respectively. In 2011 Ethiopia approved a record 117.8 billion birr budget that boosts spending on health, education and infrastructure in one of Africa's poorest but most fast-growing economies.

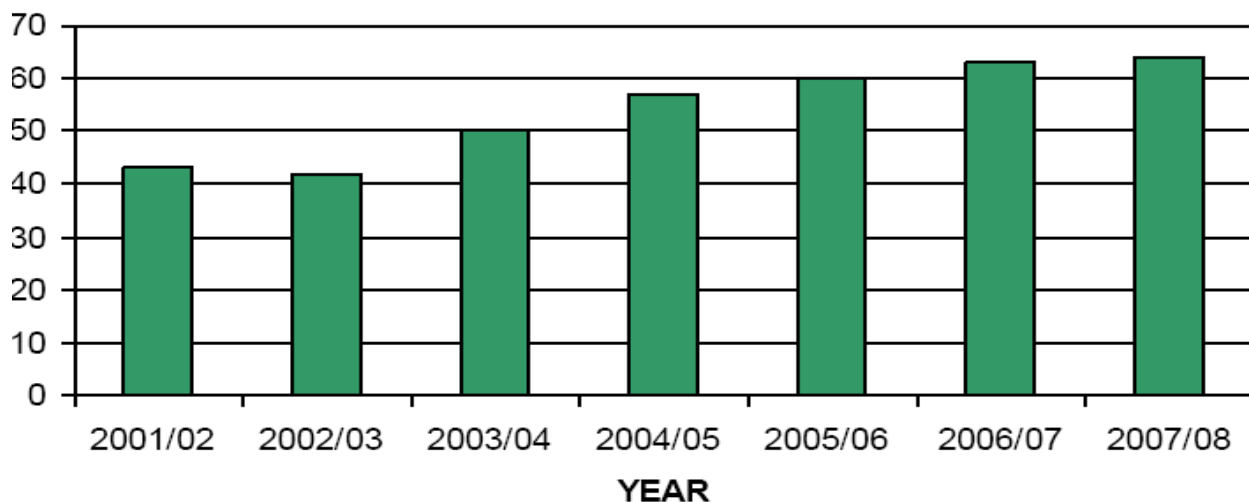
The government expenditure on pro-poor sectors such as education, health, agriculture, water, and road increased from 47.8 billion Birr in 2009/10 to 62.4 billion Birr in 2010/11 indicating an increment of 15 billion birr or 31 percent, compared to the previous fiscal year. This increment in government expenditure has also induced a rise in the share of spending on pro-poor sectors to have a share of 67 % from the total government expenditure. (GTP 2011)

**Table 1: Trends in proper sector spending –total public spending projections**

<b>Sector</b>	<b>2001/02</b>	<b>2002/03</b>	<b>2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>	<b>2007/08</b>
<b>Education</b>	14.2	16.1	20.4	19.7	21.8	23.7	<b>21.3</b>
<b>Health</b>	5.9	4.9	4.3	4.8	4.6	6.6	<b>7.3</b>
<b>Agriculture and food security</b>	9.2	8.1	13.4	16.3	16.8	12.5	<b>11.7</b>
<b>Road</b>	10.7	9.9	9.6	11.3	12.5	14.1	<b>17.7</b>
<b>Water and sanitation</b>	2.8	2.9	2.0	4.5	4.4	6.0	<b>6.1</b>
<b>Total</b>	<b>43</b>	<b>42</b>	<b>50</b>	<b>57</b>	<b>60.1</b>	<b>62.9</b>	<b>64.1</b>

Source: MoFED

**Figure 1.1 Trend in poverty-oriented spending to total government expenditure (%)**



Source: MoFED

### **1.9. Measures for Making the Principles and Provisions of the Charter Widely Known**

The Ethiopian Government in collaboration with UNICEF, other UN agencies and civil society organizations, such as The African Child Policy Forum (ACPF), are making extensive effort to create awareness about the ACRWC and to mobilise the public on realising children's rights. Campaigns include commemorations of Universal Day of the Child, Day of the African Child and International Human Rights Day at national, regional and grassroots levels with active participation of children. The government also uses mass media to transmit messages to the community about child rights.

In 1992, an exhibition entitled "Lives of Ethiopian children as depicted by artists" was arranged at the assembly hall of the municipality of Addis Ababa by an NGO in cooperation with the Addis Ababa School of Fine Arts. A project plan was prepared and a child advocacy project was launched in January 1993 aimed at sensitizing the general public (lawyers, policemen, teachers, parents and children themselves), to the rights of the child as stipulated in the child rights instruments. Ongoing efforts on putting child rights on the public agenda in line with the ACRWC and CRC principles are evident in Ethiopia.

### **1.10. Mass Media: Print, Television and Radio**

The Ministry of Woman, Children and Youth Affairs produces and disseminates monthly newsletters and biannual publication entitled 'Lejenete' and 'Teweled'. MOLSA on the other hand had publication titled "Yenegew Sew" (The Future Generation). These two publications focus on child welfare. Another biannual newsletter, "Children's voice", is published by ANPPCAN-Ethiopia. A number of sensitization workshops were conducted for judicial personnel, law enforcement officials, childcare personnel, social workers, medical personnel (e.g. the Association of Pediatricians) and the university community. The daily Amharic paper Addis Zemen provides one full page in its Sunday issue to popularize the Charter and the UN Convention and addresses other issues related to children and mothers. It also devotes half a column to population issues and covers child-related meetings, conferences, etc. through Articles and news columns. The Ethiopian Herald (English) and Beressa (Oromiffa) present half-page Articles once weekly and Alalem (Arabic) twice weekly, on issues related to children and mothers.

A biweekly 30-minute television programme for children is screened in Amharic. The show covers topics addressed in the ACRWC and CRC such as child health, early marriage, exploitation, disability. Drama and plays for children are screened occasionally at present, but the television enterprise plans to publicise each Article of child rights instruments through drama and dialogue in the future. The Enterprise also screens educational programmes for youth once a week in three languages, i.e. Amharic (35 minutes), Oromiffa (25 minutes) and Tigrigna (20 minutes). The police have a special television programme every Sunday mainly on child abuse and neglect including child labour, trafficking, child prostitution and related topics. Radio Ethiopia continues to air separate radio programmes for children, youth and women in collaboration with government institutions and NGOs. In addition, Radio Fana has weekly programmes for children in Amharic (20 minutes) and Oromiffa (20 minutes) and programmes for youth in Amharic (90 minutes) and Oromiffa (90 minutes). Thus it uses a total of 220 minutes of air time weekly for its programmes for children and youth. These programmes are primarily educational with the Child Rights instruments' provisions and principles guiding the conversations. The Institute of the Ombudsman organized the production and transmission of various programs and spot announcements on child rights issues in the mass media. In addition to the periodically published government magazines and newspapers, there are 51 magazines and 48 newspapers which are periodically published and disseminated all over the country. Relevant Articles were written in magazines and newspapers, posters and brochures have also been printed and distributed to the public.

With respect to non-governmental organizations, several NGOs have carried out various activities aimed at promotion and dissemination of the principles and provisions of the ACRWC and the CRC. NGOs have played a principal role in publicizing the African Charter and the UN Convention through workshops, publications, exhibitions, bazaars and direct approaches to lower administration units and the community at large. Activities like child rights training, distribution



of child-friendly booklets, celebration of international and regional human rights and child rights events (with panel discussions, TV programs, and discussions with children in orphanages) are used as some of the means used by the government to spread the knowledge of the ACRWC to the wider public. The translation of the Constitution as well as the core international human rights instruments by the Commission to Amharic, Tigrigna, Oromifa and other local languages is also a worthwhile dissemination activity conducted by the government.

MOWCYA also collaborate with Ethiopian Radio and Television Agency and Fana Broadcast Corporate to prepare programs that aim at informing and participating the public on the agenda of children's rights. Child labour, alternative and community based care, violence against children are examples of themes presented on the media.

**Table 3: Formal Education Radio Programs**

<b>Subject</b>	<b>Grade</b>	<b>No. programmes</b>	<b>Hours</b>
Amharic	1-6	6x28=168	42
English	1-6	6x28=168	42
Science	1-6	In 12 national/nationality languages	42x1=504
Social Studies	1-6	6x12=168	42x12=504
English	9	1x20=20	5
Amharic	9	1x20=20	5
Biology	9	1x20=20	5
History	9	1x20=20	5
Chemistry	9	1x20=20	5
Geography	9	1x20=20	5
<b>Total</b>			1 122

### **1.11. Trainings, Workshops and other Awareness Raising Initiatives**

MOWCYA in collaboration with the regional bureaus conducted various trainings with regard to child rights. The Ministry conducts trainings on the implementation of the CRC and ACRWC to various governmental departments and public representatives including school principals, health professionals, social workers, prosecutors, staff of the judiciary, police officers, religious leaders and elders, leaders of community based organisations and representatives of NGOs. The trainings have reached all sectors of the population and brought tangible changes in the outlook of the society towards children. The Ministry has prepared and distributed 2,000 copies of the

child rights Convention on the Rights of the Children and other legal instruments relating to child rights, and has developed a training manual for pertinent institutions and the public.

Since 2007/08 the EHRC has also been organising annual consultative forums with the aim of sharing experience among key stakeholders to end violence against women and children. Participants of the forum were drawn from federal and regional courts, the justice bureau, women and children affairs, women and youth associations as well as NGOs. Each year, the participants identify the gaps and challenges faced in preventing and responding to violence against women and children and also share best practices with the view of scaling up child rights initiatives.

The CRC Committee, the ACERWC, the National Taskforce on OVC, the National Steering Committee against Sexual Abuse and Exploitation of Children and the National Steering Committee on Child Labor have also support information dissemination efforts through awareness raising activities on child rights provisions at federal, regional, zonal and woreda level. Furthermore children's rights training are incorporated in regular trainings of the Ethiopian Federal Police, university colleges and training institutions. Special sections which encourage professionalism in the observance and monitoring of human rights are incorporated in the curriculum of schools, teacher training colleges and higher education establishments. The MoE has approved methodological aids for teachers to provide instructions on human rights. Children also learn about their rights as part of "Civic Education" courses in schools. Inaddtion Addis Ababa University opened the Centre for Human Rights to enable human rights education pursued at masters level.

The Ombudsman for Children Institution has conducted 37 trainings over a two year period 2009-2011 each lasting for 3 days for members of children's parliament on the ACRWC, CRC, Constitutional and other rights of children and the concept of good governance. It has also conducted 37 day long trainings targeting the different executive, legislative and justice organs on issues relating to the rights of children. The Ombudsman's office has organized various awareness raising workshops for more than 15,000 persons from executive, legislative and justice organs at different times. It has also undertaken regular bi-annual sessions with the children's parliamentarians' to discuss their concerns about mismanagement and issues relating to their rights. It further organised the production and transmission of various programs and spot announcements on child rights issues in the mass media. Relevant Articles have been written in magazines, newspapers, posters and brochures have also been printed and distributed to the public.

The Day of the African Child is commemorated every year and awareness-raising workshops have been conducted at the various levels of the governance system. The Juvenile Justice Project Office enrolled judges and police officers in a training session regarding the provision of the international and regional instruments relating to children, 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.

In collaboration with Ethiopian Youth Federation, the Ombudsman Institution provided Training of Trainers for 2,879 Youth Federation leaders and members. The training focused on issues relating to the rights of vulnerable groups. As a result, 4,345,305 members of the public have received information about the rights of children to date. In collaboration with the Women's Federation, the Institution has launched a similar campaign to reach out to 5,000,000 members of the public in the same regard. The Ombudsman Institution developed the second strategic plan for the period of 2011/12- 2015/16 which focuses on addressing the human right issue of women, children and other vulnerable groups of the society.

Being cognizant of the importance to ensure the respect of children's rights to participation, the Ethiopian Ombudsman Office joined forces with Save the Children to establish Children's Parliament. In this endeavor, the Regional Council of SNNPRS and in particular the woreda administration has played a major role for the direct implementation of the children's parliament. The parliament was inaugurated and became operational in September 2006. Currently, the parliament is composed of forty eight girls and forty eight boys, a total of ninety-six children including representatives of out of school children who are drawn from fifteen kebeles of the woreda. The Children's Parliament regularly holds meetings and endorses a resolution requiring the kebele, woreda and federal administration to put in place adequate measures to safeguard the well-being of children in Ethiopia.

The yearly "moot court" competition prepared by the Human Rights Commission is another opportunity for promotion of children's rights and dissemination of the content of ACRWC to the general public and the academic community. The moot court participants have debated on pertinent child rights issues.

### **Constraints and Challenges**

Despite these efforts to implement the Charter there are currently multifaceted factors undermining a comprehensive and holistic implementation. The challenges and constraints arise from the wider socio-economic-institutional environment above all the adverse impacts of severe poverty prevailing in the country manifests itself not only in the shortage of budgetary allowance for children but also in the increasing involvement of many members of the community in the abuse and exploitation of children. Furthermore the following specific constraints are being addressed by the government to create a conducive environment fit for all children in Ethiopia.

- Legislative gaps: there are still laws that are not consistent with provisions of the Charter which the government is doing the preliminary works for amendment.
- Institutional set-up has visible deficiencies: there is an ongoing work to mainstream children's rights in all sectoral ministries

- Thirdly, although Child Rights Committees are formed at various levels of government, they are neither institutionalized nor systematized, curtailing effectiveness
- Lack of capacity at all levels.

## **Chapter Two: Definition of a Child**

The definition of a child is a fundamental provision that basically determines the scope of application of the African Charter on the Rights and Welfare of the Child. Article 2 of the ACRWC offers a clear and concise definition of the child as ‘every human being under 18 years’. Some of the law reform efforts in Ethiopia reflect the impact of the ACRWC on standard-setting exercises at the national level.

- **Definition of a child**

Article 215 of the Family Code provides that a "minor is a person of either sex who has not attained the full age of 18 years". Article 198 of the Civil Code of 1962 also provides that a minor is a person who has not attained the age of 18. The definition tenable in both the Family Code and the Civil Code relates to the age of majority only.

Although the age of attaining majority is set at 18 years, for specific outlined purposes a child may be emancipated at an earlier age. A child may be emancipated at the age of 14 if the court decides that it is in the best interests of the minor (Article 312). In addition emancipation through marriage is provided under Article 7(2) of the Family Code which provides that a child aged 16 and above may be allowed to marry upon application of the guardian to the Minister of Justice. Thus, emancipation takes place either by marriage upon consent of the minister or upon authorization by the court. Before attaining this age of majority a person may not enter into juridical acts that have a legal consequence.

- **Minimum age of employment**

Compatible with the ILO Convention No 138 which sets the minimum age of employment for children in developing countries to be 14 years. Employment of a child below 14 years of age is prohibited under the Labour Proclamation No. 377/2003(Article. 89 (2)).

In addition to the minimum age of employment the Proclamation define a young worker to be a person who has attained the age of 14 but is not over the age of 18 years. The law protects young workers through type, time and length of work.

- **Minimum age of marriage**

According to the Family Code (Article 7(1)), a person (both man and woman) who has not attained the full age of 18 years may not contract marriage. The marriage is invalid if it is contracted below the above-mentioned minimum age. As an exception the law authorizes the Minister of Justice to grant a two year dispensation on the application of the potential spouses, or the parents or guardian of one of them if there is a serious cause. In the later case a person at the age of 16 years may be allowed to conclude valid marriage. In addition to the Revised Family Code Family laws of the regional states of Amhara, Oromia, Tigray, SNNPR, Beni Shangul, Gambela and Harari provide the minimum age of marriage is 18 years.

- **Minimum age of Criminal responsibility**

For purposes of criminal liability, the Penal Code of 2004 classifies child offenders into three distinct age groups and prescribes distinct measures for their reform and rehabilitation.

- **"Infants"**: According to Article 52 of the Penal Code infants below the age of nine years are totally exonerated from application of the penal law. Infants are not criminally responsible for their conducts and where an offence is committed steps may be taken by the family, school or guardianship authority to ensure their proper upbringing.
- **"Young persons"**: children between the ages of 9 and 15 are considered as young persons. For this group of persons, the Penal Code provides special punishments and measures upon conviction. They are not subject to the ordinary penalties applicable to adults nor shall they be kept in custody with adult offenders (Article. 53).
- **Criminal majority**: persons above the age of 15 are treated under the ordinary provisions of the Penal Code (Article 56 (4)). However, the Penal Code provides that mitigation of the penalty is always permitted, and the death penalty may never be imposed (Article 117(1)) and, under certain conditions, the measures of the penalty scheme for young offenders may be applied (Articles. 56 (2), 188 and 182).

- **Consumption of alcohol or drugs**

According to Article 514 of the Penal Code, "who so ever endangers the health of another, intentionally and unscrupulously, by administering or serving, or by causing or permitting to be administered or served to minors ... alcoholic beverages or spirituous liquors of such kind or in such quantity as to make their injurious effect certain or probable ... is punishable with simple imprisonment ...".

Similarly, Article 510 (3) (b) of the Penal Code prohibits the sale of drugs. Thus selling alcoholic beverages to minors under 18 is prohibited under the pain of punishment. The act of dealing with, producing or purchasing alcoholic drinks is punished by a sentence of rigorous imprisonment not exceeding five years and a fine not exceeding 30,000 birr where a forbidden toxic substance is furnished for gain or improper motive to an infant or young person.

- **Minimum age of sexual consent**

According to the provisions of the Ethiopian Penal Code sexual consent shall not be sought from children under the age of 18 years. According to Article 626 (1 & 2), having a sexual intercourse with a child under the age of 18 years even with the consent of the child is a punishable crime.

- **Age of consent for custody**

Article 191, paragraph 3, of the Revised Family Code provides that in a custody case between couples, where the child is 10 years old or above, the court may decide the custodianship upon hearing opinion of the child. Furthermore, Article 191, paragraph 4, stipulates that where the

child is not capable of consenting, the court may decide on the custodianship, taking into account the best interest of the child.

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

The Family Code (Article 257(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 reestablishment of the health of the minor in case the latter falls sick.

- **Compulsory education**

Under the education for all policy of the government to attain universal primary education by 2015 activities are undertaken to guarantee enrollment of every child of School age to primary education. Yet, there is no statutory minimum age set for the compulsory completion of primary education. The education policy documents follow a system parallel to school age for pre-school (ages 3-6), primary (ages 7-14), and secondary (ages 15-18) grades.

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

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. However, Article 235; paragraph 2, of the Civil Code gives the court a discretion to the court whether or not to hear the minor concerning the appointment, change or removal of a guardian.

- **Legal capacity to inherit and make will**

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 (Article 837). Merely conceived children are also considered to be persons with rights and responsibilities including succession if their interest so requires (Article 2 and 4) Besides considering children born within wedlock in equal footing with those born out of wedlock the Civil Code ascertains the rights of inheritance of adopted children with biological children.

With regard to making a will the Revised Family Code prohibits a minor who has not attained the age of 16 years from making a will as stipulated under Article 295(2). Moreover, the Code states, although the guardian cannot make a will on behalf of the minor, he/she can nonetheless accept a will devolving on the latter (Article 285(1)).

In matters concerning the pecuniary interests of the minor, he/she can be represented by the tutor (Article 216 (2)). 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 it after making contributions to his/her maintenance.

- **Lodging complaints and seeking redress before a court or other relevant authority**

Because children until the age of 18 years are incapable to exercise their rights or perform juridical acts including legal proceedings they are represented by guardians and tutors to undertake juridical acts essential for legal enforcement of their rights.

- **Minimum age of recruitment into the armed forces**

The Defense Forces Establishment Proclamation 27/96 provides it is only a person fit for the functions that may be enlisted to the armed force. The Regulation issued by the Ministry of Defense state a person below the age of 18 years may not be recruited. In addition the Criminal Code provides involving persons under the age of 18 years in armed conflict is considered as a war crime. (Article 270(m))

- **Minimum age for voting**

The FDRE Constitution provides for the right to vote and be elected without discrimination to all Ethiopians including the right to take part in the conduct of public affairs, to vote and stand for elected public office in accordance with the relevant laws. Though the electoral laws (Electoral Law of Ethiopia No. 64/1993 Article 16) provide for a minimum age of 18 for participation in elections, while any person registered as an elector shall be eligible for candidature where he is 21 or more years old on the date of election (Article. 38). The right also extends to voluntary membership in a political organization, labor union, trade organization, or employers' or professional association subject to the requirements thereof.

### **Challenges and Constraints**

The lack of a legal definition of a child is a gap in Ethiopian laws. There are various laws and policies that approach the age of a child differently. This makes proper planning and implementation of interventions difficult. In some cases, programs that should benefit children end up not benefiting them at all. For example a lack of a comprehensive birth registration leads to a failure of age determination, and children who are legitimate beneficiaries of rights and privileges fail to receive these measures of protection.



## **Chapter Three: General Principles**

### **3.1. Non- Discrimination (Article 3)**

The African Charter on the Rights and Welfare of the Child and the FDRE Constitution guarantee respect for individual human rights and are therefore the sources of the general principles mentioned hereunder. Accordingly, every child is entitled to enjoy the rights and freedoms guaranteed in the Charter without discrimination. The Charter is the second global and first regional human rights instrument that extends the list of grounds on which discrimination is prohibited from characteristics of the direct subject i.e. the child to those of the child's parents or legal guardians. Thus, a child cannot be discriminated against on the ground of his parents' or legal guardian's race, ethnic group, colour, etc. Note must also be made of the inclusion of "fortune" as an additional ground of discrimination instead of "property". This fits perfectly with the African perception of "wealth" which goes beyond traditional property such as land and assets. It should further be noted that, the non-discrimination clause implies that the obligation not to discriminate is binding not only on the State but other actors as well. The Charter provides for special protection of children living under various forms of discrimination that finds no comparison in any other human rights instruments. The Charter enjoins State Parties individually or collectively to accord the highest priority to the special needs of children living under special circumstances such as HIV/AIDS orphan hood, ethnicity, and regionalism. The significance of this obligation cannot be over emphasized. In the exercise of civil, political or property rights, the law does not draw any distinction between persons, including children, on any basis.

The FDRE Constitution recognizes, under Article 25, the principles of non-discrimination and equality before the law as the most fundamental right and freedom. The Constitution attaches a high importance to the rights by stating non discrimination and equality before the law are non derogable rights at the time of state of emergency (Article 93). Moreover, Article 36(4) of the Constitution also provides that children born out of wedlock have the same status with those born in wedlock. Similarly, the Labour Proclamation prohibits the employer from discriminating among workers, including young workers aged 14 and above. Besides Article 36 of the FDRE Constitution which specifically provides for the rights of the children, entitles children all the rights and freedoms enjoyed by other segments of the society.

The obligations of States in relation to equality and non-discrimination are two-fold:

- Restraint on discrimination: to work towards the realization of the rights recognized in the international child rights framework without discrimination; and,
- Positive action to include often excluded or marginalized children: to take active measures to protect orphans and vulnerable children from discrimination.
- The Federal Democratic Republic of Ethiopia (FDRE) Constitution recognizes, under Article 25, the principles of non-discrimination and equality before the law as one of the fundamental rights and freedoms. The Constitution also recognizes the right to equal access to publicly funded services for all Ethiopians (Article 41(3)). Moreover, Article

36(4) the Constitution also provides that children born out of wedlock have the same status with those born in wedlock.

- The Family Code contains provisions designed to protect the rights of children to maintenance and care as well as specific provisions to protect the equal rights of children born out of wedlock and adopted children. Similarly, the Labour Proclamation prohibits the employer from discriminating among workers, including young workers aged 14 and above, on the basis of nationality, sex, religion, political outlook or any other condition (Articles 14 (1) (f)). The Labor Proclamation further recognises the rights of workers to refuse to undertake HIV testing (Article 14 (2) (d)).

### **3.1.1. Steps taken to against discrimination in Ethiopia**

In order to give social groups access to basic social services, a variety of interventions have been implemented in Ethiopia. Special attention has been paid to creating educational access for marginalised 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 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 currently benefiting 102,000 children. The feeding programme has been undertaken by 106 primary schools located in these areas.

It is now a foregone conclusion that stigmatisation and discrimination inflicts a heavy psychological burden on PLWAs or AIDS orphans. Cognisant not only of the need to ensure the basic human rights of those infected and affected by the HIV/AIDS pandemic but also of the formidable obstacles posed by stigmatisation and discrimination, the Ethiopian Government has begun analyzing legislation to accommodate the harsh realities and potential discriminatory effects associated with HIV and AIDS. The MoJ is finalising a draft law providing for the rights and responsibilities of PLWAs and AIDS orphans. A National HIV/AIDS Policy was adopted in 1998 to eliminate discrimination against children affected and infected by HIV/AIDS. The policy deals with prevention, control and treatment aspects of HIV/AIDS. It also states that persons with HIV/AIDS “shall not be subject to special restrictions on employment, education, access to public facilities, or housing”. The Ethiopian strategic plan adopted in 2004 for intensifying multi-sectoral HIV/AIDS response (2004-2008) also emphasizes the protection of rights of individuals infected and affected by HIV/AIDS. The HIV/AIDS Prevention and Control Office is responsible for policy implementation against discriminatory practices for PLWAH/A.

The Federal and Regional Constitutions of Ethiopia prohibit discriminations on grounds of race, nation, nationality or other social origin, color, sex, language, religion, political or other opinion, property, birth or other status. A lot of other subordinate laws, policies and strategies endeavor to address marginalization and achieve equality of opportunities and results.

The Government of Ethiopia put in place a National Women/Girls' Education Strategy (2009/2010) by considering the fact that education was an area where equal and full participation of girls was challenged. Those traditional norms and negative perceptions challenging the participation of girls in education are being addressed through community sensitisation efforts and activities of parent-teacher associations (PTAs) which carry out outreach activities as part of the school improvement plan in the education sector.

The Administration for Refugees and Returnee Affairs (ARRA) takes necessary measures to ensure the proper handling of refugee children and takes measures to ensure their protection from discrimination and abuse, free access to medical care, education and social and psychological assistance, and secured environment for accommodation. Currently, Ethiopia provides basic services for 135,192 refugees from neighboring countries; Somalia, Sudan, Kenya and Eritrea. Of this 39888 are male, 39236 are female and 79,124 (58.5%) are children under 18 years and citizens from these countries receive adequate refugee protection.

Child Policy (2011) affirms the commitment of the Ethiopian Government to ensure non discrimination. The fundamental principle is as well envisaged under the Policy instrument which defines the role of various organs to address child rights issues in their undertaking.

### **3.2. Best Interests of the Child (Article 4)**

Article 4 of the ACRWC provides that in all actions concerning the child undertaken by any person or authority, the best interests of the child shall be the primary consideration. This principle is by no means a new one. The Ethiopian Constitution provides that 'in all actions concerning children undertaken by public and private welfare institutions, courts of law, administrative authorities or legislative bodies, the primary consideration shall be the best interest of the child'. The implementation of the best interest of the child is closely linked to child participation, especially in the determination of what constitutes the best interest of children in general or that of a specific child. Ethiopia has made progressive legal and policy improvements to ensure that the best interests of the child are taken into account in issues or decisions affecting them.

#### **3.2.1. Legislative and administrative measures, in place concerning the best interests of the child**

- **Legal and Policy Framework on the best interest of the child**

Article 36, paragraph 2, of the FDRE 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 parents or guardians 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.

The Family Code incorporates a number of provisions that make up the principle of "the best interests of the child". The best interests principle is particularly mentioned in relation to the appointment of guardians and tutors to the child, placing his custody in the event of dissolution of marriage, choice of type of education, income, conditions for approval of adoption and other similar issues pertaining to the child's welfare. In all cases a child's feelings and thoughts should be taken into account in decisions that affect them as this is in their best interests.

Reflecting upon the Constitutional provisions, the Revised Family Code has explicitly incorporated the principle of the best interests of the child and re-emphasizes the protection of the family as the appropriate setting for "...the full and harmonious development of ... [a child's]...personality ...in an atmosphere of happiness, love and understanding". Moreover, the Revised Family Code states that decisions made by competent authorities shall be "appropriate to the proper care and well-being of children" (Article 2(8)) and provides for consultation of a minor in all important matters concerning him/her (Article 291 (1)).

Article 312 of the Code provides in the case where a child applies for emancipation, the court may decide for the emancipation of the child if that is believed to be in his or her best interest.

Some provisions of the Criminal Procedure Code also provide for consideration of the interests of a child accused or found guilty of criminal transgressions. For instance, the Court may call upon expert testimony prior to sentencing to determine the best interest of a child found guilty or modify the punishment already imposed on a child at a later time if it is in the interest of the 'young person'.

In each and every decision affecting the child, the various possible solutions must be considered and due weight given to the child's best interests. Accordingly the Federal Supreme Court, Cassation Division that have a power to give decisions that serve as binding interpretation invoked the CRC Provision on best interest of the child. According to the decision best interest of the child provided under the Charter, the CRC, the FDRE Constitution and the Revised Family Code shall be considered as an overarching principle to determine a custody case (Tsedale Demessie v Kifle Demessie, File No.23632 Federal Supreme Court of the FDRE, 200 E.C)

### **3.3. The Right to Life, Survival and Development (Article 5)**

The right to life, survival and development, is guaranteed by the Constitution and all other subsidiary laws applicable in the country. However, ensuring the right to survival and development is in practice hampered by economic underdevelopment, widespread poverty and inadequacy of basic social infrastructure. The Government is undertaking multifaceted activities to change the living conditions of the population, of whom children and women constitute the majority. The policy framework is geared towards achievement of the MDGs and implementation of the GTP that aims at attainment of a middle income position by the country in a 30 years period of time.

### **3.3.1. Legal and Policy Framework on the right to life, survival and development**

The FDRE Constitution recognizes the right to life under Article 15 and with particular focus on children under Article 36 (1). The child's right to survival and development is therefore enshrined in the Constitution in terms of access to a name, family environment, health care and education. The Constitution also stipulates that the child must be protected from harm, abuse and exploitation.

Articles 219 and 220 of the Revised Family Code provide that both parents have the responsibility for the proper upbringing of their children. The provisions of the Criminal Code proscribe infanticide and abortion (Article. 528, Penal Code) and all other crimes and practices that threaten life of a child.

The Government of Ethiopia has formulated socio-economic policies that are believed to accelerate the development of the country, thereby improving the delivery of basic goods and services. The policies and all other development endeavors aim to address the significant proportion of children that are still deprived of basic welfare due to the severe poverty prevailing in the country.

One of the objectives of the Ethiopian Government is the reduction of poverty and ensuring better living conditions for the population. To this end, necessary macroeconomic policies that will accelerate the socio-economic development of the country have been issued. The implementation of these policies have contributed to the improvement of basic services such as nutrition, health care, education, sanitation, housing, etc., and thereby ensuring the survival and development of Ethiopian children. The National Plan of Action for Children for the period 2003-2010 and beyond addressed issues related to education, health, HIV/AIDS, and protection of children against abuse and exploitation. The Plan aimed at protecting children from abuse, exploitation and violence, improving the situation of children under difficult circumstances, and assisting OVC in the context of HIV/AIDS.

### **3.4. Respect for the views of the Child - Freedom of Expression (Article 7)**

The African Charter recognizes children not only as people in need of protection but as autonomous beings as well. The Charter guarantees the child several participation rights. Among these is the right to be given an opportunity for the child's views to be heard either directly or through an impartial representative in all judicial or administrative proceedings affecting him/her and that those views must be taken into consideration. There is also a guarantee of the right of every child to participate in artistic and cultural life, and in the administration of justice and the right of children with disability to participate in community life. The Charter further guarantees the child the right to freedom of expression, freedom of association and assembly, and freedom of thought, conscience and religion. Lastly, the guarantee of the child's right to privacy unequivocally establishes that the Charter regards the child is an autonomous person.

### **3.4.1. Legal and Policy Framework providing for the respect for the child's views.**

Freedom of expression (Article 29), assembly (Article 30) and association (Article 31) are recognized under the FDRE Constitution. In addition Article 43 (2) provides that nationals (including children) have the right to participate in national development and in particular, to be consulted with respect to policies and projects affecting their communities. Therefore given this background, children have the right to create and join associations and to assemble peacefully. These rights pave a way for the realization of children's rights to participation.

Besides the right to freedom of expression enshrined under the Constitution proclamation No 590/20008 of the freedom of mass media and access to information facilitate implementation of the right in the country.

The Revised Family Code enshrines various instances for participation of children on matters that concern the family. The Code provides for right of the minor to be consulted in all important matters concerning him/her (Article 291 (1). In view of that, Article 191(3) provides that consent of a child that has attained the age of 10 years needs to be acquired to decisively verify that the adoption is to the best interest of the child." Article 249(2) on the other hand states the Court may, before reaching a decision on the appointment or removal of a person as guardian or tutor of a minor, hear the opinion of the minor to establish best interests. The same is true in decisions relating to adoptions (Article 194 (3) (a)).

Pursuant to the laws the government has been taking measures to put in place various platforms for children to express their views. The MoE has been actively encouraging the establishment of Student Clubs on various thematic areas including science clubs, HIV/AIDS clubs, girls clubs, sport clubs etc. The administration of schools is also made to consist of the school, representative of parents and student representatives. In this way it is ensured that students participate to air their concerns and have their voice considered in the decision making.

There are 1 national and 3 regional TV channels and 8 short and medium wave and FM radio broadcast channels. The MOWCYA works closely with The Ethiopian Radio and TV Agency (ERTA) and Radio Fana Broadcasting Corporation to broadcast a specified number of hours of public service broadcast programs for children each year. Almost all media stations have children's programs targeting children and youth which are among the genres of programming of interest in the 3 local languages. Radio broadcasters are trained and advised to be mindful of the likely effects of inappropriate films which are allowed for public screening.

In addition over 80 children's parliaments are established all over the country and child right clubs are organised in schools that provide opportunities for children to come together to express their views and promote their interests. Children are also provided with an opportunity to express their views in children's and young people's radio and TV broadcasts and public associations, Community Care Coalitions (CCC) and orphan children clubs. Events and celebrations such as the Day of the African Child and Universal Child Day were among the opportunities where large number of children expressed their views. All these efforts are gradually changing the deeply

entrenched societal perceptions and practices that give no space to opinions and views of children. Administrative and judicial processes involving cases of children are required to consider the opinion of the child in question.

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, Save the Children Sweden collected responses from 1,500 children on 10 major issues. The top 10 priorities of children, as perceived by Save the Children 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.

The other instance where a wide pool of children participates to give their opinions was 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.

In 2011, a child and adolescent participation in child rights and business principles initiatives (CRBPI), which was a child consultation held in Ethiopia was organized by MOWYCA, UNICEF, Save the Children, and Plan Children. The event involved groups of children represented from several backgrounds.

Wide and easy access to internet services is provided in youth centers and internet cafés. According to the 2009-2010 annual statistical abstract of the MoE, 37.3% (10,050) of primary and (86.42%) 1,171 secondary schools have library facilities. Databases, large print electronic books and other popular books are available in public libraries and children enjoy the free and equal access to use the library services.

Other than creating the aforementioned legal and institutional setup to foster child participation, the government seriously considers the views expressed. The School administration Councils mandatorily consider views of students to make it part of its decision. Various events and forums solicit the participation of children in affairs that affect them such as the discussion of the draft

comprehensive child policy for Ethiopian children and in the preparation of the National Plan of Action for Children. Adoption of these policy instruments therefore give due emphasis to encompass children's opinion both in the coordinating body and in the consultation process.

### **Constraints and Challenges**

A formidable obstacle that is undermining the efforts to promote respect for the views of the child is the level of appreciation on the rights of the child and the relevance of their views on decision making. The traditional societal attitudes appear to limit children in freely expressing their views in the community. The participation of children in civic life, such as through children's clubs and children's parliaments, lacks legislative basis. Recognition of participation as a right would entail the establishment of such a legal basis. The efforts on non formal adult education and literacy activities are believed to enhance awareness of parents on children's rights to be heard and the relevance of child participation in family affairs and community activities.



## **Chapter Four: Civil Rights and Freedoms (Articles 7, 8, 13-17, 28(2), 37(a) and 39)**

### **4.1. Right to a name and nationality**

Article 36, paragraph 1, of the FDRE Constitution enshrines the rights of every child to a name and nationality.

- **Right to a name**

Civil Code of 1960 contains rules on types, determination and change of names. The Code provides that every person shall have a family name, patronymic and one or more first names. The Code also provides for manner of determination of these names. Though the Code provides for these three types of names as a mechanism to individualize physical persons the names that have a practical relevance are patronymic and first name because of the cultural inexistence of family name in the Ethiopian tradition.

According to the Civil Code Provisions (articles 32-46) the name of the child shall be chosen by parents (Article. 34). According to Article 38, it is forbidden to give a child the first name of his father or his mother or that of one of his brothers' or sisters' who are alive. In the case of a foundling i.e. a child whose father and mother are not known the Code mandates the Officer of Civil Status to name the child (Article. 39 (1)).

- **Nationality**

The Constitution in addition to the child rights provision that provides for the right to nationality of the child provides for the right of every Ethiopian not to be deprived of his/her nationality (Article 33). Nationality Law of Ethiopia (Proclamation No. 378/2003) states children born of either one or both of Ethiopian parents, abandoned children found in the Ethiopian territory unless it is proved that such children have foreign nationalities are accorded Ethiopian nationality. Amending the previous nationality law that allow only the father to pass on his nationality the Nationality Proclamation (378/2003) equally entitle the mother and the father to pass on their nationality.

In the case of adoption Article 7 of the Ethiopian Nationality Proclamation provides that a child adopted by an Ethiopian national may acquire Ethiopian nationality by law, he lives in Ethiopia together with his adopting parent. And where one of the adopting parents is a foreigner, such parent must express his/her consent in writing for the adopted child to acquire Ethiopian nationality.

### **4.2. Preservation of identity**

The FDRE Constitution provides for the right not to be deprived from ones Ethiopian nationality (Article 33). According to Article 38, it is forbidden to give a child the first name of his father or his mother or that of one of his brothers' sisters' who are alive. In such cases he shall have another first name which distinguishes him from them. The rationale for this restriction is that first names distinguish a child from the rest of his family members. Another legal limitation pertains to change or cancellation of names. According to Articles 42 and 43 of the Civil Code, changes or cancellation of first names, patronymic or family names is not permitted by law, except by permission. Cancellation or change of first names cannot be carried out unless the

court so authorizes. These provisions and limitations indicate the concern of the law for preserving the identity of the child.

### **4.3. Freedom of expression**

The holistic rights including that of the child to freedom of expression, freedom of thought, conscience and religion and freedom of association and of peaceful assembly are ensured by the Constitution under Articles 27-31. 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.

On 16 May 1998, the Day of the African Child was celebrated, once again in the House of People's Representatives with the direct participation of representatives of children from all regions, parliamentarians, ministers, commissioners, and representatives of NGOs. The theme of the meeting was "Protect Children from Abuse and Neglect". Discussions between children and parliamentarians took place and several questions concerning the Convention were raised by the child participants to which responses were given by ministers representing the social sector.

One of the initiatives is the establishment of children's parliaments where children are elected from schools and form a city level parliament to exercise democratic processes for a limited term. Currently, there are close to 80 children's parliaments in major cities of the country, each consisting of about 100 child members of parliament. The representatives of these parliaments often attend meetings in the regional parliaments, and regional and city council meetings and express their views and concerns.

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

Freedom of expression envisaged under Article 29 of the Constitution includes the right to seek, receive and impart information. The proclamation enforcing this constitutional freedom provides for the right of access to information or the rights to seek obtain and communicate any information held by public bodies, except as expressly provided for by the proclamation ("Freedom of the Mass Media and Access to Information Proclamation No. 590/2008").

Currently, Ethiopian Television (ETV), Ethiopian Radio, Fana Broadcast Service and FM Addis 97.1 Radios transmit children's programmes weekly in different languages of the country. The information conveyed through these programmes focus on the rights of the child, prevention of abuse of children, testimonials from model children; and the experience of abused children and ways of protecting them. The broadcasting of commercial advertisements during children's programmes is prohibited.

*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.

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.

#### **4.5. Freedom of thought, conscience and religion (Article 9)**

The Constitution (Article 27) and all regional constitutions promote the freedom of thought, conscience and religion. The right includes freedom to hold or to adopt a religion or belief of one's choice and the freedom either individually or in community with others and in public or private to manifest ones religion or belief in worship, observance, practice and teaching. People are protected from discriminations on grounds of political or other opinion, religion or other social origin. There shall be no interference with the exercise, in accordance with the law, of the rites of any religion or creed, provided that such rites are not utilized for political purposes or are not prejudicial to public order or morality (Article 27(5)).

#### **4.6. Freedom of association and of peaceful assembly (Article 8)**

The Constitution stipulates everyone has the right to freedom of association for any cause and purpose (Article 31). And every ones right to assemble and demonstrate together with others peaceably and unarmed and to petition (Article 30). The Cooperative Society's proclamation No 147/1998 Article 13 (1) states that any individual may become a member of cooperative societies when s/he attains the age of 14 years. As it has been discussed in relation to respect for the views of the child, child clubs, child parliaments and other events that are child based mobilizations have increasingly shown that children's status as holders of rights is improving.

The youth centers that have been expanding in recent years are providing space for adolescents and young people to get together and exchange ideas and promote their concerns. Currently, there are over 450 youth centers in the country that provide life skills training, recreational, information and reproductive health and other services. The youth have expressed that these structures represent promising opportunities for them to participate in government processes, policy making initiatives and also to access numerous services and serve as entry points for more tangible community actions in their communities.

#### **4.7. Protection of privacy (Article 10)**

The right to privacy is a constitutional right (Article 26). It encompasses the right not to be subjected to searches of his home, person or property, or the seizure of any property under his personal possession, inviolability of his notes and correspondence including postal letters, and communications made by means of telephone, telecommunications and electronic devices. No restrictions on the right is justified except the one placed on the enjoyment of such rights in compelling circumstances and in accordance with specific laws whose purposes shall be safeguarding the national security or public peace, the prevention of crimes or the protection of health, public morality or the rights and freedoms of others.

In line with the Constitution the Civil Code (Article 13) prescribes that the domicile of a physical person is inviolable and no one may enter the domicile of another against the will of such person, neither may a search be conducted therein, except in the cases provided by law.

The right to privacy also includes protection of image of a person as provided under the Civil Code (Article 27). The photograph or the image of a person may not be exhibited in a public place, nor reproduced or offered for sale without the consent of such person unless the case falls

under the exception provided under Article 28. The latter provide consent of the person concerned shall not be required where the reproduction of his image is justified by the notoriety of such person or by the public office which he occupied or by the requirements of justice or of the police or by a scientific, cultural or didactic interest, or where the reproduction of the image is made in connection with facts, events or ceremonies of public interest or which have taken place in public.

With regard to privacy in legal proceedings there are protections provided both under the Constitution, the Criminal Procedure Code and the Draft Guidelines for Investigating and Prosecuting Crimes Committed against Children and Women developed by MOJ.

In order to protect the privacy of children and integrity of the family the FDRE Constitution puts a restriction on the right of the accused for a public trial (Article 20). As per this exception the court may hear cases in a closed session with a view to protecting the right to privacy of the parties concerned, public morals and national security. The Criminal Procedure Code in line with this provides that proceedings involving a young person (a person below the age of 15 years) shall be held in chambers. Nobody shall be present at any hearing except witnesses, experts, the parent or guardian or representatives of welfare organizations (Article 176(1)). Therefore the right to privacy of minors when they come in to contact with the justice system is protected under the Constitution and the Criminal Procedure Code.

The Draft Guideline on the other hand contains rules on investigation and prosecution of crimes committed against children and women and provisions for providing psychological counseling. Subsequently, trainings were given to prosecutors, judges, police members, medical personnel and social workers on how to investigate and handle children and women victims. The training included the required skills and manners to confidentially keep personal and other information obtained during assessments and also adopt approaches that reflect concerns for dignity and integrity of children. For instance, the specialists must establish rapport with children and ensure that they are relaxed before conducting any types of assessments. Children's history must be kept in a confidential manner and shared only with professionals involved in the support of the children.

#### **4.8. Registration at birth**

Amending the Civil Code provisions concerning birth registration a law regulating registration of vital events is enacted in 2012 (Registration of Vital Events and National Identity Card Proclamation No 760/2012). Any birth shall be registered within 90 days following the date of its occurrence (Article 18(2)). The Law states responsibility of parents to declare the birth of their child in their default by the guardian of the child or in default of guardian, by the person who has taken care of the child. Where the child is abandoned or his parents are unknown, any person who knows such condition shall have the duty to report same to the nearest police or other relevant government organ (Article 26). The new law different from the previous one provides for registration of birth at health centers, in such case the head of the institution will prepare a birth record (Article 29).

The record of birth contains the Child's full name, sex, date of birth, place of birth, type of Birth (whether single or more) and aid rendered during birth (Article 24) and similar information concerning the parents or the person making the declaration. In the case of a foundling the record of birth must contain a detailed process verbal that explains the estimated age of the child, his sex, names and the place and time where the child is found (Article 25).

The Proclamation put in place the necessary legal framework for establishment of organs responsible to register birth. Accordingly the Council of Ministers is empowered to come up with a regulation establishing an organ in charge of registration of vital events at the federal level (Article 4). Similarly the regional states will establish or designate an organ and cause the assignment of an officer of Civil Status for each administrative Office (Article 5&6).

In protection of this civil and political right the Criminal Code of Ethiopia (Proclamation No 414/2004) sanctions the act of concealing birth of the child. Article 656 of the same provides for the crime of Omission to Register the Birth of an Infant or to Report its Abandonment. Accordingly whoever fails to declare the birth of an infant, as prescribed by law, or fails to report finding an abandoned infant to the appropriate authority is punishable with a fine not exceeding five hundred Birr, or simple imprisonment not exceeding one month.

Ethiopia is exerting all efforts to put a birth registration system in place and enhance implementation of the aforementioned legal requirements. The effort is accompanied by the national policy on birth registration that is waiting for endorsement by the Council of Ministers. As per the recommendations of the UNCRC Committee, earnest efforts are under way to set-up an effective system of vital registration. Completion of these instruments is expected to improve full implementation of the international instruments that envisage the right to birth registration.

With the objective of raising the public awareness on birth registration a national workshop has been convoked for members of the media so as to create awareness over the need for birth registration. And to enhance awareness on the matter of birth registration of different parts of society and those at different levels of responsibility 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”. In connection with this occasion, representatives of the children submitted their appeal concerning birth registration to the parliament.

Meanwhile, the federal and regional bureaus of Women, Children and Youth in collaboration with UNICEF have implemented a pilot project where registration of children in 10 rural and 8 urban selected Kebeles of Addis Ababa and Dire Dawa cities as well as Amhara and Tigray regional states. The pilot registration project was carried out from April 2009 to December 2010 and resulted in a total of 28,541 children being registered. The challenges and lessons generated from the piloting phase are documented and analyzed to inform the design of the birth registration law and system in the country.

#### **4.9. Protection against abuse and torture (Article 16)**

Article 14 of the FDRE Constitution provides for the right to security of the person and Article 18 stipulates that “everyone has the right to protection against cruel, inhuman, or degrading treatment or punishment”. The Constitution also states that “no one shall be held in slavery or servitude” and that “trafficking in human beings for whatever purpose is prohibited”. It also makes the act of requiring someone to perform forced or compulsory labor unconstitutional.

The Constitution as well provides for the right of arrested persons to be free from coercion and compulsion to give confession. This protection of the Constitution against self incrimination prohibits application of illegal ways of investigation. Confession that is acquired in this manner is not admissible by the court (Article 19).

The Ethiopian Police University College and training institutions incorporated child rights training in their curriculum, developed a child right training manual and provided a series of lectures on provisions on child right. Child Protection Units (CPU) are established within the police stations throughout the country to handle cases involving children.

MOJ collaborated with the government of Norway to provide human rights training to more than 4,495 judges, prosecutors, police officers and other law enforcement officials of the federal and regional governments. The training provided information on national and international human right standards and responsibilities of prosecutors, judges and police officers in accordance with the provisions in the Ethiopian Constitution and international human rights standards. The cooperation lasted over a period of five years from June 2003 to December 2008.

Special prosecution and investigating teams are formulated in the MOJ and they work closely with the police from investigation to prosecution stages. They also carry out visits to monitor the well-being of children found in detention and give directives on measures to be taken on the conditions of children.

- **Corporal Punishment**

Corporal punishment of children in institutions of care is explicitly prohibited in Ethiopia. The Federal Constitution Article 36 (1) (e) provides for the rights of children to be free from corporal punishment or cruel and inhuman treatment in schools and other institutions. Furthermore, in 1998, the MOE issued a circular which listed acceptable disciplinary methods that could be employed by teachers to discipline their students, which does not include corporal punishment (MOE, 1998).

The Government is exerting all efforts to eliminate corporal punishment in family settings. The Revised Family Code removed the authority of guardians to carry out bodily punishment on children and condones a form of disciplining that does not contravene with the law and that is aimed at ensuring the proper upbringing of children (Article 258). The Criminal Code in this case proscribes maltreatment of a minor by a person who having the custody or charge of a minor, ill-treats, neglects, over tasks or beats him for any reason or in any manner. Where the crime causes grave injury to the health, well-being, education or physical or psychological development of the minor, the punishment is aggravated to the deprivation of family rights of the criminal and simple imprisonment for not less than one year (Article 576). This being intact disciplinary measure taken by parents or other persons having similar responsibilities that does not contravene the law for purposes of proper upbringing is not subject to prohibition (Article 68).

Unlike the previous Penal Code (1957) that provide flogging as a type of punishment the Criminal Code (2004) abolish physical punishment from the criminal justice system.

Corporal punishment is very often used not only because of lack of awareness about violations of the rights and integrities of children, but also due to lack of awareness of alternative child disciplining mechanisms. Hence, MoWCYA in cooperation with its partners published and distributed over 6,000 copies of the Manual on Positive Child Disciplining (2009) and a Standard Service Delivery Guidelines which promote various types of behavior modifying techniques. The Positive Child Disciplining Manual is translated in to three local languages to make it accessible to a wide range of communities. On the basis of these materials, the Federal and Regional Bureaus of Women, Children and Youth Affairs and NGOs gave several trainings to individuals involved in the care of children, experts working with women's issues, staff of children and

youth bureaus, school principals and teachers, family guidance and counseling officers, police officials and social workers.

The federal and regional education institutions and justice bodies are working towards the abolishment of corporal punishment both in homes and schools. The courts are also enforcing the law by avoiding corporal punishments as part of their sentences.

A project called “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.

### **Constraints and challenges**

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.

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.

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

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

## **Chapter Five: Family Environment and Alternative Care (Articles 5, 9-11, 18 (1-2), 19-21, 25, 27(4) and 39)**

The Constitution provides for the right of the child to know and be cared by his or her parents and legal guardians (Article 36(1, c)). The Family Code provide for the authority of parents to be joint guardians and tutors of their minor children during their marriage (Article 219). The guardianship of the parents to their minor children is inherent in the parents as a result they cannot make appointment to the position of guardianship (Article 232).

In default of one of the parents or in the case where one of the parents is dead, legally interdicted (sentenced for a criminal offence to a punishment restrictive of personal liberty or to capital punishment), or where the parent is interdicted by the court for mental sickness or insanity the remaining parent will exercise such function (Article 220). The guardian for a child whose father is not known is the mother.

The Family Code also regulates the guardianship of the child at the time of divorce. Accordingly if the spouses agree to be divorced by mutual consent their agreement should include that of the custody of their children otherwise the court that decides the divorce will determine the custody of their children (Article 221). In this case the court should decide as to which spouse shall have custody of the children and the rights of children and parents to visit each other. In doing so, the court must take into account the age, health, income, health conditions of the spouse and the interest of the children. In all cases the court must make sure its decision is appropriate to the care and well being of children (Article 218).

In addition to the rights and responsibilities of the parents in the guardianship of their children at their life time they are given the right to determine the guardian of their minor child through a will (Article 222). This power however is contingent to one condition that is the parents leaving the testament must have exercised the role of a guardian and tutor or must have been relieved of such responsibility by the court of law (Article 223). The testamentary appointment may also remain valid only so far as it is favorable to the interest of the child otherwise the court has the right to revoke the will based on the same condition (Article 224).

In the case where the child cannot be provided with a family environment in the above stated manners the court will follow the order provided under the Family Code by calling relatives to discharge the functions of guardian and tutor. The list of these persons in their consecutive order is ascendants of the minor, his/her brothers and sisters that attained the age of majority and the uncles and aunts of the child (Article 225). The Code also provides the court may set aside such order when a relative of the minor by consanguinity and affinity apply to be given the guardianship role (Article 226). With this respect there is a remarkable case passed by the Cassation Bench of the Federal Supreme Court. According to this decision on which the court uses the Convention on the Rights of the Child the order provided under the respective family codes should be subjected to the fundamental principle of best interest of the child and the courts should not strictly follow the order if it is proved that guardianship of the relative at the first order do not serve best interest of the child (File No.23632 Federal Supreme Court of the FDRE, 2008). Decisions given by the Cassation Bench serve as precedents to the lower courts. As a result the above decision will be a binding interpretation of similar provisions under all family codes of the regional states (Proclamation No 454/2004).



The institution of guardianship and tutorship that is gratuitous and compulsory as provided under the Family Code may be revoked for valid reasons. Article 248 of the Family Code states that an interested person may initiate proceedings for removal of the guardian or tutor or by the public prosecutor. Before reaching a decision the court gives the guardian or tutor the chance to be heard, consult the ascendants, brothers and sisters of the child who have attained majority or conduct inquiry when it thinks fit.

Where the child remains without a guardian after application of the above provisions the court will appoint the nearest relative of the minor who is fit for such function (Article 228). Where application of the same is not possible the court will make such function to reside on an institution of assistance established for such purpose (Article 229).

Therefore the right of the child to live in a family environment and the duty of the parents with this respect and that of the state is given a constitutional recognition. Apart from that there is an extensive legal provision under the Civil Code and the respective family codes of the regional states that enforce the general recognition of the right provided under the Constitution.

### **5.1. Parental guidance and responsibility**

In line with the constitutional right of the child to be raised by the parents the Constitution provides for the right of parents and legal guardians to bring up their children ensuring their religious and moral education in conformity with their own convictions (Article 27(4)). The Constitution as well provides the equality of spouses before; during and after marriage (Article 34(1)). The Revised Family Code based on that provides spouses shall have equal rights in the management of the family and they shall in all cases, co-operate, to protect the security and interest of the family to bring up and ensure the good behavior and education of their children in order to make them responsible citizens (Article 50) and the authority of both parents to carry out their guardianship role in consultation and cooperation with each other (Article 266). The same provision states in case of disagreement of the parents that cannot be solved privately the court must decide on the application of either of them based on the best interest of the child.

The Family Code as well enlists particular responsibilities of the guardian toward the child. These functions include fixing the residence of the minor (Article 256). Watching over the health of the minor (Article 257), following upbringing of the minor (Article 258), supervising social contact of the minor (Article 259) and ensuring the child has acquired education and professional training (Article 260). The Constitution states the family is the natural and fundamental unit of the society entitled to protection by the society and the state (Article 34(3)). In line with this the guardian may seek assistance from pertinent governmental institutions in order to carry out the powers vested on him for the interest and protection of the minor (Article 255).

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. 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.

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.

MOWCYA and the regional bureaus in collaboration with concerned government organs and NGOs organized a series of awareness raising seminars and community dialog sessions for families. The sessions focused on children's rights, parenting skills, HTPs, prevention and causes of children's problems and mechanisms on how to deal with them, and family relations.

With regard to implementation of the Education Sector Development Plan (ESDP) and Health Sector Development Plan (HSDP), awareness creation programs were launched to sensitize parents on the need to send their children to school and utilize family health services that contain five packages including MCH, FP and adolescent reproductive health services.

In addition to these sensitization programs, during the past five years, awareness raising activities were continued with colorful celebrations of national and international events such as Parents Day, Mother's Day and Breast Feeding Day. With these multi-sectoral efforts and increased awareness and participation of parents in various programs recorded great achievements such as increment of enrollment rate and improvement of health status of children and decreased rate of harmful traditional practices.

With the increased awareness and participation of parents in different programs, remarkable achievements are gained in school enrollment rate; health status of children and decrease in the rate of HTPs.

The Government recognizes that some families provide a healthy environment for their children while others require assistance to create healthy environment. To this end, single headed and destitute families and families who are at risk of becoming destitute, are supported in order to enable them give care for their children. Among the NGO community, the Family Guidance Association of Ethiopia stands at the forefront in delivering parental education on child development.

## **5.2. Separation from parents**

The Family Law envisages cessation of guardianship of children including that of parents. In the cases where the child was under the guardianship of the parents the cessation will result to separation from the parents.

**Death of the guardian:** in such case the remaining parent if any will exercise the function of a guardian (Article 220). Where there is no parent that remains alive the court will follow the order provided by law to endow the child with the family environment he/she is deprived of.

**Judicial interdiction:** disability or judicial interdiction of the parent that arises from a defect in his/her mental health that results to the incapacity to exercise ones right and duty including the right and duty to be a guardian for ones minor child (Family Code Article 243).

**Legal interdiction:** The other instance where the child may be separated from the parents is where the later is declared unworthy to exercise the duty of a guardian or tutor because he/she is sentenced for a criminal offence to a punishment restrictive of personal liberty or to a capital punishment (Article 244).

The same holds true for children of imprisoned parents in that the court will look for other substitutes following the order of appointment and the conditions provided under the law. The law has a special consideration for newly born children whose mother is convicted for capital

punishment. In this case to avoid the separation the Criminal Code states in the case of a woman with child and such child is born alive and the mother has to nurse such child, the death sentence may be commuted to rigorous imprisonment for life (Article 120).

**Removal of the guardian:** The Family Code the same as the way and manner of appointment of a guardian provides for removal. Accordingly guardian of a minor may be removed by the court where the minor does not receive the care which his condition requires, a morally sound education or an instruction which accords with his disposition (Article 245). An application for the removal of the guardian or of the tutor may be made by any interested person, or by the public prosecutor. In due course of removal of the guardian the court shall give appropriate provisional order whenever it thinks that additional danger may entail to the person or property of the minor (Article 248).

**Maltreatment of the minor:** The other instance of separation of the child from the parents can be inferred from the Criminal Code. The Code provides the punishment for a person who ill-treats, neglects, over tasks or beats him for any reason or in any manner having the custody or charge of a minor shall be deprivation of family rights (Criminal Code Article 576(2))

Based on the available legal instruments, various measures have been taken to prevent family tribulations. They were aimed at social rehabilitation of the family, minimizing the effects of family disruption, and retaining the child in their biological family. In addition to the work of establishments which provide social services to families and children; in cases where parents or legal representatives are not fulfilling their obligations of upbringing, education and/or maintenance, and/or if their actions are having a negative impact on the child or results in cruel treatment, the task of carrying out preventive work is assigned to all bodies and institutions of the system for prevention of neglect and abuse. Thus, in some cases, children were removed from the care of their parents/care givers and assigned to other care and support programs.

### **5.3. Family reunification**

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.

In the management of child protection and welfare, emphasis is placed on reintegration of the child back into the family, when it is safe to do so. During the past five years, many children were reunified with their parents within and out of the country although disaggregated data is not available. The Ethiopian government in collaboration with UN organizations such as UNICEF and other NGOs and Civil Societies took actions to reunite those children who are separated from their families due to several reasons.

MOWCYA is extensively engaged in reunification and reintegration of children without parental care. The Ministry issues a manual to guide the work of reunifying children that under various circumstances separate from their family and live without care.

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

The Revised Family Code provisions on maintenance replace the provisions of the Civil Code that use to be applied before the year 2000. The Family Code states obligation to supply maintenance exists between ascendants and descendants, and between persons related by affinity in the direct line and brothers and sisters (Family Code Article 198). Subject matter of this

obligation is determined to be the means to feed, lodge, clothe, and to care for health and education, as the case may be, in a decent manner having regard to social conditions and local custom (Article 197). The obligation to supply maintenance exists when the person who claims its fulfillment is in need and not in a state of earning his livelihood by his work. Therefore children have the right to acquire maintenance from their parents and in their absence from ascendants and siblings.

Although the Revised Family Code introduced some new principles that give priority to the well-being, upbringing and protection of children, latest survey results have revealed that minors face difficulties due to the prolonged court procedure having to do with approving bequests or providing maintenance. Recommendations have been forwarded with regard to immediate judicial procedures for appropriate maintenance supply and measures will be taken soon to resolve the problem.

### **5.5. Children deprived of a family environment (Article 25.2(b))**

The government continues to hold the position that the development of children is best addressed in supportive family environments. In this respect, this section provides key updates on initiatives taken to support the ideal functioning of the family unit and provision of alternative care and addresses the questions of parental responsibilities, family unity, child maintenance and support, adoption, illegal transfer, abuse and placements. With this regard there are protections both under the laws that provide cause of action to enforce rights of children through vindication. In addition to this implementation of the multifaceted development policies that aim at engendering the socio economic condition of the Ethiopian community have the effect of maintaining the family environment and giving a continuum of alternative care for those deprived of the family environment.

Seventy-two percent of children under age 18 live with both parents; 14 percent live with their mothers but not their fathers; 3 percent live with their fathers but not their mothers; and 11 percent live with neither of their natural parents. The proportion of children living with both parents decreases with age. That is, younger children are more likely than older children to live with both parents. The proportion of children living with both parents varies little by the child's sex. Rural children are substantially more likely to live with both parents than urban children (74 percent versus 58 percent). Among regions of the country, the highest proportion of children living with both parents is in Benishangul-Gumuz (75 percent), while the lowest proportion is in Addis Ababa (52 percent). The percentage of children living with both parents tends to decrease with an increase in household wealth. (EDHS 2011)

One of the mandates of the MOWCYA is to facilitate care and support programs for children without parental care. Various services are provided by governmental and non- governmental organizations involved in child care and aiming to advance the welfare of vulnerable children in the country.

The Ministry adopted the revised Alternative Child Care Guidelines in order to establish a regulatory instrument on the quality of the child care system. To have an established regulatory mechanism the ministry prepares

- Community based care and child support guideline
- Guideline for reunification and reintegration of children without parental care
- Guideline for minimum standard of child care

- Foster care and domestic adoption programme

### **5.5.1. Community based care**

Community based child care systems are the preferred way of alternative child care programs, because the potentials of grass-root community structures and organizations provide emotional, social and physiological needs of children and effectively protect them from abuse and exploitation in a sustainable manner. The newly crafted Child Policy (2011) give due emphasis for giving alternative family environment for children deprived of the family environment and considers community based care as the primary alternative for the care of children deprived of the family environment. The Alternative Care Guide-line also focuses on family based and community based alternatives. Due to this, in the last five years about 8,735,467 children have been provided with care and support through community based child care programs, which are increasingly used throughout the nation.

MOCYA formulated five to improve the quality of services delivered to OVC. The guidelines dwell on Institutional Child Care, Community Based Child Care, Reunification, foster care and adoption.

### **5.5.2. Adoption**

Adoption, known as *Gudifacha*, is as old as living memory as a very deep-rooted practice, and highly valued and socially endorsed act. In Ethiopia, the customary adoption processes are meant to result in complete social assimilation of the child. The parents agree to act towards the child as if he had been naturally born to them and not to discriminate if there are other children in the family. Customarily, an adoptive parent shall be of age. It is also traditional that a conceived child could be adopted before birth. The exact number of adopted children may never be known, particularly with respect to domestic adoptions. Tradition considers reporting adopted children to third parties as a form of discrimination abominable to God and man. Thus, recorded cases of adoption are only 130 in number that has been made official through the concerned government organ.

Under the Family Code both domestic and inter country adoptions and the procedure therein is given recognition. Adoptive filiation may be created by an agreement between the adopting parent and guardian of the child. An adopted child will for all purposes, be deemed to be the child of the adopter (Family Code Articles 181 and 182). The type of adoption envisaged under the family law is an open adoption where the child is allowed to maintain the bond with the family of origin (Article 183). In the absence of extended family members, domestic adoption is considered as the preferred alternative measure to foster positive development of children deprived of family environment. The same is emphasized under the Child Policy.

The government encourages domestic adoption with the aim of creating a positive environment for the upbringing of the child in his/her social context.

Inter country adoption on the other hand is a rather recent phenomenon that is administered by the Government via MOWCYA. Children eligible for inter-country adoption programs are those who have lost both of their parents, are without extended families and unable to be assigned to other forms of alternative care programs. The adoption process proceeds through a series of steps beginning from identification of the child and adoptive parents to the placement of the child in the adoptive family and beyond.

The Revised Alternative Child Care Guidelines is adopted by MOWCYA in order to establish a regulatory instrument on placement of children in adoption. The Ministry also undertakes continuous assessment and monitoring over the works of adoption agencies operating in the country. Based on the outcome of the evaluation the Ministry takes measures including warning to suspension and cancellation of license.

- **Factors of consideration in approving adoption**

- i. Agreement of adoption**

The agreement of adoption is concluded between the adopting parent and guardian of the child. Both parents have to give their consent to the adoption agreement where both are alive and known. But where one of the spouses is dead, absent, unknown or incapable, the other spouse shall give his/her consent (Revised family Code Article 191).

Where the child has no ascendant capable of giving his consent, the court may approve the adoption agreement taking into account the interest of the child (Article 191). 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 best guarantee the interest of the child.

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.

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.

- ii. Approval of the agreement**

Approval of the court is a mandatory requirement for the adoption to have effect. Before approving the adoption the court must undertake the necessary investigation in order to ascertain, (Article 195)

- The adoption is to the best interest of the child.
- The opinion of the child about the adoption;
- the opinion of the guardian or tutor of the child if he has not previously given his consent:
- The capability of the adopter to raise and take care of the child:
- Where the adopter is a foreigner, the absence of access to raise the child in Ethiopia;
- The availability of information which will enable the court to know that the adopter will handle the adopted child as his own child and will not abuse him.

- iii. Age of the adopter and the adopted**

The law puts any person whose age is not less than twenty-five years may adopt. However where an adoption is made by two spouses, it is sufficient that one of them be of the full age of twenty-five years (Article 184). Therefore the minimum age to become fit for adopting a child is 25 years.

With regard to the age of the adopted child the Revised Family Code stipulates that any person less than 18 years of age and under a guardianship can be adopted. Therefore it is allowed under the law to adopt a minor under the protection of a guardian. The Code in addition allows adoption of a child merely conceived with the condition of the right of the mother to revoke the adoption agreement within six months from birth of the child (Article 187).

### **5.5.3. Intercountry adoption**

Other than the above prerequisites that apply generally to adoption there are special provisions that apply to intercountry adoption. Intercountry adoption or adoption by a foreigner is a last resort that is pursued where there is no chance to provide the child with alternative care within the country. 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 documents proving s/he is free from any incurable and/or contagious disease as well as free from criminal record.

Where the adopter is a foreigner the court is instructed under Article 194(4) of the Constitution to take special measures in investigating the matters that are prerequisites for approval of the adoption agreement.

The State, through MoWYCA, provides the following services in relation to adoption:

- a) Promotion of in-country adoption;
- b) Granting authorization for orphaned and destitute children under its care to leave Ethiopia for adoption;
- c) Investigate and approve cases of intercountry adoption
- d) Follow-up Ethiopian children in the intercountry adoption system
- e) Maintenance of a register of children adopted abroad and foreign families who have adopted Ethiopian children.
- f) Follow-up and assess the works of adoption agencies

The law requires MOWCYA to make sure the availability of information which will enable the court to know that the adopter will handle the adopted child as his own child and will not abuse him(Family Code Article 194,3,e). MOWYCA In line with this have devised a continuous follow up on the general situations of adopted children. The follow up is conducted through the written post placement reports to MOWCYA made by the legally registered and licensed adoption agencies which provide inter-country adoption services and are responsible for preparing and submitting the reports. The reports are expected to contain the conditions in which children are brought up in the adoptive families and are submitted quarterly during the first year and annually starting one year after the adoption.

#### **5.5.4. Institutional care**

Institutional care services are taken as last resorts. Institutional care service is used as short term alternative care strategy only when all other types of child care options have been exhausted. Currently, throughout the country, there are about 149 child care institutions which provide care for 11,920 children who are without parental care. One of the objectives of the Child Policy is reintegration of children in institutional care with their family and community. MOWCYA and regional bureaus, in collaboration with NGOs have conducted training on child safety in organizations, with the aim of assisting social service agencies to establish a safe environment for children and young persons, under their care including those with disabilities. The training also covered policy and operational levels of prevention of abuse in the organizations. In addition one of the tasks of CYFWO is to establish and administer children's homes and to determine and supervise the basic requirements to be fulfilled by these institutions. It also has the duty to make the necessary effort to cause the establishment of children's homes wherever the services are needed.

Each regional bureau of Women, Children and Youth Affairs and City Administration in Ethiopia is mandated to follow up, monitor and evaluate partner organizations and performance of child care institutions. Major follow up and monitoring mechanisms include periodic reports, field visits and consultative meetings. MOWCYA organizes annual meetings in order to strengthen the monitoring and evaluation program in each region and city administration as well as to share achievements and good practices.

When the institutions fail to comply with the recommendations the ministry gives to improve their service and their situation is adverse for children measures that extend from warning to closure are taken.

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 child care 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.



## **Chapter Six: Basic Health and Welfare (Articles 6, 18(3), 23, 24, 26, 27(1-3) and 33)**

### **General background**

Every Ethiopian has the right to equal access to publicly funded social services as provided for under Article 41(3) of the Constitution. Furthermore, the Constitution provides for the right of nationals to participate in national development and, in particular, to be consulted with respect to policies and projects affecting their community (Article 43(2)) and the right of women to full consultation in the formulation of national development policies and the designing and execution of projects affecting women's interests, as stated under Article 35(6) of the Constitution. The rights to participation enshrined under the Constitution fulfill one of the prongs of the right to health envisioned by WHO, which is the participation of the population in health-related decision-making processes at national and community levels. Article 35(9) of the Constitution in addition provides that, women have the right of access to family planning education, information and capacity building, to prevent harm arising from pregnancy and childbirth and in order to safeguard their health.

The Ethiopian government has a constitutional duty to direct the objectives of the state's social policies to the provision of access to public health to all Ethiopians as provided under Article 90(1). Accordingly the entitlement aspect of the right to health that incorporates the right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health; the right to prevention, treatment and control of diseases; access to essential medicines; maternal, child and reproductive health; equal and timely access to basic health services and the provision of health-related education and information; is enshrined under the policy measures devised by the state.

The low health status of the Ethiopian children is attributed to the recurrence of drought and famine, overall food shortages and the retarded socio-economic development of the country. The Health Policy (1993) is a result of a critical examination of the nature, extent and primary causes of the prevailing health problems of the country.

Enjoyment of the right to the highest attainable standard of physical and mental health development is vital not only to all aspects of life and well-being, but also to the protection of other human rights and freedoms. The Government accords health a prominent place in its order of priorities and believes that health policy should be seen in conjunction with other policies addressing population dynamics, food availability, acceptable living conditions and other requisites essential for health improvement. During the past fifteen years, the Federal Ministry of Health has built an impressive framework for improving the health for all, including maternal and neonatal health. This has included a wide range of strategies such as Making Pregnancy Safer (2000), Reproductive Health Strategy (2006), Adolescent and Youth Reproductive Health Strategy (2006) and the Revised Abortion Law (2005). There are also strategies on free service

for key maternal and child health services (Health Care Financing Strategy), the training and deployment of new workforce of female Health Extension Workers (HEWs) for institutionalizing community health care with clean and safe delivery at Health Post (HP) level, and deployment of Health Officers (HOs) with MSc training in Integrated Emergency Obstetric and Surgery (IEOS) skills. The Ministry has also established the MDG Performance Package Fund and given priority to maternal health, which is expected to facilitate mobilising additional funding opportunities.

## **6.1. National Policies and Strategies**

### **6.1.1. The National Health Policy**

The National Health Policy is an overarching policy document that gives emphasis to the fulfillment of the needs of the less privileged rural population which constitutes about 83% of the total population of Ethiopia. The Policy incorporates the following major principles:

- a) Democratization and decentralization of the health service system;
- b) Development of the preventive components of health care;
- c) Assurance of accessibility of health care for all segments of the population;
- d) Promotion of the participation of the private sector and non-governmental organizations in health care.

Child health is one of the priority areas of the Policy which states that special attention shall be given to the health needs of:

- a) The family, particularly women and children;
- b) Most neglected regions and segments of the population including the majority of the rural population, pastoralists, the urban poor and national minorities;
- c) Victims of man-made and natural disasters.

It also gives emphasis to the provision of appropriate support to the curative and rehabilitative components of health including mental health.

### **6.1.2. The Health Sector Development Programme**

The government initiated a twenty-year health development implementation strategy known as the Health Sector Development Program (HSDP) in 1998. The health service system is reformed to make it efficient and cost effective. The HSDP is aligned with the wider development strategy of the country and the MDG.

Currently the country is implementing HSDP IV (2010/11-2014/15) which proposes long term goals for the health sector, in making targeted interventions against poverty related diseases, particularly the improvement of maternal and new born health, reducing child mortality, and combating HIV/AIDs, malaria and TB.

Strengthening and improving the health system and quality of care are priorities as well. Therefore in recognition of the challenges faced, the Health Extension Program (HEP) which is a

community based health care delivery system will be further strengthened. HEP is an innovative strategy which delivers preventive and promotional services and selected high impact curative intervention at community level. The health extension program has trained over 34,000 health extension workers throughout the country.

According to MOH's health and health related indicator (2010) primary health care coverage has reached 89% with 122 public hospitals, 2,660 health centers, 15,095 health posts and more than 4,000 privately owned for profit/non-profit clinics. The health system is three tiered, involving a primary health care unit (PHCU) comprising of 5 satellite health posts, a health centre and a primary hospital serving 5000, 25000 and 100,000 people respectively and a general hospital with a population coverage of 1,000,000 people in addition to a specialized hospital which is expected to serve 5,000,000 people. In the implementation of the GTP to improve health infrastructure, 903 new health posts (HP) were constructed in 2010/11. This increases the total number of HPs available in the country from 14,192 in 2009/10 to 15,095 at the end of 2011. To realize full coverage of basic health service to Ethiopian people, it requires 3,299 health centers. Towards achieving full coverage, 518 new health facilities were constructed in 2010/11. This increased the number of health centers from 2,142 in 2009/10 to 2,660 at the end of 2010/11.

## **6.2. Selected living standard indicators**

### **6.2.1. Food security**

Through the food security program, 8.29 million 'chronically' food insecure people achieved food security over 5 years (2005/06 – 2009/10), while 6.71 million people who face 'transitory' food insecurity achieved significantly improved food security. This is a shift from the cycle of dependency on emergency relief that has been under implementation since 2003 [MOFED – PASDEP 2006]. Out of 205,130 households who were voluntarily re-settled during 2003/04 - 2009/10 91.1% (186,914) of the households have now become food self-sufficient (MOFED 2010).

The household asset building package has been introduced to remedy the problem of asset depletion, which is one of the main causes of food insecurity and the resulting breakdown of families which affect children. The packages include distribution of small animals (sheep and goats and chicken), dairy production, animal fattening, purchase of oxen and plough, small scale irrigation, honey production and cultivation of coffee seedlings. In this respect, 186,914 households received the packages which were delivered through credit facilities arranged for this purpose.

In the implementation period of the GTP it was planned to benefit 5,096,680 food in-secured beneficiaries by engaging them in the Productive Safety Net Program (PSNP) in 2010/11. During the fiscal year however a total of 7,748,305 beneficiaries benefited from the productive safety net program, surpassing the target by about 52 percent in addition to 2,651,625 citizens from 32 Woredas in Afar Regional state and 32 Woredas in Somali Regional State that were not included in the initial safety net Program. Furthermore, in the same fiscal year 167,211 food in-secured households (both

male and female-headed households) participated in the household credit package and asset building program. In addition, 152,006 households (41 percent) attain their food need and graduate from safety net program. (Annual GTP report, MOFED, 2012)

A program which includes provision of food and shelter, Income Generation Activities (IGA), training and initial capital for IGA was developed and implemented to support families affected by HIV/AIDS. In 2009/10, around 104,399 people living with HIV were provided with food/shelter, 47,370 with IGA training, and 54,942 with initial capital as IGA support. However, although the principal recipients of regular material support in various forms are poor families, the limited availability of financial resources means that, for the time being, the needs of all families with children requiring support cannot be met.

### **6.2.2. Access to clean water**

It is the social objective of the state policies to aim to provide all Ethiopians access to clean water to the extent the country's resources permit (FDRE Constitution, Art 90(1)). With the objective to enable the population to be beneficiary of reliable and sustainable water supply and sanitation services the Water Resources Development Fund is established. The Fund also have the objective to enable institutions which are engaged in the provision of water supply and sanitation services to be fully self sufficient in the provision of reliable and sustainable water supply service to the community. The establishing Proclamation of the Fund defines "Sanitation" to be obtaining water which conforms to acceptable quality standard by treating sewage emanating from households, industries, and commercial undertakings and from similar other undertakings. And water supply is defined to be, treated water of acceptable standard used for drinking' and other uses (Water Resources Development Fund Establishment and its Administration Proclamation No. 268/2002).

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. More than half of the households in Ethiopia (54 percent) have access to an improved source of drinking water, with a much higher proportion among urban households (95 percent) than among rural households (42 percent) EDHS, 2011. The proportion of urban housing units using safe drinking water increased from 83.5% to 92.4% between 1998 and 2004, and from 92.4% in 2004 to about 95.0% in 2011. This shows that there is a positive change regarding the provision of safe drinking water supply in urban areas of the country. The proportion of housing units in rural areas having access to safe drinking water as well increased from 25.2% in 2004 to 41.3% in 2011. About 85 of rural house-holds are less than five kilometers away from the closest source of drinking water. Around 5 percent of the rural residents still need to travel five to nine kilometers to fetch water for daily uses. The corresponding accessibility in urban areas is much better. Only 0.5 percent of urban households live five or more kilometers away from the nearest source of drinking water. (CSA Welfare and Monitoring Survey 2011, April 2012).

### **6.2.3. Nutrition and breastfeeding**

#### **i. Nutrition**

In addition to the efforts by the agricultural and rural development sector, which plays a role in availing adequate nutrition to the population, the health sector also initiated the National Nutrition Strategy (NNS) in 2008 with the objective of ensuring that all Ethiopians secure adequate nutritional status in a sustainable manner, which is an essential requirement for a healthy and productive life. Nutrition has also been made part of packages of the HEP. In 2004 Ethiopia endorsed a National Strategy for Infant and Young Child Feeding. The same year the NNP was endorsed National Nutrition Program (NNP 2008-2013), which is Ethiopia's first national comprehensive five year nutrition program was endorsed. The NNP comprises of both emergency and long-term, sustainable interventions to reduce malnutrition.

To achieve the HSDP and NNP target of nutritional screening for 90% of children between 6-59 months, is conducted every three months at HP level aiming to screen more than 95% of the target children. The 2011 WMS report shows that at country level 99% of the children are breast fed. From this the percentage of children in rural areas is 99.43% while the percentage in urban areas is slightly less at 98.85%. Therefore it is only less than 1% of the children that were not ever breastfed and there is no difference across the regions. (Welfare and Monitoring Survey, CSA 2012).

In addition to the efforts by agricultural and rural development sector which makes adequate nutrition available to the population, the health sector initiated enhancement of good nutritional practice through 1) health education and treatment of severely malnourished children, and 2) prevention of nutritional health problems through provision of micronutrients to vulnerable groups of the population (mothers and children). Nutrition has also been made part of packages of the HEP.

The government is working to achieve Universal Salt Iodization and endorsed the Salt Legislation in April 2011 in order to prevent and control iodine deficiency disorder among the vulnerable population. Despite the recent endorsement of the law, only around 10% of the Ethiopian salt is iodised whereas the plan in HSDP III was to achieve 100% iodisation. UNICEF, in partnership with GAIN and in collaboration with MI, is accelerating its support to the program and to contribute to the ambitious target set by FMOH to achieve 100% iodised salt.

The NNP has integrated the management of un-complicated cases of Severe Acute Malnutrition (SAM) into Integrated Community Case Management through the HEP. A robust effort was made to train HEWs in the treatment of severe acute malnutrition throughout the country such that the national capacity to treat severely malnourished children, which stood almost nil in 2003, has today reached over 9,200 sites throughout the country. Today, more than 96% of health posts in food insecure Woredas are providing these life-saving services at village level, enabling the

treatment of children without the children having to leave their homes and communities. Under the leadership of DRMFSS and with the support of ENCU, partners including government sector offices, UN, NGOs and CSOs meet regularly to ensure that the most vulnerable children and their families are identified and actions are taken to mitigate the effects of emergencies.

In order to strengthen the National Nutrition Program (NNP), the focus was on reducing malnutrition and improving child feeding as well as on implementing Vitamin A supplementation and de-worming with integration of the campaign activities into regular routine services. During the fiscal year under review, 12,453,955 children aged 6-59 months received the first dose of Vitamin A supplementation, which increased the coverage to 91.4 percent at the end of the fiscal year. This achievement is better than what has been achieved in 2009/10, during which it was able to provide the supplement to 10.7 million children. Similarly, a de-worming service using 70 Albendazole was provided to 8,831,518 children aged 2-5 years. In 2010/11, more than 90 percent of hospitals and 16 percent of health centers managed severely malnourished cases at in-patient setup. This increased access to nutrition services resulted in the treatment (in out-patient and in-patient settings) of 266,924 severely malnourished children, of which 81.8 percent were cured. During the same fiscal year, 2,500 tons of therapeutic food were procured and distributed to all regions. Nutritional achievements of children have been improved over the first year implementation of the GTP. About 46 percent and 11 percent of the children were stunted and wasted in 2009/10, respectively. These figures drop to 44 percent and 10 percent in 2010/11. (Annual GTP report, MOFED, 2012)

Stunting is still a major development challenge in Ethiopia. FMOH convened a national consultation workshop in February 2011 to accelerate stunting reduction and an initiative such as a more focused strategy is under development for an accelerated stunting reduction strategy to achieve the MDG target. To ensure effective implementation of the nutrition program parallel with the health sector strategy high impact key nutrition activities and corresponding indicators were adequately incorporated into HSDP IV.

**Table 2: Reductions in child malnutrition rate**

Indicator	2009/10	2010/11	Target by 2015
Stunting (%)	46	42	37
Wasting (%)	11	10	3

\* GTP 2010/11

In relation to the MDG1 progress it would appear that based on underweight prevalence, and assuming the current trend of a -1.24% point decline is sustained over the next four years; Ethiopia is highly likely to meet MDG 1.

## **ii. Breastfeeding**

Breastfeeding is nearly universal in Ethiopia and the median duration of any breastfeeding is 26 months. At country level 99% are breast fed. Children ever breast fed in rural (99.43%) are slightly greater than urban (98.85%). Only Less than 1% of the children were not ever breastfed (CSA Ethiopian Welfare Monitoring Survey report, 2012). Fifty-two percent of infants started breastfeeding within one hour of birth, and 80 percent, within the first day. The duration of breastfeeding in Ethiopia is long. The proportion of children who are currently breastfeeding is 95 percent or more for children up to age 12-17 months and then declines to 84 percent of children age 18-23 months (EDHS, 2011). With the objective of instilling the health benefit of breast feeding for the mother and the child global breast-feeding week was nationally observed for the 3<sup>rd</sup> time in 2010/11.

### **6.3. Basic health care and welfare services (article 14)**

During the past years, MoH directed the necessary effort at developing a number of health sector policy and strategy documents which are under various stages of implementation. Decentralization of the health system to the regional, zonal and district (woreda) levels, restructuring of the health system, development of the relevant mid-level health personnel, strengthening the policy guidance on private sector involvement in health care, formulation of policy guidelines on population strategy, essential drugs and other related pharmaceutical issues, etc. have been and in some cases, are still ongoing activities of the MOH. But in spite of these developments, the current health service system is inadequate to fully meet the health needs of the population and effects of the new policies have yet to be completely realised.

In order to translate the Health Policy (1993) into practice various activities have been undertaken. The MOH has prepared a 20-year long-term Health Sector Development Programme provides proposals for health service improvement and the initial expansion of health facilities and programmes to achieve universal access to essential primary health-care services. Implementation of the third phase of the programme for the periods 2006-2010 has been finalized and the fourth phase for the years 2010-2015 commences its implementation in 2010.

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.

The main objective of the first phase of the programme was to develop a financially and managerially sustainable health system which will provide comprehensive and integrated primary care services based on community-level facilities. The services provided by these facilities emphasize on preventive and promotive aspects of health care while not neglecting essential curative services. The focus is on communicable diseases, common nutritional disorders and on environmental health and hygiene.

The major components of HSDP II on the other hand 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.

### **6.3.1. Health and health-care services**

The recently implemented Business Process Reengineering (BPR) of the health sector has introduced a three-tier health care delivery system: level one is a Woreda/District health system comprised of a primary hospital (to cover 60,000-100,000 people), health centres (1/15,000-25,000 population) and their satellite Health Posts (1/3,000-5,000 population) connected to each other by a referral system. The primary hospital, health centre and health posts form a Primary Health Care Unit (PHCU). Level two is a General Hospital covering a population of 1-1.5 million people; and level three is a Specialised Hospital covering a population of 3.5-5 million people.

**Health Posts (HP):** As of December 2008 a total of 11,446 HP had been constructed and 3,576 is planned to be constructed by the end of 2009, against the overall target of 15,000 HP. Similarly, from the total required HP, 5,106 of them have been fully equipped with a plan to equip 9,916 by the end of 2009.

**Health Centers:** Health centers mainly provide basic curative health care services but also support Health Extension Program by acting as referral and technical assistance centers for Health Extension Workers. In Ethiopia, even though a health center is needed for every 25,000 people, there were only 668 health centers at the end of 2006/07.

To achieve the planned universal primary health care coverage, FMoH aims to have 3,200 health centers (HCs) in place by 2010. As of July 2010, a total of 2,104 HCs were available nationwide. The Government has committed to fully finance the construction of 2,951 additional HCs, over 695 of which are currently under construction. [Click Documents.](#)

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. The number of health extension workers that are deployed in rural Kebeles has reached 34,382. Similarly, during the same year, the number of urban health extension workers has reached 3,916. This has taken the national health extension service coverage to 75.2 %.



**Table 3: Total number of available human resources during successive HSDP phases**

HR Category	End HSDP I - 1994		HSDP II - End 1997		HSDP III (data from 2009)		
	Total No	Ratio to population	Total No	Ratio to population	Total No	Ratio to population	Target
All physicians	1,888	1:35,603	1,996	1:35,604	2152	1: 36,158	1:14,662
Specialist	652	1:103,098	775	1:91,698	1151	1:67,604	
General practitioners	1,236	1: 54,385	1221	1:58,203	1001	1:77,735	
Public health officers	484	1:138,884	683	1:104,050	1,606	1: 48,451	1:63,785
Nurses BSc, & Diploma (except midwives)	11,976	1:5,613	14,270	1: 4,980	20,109	1: 3,870	1:4725
Midwives (Senior)	862	1:77,981	1,274	1: 55,782	1,379	1: 13,204	1:6,759
Pharmacists	118	1:569,661	172	1:413,174	661	1: 117,397	
Pharmacy Tech	793	1: 84,767	1171	1: 60,688	3,013	1: 25,755	
Environmental HW	971	1: 69,228	1169	1: 60,792	1,819	1: 42,660	

Laboratory technicians & technologists	1,695	1:39,657	2,403	1: 29,574	2,989	1: 25,961	
Health Extension Workers	-	-	2,737	1: 23,775	30,578	1: 2,544	1:2,500

### 6.3.2. The availability and accessibility of services

Primary health service coverage reached 96% in 2010/11 from 89% in 2009/10. Implementation of HSDP I and II show that encouraging improvements occurred in health service coverage as well as in the utilization of services at all levels of the Ethiopian health care system. In terms of physical health facilities, 3,135 new Health Posts were constructed, far exceeding the insubstantial amount of 76 HPs in 1996/97. Health Centers were increased from the number in 1996/07 of 243 to 519 in 2003/04; hospitals were also increased from 87 in 1996/97 to 126 in 2003/04 (HSDP IV).

The fee waiver system is in place and continuously revised so that destitute households are pre-identified to receive free health services with a certificate that is valid for three years. Persons experiencing medical emergencies with no one to cover their expenses are exempted from payment as well. Seventy per cent of health facilities have formally introduced waiving of fees for needy women, while 13% have implemented an informal system leaving 19% of facilities without a fee waiver system. However, among those who are exempted from health services, there are almost equal numbers of people from social economic quintile one and five. This indicates that paying fee is important but not the only barrier to healthcare.

At country level, 64.7 percent, 40.1 Percent, 38.0 percent and 14.2 percent of the households are within a distance of less than five kilometers from the nearest Health post, Clinic, Health Center and Hospital. Among the total households, 83.9 percent, 63.1 percent, 59.6 percent, and 20.8 are within a distance of less than 10 kilometers from the respective nearest health service rendering institution. Urban-rural disparity in the distribution of health facilities is significant. In urban areas health service providers i.e. Health post, Clinic, Health Center and Hospital are available within a distance of less than 5 kilometers for about 88.2 percent, 87.7 percent, 87.7 percent, and 49.4 percent of the households respectively (Welfare Monitoring Survey, MOH, 2011)

### 6.3.3. Health Sector Expenditure

The 4<sup>th</sup> round of National Health Accounts (NHA) revealed that there is a tremendous increment in total health expenditure both in nominal and real terms. The nominal total health sector spending increased from Birr 4.5 billion (US\$ 522 million) in 2004/05 to over Birr 11.1 billion (US\$1.2 billion) in 2007/08. The per capita spending on health has more than doubled from US\$7.14 per capita per annum in 2004/05 to US\$ 16.19 in 2007/08, which is well above the revised HSDP-III per capita spending target of US\$12. This represents about 4.5% of the GDP. The government's contribution grew by 71% in 2007/08 compared to 2004/05. The bulk of the increment came mainly from households and donors and international NGOs whose contributions grew by 176% and 143% respectively. Therefore, resource allocation and spending at all levels of the health system has become increasingly pro-poor.

#### **6.3.4. Health Insurance**

The government of Ethiopia is currently undertaking a number of activities to introduce health insurance schemes with the overall objective of achieving universal access to health care. To this effect, FMOH passed a health insurance proclamation (Social Health Insurance Proclamation No.690 /2010) and developed a strategy in 2010. The Social Health Insurance Scheme aims at expanding health service coverage and governs employees and pensioners from the public service or any employer that has more than ten employees is established. Families of employees or pensioners including their children or any child under their guardianship and children beyond 18 years of age but that are physically and mentally impaired are beneficiaries of the scheme. The objective of the social health insurance scheme is providing quality and sustainable universal health care coverage to the beneficiary through pooling of risks and reducing financial barriers at the point of service delivery. The system aims at cost sharing between beneficiaries and government in the health sector and it is financed by contribution of the employer and that of the employee or pensioner, investment income and other sources.

According to the strategy, two types of health insurance i.e. social and community based health insurance schemes will be implemented to cover the population. Social health insurance will cover employees in the formal sector which is mainly payroll-based while community based health insurance covers the rural population and the informal sector in urban areas. Parallel to the work on social health insurance the Federal Health Insurance Agency (FHIA) is established and staffs are recruited together with the commencement of Pilot Community-based Health Insurance (CBHI).

#### **6.3.5. Maternal and Child Health Services**

Maternal and child health services have been ongoing programmes implemented through the health service delivery system. Pregnant mothers and children have been vulnerable to malnutrition and infection, which has been reflected by the high maternal and child mortality rates. Communicable diseases and nutritional deficiencies are the major health problems in Ethiopia. The main causes of death and morbidity in children under five years of age are acute

respiratory infections, diarrheal diseases and malnutrition. Ethiopia has taken several measures to improve maternal and child health services. The major ones are outlined below.

#### **i. Maternal Health Services**

The Government is strongly committed to achieve the MDG target of reducing the maternal mortality ratio (MMR) to 267 per 100,000 live births by 2015. Major strategies designed to meet this target are: HEP, accelerated expansion of HCs, increase use of modern contraceptives, accelerated training of 6,000 midwives, training of health officers in emergency surgery and cesarean sections, provision of Basic Emergency Obstetric Care (BEOC) and Comprehensive Emergency Obstetric Care (CEOC) in health facilities, and provision of safe blood and adequate pharmaceuticals.

The Reproductive Health Strategy has set targets to improve maternal health and reduce mortality. One such target is ensuring increased access to a core package of maternal and neonatal health services including focused antenatal, essential obstetric and neonatal care especially in rural areas where health facilities are limited.

The Public Health Proclamation imposes the responsibility on all public and private health institutions to provide emergency health services without requesting advance payments. Moreover, the proclamation enumerates services which are exempted from fee which include FP, prenatal, delivery and post natal services in primary health care units and immunization services for children to prevent nine childhood illnesses and for mothers during pregnancy.

Antenatal care coverage increased from 67.7% in 2008/9 to 71.4% in 2009/10, while clean and safe delivery service coverage by HEWs increased from 12.3% in 2008/9 to 17.0% in 2009/10. Contraceptive acceptance rate rose from 56.2% in 2008/9 to 61.9% in 2009/10, while postnatal care coverage increased from 34.3% to 36.2% in the same period. The proportion of all births attended by skilled birth attendants increased from 5.7% in 2005 to 10% in 2011. Despite efforts by the government, a significant proportion of births still take place at home exposing mothers and newborns to different risks.

Owing to the above strategies, there has been a decline in MMR from 871 /100,000 in 2000 EDHS to 673/100,000 in 2005. In the growth and transformation plan, the aim is to further decrease MMR to 430/100,000 in and live births to 267/100,000 in 2015.

Although encouraging developments are attained in some maternal health indicators, lack of resources and deep-rooted cultural practices have delayed the full achievement of the goals. Despite the increments over the years in terms of infrastructure, the health sector remains overburdened. 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.

**Table 4: Maternal mortality and reproductive health indicators**

Indicator	Base year (2009/10)	2010/11 fiscal year		Target for 2014/2015
		Planned	Actual	
Maternal mortality rate per 100000	673 (2005 EDHS)	503	676 (2011 EDHS)	267
Contraceptive prevalence rate (%)	14 (2005 EDHS)	45	29 (2011 EDHS)	66
Antenatal service coverage (%)	31	53	82.2	86
Births attended by skilled health personnel (%)	15.7	34	16.6	62
Postnatal service coverage in (%)	36.2	52	42.1	78
Infant mortality rate per 1000	77 (2005 EDHS)	-	59 (2011 EDHS)	31
Under five mortality rate per1000	123 (2005 EDHS)	-	88 (2011 EDHS)	68

**GTP, 2011/2011**

**ii. Child Health Services**

The Government has been exerting all efforts to improve child survival and development through revitalizing health services throughout the country. These include; antenatal consultations, delivery care, postnatal and neonatal care, preventive health for children, safe drinking water,

sanitation and hygiene, HIV prevention, provision of antiretroviral pediatric treatment and stopping the vertical transmission of HIV from mother to child.

Ethiopia is likely to succeed in achieving the goals set by MDG 4 since infant mortality rate declined from 97/1000 in 2001/02 to 77/1000 in 2004/05 and to 59/1000 in 2010/11. Under-5 mortality rate was reduced from 144/000 in 2001/02 to 123/1000 in 2004/05 and 88/1000 live births in 2010/11.

There is almost no decrease in the rate of newborn mortality -39/1000 in 2005 vs 37/1000 in 2011. Considering the achievement is below target, attention was given in HSDP IV and GTP targeting the reduction of under-5 mortality rate from 88 to 68 per 1000 live births and infant (under one year) mortality rate from 59 to 31 per 1000 live births by 2015.

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

The major health problems of the country are largely preventable communicable diseases and nutritional disorders. More than 90% of child deaths are due to pneumonia, diarrhoea, malaria, neonatal problems, malnutrition and HIV/AIDS, and often a combination of these conditions (HSDP IV).

TB and HIV/AIDS are currently the leading causes of death in Ethiopia. Malaria which previously was the primary cause of death in the country becomes highly reduced as to its prevalence and risk. At national level the malaria prevalence dropped from 25.2 % reported in 2004 to 15.1% in 2011(MOH, 2012).

- **HIV/AIDS**

HIV/AIDS is a major threat to the welfare of children. After a successive effort to combat prevalence of the virus that reached 3.2% in 1993 and 7.4% in 1997 (AIDS in Ethiopia, Epidemiology and AIDS Departments, MOH, Second Edition, 1998) HIV/AIDS prevalence rate is reduced significantly to 2.3% in 2011/2012 and an independent study conducted in Ethiopia confirmed that 97 percent of women and 99 percent men are well aware-off about HIV/AIDs, indicating the country is close to attaining the universal awareness target. As a result, the HIV/AIDS incidence rate declined from 0.28 percent in 2009/10 to 0.14 percent in 2010/2011.

One of the worst impacts of AIDS deaths on young adults is an increase in the number of orphans. The number of AIDS orphans could increase to 620,000 by 2000 and to 1.8 million by 2009. Such a large number of orphans will create serious strain and will be an increased burden for the extended family, the community and the society at large.

The Government has developed a national policy on HIV/AIDS, which was adopted by the Council of Ministers in August 1998. And in subsequent years a National AIDS Council, National AIDS Secretariat and other relevant bodies were established. The policy is designed to guide the implementation of successful programmes to prevent the spread of HIV and AIDS, to care for those with AIDS and to reduce the adverse socio-economic consequences of the disease. It calls for the participation of all sectors of society including Government, NGOs, private sector

organizations, religious groups, trade unions, professional organizations, etc. in the prevention and control programme. In light of these developments it could be stated that the recommendations of the Committee concerning the development of a primary health-care system is being implemented by the Government.

On the response of the Government 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.
- **Acute respiratory infection**

Respiratory tract infections are among the major causes of outpatient visits at the health institutions and are among the leading causes of child morbidity and mortality in Ethiopia. According to facility records by MOH, pneumonia was the leading cause of child deaths accounting for 40% of deaths in this age group (2003/2004). According to the EDHS, the prevalence rate of ARI varies by the age of the child. Children aged 6-23 months have the highest susceptibility to having ARI symptoms. While only 19 percent of children under five with symptoms of ARI were taken to a health facility or health service provider as put under the 2005 EDHS under the 2011 survey 27 percent of children who had symptoms of ARI are taken to health facility. Seven percent of children with ARI symptoms received antibiotics (EDHS 2011).

- **The six vaccine-preventable infections**

The six vaccine-preventable infections that are measles, pertussis, polio, neonatal tetanus, diphtheria and tuberculosis are responsible for a considerable proportion of the high mortality, morbidity and disability of Ethiopian children. A survey on neonatal tetanus carried out in the southern regions of Ethiopia (1989) showed a mortality rate of 6.7 per 1,000 live births and an estimated incidence rate of 8.4 per 1,000 live births. In a rural survey done by CSA in 1983, the prevalence rates of measles and pertussis were found to be 2.2 and 3.8 per 1,000 population respectively. In a national TB survey (1988-1990) of children between the ages of 6 and 10, the incidence rate of TB was found to be 77 per 100,000 population.

Immunization against the six killer diseases is regaining momentum. The immunization scheme which formerly consist the six preventable diseases is made to add PCV and RTA.

- **Diarrheal diseases**

Dehydration from diarrhea is a major cause of infancy and childhood mortality. Lack or inadequacy of food hygiene, lack of a safe drinking water supply, absence of latrines and refuse and sewage disposal system as well as ignorance, poverty, migration and overcrowding are the major factors in the spread of diarrheal diseases. As a result of the efforts to address the causes it is managed to decrease vulnerability of children accordingly only 13 percent of children under age five were reported to have had diarrhea, and 3 percent had had diarrhea with blood in the two-week period before the survey. This shows a progress from the 24% of children that had experienced diarrhea as reported under the 2005 EDHS. Diarrhea was most common among children age 6–23 months (23-25 percent). 32 percent of the children with diarrhea were taken for advice or treatment to a health facility or provider. The percentage of children with diarrhea who were taken to a health provider increased steadily from 13 percent in 2000 to 22 percent in 2005 and 32 percent in 2011(EDHS 2011).

- **Fever**

The prevalence of fever varied by age of child and was highest in children age 6-11 months and 12-23 months (25 and 22 percent, respectively). Among children with fever, nearly one-fourth sought advice or treatment for the fever at a health facility or health provider (EDHS 2011).

- **Malnutrition**

The poor nutritional status of children and women has been a serious problem in Ethiopia for many years. Undernourishment in Ethiopia is a reflection of the economic underdevelopment of the country which in turn determines the level of income, access to education, and the development of productive and social infrastructure that along with other cultural factors influences the nutritional status of the population. The major causes of malnutrition in Ethiopia are inadequacy of food at household level, a great burden of infection and harmful feeding practices. Protein energy malnutrition is the most pressing nutritional problem in both rural and urban areas. Nationally, 44 percent of children under age five are stunted, and 21 percent of children are severely stunted. In order to tackle the problem, the health sector has increased its efforts to enhance good nutritional practices through health education, treatment of extremely malnourished children, and provision of micronutrients to the most vulnerable group of the population, that is, mothers and children. In addition, the Health Extension Programme (HEP) has included nutrition as part of their health packages. A national nutrition strategy and programme has also been developed and implemented by the Government of Ethiopia. The Health Sector Development Plan IV (2010/11-2014/15) strives to improve the nutritional status of mothers and children through the following programmes: Enhanced Outreach Strategy (EOS) with Targeted Supplementary Food (TSF) and Transitioning of EOS into HEP, Health Facility Nutrition Services, Community Based Nutrition (CBN), and Micronutrient Interventions and Essential Nutrition Actions/Integrated Infant and Young Feeding Counseling Services. Stunting prevalence decreased by 12 percent (from 58 percent to 51 percent) between 2000 and 2005 and by an additional 14 percent to 44 percent between 2005 and 2011. The decline in the proportion of stunted Ethiopian children shows improvement in chronic malnutrition over the past eleven years. A similar pattern is also observed for the proportion of children underweight which dropped by 20 percent from 2000 to 2005 and 12 percent from 2005 to 2011. The prevalence of wasting in Ethiopia has remained constant over the last 11 years.



- **Malaria and Other Vector Born Diseases Prevention and Control**

Ethiopia has made excellent achievements in fulfilling its planned targets to prevent and control malaria epidemic particularly during 2003/04 - 2008/09. Malaria prevention and control is the major priority program that has enjoyed utmost government commitment and considerable attention from the health policy makers since the beginning of HSDP I.

The overall strategies to substantially reduce the burden of morbidity and case fatality rates are 1) a comprehensive approach to vector control, 2) early diagnosis and prompt treatment and, 3) surveillance, prevention and rapid management of malaria epidemics when and where they occur. Achievements so far show that distribution of insecticide treated nets (ITNs) has successfully reached around 22.2 million in 2008/09 making Ethiopia the 3<sup>rd</sup> highest bed net coverage achiever in Sub-Saharan Africa after Togo and Sierra Leone.

A major proportion of these ITNs are long lasting insecticide treated nets (LLITN) and were distributed through health facilities to communities including hard-to-reach areas, enhanced outreach strategies, and special community campaigns. The most effective anti-malarial drug, artemether-lumefantrine, has been introduced nationwide as the first line treatment for Plasmodium falciparum malaria. According to MOH's data of 2010, about 65.6% of the households in areas below 2,000m own at least one ITN. The use of ITN by under -five children and pregnant women has remarkably increased from 2.8% and 1.6% to 41.2% and 42.5% respectively.

#### **6.5. Strategies for the control of maternal and child morbidity and mortality**

The following are some of the general strategies that are given special emphasis within the health policy framework:

- a) Democratization within the system shall be implemented by establishing health councils with strong community representation at all levels and health committees at grass-roots level to participate in identifying major health problems and budgeting, planning, implementation, monitoring and evaluation of health activities;
- b) Decentralization shall be realized through transfer to the regions of the major parts of decision-making, health care organization, capacity building, planning, implementation and monitoring with clear definition of roles;
- c) Intersectoral collaboration shall be emphasized, particularly in:
  - i. Enriching the concept and intensifying the practice of family planning for optimal family health and planned population dynamics;
  - ii. Formulating and implementing an appropriate food and nutrition policy;
  - iii. Accelerating the provision of safe and adequate water for urban and rural populations;
  - iv. Participating in the development of community-based facilities for the care of the physically and mentally disabled, the abandoned, street children and the aged;

- v. Participating in the development of day-care centres in factories and enterprises and of school health and nutrition programmes;
- d) Health education shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations;
- e) Family health services shall be promoted by:
  - i. Assuring adequate maternal health care and referral facilities for high risk pregnancies;
  - ii. Intensifying family planning for the optimal health of the mother, child and family;
  - iii. Inculcating principles of appropriate maternal nutrition;
  - iv. Maintaining breast-feeding and advocating home-made preparation, production and availability of weaning foods at affordable prices;
  - v. Expanding and strengthening immunization services, optimization of access and utilization;
  - vi. Encouraging early utilization of available health-care facilities for the management of common childhood diseases, particularly diarrhoeal diseases and acute respiratory infections;
  - vii. Identifying and discouraging harmful traditional practices while encouraging their beneficial aspects.

The operational strategy of the health sector elaborated in the draft NPA is similar to the above-noted general strategies of the health policy. In both cases, the primary health-care (PHC) approach, which constitutes curative, preventive, promotive and rehabilitative health care with focus on women and children, is taken as the relevant strategy for Ethiopia. It is believed that the application of the PHC approach within the country for more than a decade and the experiences gained by the sector in this regard will contribute to the successful implementation of the NPA in the future.

To ensure the implementation and monitoring of child health programmes, which include the Expanded Programme of Immunization (EPI), control of diarrhoeal diseases (CDD), control of acute respiratory infections (ARI) and malnutrition, a child health team has been designated in the Department of Family Health of the Ministry of Health. In accordance with the guiding principle of decentralization and democratization, MOH is responsible for issuing policies, setting national targets and monitoring implementation of programmes. The Regional Health Bureaux are responsible for planning, implementation and monitoring of health programmes in their respective region in order to achieve the national targets.

#### **6.5.1. Measures taken to address the prevalence of child health concerns**

The National Child Survival Strategy that has already been finalized has the overall objective of reducing under-five mortality to 67/1000 population by 2015 to achieve the MDGs. The strategy addresses the major causes of child mortality that account for 90% of under five deaths i.e. pneumonia, neonatal conditions, malaria, diarrhea, measles, malnutrition and HIV/AIDS as

underlying condition. It aims to reduce neonatal, child and under-five mortality rates proportionally. The full implementation of the Child Survival Interventions will enable a reduction in Under-five mortality by 48% by 2009 and by 61% by 2015, which is greater than the MDGs target of reduction of Under-five by 52%.

#### **a. Wellbeing of children in the context of HIV/AIDS**

Targeting the wellbeing of children in the context of HIV/AIDS and ensure prevention of the disease and enhance the provision of sufficient medication three programmes were designed which are the integrated Management of Childhood and newborn Illnesses, Prevention of Mother to Child Transmission and Maternal Health Care. The rate of HIV positive results declined from 12.5% in 2004/5 to 1.5% in 2009/10. The decline could be attributed to many factors such as the impact of high community mobilization programs which resulted in a large flow of clients, especially from the rural parts of the country which in turn could have reduced the proportion of HIV positive clients. Another reason could be the decline of HIV incidence in the country as shown by some studies.

- **Integrated Management of Childhood and newborn Illnesses IMNCI:** with all the regions having included IMCI in their annual health sector plans, 198 of the 604 public hospitals and health centers, i.e., 33% have trained IMNCI 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 ICCM was developed.
- **Prevention of Mother to Child Transmission PMTCT:** Effective implementation of PMTCT services to prevent HIV transmission from mother to child during pregnancy, delivery and breast feeding is expected to lead towards an HIV free generation. The government recently adopted the 2010 WHO guideline of PMTCT, and launched the MTCT elimination plan.

Till 2003 there was only one project providing PMCT at Tikur Anbessa Hospital and four health centres in Addis Ababa. At the same year VCT services have been provided only to 12,000 pregnant mothers along with the administration of nevirapine to around 550 mother/infant pairs. The number of health facilities that provide PMTCT services have increased from 32 in 2003/4 to 1,352 in 2009/10. This is an 86% achievement of the universally set target. In 2009/10 alone, the number of new sites providing PMTCT services increased by 509. However, the number of health facilities that provide PMTCT is still below 50% of the total number of health facilities that could potentially provide the service.

In 2009/10 a total of 796, 099 mothers visited health facilities for ANC, out of which 653,065 were tested for HIV and 13,257 were found positive. Among the mothers who

were HIV positive, 53% (6,990) took the ARV prophylaxis. The number of mothers who received HIV testing under the PMTCT services has increased. During 2010/11 budget year, the number of pregnant mothers who received HIV/AIDS test increased from 22 percent in 2009/10 to 33.4 percent in 2011. In addition, the number of pregnant mothers who received a complete HIV/AIDS prevention treatment has increased from 8.3 percent in 2009/10 to 9.3 percent in 2010/11. Furthermore, the Health Centers that provide HIV treatment to PMCT increased from 1,103 in 2009/10 to 1,445 in 2010/11. (GTP 2011)

- **Voluntary HIV/AIDS Counselling and Testing:** Voluntary HIV/AIDS Counselling and Testing, VCT, centres have been set up in different regional states. A total of 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.
- **Awareness-raising on HIV/AIDS:** 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. HIV/AIDS awareness is universal in Ethiopia where 97% of women and 99% of men have heard of HIV/AIDS. The awareness level does not vary much in terms of background characteristics except by education, those with no education being less likely to have heard of HIV/AIDS.
- **Condom promotion and distribution:** 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:** 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]

## **b. Antenatal care**

Thirty-four percent of pregnant mothers who gave birth in the five years preceding the survey received antenatal care from a skilled provider, that is, from a doctor, nurse, or midwife, for their most recent birth—28 percent from a nurse or midwife and 5 percent from a doctor. Another 9 percent of women received ANC from a health extension worker (HEW). By comparison, in 2005 28 percent received antenatal care from a skilled provider (EDHS 2011).

## **c. Child immunization programs**

Immunization coverage is one of the indicators used to monitor progress towards the achievement of MDG4 and the reduction of child morbidity and mortality, as it is one of the most cost-effective public health interventions for reaching these goals. In order to reduce child morbidity and mortality, the HSDP IV has initiated several activities. The major focus areas are strengthening routine immunization, expansion of community services and facility-based Integrated Management of Neonatal and Childhood Illnesses (IMNCI), strengthening the Health Extension Program (HEP), and implementing locally relevant and effective child health interventions. Representing an increase of 19% from the level of immunization reported in 2005 overall, 24 percent of children age 12-23 months were fully vaccinated in 2011 (EDHS 2011).

The extended program of immunization (EPI), one of the oldest and most cost effective programs, has continued to make a steady progress. The program is decentralized to grassroots Kebele level and is integrated with HEP. According to EDHS 2011 pentavalent immunization coverage has reached 64%, measles immunization coverage 56%, BCG coverage 66% and polio vaccine coverage 82%. In addition enhanced Routine Immunization Activities (ERIA) was implemented in the second half of 2009/10 with special focus on areas lagging behind in the EPI coverage. These activities included: (1) regional/Zonal level orientation, (2) house-to-house registration of target group, (3) implementation of immunization; and (4) supervision.

No polio cases are reported in 2009/10. In order for a country to be declared polio free, it must have no polio cases and have an Acute Flaccid Paralysis (AFP) non-Polio rate of at least 1 per 100,000 children under the age of 15 years. AFP non-Polio rate is important to demonstrate that the surveillance system is sensitive enough to detect Polio cases. At the national level, 1,106 suspected AFP cases are reported. Somali and Dire Dawa have under reported, while other regions reported more than 100% of the expected non-Polio AFP cases.

Overall, 15 % of children in Ethiopia have not received any vaccination. This represents an improvement from 2005 when 24% of children were reported to have not received any vaccinations. While increase in immunization is a remarkable achievement, there is a strong need to further accelerate the service if the MDG target to reduce child mortality rate by two-thirds is to be attained by 2015.

**Table 5: Vaccination coverage**

Coverage	2005/06	2006/07	2007/08	2008/2009	2009/10	Target by 2015
<b>Penta3 immunization</b>	76.8	76.8	85.4	81.6	86.0	96.0
<b>Measles immunization</b>	66.7	68.4	75.9	76.6	82.4	90.0
<b>Full immunization</b>	54.6	56.8	66.4	65.5	72.3	-

**Source: Health and health related indicator 2009/10 and GTP**

### **6.7. Environmental health**

All persons have the right to a clean and healthy environment. The right to development provided under Art 43 of the Constitution includes the right to sustainable development. The duty of the government to ensure this right for all Ethiopians and also the duty to ensure participation of citizens on matters of the environment is provided under the law (Art 44 and Art 93, FDRE Constitution). Apart from that there are laws that directly deal with issues of the environment such as control of pollution, Environment Impact Assessment and establishment of the Environment Protection Authority. The Pollution Control Proclamation (Environmental Pollution Control Proclamation No. 300/2002) requires protecting the environment, in general, and safeguarding human health and wellbeing, as well as maintaining the biota and aesthetic values of nature in particular. It includes various values such as prevention of pollution, administrative or legal measures imposed on violators (polluter pays principle), duty to install sound technology, closure or relocation of industrial sites to avert risks.

Environmental health services were started in 1957; this sector includes small-scale water supply and sanitation. Its goals are to provide safe, adequate and reliable water supply services to at least 35% of the population and to provide a sanitary means of human waste disposal, particularly VIP and traditional and simple pit latrines, to at least 25% of the population.

Although reliable countrywide data on sanitation/water supply is scanty, various reports and studies indicate that, on the whole, sanitation and water supply coverage is extremely low.

According to current information, clean water supply for domestic and municipal use is provided for about 9.7 million people (19% of the entire population). Various studies, reports and surveys indicate that only 7% of the population (3.9 million) uses sanitary means of excreta disposal. Hence, it is envisaged that during the project period (1994-2000), the Department of Hygiene and Environmental Health will develop/protect 4,593 springs and the same number of hand-dug wells, construct 76,550 VIP and 1,324,040 simple pit latrines. By the end of the target year, 35% of the population will have access to a safe and adequate water supply and 25% will have on-site sanitation facilities.

### **6.8. Pastoralist Health Services**

Following the re-design and implementation of the civil service reform program (CSR) and the BPR, one of the major organizational transformations in the FMOH was the establishment of Pastoralist Health Promotion and the Disease Prevention Directorate.

The pastoralist population, which constitutes about 10% of the total population of the country, lacks the appropriate health service delivery package that addresses the health care needs of communities in the pastoralist regions. This has prompted the establishment of two core objectives under HSDP-II regarding the pastoralist health services and systems these are 1) establishing appropriate health service delivery for the pastoralist population, and 2) increasing coverage and utilization of health services in the pastoralist populations. In line with this concept papers on “Health Service Delivery to Pastoralists” and 16 Health Extension Packages which are tailored to pastoralists needs were developed and translated into local languages.

As part of the government’s efforts to provide technical assistance to the emerging regions, a board composed of representatives from six ministries was established under the MOFA. A recent evaluation of the pastoralist HEP program conducted by an independent firm for FMOH revealed several key areas for improvement starting with selection and training of pastoralist Health Extension Workers (PHEWs) followed by deployment, supervision for quality of care. Gambella region is in the process of replacing male PHEWs by a cadre of newly trained female PHEWs.

### **6.9. Adolescent Health**

The Government of Ethiopia has put in place a national strategy to promote adolescent health services. This service is related, mainly, to family planning and focuses on providing advisory services to adolescents and young adults. The implementation of adolescent health services being provided by HEW is carried out by mobilizing resources in coordination with regional health bureaus.

The advice that is being given to adolescents is aimed at raising awareness so that they are prevented from contracting STIs and HIV/AIDS. They are also provided with life skills training on the challenges that they face due to their age and social pressures. The training also includes prevention of rape and abduction, unwanted pregnancy and abortion, early marriage and

pregnancy, sexual harassment, and the dangers of use of alcohol, drugs, smoking and unprotected and unsafe sex.

- **Female circumcision**

There appears to be widespread social endorsement of female circumcision among Ethiopian women. 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. Health risks associated with Female Genital Circumcision (FGC) are considerable. According to the United Nations, circumcised women are up to 70 percent more vulnerable to potentially fatal bleeding after delivery. 2011 WMS report shows that 23 percent of female children aged 0 to 14 years were circumcised at country level. Female circumcision is high in rural areas (24 percent) than urban areas (15 percent) (Welfare Monitoring Report, MOH, 2012).

- **Teenage pregnancy**

Early marriage, premarital unprotected sexual intercourse, abduction and rape are the major causes of teenage pregnancy in the county. Teenage pregnancy is accompanied with high risk of delivery problems leading to fistula. Childbearing during the teenage years frequently has adverse social consequences as well, particularly on educational attainment, because women who become mothers in their teens are more likely to curtail their education. Teenagers in rural areas are much more likely to have started childbearing than their urban counterparts (15 and 4 percent, respectively), due mainly to the high prevalence of early marriage in rural Ethiopia. Among regions the percentage of women age 15-19 who have begun childbearing ranges from 3 percent in Addis Ababa to 21 percent in Gambela (EDHS 2011).

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.

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

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.



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.

The crude birth rate in Ethiopia is 34.5 births per 1,000 population. The fertility among adolescents age 15-19 in Ethiopia is 79 births per 1,000 women. TFR for Ethiopia for the three-year period preceding the 2011 health survey is 4.8 children per woman (EDHS 2011).

- **Trend in use of contraceptive**

Use of any contraceptive methods among currently married women has increased nearly six fold in the last 20 years, from 5 percent in the 1990 NFFS to 29 percent in the 2011 EDHS. The increase is especially pronounced for the use of modern methods between 2000 and 2011. The increase in modern method use is attributed primarily to the sharp increase in the use of injectables, from 3 percent in 2000 to 21 percent in 2011(EDHS 2011).

### **6.10. Children with disabilities (Article 13)**

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. There are over 11,000 children with disabilities (mainly polio victims) registered with Cheshire Home in the past 10 years. It has to be noted that in line with the aim of eradicating polio from the globe by the year 2000, the MOH conducted a massive campaign for polio immunization in 1997 with the active participation of community-based organizations in 28,975 static and outreach sites. The campaign was undertaken in all regional states and had the objective of vaccinating 8.5 million children in two rounds of three consecutive days each. Vitamin A was also distributed. This is an important measure since the regular conduct of National Immunization Days for polio vaccination, as well as the distribution of Vitamin A, can contribute to a reduction of 30 per cent in morbidity and mortality among children under five years of age.

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.

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.

The National Programme of Action for the Rehabilitation of Persons with Disabilities was finalized in 1999. In addition the National Plan of Action on People with Disabilities(2011) and national physical rehabilitation strategy 2012-2021 are endorsed by the government. 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.

In order to promote and ensure the social rights of persons with disability and elderly, giving equal opportunity to participate and being benefited in the countries social, economic and political activities to support the countries overall development program the government considers providing improved physical support services as one of the key deliverables. During 2010/11, the government provided physical support services to 13,133 beneficiaries which are 27% of the target (i.e. 48,715 beneficiaries). The government failed to achieve its target mainly due to nonexistence of orthopedics workshop in some parts of the country and for next budget year the government is finalizing construction of orthopedics workshop in these areas (GTP 2011). 24 experts are trained on physiotherapy and orthopedic and prosthetic services to persons with disability. In addition to facilitating the equal opportunity of children with disability direct social protection targeting persons with disability benefited 600 children.

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 centers of Addis Ababa, Jimma and Bahirdar, the Cheshire Foundation implements a comprehensive programme of:

- Assessing and classifying types of disabilities;
- Conducting regular home visits by social workers;
- Providing orthopedic appliances, medical treatment, physiotherapy and counseling 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.

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.

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 orthopedic shoes are produced and distributed to the needy every year.

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.

According to demographic survey results of the national housing and population census of 2007, a base line survey in 1995 and the national census of 1984, the prevalence of disability in the country ranges from 1.2% to 5.48%. Out of a total population of 73,750 932, there were 864 218 (1.17%) persons with disabilities of whom 464,202 were male and 400,016 were female. Children accounted for 232,585 (126,195 male and 106,390 female) (CSA 2007).

In 2010, Ethiopia adopted the UN Convention on the Rights of Persons with Disability. The Constitution of the FDRE also prescribes that the state shall, within the available means, allocate resources to provide rehabilitation assistance to persons with physical and mental disabilities. MOLSA; the Ministry preceding the present MOWCYA, adopted a national program of action for rehabilitation of persons with disabilities in 2006/7. The main objective of the program was to promote the full participation and equal opportunity for persons with disabilities in all spheres of life. The national program of action focuses on prevention of disability, medical, educational and vocational rehabilitation, and increased accessibility and awareness.

In accordance with international and national legal instruments, the major policies and programs that favor persons with disabilities in the country include the following.

- MOE has already started to introduce "inclusive educational arrangements" in terms of location, social and functions at all levels to meet the needs of children with disabilities. The Addis Ababa University commenced BA, MA, and PhD degree programs in Special Needs Education which includes sign language courses for the hearing impaired and Braille for the visually impaired by incorporating HIV/AIDS teachings into Braille.
- The Disability Labor Proclamation enacted in 2008 provides the right to participate in any suitable job without discrimination. The Government is developing implementation guideline in order to implement this proclamation.

- The Building and Construction Code on Barrier-Free Accessibility was adopted in 2008 in order to promote the development of barrier-free buildings and integrate persons with disabilities into community life. Each review and enhancement of the Code is made in consultation with people with disabilities and other stakeholders.
- A national strategy has been developed in order to expand disability rehabilitation programs.
- According to the guidelines of the Ethiopian Revenues and Customs Authority disability supporting materials such as wheelchairs are imported free of duty.
- CSO and the media assume a collective role in altering views towards disability through the emphasis on the juridical and development aspects of disability. Such efforts are beginning to yield the desired results as can be seen in the approach of the media to creating awareness on disability.
- Services intended for children with disabilities are provided by several organizations which include foster care, institution, adoption and other community based child care programs.
- There is a general consensus that a community-based rehabilitation strategy represents the ideal approach to reduce the gap between the needs of persons with disabilities, and the available services and resources. Several governmental and non-governmental entities have contributed to the planning and execution of such programs and projects.
- Children with disabilities are also participating in different sport activities such as Para-Olympics.
- There are also good initiatives by the national TV program services to address disability issues especially of children/people with hearing problems.

Despite the above efforts, the challenge still remains that children with disabilities do not enjoy equal access to services due to factors such as limited resources, lack of awareness and negative perception among families and the society.

### **Constraints and challenges**

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) Weak 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

## **Chapter Seven: Education, Leisure and Cultural Activities (Article 11 and 12)**

### **7.1. Structure of the formal education system**

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.

At G-4, along with continuous assessment, a formal examination and aptitude test is provided to ascertain the achievement of a sound basic education. National examinations are administered at G-8 and G-10 levels to certify completion of primary and general secondary education respectively. Entrance examinations are further provided after the completion of the second cycle of secondary education for admission to higher institutions. 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. In the previous education system it was four and five years for various fields of studies.

### **7.2. Education, including vocational training and guidance**

The Ethiopian Government has long recognized that basic education is a fundamental human right. Its economic effects extend beyond improvements in the skills and productivity of labor. They help to improve health, hygiene, nutrition practices and childcare. It is thus not only a right in itself but a means of realising other human rights. The FDRE Constitution includes the rights of all children to education. Even though it does not provide expressly on the issue of free and compulsory primary education, it has put it as a general social objective that aims to address all Ethiopian citizens. However, the Constitution did not fail to provide basic provisions in relation to children's education that go in line with the Charter. For instance, Article 36(1)/d states that children have rights not to be subject to exploitative practices, neither to be required nor permitted to perform work which may be hazardous or harmful to their education. It also affirms their right to be free from corporal punishment or cruel and inhumane treatment in schools and other institutions responsible for the care of children. To realize its educational objectives, the government introduced the Education and Training Policy and an Education Sector Strategy in 1994. According to this policy, some of the major aims of educations that can be directly related to Article 11 of the ACRWC are:

- a) To develop and enrich the inquisitive ability of students and raise their creativity and interest in aesthetics;
- b) To enable both the handicapped and the gifted to learn in accordance with their potential and needs;

- c) To provide basic education and integrated knowledge at various levels of vocational training;
- d) To provide education that promotes democratic culture, tolerance and peaceful resolution of differences and raises social responsibility;
- e) To provide education that can produce citizens who stand for justice, democratic unity, liberty, equality and dignity of their fellow men, and who are endowed with moral values;
- f) To respect the rights of nations/nationalities to learn in their own language;
- g) To gear education towards reorienting society's attitudes and values pertaining to the role and contribution of women in development;
- h) To provide education that can produce citizens who possess a national and international outlook on the environment and who care for the national resources and the historical heritage of the country.

Subsequently, in 1997 the government developed a twenty-year Education Sector Plan, which is divided into a series of five-year Education Sector Development Programs (ESDP). The duration of these programs has been adapted so that they fit in with the planning cycles of national development plans and the time frame for the achievement of the Millennium Development Goals.

Each of these components has its own program outcomes and targets. Two major outcomes are common to all five components because of their supreme importance. Firstly, the imperative to urgently reduce school drop-outs, which, to a large extent, are an expression of low quality learning outcomes and learning environment; as long as these rates remain high, the objective of Universal Primary Education will not be achieved. Secondly, the need to translate the investments made in improving the inputs into the school system (such as better teacher training, more equipment and textbooks) into better student achievement. One central finding of ESDP III implementation was precisely that student achievement remained low notwithstanding significant ameliorations in teacher qualifications and training and in equipment. The government is taking positive steps to improve the quality of education, including a General Education Quality Improvement Programme and a Teacher Development Programme, supports the government's efforts to increase the supply of effective primary and secondary teacher educators, through both in-service and pre-service teacher development programs.

### **7.3. Enrolment in Schools**

As a major strategy towards achieving the EFA goals, free primary education was introduced with the adoption of the new Education and Training Policy in 1994. The high direct cost of education to parents is a reason why poor children do not enter school or drop out early. Where schools/Woredas/regions decide to levy fees in the form of community contribution, they will need to put in place arrangements to ensure that no child is excluded from school because of an inability to pay for school fees. The ESDP IV addresses the need to design specific strategies to reach the millions of out-of-school children in the pastoralist regions and disadvantaged communities.

- **Early Childhood Care and Education**

Early Childhood Care and Education is the first level of education and normally includes children of ages 4-6 enrolled in the pre-primary education. Non-governmental organizations, communities, private institutions, and faith-based organizations, are the predominant operators of

kindergartens that provide early childhood education in the first years of life. 94% of enrolment of children in kindergarten is covered by non- governmental organizations. The government is involved in developing curriculums, training teachers, and providing supervisory support and more recently, developing an integrated policy framework and ECCE monitoring tools.

Interesting initiatives have been launched with success in various regions, through the support of development partners and in close collaboration with the local communities. These initiatives include organizing pre-primary classes referred to as “Zero Class” within an existing primary school, and also having older children enrolled in grades 5 to 8, supporting the development of pre-literacy and pre-numeracy skills in 4 to 6 year olds through play, song and reading (Child-to-Child). This has helped in spreading Early Childhood Care and Education into remote rural areas. The EMS 2011/2012 reports that enrolment of preprimary education is increasing every year though underreporting remains a persistent issue in the kindergarten program of the pre-primary education.

According to EMIS 2009/10 out of the estimated 7.12 million children between the ages of 4-6 years only about 341,315 children have been reported to have access to pre-primary education in the 3,318 kindergartens all over the country. Though the enrolment is small when compared to the number of children found in the age group, it is worth noting that this figure does not include children enrolled in non-formal ECCE programs like the “Child-to-Child” approach as well as in the Zero Class initiatives. The General Enrollment Rate (GER) for kindergarten in 2009/10 was 4.8% which was higher than the previous year by 0.6 percentage point. In 2011/12 out of the estimated 7.51 million children of the appropriate age group (age 4-6) about 1.62 million children have been reported to have access to pre-primary education all over the country. Though the enrolment is small when compared to the appropriate age group, gross enrolment rate is higher than the previous year by about 16.4 percentage point. This increase is due to the improved reporting of the “O” class and child to child data in the year 2011/12, which was not considered in previous years. Moreover, it is expected that the gross enrolment rate could be higher than the figure indicated because data from several kindergartens may not have been collected (EMIS 2011/2012).

- **Primary Education**

Primary education is critical to a nation’s development, providing on average the highest public returns to investment for the state, and the keystone for later education and economic growth. In Ethiopian education system, primary education, is defined as education from grades 1-8, in two cycles 1st cycle (grades 1-4) and 2nd cycle (grades 5- 8). GER in primary education at national level shows a steady increase. GER enrolment for 2009/10 at national level was 93.4 %, among which 96.6% are boys and 90.1% are girls. The gender gap has been steadily reducing with girls falling behind boys by 6.5 percentage points (EMIS 2009/10). GER in primary education has shown a steady increase, of that enrolment nationally increased by 4.5% in 2011/ 2012. The gender gap has further narrowed from 10 percentage points in the year 2007/08 to 5 percentage points in 2011/12.

- **Secondary Education**

The net enrolment for the first cycle of the secondary school (grades 9-10) shows increment, from 13.5 in 2008/09 to 16.4 in 2009/10. The second cycle of the secondary school (grades 11-12) shows an average annual growth of 18.4 which is faster than the first cycle of the secondary



school. In 2009/10, the GER for the preparatory program was 7.0% i.e., 8.9 %, and 5.0% for boys and girls respectively. While enrolment in all secondary (grades 9-12) has grown by over 3.9 % per year, reaching nearly 1.76 million students in 2011/12, the highest growth has occurred in the first cycle, now enrolling 1.44 million students, and employing the majority of the 59,349 teachers in secondary education. The gender gap has also increased by 0.5 percentage point in the year 2011/12 from the previous year (EMIS, 2011/2012).

- **Alternative Basic Education (ABE)**

ABE program as designed under ESDP, aims to provide basic education through alternative modes of delivery for pastoralist and semi-pastoralist areas of the country. To realize the goal of universalizing access to primary education by 2014/15, ESDP III envisaged provision of basic education through alternative modes. Accordingly, ABE centers were created in many regions in the last five years.

ABE is designed to provide the equivalent of the first cycle of primary education within 3 years and is open to older children and offers flexible modality of education.

**Table 6: Enrolments in ABE Centers by gender**

Year	2000 E.C (2007/08)	2001 E.C (2008/09)	2002 E.C (2009/10)	2003 E.C (2010/11)	2004 E.C (2011/2012)	AAGR
Male	349,863	422,512	531,203	459,816	405,104	3.7 %
Female	287,380	357,830	424,491	362,173	310,864	2.0 %
<b>Total</b>	<b>637,243</b>	<b>780,342</b>	<b>955,694</b>	<b>821, 988</b>	<b>715,968</b>	<b>3.0 %</b>

Source:-EMIS 2011/ 2012

As noted from the above table, ABE has made an average contribution to the enrolment of primary education of 782,224 for the past five years and contributes additional 4-5 percent coverage to the GER for primary education.

- **Adult and Non- Formal Education**

Adult and non-formal Education is designed to address the primary education needs of adults and others who are substantially older than the traditional primary school going ages of 7-14 years. These community literacy and skill training centers offer programs related to the specific needs of the rural community.

Data capturing for these programs, as acknowledged by the government, is comparatively new and thus the accuracy of reporting is uneven. The reporting is further complicated because many such programs are operated by non-government entities and the regions are not fully sensitized on the importance of the role of this type of education. In 2009/10, the total enrollment in the Functional Adult Literacy program was 77,180 females and 120,469 males. In 2011/ 2012, a total national enrolment for both males and females in adult and non- formal basic education was recorded at 2, 092, 234 (EMIS, 2011/2012).

- **Technical and Vocational Educational Training (TVET)**

TVET provides training on market oriented programs based on the demand of industry for various target groups such as graduates of grade 10 as well as school leavers, people who are in employment, school drop outs, and marginalized groups in the labor market. The number of TVET institutions, provided by both governmental and non-governmental, has increased considerably. According to EMIS 2009/10, the total enrolment in TVET in the year 2005/06 was only 123,557. In 2009/10, enrolment increased to 353,420 and in 2011/2012, enrolment was recorded at 320,225. This figure is quite small when compared to the number of students who should be enrolled in TVET programs for the past three years. The gender parity was still stable as of 2011/2012 and female enrolment constituted 47.7% of total enrolment, indicating a relatively good gender balance at the national level.

- **Tertiary Education**

The overall enrolment as well as the intake capacity of higher education institutions has significantly increased during the ESDP III period (2005/06 to 2009/10). Twenty two universities are now distributed over the country with thirteen additional ones created under ESDP III. In 2011/12 the total undergraduate enrolment (government & non-government) regular, evening, summer and distance programs was 494,110 of which 139,104 were females which accounted for 28.2% of the total enrolment. In addition, 418,965 (84.8%) of the total undergraduate enrolment was in government institutions. Undergraduate enrolment is also highest in regular programs and least in distance programs.

More than 50 higher education institutions are established by the private sector within the planning period. Thus, overall enrolments have increased from 149,694 to 319,217 in the planning period of which 17.3% of the total enrollments 55,264 are in non-government institutions. As a consequence, the GER for higher education increased from 3.6% in 1999 to 7.3% in 2011/2012. This shows that the private higher education institutions have an observable contribution to the education sector. This means that in enrollment in higher education has now come close to the African average in GER of 6% in 2000.

#### **7.4. School Feeding Programmes**

School feeding programmes are being provided to 1,200 schools based on a situation of low enrolment in high food insecure areas. School feeding programmes were established in order to stabilize/reduce student dropouts and increase grade performance and enabling students to continue their education to higher levels. Additional incentives are given to parents in pastoral areas, to send their daughters to schools and attend at least 80% of the school days. The program is funded by WFP and managed by the Ministry of Education. The program has resulted in increasing student enrolment and improving student performance. For example, student enrolment rates in Oromiya increased by 25% as a result of the introduction of the school feeding program.

#### **7.5. Public Expenditure on Education**

The government of Ethiopia has been committed to the provision of better education for the whole society. This is clearly demonstrated, in part through the more than doubling of the

commitment to education as part of the total government budget. One indicator of future financing is the progression of education financing over the life of ESDP III. The total financing requirements for ESDP III were estimated at around 53 billion birr (at 2006 prices) broken down. The table below shows the planned cost of ESDP III:

**Table 7: Planned cost of ESDP III in million birr**

<b>Sub program</b>	<b>Capital</b>	<b>Recurrent</b>	<b>Total</b>	<b>Percentage Share</b>
Primary Education	11,866.0	16,161.7	28,027.7	54.76
Secondary Education	2,895.1	1,893.3	4,788.4	9.36
Technical and Vocational Education and Training /TVET/	1,729.7	1,269.8	2,999.5	5.86
Higher Education	4,106.9	8,830.8	12,937.6	25.28
Other /including contingency/	1,242	3,748.1	4,990.1	4.74
<b>Total</b>	<b>21,839.7</b>	<b>31,903.6</b>	<b>53,743.3</b>	<b>100.0</b>

**Source: ESDP IV**

In the ESDP III it was assumed that the rate of GDP growth will be in the range of 7.3% to 9.6%. The Government was also committed to increase the share of education from GDP from 3.1% in 2004/05 to over 7% in 2009/10. Based on a 9.6% growth rate, the Government allocation to education was estimated to increase from about Birr 5 billion in 2005/06 to Birr 10.9 billion in 2009/10. Community contributions were estimated to increase from Birr 784.5 million in 2005/06 to Birr 1.13 billion in 2009/10 and the cost sharing in TVET and tertiary education from Birr 32.4 million in 2005/06 to Birr 106.9 million in 2009/10.

## **7.6. Training of more Teachers to Improve Facilities**

- **Teacher Development**

During ESDP III, the total number of teachers in primary and secondary education went up from 171,079 (60,902 women) in 2004/05 to 270,594 (100,680 women) in 2008/2009. This swift increase has allowed a decrease in the pupil/teacher ratio at both levels.

A Teacher Development Program was launched in order to improve qualifications and professional development of teachers. The plan covered the period 2004/05- 2006/07 and was later on extended through the year 2007/08. The total enrolment of the Colleges and Teachers Education in all programs i.e., regular, evening and summer programs has increased from 70,649 2007/08 to 173,517 in 2004 E.C 2011/12. Amongst the major achievements of this program, the following are worth mentioning:

- The required qualification level of primary school teachers has increased from a one year certificate course to a three year diploma course attained after completing grade 10. Requirements for training of secondary school teachers was subsequently changed from

only a bachelor's degree to a bachelor's degree course in a major field and one year course in professional teacher training.

- A special practicum program was introduced in pre-service teacher training.
- A revision of the curriculum was undertaken to adapt the different teacher training curricula to the new teacher qualification requirements.
- An English Language Improvement Program (ELIP) was established from which more than 150 000 teachers have already benefited, while English Language Improvement Centers (ELICs) were set up at some TEIs.
- A Higher Diploma Program (HDP) was created to enhance the quality of teacher educators in both CTEs and universities.
- Continuing Professional Development (CPD) was introduced for teachers in most schools, employing weekly sessions, drawing on either school based, and cluster or district-level expertise.

A special Leadership and Management Program (LAMP) was initiated to build the capacity of school principals and supervisors in planning and management.

Regarding female teachers, women are given 50% (60% in some regions) which is the affirmative action quota during recruitment of primary school teachers while being given equal opportunities to compete with men candidates for the remaining 50%. The MOE developed a new selection guideline for teaching staff in secondary education. In the new selection guideline, there is a 30 % quota for females.

- **Certified Primary School teachers**

According to national standards, the minimum requirement for teaching in primary schools /grades1-8/ is a qualification from the College of Teacher Education /CTE/. It is noted that there has been a rapid growth in certified teachers for the upper primary school /5-8/. The table below shows the number of certified primary school teachers.

**Table 8: Certified Primary Teachers (grades1-8)**

Level Year		% Qualified Teacher				
		Diploma and Above				
		1998 E.C (2005/06)	1999 E.C (2006/07)	2000 E.C (2007/08)	2001 E.C (2008/09)	2002 E.C (2009/10)
<b>1<sup>st</sup> Cycle (1-4)</b>		<b>97.6</b>	<b>96.3</b>	<b>97.3</b>	<b>89.4</b>	<b>15.5</b>
	Male	97.2	96.4	97.0	90.8	14.6
	Female	98.2	96.3	97.5	92.3	16.6
<b>2<sup>nd</sup> Cycle (58)</b>		<b>59.4</b>	<b>53.4</b>	<b>66.3</b>	<b>71.6</b>	<b>77.8</b>
	Male	58.6	52.2	64.1	69.6	82.4

	Female	62.6	56.8	72.5	76.8	76.8
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Source: EMIS 2009/10

- **Certified Secondary School Teachers**

The percentage of qualified teachers is higher in secondary than in primary education. Nationally, 77.4% of all the secondary teachers are qualified for their level of teaching. However, there is considerable variation by region in the percentage of qualified teachers. The statistics shows:

**Table 9: Certified Secondary School teachers (9-12grades)**

National Data	Total secondary school teachers			Total degree and above graduate teachers			% Qualified teachers		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
	<i>Total</i>	41,315	4745	46,060	30,948	4692	35,639	74.9	98.9

Source: EMIS 2009/10

## 7.7. Schools and Facilities

School facilities have an impact on access, quality, efficiency and equity. The school facilities are tools to attract students in general and girls in particular.

- **Primary Schools**

The evaluation of ESDP III has indicated an increase in the number of primary schools during its implementation period (2005/06—2009/10) from 19,412 in 2005/06 to 26,951 in 2009/10. In 2011/2012, the number of primary schools increased to 29,482. As regards school facilities, there were 238,833 classrooms in 26,951 schools during 2009/10, and among the existing 26,951 primary schools 37.4% (10,070) have access to water; more than 90% have latrines; 14.5% (3,919) have clinics for students; 50.7% (13,676) have pedagogical centers; and 37.3% (10,050) have libraries. The 2009/10 student/classroom ratio is 57.4:1 in primary schools although the target was to reduce the ratio to 50:1. The student/ text book ratio in 2009/10 is 1.5:1; as opposed to the planned ratio of 1:1.

- **Secondary Schools**

As of 2011/ 2012 there are 1,710 secondary schools available in Ethiopia. The system of double shift needed to accommodate the rapid growth of 20% enrolment per year is noteworthy. Water facilities are available in 72.5% (1085) of secondary schools, while all secondary schools have reported that they have latrines for both boys and girls. In addition 85.7% (1465) of secondary

schools have library facilities, with a total number of laboratories in 1,710 secondary schools is 2,356. Some schools have two or more laboratories to serve students. Internet access has been made available to 19.82% of all secondary schools.

## **7.8. Ensuring Access to Informal Education for Vulnerable Groups**

- **Increased Access to Education**

The focus under ESDP IV is on children who are still out of school. The activities that will be undertaken during ESDP IV can therefore be grouped into two sets: 1) those aimed at furthering expansion of access to primary education, and 2) those more specifically focused on equity and on decreasing the existing enrolment gaps between various vulnerable groups.

The first set of strategies include expanding the number of primary schools with special emphasis on reducing the distance between schools and pupils' homes, particularly for second cycle primary students (grades 5 to 8). Transformation of the existing ABE Centers into regular schools, and establishing more ABE Centers when and wherever necessary is a major strategy because ABE is considered a solution to providing access for hard-to-reach children. In the long run, the strategy is to phase out ABE Centers and use other solutions to address those children who still cannot access formal schooling due to a variety of reasons. Recognizing that many children will have a need for informal schooling, a set of recommended strategies is listed in the program matrix.

The second set of strategies include the use of multi-grade classes as a means of integrating and maintaining children living in scarcely populated areas, the provision of special support programs, scholarships and school feeding programs. Alternative education services like mobile schools, para-boarding schools for second cycle primary will be continued in order to meet the needs of pastoralist and semi-pastoralist populations.

NGOs, CSOs, donors and international organizations like the UN support activities related to school feeding and to financial and material provisions for vulnerable children and those special needs. Various support and accountability mechanisms are developed in relation to actions relating to girls' access and retention in schools.

- **Special Needs Education**

Education policy is directed, among other things, to ensure the enjoyment of the right to education by all children without discrimination as per Article 11(3)/(e) of the ACRWC. 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.

According to the data collected in 2009/10, the total number of students with special education needs in primary school (grades 1-8) is around 47,463, in lower secondary level (Grades 9-10) is around 3,871 and upper secondary level (Grades 11-12) is around 536. The number of children with special educational needs who are currently attending schools is expected to exceed this figure. The following statistical data exists on disability of children in primary education:

The Ministry of Education has adopted a Special Needs Education (SNE) strategy regarding the provision of the service within the existing structure and in the framework of inclusive education. The final goal of the strategy is to ensure access and quality education for marginalized children particularly for children with disabilities. The General Education Quality Improvement Program (GEQIP) has also given emphasis to these issues and incorporated them in the teacher development component. Thus, a teacher training program is specially designed for “training teachers in SNE screening”. Programs are implemented to strengthen Pre-Service and In-Service Teacher Training for SNE and provision of SNE materials to TEIs and cluster resource centers.

Disability	Primary (1-8)			Secondary (9-10)			Secondary (11-12)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Visually impaired	3827	284	4111	100	41	141	2877		6704
Physically impaired	9770	1500	11270	197	74	271	7148		16918
Hearing impaired	5946	242	6188	48	19	67	4466		10412
Mentally retarded	6020	200	6220	13	9	22	4424		10444
		158	158	28	7	35			
		2384	2384	1487	150	1637	536		

Table 10: Enrollment of children with special educational needs

**f children with special educational needs**

**Source: - EMIS 2009/10**

### **7.9. Strengthening Vocational Training for Children who Have Left School**

The Education and Training Policy states that, parallel to general education, diversified technical and vocational training should be provided for those who leave school in the following manner:

- Training in agriculture, crafts, construction, basic bookkeeping in the form of apprenticeship for those with the appropriate age and leaving primary school.
- Technical and vocational training in agriculture, industrial arts, construction, commerce and home science for those who may not continue with their general education after primary school.
- Technical training for those who complete grade ten to join middle level manpower.

Accordingly, in some regions, training in different areas is given to those who drop out of school from any level of education.

### **7.10. Education on Human Rights and Civic education**

Civic and ethical education textbooks for grades 5 to 12 have been produced in order to increase the awareness of children and community members about human rights and by establishing different activities inside and outside of school compound.

Students are organized in clubs revolving around civic and ethical issues so that they can get a chance to express their opinions on the issues and discuss current initiatives such as anti-corruption campaigns.



### **7.11. Technical Assistance to Improve Access to Education for Girls**

The Ministry of Education cooperates with other donor agencies to enhance the access and quality of teaching and learning activities and outcomes for children. In this regard, the World Bank has provided institutional and capacity building support to the Ministry and contributed computers to schools. The World Bank, UNICEF and other donors also contribute to the General Education Quality Improvement Program (GEQIP) which targets basic education systems being implemented in all regions.

UNICEF supports the Ministry and regional bureaus to 1) expand access to ECCE in order to promote school readiness and reduce drop-outs from the first cycle; 2) improve access to education for girls and marginalized children; 3) support the strengthening of capacity for effective classroom instruction and school management as part of the School Improvement Program (SIP) and 4) capacity development for effective sector management especially in the developing regional states.

Other international bodies like Japan International Cooperation Agency (JICA) cover the training of staff in the education sector in the field of sciences and mathematics; teacher training, development of teacher guides, and providing teaching materials.

In addition to this, strengthening human resource capacity and achievement of the Millennium Development Goals (MDGs), of which education is a key element, is a cornerstone of the World Bank's Country Assistance Strategy (CAS) for 2008-2011. Several operations financed by IDA and other development partners (e.g., the protection of the Basic Services Project and the Public Sector Capacity Development Project) also provide support in priority areas that will have significant benefits for the education sector.

The Ministry of Education is undertaking different activities in collaboration with different NGOs and CSO to address school level barriers for girls' education. Some efforts have been made to support female students; in tutorial support, counseling and other support for girls at all levels. In some emerging regions, mobile schools have been constructed to create educational opportunities for girls who cannot attend mainstream schooling.

### **7.12. Leisure, recreation and cultural activities (Article 12)**

The Child Policy provides for the need to create a conducive environment for creation and development of facilities for children. The Policy particularly provides for the need to develop child development centers, playing grounds, art centers such as theatre and cinema halls. It also envisage for creation of opportunities for children to express themselves and improve their creativity by sharing experiences both within and outside the country. It is also provided with in the policy that construction and urban development activities shall consider the right of children to have sufficient playing ground. Government agencies and NGOs are trying to encourage innovative ways that encourage children to reflect themselves through art, literature contest and other mechanisms.

There are also leisure and recreation centers in the major cities that are established by the government and the private sector. MOCYA also prepares bi annual children festivals at different places of the country. On these festivals children engage in to activities they prefer such as sport, drawing and other artistic works, creativity works, and other art works.

The Sport Commission has been entrusted with the task of catering for sports and recreational activities of children, youth and adults including children with disabilities. There are some training projects developed and implemented for children and youth in athletics, football, volleyball, basketball, tennis etc. In addition to this, the Sport Commission encourages the formation of sport associations, local and school clubs and provides sport equipment to develop competition systems for children and adolescents.

Two hundred leaders are trained to organize and support sport associations and 11,193 sport associations were established from national to Kebele levels. Out of these, 26 associations are registered at a national level. To expand and strengthen sports activities and fulfill communities' training needs, 7,567 different sports grounds are created in suitable locations.

Students take mandatory physical education courses and have some space and fields for sport activities, particularly in the rural schools. However, as the size of urban population and the number of students is rapidly increasing, quite a number of schools have little space for various games, such as football, handball etc.

Other leisure and recreational programs and facilities exist in the country. However, their coverage and quality is still very inadequate. For instance, there is only one governmental Children's and Youth Theatre which is in Addis Ababa. It is only children living in Addis Ababa and nearby urban cities that have access to the limited modern recreational facilities.

- **Cultural Activities**

Article 91 of the FDRE constitution demands the government to support, on the basis of equality, the growth and enrichment of cultures and traditions that are compatible with fundamental rights, human dignity, democratic norms and ideals, and the provisions Constitution. Therefore, evidently, children and youth are one of the major targets of this objective.

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 annual Great Ethiopian Run. In addition, Ethiopian Nations, Nationalities and People's Day celebrated every year on December 8 /9 gives opportunity for children and youth to appreciate their culture and also discover the diverse cultural heritages of others.

### **Constraints and Challenges**

The following are commonly 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) High dropout rate of out-of-school youth and adult participants;
- g) Low quality in all sectors of education;

- h) Lack of sufficient capacity of the teacher training colleges to train the required number of qualified teachers;
- i) Weak institutional capacity and limited community involvement in the management of the schools;
- j) Very insignificant number of children with disabilities, street children, etc. benefiting from the education programme of the country;
- k) The lower value given by the society to the profession of teaching;
- l) Urban-rural disparities regarding access to preschool education due to the high concentration of preschools in urban areas
- m) Lack of sufficient number of recreational facilities for children and youth; and also poor management of the existing facilities;
- n) Lack of proper recreational facilities for children and youth in rural areas;

## **Chapter Eight: Special Protection Measures**

**(Articles 5(3), 15-17, 21-23, 25, 26-30)**

The Government of Ethiopia considers children as the most precious human resource, and investment; and their wellbeing is regarded as investment for the future. In light of this, the Government has been taking all necessary measures to improve the wellbeing of children and to ensure their development in a holistic manner.

Children require special protection because of their age. There are various violations of rights and deprivation of entitlements that hamper the wellbeing of children. Children in contact with the justice system, children exposed to violence at various settings, child labour, trafficking, harmful practices etc are granted special protection under the legal and policy framework.

The FDRE Constitution in addition to recognizing the fundamental principle of best interest of the child accues children in with special protection measure. The Constitution states

- Children have the right not to be subject to exploitative practices, neither to be required nor permitted to perform work which may be hazardous or harmful to his or her education, health or well-being;
- To be free of corporal punishment or cruel and inhumane treatment in schools and other institutions responsible for the care of children.

- Juvenile offenders admitted to corrective or rehabilitative institutions, and juveniles who become wards of the State or who are placed in public or private orphanages, shall be kept separately from adults.
- The State shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare, and education.

## **8.1. Children in situations of emergency**

### **8.1.1. Refugee and displaced children (Articles 23 & 25)**

The basic principles of refugee protection are based on the paramount consideration of the best interest of the child and provision of special care and protection to all children under the age of 18. The care and protection of refugee children entails independent representation in refugee proceedings, protection from discrimination and prevention of possible abuse, free access to medical care, access to primary education, and secure accommodation, access to free social and psychological assistance, and access to leisure-time activities.

In addition to the constitutional rights for children, the refugee proclamation (409/2004) granted special rights for all refugees and asylum seekers. This proclamation is in compliance with The UN refugee conventions and the AU refugee convention. Article 2 (8, b) explicitly states the automatic eligibility of children as a refugee family member. Article 12 ensures the unity of the family and their right to access to services. The proclamation further defines the procedures, the legal authorities and the mechanism by which a refugee could be enlisted and benefit from his refugee status. Stateless persons, children with no recognizable nationality will also be offered Ethiopian nationality (Nationality Law of Ethiopia).

The Child Policy of Ethiopia grants protection for refugee children. The policy entails respect of the civil and political rights and wellbeing of children living in refugee camps.

In order to realise the legal protection Ethiopia is striving to meet its obligations under international laws on refugee children, working in collaboration with international organisations, especially with UN High Commissioner for Refugees (UNHCR). Currently, Ethiopia provides shelter and basic services for 288,844 refugees from neighbouring countries (Somalia, Sudan, Kenya and Eritrea) (UNHCR, 2013)

Most of the refugee families with children live in various shelters. Refugees from Somalia live in Bokolmayo, Melkadida, Aw-bqare, Shedder and Kebrbeyah of Somali Regional State. Kenya-Borena refugees live in Megado and Dillo refugee sites in Oromiya Regional State. Refugees from Sudan live in Pugnido and Sherkole refugee camps of Gambela and Benshangul Gumuz Regional State, respectively. Eritrean refugees live in Shimelba, Maiaini Adi-Harush and refugee camps of Tigray region.

School enrolment of refugee children commences immediately after their settlement in the camps. Residential facilities are constructed for OVC to prevent further abuse. Seminars and

training courses are organized for refugees in order to inform them about the available services and their rights, and the rights of their children. Facilities are built to provide refugees with are potable water, health service and education.

### **8.1.2. Children in armed conflicts, (Article 22)**

The minimum age of recruitment to the armed forces is 18 years. The recruitment process is undertaken with high sense of responsibility in order to avoid recruitment of children even if they volunteer. The armed forces have internal regulations that have clear criteria for recruitment in accordance with international standards. In addition to these, Ethiopia has ratified the Geneva Convention Relating to the Protection of Civilian Persons in Time of War and the 1977 Additional Protocols to the Geneva Conventions. In the reporting period, Ethiopia has also signed the Optional Protocol on the Involvement of Children in Armed Conflict.

As an additional precautionary measure to prevent recruitment, it is stated in the GTP that a national birth registration system will be introduced.

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

### **8.2.1. The administration of juvenile justice (Article 17)**

A wide range of activities are being carried out regarding children who come in contact with the law, not only as victims of violations but also as alleged perpetrators of violence and children who appear before courts on civil matters.

Ethiopia has reformed its laws, took organizational measures to facilitate the effective implementation of the laws and procedures that deal with the special needs and respect the rights of children in conflict with the law. The laws of Ethiopia are, for the most part, complete in providing appropriate treatment for accused and arrested person.

The Constitution guarantees due process and protection of substantive and procedural right of a person who come in contact with the law as an accused. It envisages for

- **Right to Liberty:** the right not to be deprived liberty except on such grounds and in accordance with such procedure as are established by law and the right not to be subjected to arbitrary arrest and detention without a charge or conviction against him.
- **Right of Persons Arrested:** right to be informed of the charge, the right to remain silent, right to be brought before court within 48 hours, habeas corpus, right to be released on bail and speedy trial, right against self incrimination and forced confession,
- **Rights of Persons Accused:** the right to public trial, the right to be informed with sufficient particulars of the charge brought against them and to be given the charge in writing, the right to be presumed innocent until proved guilty according to law and not to be compelled to testify against themselves, right to full access to any evidence presented against them, to examine witnesses testifying against them, to adduce or to have evidence produced in their own defence, and to obtain the attendance of and examination of witnesses on their behalf

before the court, the right to be represented by legal counsel of their choice or to be provided with legal representation at state expense and the right of appeal

- **The Rights of Persons Held in Custody and Convicted Prisoners:** the right to treatments respecting human dignity, the opportunity to communicate with, and to be visited by, their spouses or partners, close relatives, friends, religious councilors, medical doctors and their legal counsel.

Apart from the general protection regime of human rights of all persons in the context of judicial proceeding the law envisages special measures for children based on the age classification under the Criminal Code. Article 36 (3) of the Constitution and also Article 53(1) of the Criminal Code state that juvenile offenders admitted to corrective or rehabilitative institutions shall be kept separately from adults. The Constitution further prohibits corporal punishment, and cruel & inhuman treatment in institutions responsible for the care of children.

The National Youth Policy adopted in 1996 by the then Ministry of Youth, Culture and Sports, and the National Youth Policy Implementation Manual developed in 2005 identify juvenile delinquency, living and working on the street and beggary as some of the social evils that negatively affect youth. The Manual also recommends awareness creation and advocacy activities; continued and sustained study and research; and expanding work creation and deployment as major strategies.

Many of the protection measures identified for ‘young offenders’ under the Criminal Code and the Criminal Procedure Code cannot be meaningfully applied in the absence of the required institutions within the justice system, including separate facilities for children deprived of their liberty, institutional care facilities, etc. The Ethiopian justice system has accumulated a wealth of good practices as a result of government and NGO collaboration in relation to the establishment and operation of specialized law enforcement and judicial units. These include:

- The Community Based Correction Centres (CBCCs) have proved to be effective structures for diversion of children and thus, additional twelve CBCCs are established in Addis Ababa under a pilot project initiated by Forum on Street Children Ethiopia (FSCE) in collaboration with Save the Children Sweden and Addis Ababa Police Commission;
- CPUs are established in regional towns, including Adama and Dire Dawa, through the efforts of various government and non-government actors, and efforts are underway to replicate CBCCs in Adama and Dire Dawa through a project agreement signed between FSCE and the Women and Children’s Affairs Bureau of the Dire Dawa City Administration by involving actors including Justice for Children Project Office at the Federal Supreme Court, regional police commissions and social affairs authorities. As a result, the CPUs are now part of the regional police commissions’ structure;

Child Justice Project Office (CJPO) is established and is operational under the Federal Supreme Court. Child friendly benches/ courts are functional in the Federal First Instance Court (FFIC) in Addis Ababa and Dire Dawa as well as in other regional towns including Adama in Oromia Regional State, Hawassa in the SNNPR, Mekelle, and in Bahir Dar. The CJPO plans to replicate

the child friendly juvenile benches/courts in the regional judicial structure in Regional First Instance Courts (Woreda Courts) at Bahir Dar;

- Establishment of the Juvenile Remand Home in Addis Ababa to cater for the rehabilitation needs of children aged 9 to 15 years.
- Vocational trainings are given to 520 boys and 230 girls who are in conflict with the law in Oromia region. In addition recreational facilities, guidance and counseling services are provided to rehabilitate the children without interruptions in their education. Similar services are also provided as preventive measures before detention. Psychosocial services are provided to 961 boys and 639 girls in different towns of Oromia region. Moreover, different trainings were provided to those children who are in contact with the law.
- 1420 male and 368 female judges received training on child right protection and alternative care guidelines.

### **8.2.2. Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial setting Article 5(3)**

Both the Criminal Code and the Criminal Procedure Code address the situation of children who are deprived of their liberties. The Criminal Procedure Code from Article 171-180 deals with the procedure of cases concerning young persons. The relevant provisions that can be cited here:

- The court must inquire whether a child brought before court has a parent or care taker and should summon the later (Art. 173)
- The young person has a right to be assisted by council (Art. 174). The court will appoint an advocate when there is no parent or guardian who appears to represent the young person.
- Where any evidence or comments are to be given or made which it is undesirable that the young person should hear, he shall be removed from the chambers while such evidence or comments are being given or made (Art. 175):
- Where the young person is brought before the court all the proceedings shall be held in chambers. Nobody shall be present at any hearing except, witnesses, experts, the parent or guardian or representatives of welfare organisations. (Art.176)
- All proceedings are conducted in an informal manner.

- **Capacity building of justice system officers**

A number of government institutions and NGOs working on child rights and justice issues have provided capacity building training and support to specialized child protection structures in Addis Ababa and the regional towns. Considering the seriousness of the problem various efforts are made towards the prevention and effective administration of child justice. Accordingly, over the past few years, many initiatives have sought to address child justice at different levels and within different sectors. Such interventions include:-

- The MoJ implements a comprehensive Human Rights Training Project aiming to build the capacities of law enforcement and judicial personnel on topics including juvenile justice, and protection in the administration of criminal justice;

- The MoJ and the Federal Supreme Court have been undertaking the ‘Child Rights Protection Training Development’ project aimed at establishing a child sensitive and protective justice system in collaboration with UNICEF as well as a range of actors including the Ethiopian Police College, Federal First Instance Court, Federal Training Centre for Judges and Prosecutors;
- The Child Justice Project Office (CJPO) organizes training on child development, child rights, child abuse and its impact, child friendly services, and juvenile justice issues targeting CPU staff, judges, and staff of child friendly benches as well as personnel of detention facilities, and the juvenile rehabilitation centre. These trainings are organized at federal and regional levels;
- Justice for All and Prison Fellowship-Ethiopia (JFA-PFE), an organization with interventions in over 110 prisons all over the country, has conducted capacity building projects on human rights, leadership, peace, democracy and good governance. FSCE has organized a number of training on social work, child case investigation, child psychology, child rights and child protection, guidance and counselling, and developmental psychology for CPU staff, volunteers working in CPUs and Community Based Correction Centres (CBCC), in Addis Ababa, Adama, and Dire Dawa;
- ACPF has organized training on children in conflict with the law and child counselling skills for CPUs in Addis Ababa;
- The Addis Ababa Police Commission, Save the Children Sweden, and FSCE have developed protocols and guidelines for the operation of CPUs, CBCCs and child friendly benches/courts;
- The CJPO has developed guidelines for the operation of the Community-Based Correction Centres (CBCC).

The capacity building initiatives targeting the personnel of specialized justice system structures have contributed to an increase in the capacity and skills relevant to their activities.

- **Legal aid and psycho social support**

The existing specialized justice system structures provide legal aid and related services and linkages to psychosocial service providers for children suspected or accused of criminal offences as well. The specific services provided include:

- Legal and psychosocial services in CPUs: these services include guidance and counselling for children and their parents, material, tutorial and academic support in formal and non-formal education; recreational facilities; basic computer skills training; and library services;
- Social and rehabilitation services in CBCCs: children diverted from CPUs are provided with re-integration support through provision of educational, counselling and recreational services provided by volunteer tutors and social workers. Advice and follow up are provided by community elders, volunteers and community workers; and,
- Legal and social support in the child friendly juvenile benches/courts: these are provided



by psychologists and social workers during judicial proceedings.

FFIC and CJPO have assigned social workers within the child friendly bench. Thus children brought before the justice system are rendered legal aid and child friendly services.

Legal aid services are also made available to children in contact with the justice system through programs implemented by NGOs, universities and professional associations within and outside the justice system. NGOs such as ACPF, Lawyers for Human Rights in Adama, National Bar Association, ANPPCAN-Ethiopia, and APAP, provide legal advice and counselling in Addis Ababa and Adama. Addis Ababa University Centre for Human Rights on the other hand establishes legal aid centres at five regional states. The Centre established by the Human Rights Commission as well render legal protection for children.

These initiatives have the potential to be replicated to other parts of the country. They have also shown the potential for enhancing community engagement in matters relating to children in contact with the law. These initiatives include:

- Involvement of community leaders in preventing criminal behaviour among children and rehabilitating offenders through CBCCs which are operational in Addis Ababa;
- Involvement of child rights clubs and community based structures at the national and regional levels in the establishment of the CJPO;
- Establishment of community liaisons with law enforcement agencies, especially the police through community policing; and,
- The community legal resource centres initiated by APAP in different towns, including Addis Ababa and Adama.

- **Establishment of a Separate System for the Administration of Justice**

The Ministry of Justice has established special investigation and prosecution teams with particular emphasis on prosecuting perpetrators of child abuse and neglect in each prosecution office (justice office) in Addis Ababa and Dire Dawa. Similarly, there are Women and Child Protection Units (WCPU) in various police stations in the country. There are ongoing efforts by government and non-governmental organisations to equip these units with the necessary human and material resources.

The number of child friendly benches dealing with cases of child victims as well as children alleged of violating the law is steadily increasing. The child friendly benches offer support to children who will testify in a court of law. The judges and prosecutors involved in such special benches are trained on child justice issues and techniques of handling children in the justice system. The child friendly benches are assisted by social workers to facilitate the communication between the child and the court as well as to provide emotional and psychological support to the children. Furthermore, children who require further psychosocial support are linked with child friendly services provided by government and non-government organisations.

Currently, three centres have been rolled out in Addis Ababa, Amhara, South Nations, Nationalities and Peoples Region (SNNPR) catering for children who are victims of abuse and violence where they can access comprehensive psychosocial and legal services. Such centers are modelled after the establishment of the Thutuzela Care Center in South Africa for survivors of gender based violence (GBV) to provide legal, psychological and medical services for women and children.

The Criminal Justice Policy of Ethiopia aims to promote recovery and reintegration of children in conflict with the law. It also recognizes the importance of taking steps leading to prevention of recidivism and the use of detention only as a measure of last resort.

The Criminal Justice Policy calls for the establishment of special institutions at federal and regional levels which will oversee the appropriateness of the measures taking into consideration:

- special needs and circumstances of the child;
- the principle of proportionality;
- laws, guidelines & programs to be revised and developed in line with the Constitution, national laws, international instruments and practices;
- Special investigators, prosecutors and courts created at different levels.

Child friendly courts which were previously limited to Addis Ababa are now established in the regions of the country. The establishment of these specialized structures contributed towards improved treatment of children coming in contact with the justice system as victims, suspects, accused and convicted.

### **8.2.3. Deprivation of liberty and alternative measures**

The ACRWC incorporates a number of basic principles on which a juvenile justice system should be based. The Charter requires that a child accused or found guilty of a crime is entitled to “special treatment” in a manner consistent with the child’s sense of dignity and worth and which reinforces the child’s respect for human rights and fundamental freedoms of others.

Although deprivation of liberty must be the last measure (Article 157-161 Criminal Code) there are several circumstances in which a child may be deprived of his liberty. According to the Ethiopian Criminal Procedure Code and the Criminal Code, the following are measures to be taken when the young person is convicted for an offence.

The Criminal Code grants discretionary power to the court to decide, on a case-by-case basis, and impose alternative measures, for children 9–15 years of age. Article 53(2) specifically states that alternative measures shall not be applied unless the child is convicted. In addition in no case can the court impose death penalty on a child that has not attained the age of 18 years (Article 117(1)). Types of alternative measures under the criminal law include

- Reprimand or censure (Article 160),
- School or home arrest (Article 161),
- Supervised education (Article 159),

- Admission to a curative institution (Article 158),
- Admission to a corrective institution (Article 162),
- Fines (Article 167) and
- Conditional release/probation (Article 168).

#### **8.2.4. Imprisonment**

The penalty of imprisonment may be imposed only when a young offender has committed a serious offence which is normally punishable with a term of rigorous imprisonment of 10 years or more or with capital punishment.

The penalty of imprisonment will not be ordered unless one of the special measures has been tried and has failed for the child in question; the penalty of imprisonment is not mandatory and the court may merely impose one of the lesser penalties even where the conviction is for an offence defined as "serious". Furthermore youth sent to a corrective institution may subsequently be transferred to a penitentiary institution, where his conduct or the danger he constitutes renders such a measure necessary or when he has attained the age of 18 years and the sentence passed on him is for a term extending beyond his majority. In such a case the court shall, in determining the duration of the detention take into account the time spent in the corrective institution and the results, favorable or otherwise, thereby obtained (Article. 173 (2)).

In order to protect juvenile offenders and to enable their rehabilitation in no circumstances can judgments concerning juveniles be published. The measures and penalties may be entered in the police record merely for the information of the official administrative or judicial authorities concerned. In no case shall excerpts from the record be communicated to third parties.

#### **8.2.5. Children of imprisoned mothers**

Federal Prisons Commission Establishment Proclamation No. 365/2003 provides that only infants less than 18 months old, who need close maternal care, may stay in detention with their mothers. The Commission, however, has the duty to provide all that is necessary to the health and care of the infant.

Some women who have to spend time in prison because of offenses they committed are forced by circumstances to take their children to prisons with them. The mothers may take their children to prison with them for lack of a functioning care arrangement for their infants and children. In such cases, it is clear that the children who must stay in prison with their mothers are deprived of more than just their freedom. They are deprived of natural social situations where they can be socialized. In addition to the unnatural psychological and social environment, the mothers have no means of providing them with an education, which can have a devastating impact on their children's future. To combat this problem, Prison Fellowship Ethiopia initiated a project with to provide formal education to the children, and skills training to the mothers.

The programs are currently operational in 90 prisons in the country. More than 100 children have been enrolled in classes, and the women have acquired skills in tailoring and embroidery that

will help them find jobs upon their release. The prison administration provided the space for the classes and Prison Fellowship brought in pre-school teachers for each participating prison. The children are given certificates for completing Kindergarten and then go on to primary school classes. The project provides food, clothing and class materials for the children as well. Prison Fellowship Ethiopia is also working to renovate the prison cells to provide for healthier living conditions for the prisoners.

Taking advantage of the government's Criminal Justice Reform Programme, Ethiopia has developed training seminars for justice officials on Human Rights and Criminal Justice in several locations with support from the Supreme Court of each region on topics such as human rights standards in the criminal justice system, the handling of prisoners and the accused and the role of police and prosecutors in handling prisoners and the accused.

Along with its work in the criminal justice system, PFE is working with the Evangelical Church Association and local Ethiopian Orthodox believers to raise awareness among churches about justice issues. The Ministry trained church leaders in restorative justice with the purpose of encouraging church participation in victim offender reconciliation programmes.

With regard to the administration of juvenile justice, the Criminal Code incorporates basic principles on administration of criminal justice such as the rule of no crime and no punishment without the law, non-retroactivity, presumption of innocence, right to confrontation, right against self-incrimination, right to counsel, and right to review. In Ethiopia, cases of child offenders are heard both in regular courts and in a juvenile court that was established in Addis Ababa in 1959, prior to the issuance of the Criminal Procedure Code of 1961. This court was empowered to hear and decide cases of child offenders. Juvenile cases outside the capital city are handled by woreda courts.

### **8.3. Children in situations of exploitation and abuse**

In addition to the Comprehensive Child policy which puts elimination of child labour as one of its objectives the two national action plans relevant to the promotion and protection of children from abuse and exploitation include the National Plan of Action for Children (2003 – 2010) and the National Action Plan on Sexual Abuse and Exploitation of Children (2006 - 2010).

#### **8.3.1. Economic exploitation including Child Labour (Article 15)**

In addition to the constitutional provisions protecting the rights of children the Criminal Code criminalises most forms of violence against children including sexual offences such as rape (Article 620-628), trafficking in children (Article 597 and 635), and prostitution of another for gain (Article 634). The criminalisation also extends to acts of HTPs in general with specific provisions on abduction (Article 587-590), female genital mutilation (Article 565 and 566), early marriage (Article 649), bigamy (Article 650) and endangering the lives of or causing bodily injury to children (Article 561-563). Article 576 of the Criminal Code also criminalises the ill treatment, neglect, over tasking and/or beating of minors by parents, legal guardians and other custodians.

- **Child labour**

The revised Labour Law Proclamation No.377/2003 provides important provisions to protect children younger than 14 years of age not to engage in employment and defines working conditions for young workers who are between 14-18 years of age. Article 89(3) of the Proclamation prohibits employment of young persons in occupations which may endanger the life, or health of the young worker. Accordingly it is prohibited to employ young workers in work which on account of its nature or due to the condition in which it is carried out endangers the life or health of the young workers performing it. The list of activities prohibited to young workers includes:

- Work in the transport of passengers and goods by roads, railways, air, and internal waterways, docksides and warehouses involving heavy lifting, pulling or pushing or any other related type of labour;
- Work connected with electric power generation plants, transformers or transmission lines;
- Underground work, such as mines, quarries and similar works;
- Work in sewers and tunnels;

Regarding length of work normal hours of work for young workers shall not exceed seven hours a day (Article. 90). It is also prohibited to employ young workers on night work between 10 p.m. and 6 a.m., overtime work, weekly rest days or public holidays (Article. 91).

A National Plan of Action (2010-2014) was developed to guide and coordinate a national labour response in the country. Another instrument developed to bring about conducive working environment for children and women is the decent work country program implementation plan (2009-2012). In addition, there are other policies and plans of action under preparation, including a national plan of action against worst forms of child labour. On the other hand, the Government has been engaged in creating educational opportunities which, in turn, will reduce child labour and reduce the extent of large scale economic exploitation of children. The different instruments are expected to meet the needs of youth looking for their first jobs, stimulating and improving the diversity of choice and enhancing their contribution to the country's overall development.

Several national and regional level sensitization programs are carried out to create awareness on child labour, by using printed and electronic media, panel discussions and public rallies. About 12,000 children who are victims of labour exploitation in Somali region, have benefited from provisions of school fees and school materials, to help them continue with their education. There were awareness creation efforts through 125 community conversation sessions involving members of the community on the theme of child trafficking and child labour. There is as well extensive awareness creation and dialogue activities on the media concerning child labour and the role of the community to combat trafficking and exploitation.

Personal and professional level skills training are provided to prepare young girls for self-employment and/or access to family income. These measures, which are taken in accordance with the objectives of the ILO Convention 182, aim to gradually eliminate the worst forms of child labour.

### 8.3.2. Child sale/ trafficking and abduction (Article 29)

- **Legal protection**

The Criminal Code included provisions that criminalize trafficking of women and children for the purposes of sexual or labor exploitation. It also criminalizes the acts of a person who makes arrangements or provisions of any kind for the procurement of or trafficking of human beings.

The act of trafficking in women and children for the purpose of exploitation including begging is equally punishable regardless of its territorial and cross-border manifestations. The act of illicit trafficking in teenagers or keeping such persons for the purpose of sexual exploitation or similar acts is punishable under the law.

**Trafficking (Criminal Code Art 597):** Whoever by violence, threat, deceit, fraud, kidnapping or by the giving of money or other advantage to the person having control over a woman or a child, recruits, receives, hides, transports, exports or imports a woman or a minor for the purpose of forced labour, is punishable with rigorous imprisonment from five years to twenty years, and fine not exceeding fifty thousand Birr.

**Enslavement (Article 596):** Whoever forcibly enslaves another, sells, alienates, pledges or buys him, or trades or traffics in or exploits him in any manner; or keeps or maintains another in a condition of slavery, even in a disguised form, is punishable with rigorous imprisonment from five years to twenty years, and fine not exceeding fifty thousand Birr.

Where the crime is committed against children, women, feeble-minded or sick persons, the punishment shall be rigorous imprisonment from ten years to twenty years.

**Abduction of a Minor (Article 589):** Whoever abducts another by violence, or commits such an act after having obtained his consent by intimidation or violence, trickery or deceit, is punishable with rigorous imprisonment from five years to fifteen years.

When the crime is committed against an insane, feeble-minded or retarded minor, one not fully conscious, or one who is incapable or has been rendered incapable of defending himself or of offering resistance, is punishable with rigorous imprisonment from seven years to twenty years.

In addition carrying off, abducting or improperly detaining an infant or a young person in order to deprive his parents or lawful guardians of his custody is punishable with rigorous imprisonment not exceeding five years.

**Habitual Exploitation for Pecuniary Gain (Article 634):** Whoever, for gain, makes a profession of or lives by procuring or on the prostitution or immorality of another, or maintains, as a landlord or keeper, a brothel, is punishable with simple imprisonment and fine.

- **Institutional framework and implementation measures**

Measures taken to combat child trafficking and abduction of children includes the following:

- Formulation of a national plan of action for elimination of worst forms of child labour (2010-2016) which was adopted by MOLSA.

- According to Article 597 of the criminal code, the penalty for perpetrators of child trafficking is imprisonment for 5-20 years. Articles 635-638 also deal with trafficking in women and minor in detail. The offences are punishable from 3-10 years of imprisonment and a fine up to 20,000 birr.
- Controlling measures are introduced to check, whether children are traveling with their parents or other legal guardians in public transportation services. This system helps to protect the children from trafficking.

Trainings and awareness raising programs are organized for justice personnel, drivers of public service vehicles, the staff and attendants of bus terminals, mediators and police members about the negative consequences of child trafficking. Efforts are also being done to involve them in the preventing and controlling the problem.

In the Regional States of Amhara, SNNP and in Addis Ababa, where trafficking is prevalent, the Government has established trafficking checkpoints in selected bus stations. This control mechanism is implemented through offices set up for this purpose and implements steps such as including detaining and reuniting trafficked children with their families.

A National Task Force is established in 2011 to take coordinated action with the view to tackle trafficking in women and children from the country. MOLSA and the MOE have worked in partnership with the International Organization for Migration (IOM) in prevention and several counter-trafficking activities. Women and Children's Trafficking Monitoring Directorate was also established at the Ministry of Foreign Affairs, which has also agreed to designate Labor Attaches within the Ethiopian embassies abroad to deal with the growing problem.

120 male and 30 female border security members working in border areas are trained on child trafficking. In addition, training is provided on alternative child care methods to different stakeholders.

#### **8.4. Drug Abuse (Article 28)**

With regard to the penal measures, Article 525(2) of the Criminal Code states that involving children in producing, making, trafficking in or using poisonous or narcotic and psychotropic substances can lead to a rigorous imprisonment of 10 years and a fine of 200,000 birr. One of the health objectives of the Child Policy on the other hand is preventing exposition of children from drug use and facilitating rehabilitation of children that are already victim to drug use.

The Health Policy places a great deal of emphasis on prevention. Thus, the country has implemented a number of programs to minimize the multidimensional consequences of drug abuse including tobacco, alcohol, chat and other social drugs. To this end, the Drug Administration and Control Authority (DACA) organized a series of training and workshops to parliamentarians, health professionals, social workers, law enforcement officers, journalists, youth, students etc.

The Drug Abuse Prevention Education (DAPE) program that is being run in many secondary schools is proving very effective. The best practice learned from the school-based program is taken as a model for use in out-of-school settings, targeted to address the groups most at risk in the - the youth. Regular awareness raising programs focusing on drugs and other substances like tobacco, chat, alcohol etc. are being aired on radio programs in different languages. Efforts are being made to expand the program to reach to the wider community through the national TV. World-No-Tobacco Day was celebrated for the past several years in the country using electronic and print media.

Alcohol factories are also made to prohibit distribution or sale of their products for children below the age of 18 years. Accordingly the factories put a notice in commercialization of alcoholic drinks.

Although there are efforts to curb the use of drugs, as demonstrated in a recent action by the police in Addis Ababa, which resulted in closing premises where illicit drugs are sold, the growth of private ‘*chat*’ houses, and pornographic film and video houses still remain an uncontrolled challenge.

#### **8.5. Illicit transfer and non return**

The illicit transfer and non-return of children is a criminal offence as stated in the current Ethiopian legislation. The Ethiopian Criminal Code prescribes various degrees of punishment for the abduction and illicit transfer of children. Abduction of a minor (Article 589), Substitution of an Infant for Another and Taking Away of an Infant belonging to Another (Article 590) and Failure to Produce a Minor (Article 592). Cases of internal and out of country illicit transfers of children without the consent of their parents have been reported and several efforts have been made to prevent this. A Child Trafficking Unit is established at the central bus station through which many of the trafficked children enter Addis Ababa. Trafficked children identified by the aforementioned unit are referred to various services provided by the government and NGOs. Nevertheless, illicit transfer still exists and the Government is working to tackle the problem. National committee was established in the Ministry of Foreign Affairs to oversee and monitor child trafficking and mobility. The Ethiopian Police force is also working in collaboration with relevant international organizations active in prevention of child trafficking around the world.

#### **8.6. Sexual Exploitation and Sexual Abuse (Article 27)**

- **Legal protection**

The gravity of the penalty for the case of child sexual abuse is increased on the revised criminal code of the country. The act of sexual abuse or, sexual outrages on minors and infants, as the Criminal Code puts it, is strictly prohibited. The Criminal Code provides:

**Sexual Outrages on Minors below the age of Eighteen Years (Article 626):** Whoever performs sexual intercourse with a minor of the opposite sex, who is between the ages of thirteen and eighteen years, or causes her to perform such an act with her, is punishable with rigorous imprisonment from three years to fifteen years. When the minor is a male child the crime is punishable with rigorous imprisonment not exceeding seven years. Where the victim is the pupil,



apprentice, domestic servant or ward of the criminal, or a child entrusted to his custody or care, or in any other way directly dependent upon or subordinate to him, the punishment is rigorous imprisonment from five years to twenty years. when the minor is below the age of 13 years the punishment is aggravated to rigorous imprisonment from thirteen years to twenty-five years (Art 627).

**Indecent act:** Any other indecent act upon a minor, of the opposite sex is punishable with simple imprisonment not less than three months or with rigorous imprisonment not exceeding five years. Where the victim is the pupil, apprentice, domestic servant or ward of the criminal, or a child entrusted to his custody or care or in any other way directly dependent upon or subordinate to him, the punishment is rigorous imprisonment from three years to ten years.

In all cases involving rape or sexual outrage (Arts. 620-627), the punishment is rigorous imprisonment from five years to twenty-five years, where the relevant provision does not prescribe a more severe penalty:

- e) Where the victim becomes pregnant; or
- f) Where the criminal transmits to the victim a venereal disease with which he knows himself to be infected; or
- g) Where the victim is driven to suicide by distress, anxiety, shame or despair

**Traffic in Women and Minors for prostitution (Article 635):** Whoever, for gain, or to gratify the passions of another traffics in women or minors, whether by seducing them, by enticing them, or by procuring them or otherwise inducing them to engage in prostitution, even with their consent; or keeps such a person in a brothel to let him out to prostitution, is punishable with rigorous imprisonment not exceeding five years, and fine not exceeding ten thousand Birr, subject to the application of more severe provisions, especially where there is concurrent illegal restraint.

**Child pornography (Article 644):** publicly displaying by video, or in a shop window, in a booth or in any other place visible from without, writings, images or objects such as to stimulate unduly, to pervert or to misdirect the sexual instinct, or to arouse or to stimulate unduly brutal or bloodthirsty instincts, or anti-social feelings or feelings which are inimical to the family spirit, in minors; or knowingly offers, lends, gives or sells such objects, images or writings to a minor, is punishable with simple imprisonment from six months to three years, and fine, without prejudice to the forfeiture of the incriminating material where appropriate.

- **Institutional framework and implementation measures**

Sexual abuse is widespread in urban centers, especially among vulnerable groups such as orphans and homeless children. In order to alleviate the problem, the Government has developed a national strategy to prevent and mitigate violence against children. In 2006, MOLSA formulated a national plan of action on sexual abuse and exploitation of children (2006-2010) with the overall goal of reducing the impact of commercial sex work on children. The National Steering Committee on Sexual Abuse and Exploitation of Children is also established in 2005

comprising both governmental and non-governmental actors to assist in combating the social catastrophe.

Recognizing the prevalence and magnitude of the problem of VAWC and as a result of the 1<sup>st</sup> Gender Justice in Africa Colloquium held in South Africa in 2006, The Ethiopian Government took a step to establish a National Coordinating Body and developed an 'Integrated and Multi-Sectoral Approach to Prevent and Respond to Violence against Children' in coordination within the justice and other key sectors.

The Government has made efforts to implement awareness raising and educational measures to support physical and psychological recovery of victims through training of professionals, resource allocations, and implementation of a comprehensive policy. A large number of awareness and sensitization programs which targeting community members with information on women's rights, child rights and violence related issues have been implemented by government and NGO actors. The MOJ, CJPO, MoWCYA, Ethiopian Human Rights Commission (EHRC), the International Organization for Migration, Ethiopian Women Lawyers' Association (EWLA), *Tsotawi Tekat Tekelakay Mahiber* (TTTM), *Zema Setoch*, Network of Ethiopian Women Associations (NEWA), ACPF, ANPPCAN-Ethiopia, APAP, members of the Save the Children Alliance are the main partners in this respect.

Rehabilitation measures have also been organised for victims in different hospitals. MOJ in collaboration with Addis Ababa Health Bureau and other members of the National Coordinating Body is establishing an integrated care and justice centre in Ghandi Hospital and Hospitals in Dire Dawa where multi-sectoral victim support services including investigating police, prosecutor forensic police, nurses and social workers work together.

The efforts made by the formal justice system structures were supplemented by a number of training and capacity building interventions implemented by NGOs.

In view of that staffs of victim protection structures and law enforcement and judicial structures have been provided with trainings aimed at building their capacities to respond to VAWC. The Ministry of Justice, the Federal Supreme Court, and the Federal Police Commission have developed curricula to sensitize and train police officers, prosecutors, and judges on child rights, ways of responding to reported incidents of VAWC, and handling of child victims. Training centres such as The Federal Training Centre for Prosecutors and Judges, the Federal Police University College, and regional police training centres have also integrated child rights, women's rights and VAWC within their respective curricula. As part of the Business Process Re-engineering (BPR), Prosecutor-led investigation and Real Time Dispatch (RTD) benches have been introduced at the federal and regional levels.

To maintain victim friendly approach to investigation of cases a Manual on Investigative Interview is developed by the Child Justice Project Office of the Federal Supreme Court. Additionally, a Child Justice Guideline for Dealing with Witness and Surviving Children in the Justice System is developed by the Child Justice Project Office of the Federal Supreme Court.

The Federal First Instance Court (FFIC) has established a victim-friendly bench that handles cases involving victims of VAWC using a closed-circuit TV to protect child victims from facing the perpetrator and public while testifying in court. The FFIC has also established a family court to adjudicate, among other cases, family disputes affecting the best interests of children, and custody, and adoption proceedings

The Special Prosecution Unit dealing with cases of VAWC under the MOJ has deployed social workers who provide counselling to survivors of violence while they are in preparation for court hearings. Support is provided to child victims and witnesses by experts in a way that is friendly and sensitive to the privacy and personal safety of the persons involved. The Federal First Instance Court (FFIC) and the Child Justice Project Office of the Federal Supreme Court (FSC/CJPO) assigned social workers in the victim-friendly and family courts.

The MOJ, with financial support from UNICEF has established a Centre for the Investigation and Prosecution of VAWC within the premises of the Lideta Division Federal First Instance Court in Addis Ababa. However, there is a plan to conduct prosecutor-led investigation of VAWC cases at the sub-city level in Addis Ababa and Dire Dawa cities and to strengthen the Centre by teams of specialized prosecutors who supervise and monitor whether the investigation of VAWC have been conducted effectively and thoroughly at sub-city level.

#### **8.7. Other forms of abuse and exploitation such as begging, early pregnancy, etc (Article 29(b))**

Physical harm, abuse and exploitation are inimical to the holistic survival, protection and development of the child. Cognisant of this fact, the legal and policy framework in Ethiopia has aimed at providing some measures of protection to children to ensure their holistic protection and development.

The FDRE Constitution recognises the right of every person, including children, to protection against bodily harm and to protection against cruel, inhuman and degrading treatment and punishment (Articles 16 & 18). It also provides for the right of every child “to be free from corporal punishment or cruel and inhuman treatment in schools and other institutions responsible for the care of children.

The Criminal Code criminalises most forms of violence against children including sexual offences such as rape (Article 620-628), trafficking in children (Article 597 and 635), and prostitution of another for gain (Article 634). The criminalisation also extends to acts of HTPs in general with specific provisions on abduction (Article 587-590), female genital mutilation (Article 565 and 566), early marriage (Article 649), bigamy (Article 650) and endangering the lives of or causing bodily injury to children (Article 561-563). Article 576 of the Criminal Code also criminalises the ill treatment, neglect, over tasking and/or beating of minors by parents, legal guardians and other custodians.

The Child Policy explicitly affirmed the commitment of the Ethiopian Government to ensuring the welfare of, especially the disabled, the elderly, as well as that of orphaned and abandoned children. Regarding the welfare of children, the policy is committed to implementing all international standards and to provide appropriate and comprehensive services to children to ensure their development. The Policy directs the State to make every effort to create an environment conducive to addressing problems of children in especially difficult circumstances, promote conditions that will enable orphaned and abandoned children to get assistance, and find appropriate and effective ways and means of dealing with the problems of children with physical and mental impairments. In relation to institutions for the care and education of children the emphasis of the Policy is on promoting child-development-oriented care and services to children through support and incentives, and support to the establishment and operation of child welfare and development organizations and services by appropriate organs of government, communities, non-governmental agencies, voluntary associations and individuals. The Developmental and Social Welfare Policy also played a significant role in directing the activities to protect wellbeing of vulnerable children.

### **8.8. Children victims of harmful social and cultural practices**

Article 21 of the ACRWC clearly provides for a normative standard so as to minimize and, with time, abolish the negative impact of harmful traditional practices and customs on children. This is indeed an important provision reflective of African realities as the majorities of children on the continent are subjected to long standing traditional and customary law and practices which curtail their well-being and protection. The challenge that some traditional practices and customs (also in the form of customary law) pose for the advancement of children's rights in Ethiopia is immense, thus hampering the realisation of the best interests of the child.

The FDRE Constitution provides that everyone has the right to protection against bodily harm and the right to protection against cruel, inhuman or degrading treatment (Articles 16, 18). According to Article 36(1, d) of the Constitution, children, particularly have the right not to be subjected to exploitative practices. The right to protection from violence and harmful traditional practices is enforced under the various provisions of the Criminal Code. The revision of the Criminal Code was necessitated by the failure of the previous law to acknowledge the grave injuries and sufferings caused to women and children by reason of harmful traditional practices among other factors. Accordingly the revised law addresses various issues in relation to the right of children and women to be free from violence and harmful traditional practices (preamble of the Criminal Code)

#### **8.8.1. Any form of female genital mutilation (Article 21.1(a))**

All types of female genital mutilation (FGM) except type IV as per the 1995 classification by WHO are prevalent throughout Ethiopia. It is practiced by the followers of both Christian and Muslim religions. According to a baseline survey conducted by EGLDAM (*Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber*) in 1997 the overall adjusted prevalence of FGM was

73% which has decreased to 57% ten years later when EGLDAM's follow up survey was conducted in 2007. The most substantial decrease has been recorded in the regions of Tigray (21.2%) and SNNPR (30.8%) In the Oromia and Amhara regions, there was reported 20% decrease in the practice. Regrettably the survey indicates that the practice is on the rise in the Somali region, and reduction was negligible in the Afar region.

Survey conducted in 2005 shows 7.4% of women in Ethiopia had undergone FGM, with difference in prevalence varying significantly by region, ethnicity and level of education. More than half of the girls who have been subjected to FGM (54%) were exposed to the practice before their first birthday. Despite this high prevalence rates the practice is declining. Between 2000 and 2005, the rate of FGM declined from 80% to 70%.

- **Legal protection**

Under Ethiopian law FGM and other HTPs are recognized as violations of human rights. The Criminal Code includes the following detailed provisions on FGM and HTPs:

**Female Circumcision (Article 565):** Whoever circumcises a woman of any age is punishable with simple imprisonment for not less than three months, or fine not less than five hundred Birr.

**Infibulation of the Female Genitalia (Article 566):** Whoever infibulates the genitalia of a woman, is punishable with rigorous imprisonment from three years to five years. Where injury to body or health has resulted due to the act prescribed in sub-Article (1) above, subject to the provision of the Criminal Code which provides for a more severe penalty, the punishment shall be rigorous imprisonment from five years to ten years.

- **Other measures to combat FGM**

Implementation of the National Plan of Action for Gender (2000-2010) which particularly addresses gender based violence, FGM and other harmful practices by Sectoral Ministries, Regional Offices and NGOs contributed towards reduction of the practice. Reduction of the practice is as well attributed to the contribution of proper legal frameworks and non-governmental organisation initiatives. It is still a reality that the practice of FGM is still taking place however in varying degrees according to Ethiopia's geographical regions.

Although the FGM prevalence is still high, and adversely affecting the interests of children, local organisations like the Rural Reach Ethiopia, and Kembatii Menti Gezzimma –Tope are working tirelessly through public mobilisation and women empowerment in order to sensitise the Ethiopian nation on the harmful and inimical effects of the FGM practice on Ethiopian women andResistance due to deep rooted cultural values continues to be a challenge that requires sustained interventions in terms of raising awareness.

### **8.8.2. Betrothal of girls and boys and early and forced marriage (Article 21.2)**

The incidence of early marriages in African societies is a widely reported challenge. Despite the existence of laws in many African countries to regulate the age at which individuals marry, child

marriage is prevalent and Ethiopia is no exception. The imposition of a marriage partner on children or adolescents who are in no way ready for married life, and whose marriage will deprive them of freedom, opportunity for personal development, and other rights including health and well-being, education, and participation in civic life, nullifies the meaning and core of the best interests of the child.

- **Legal protection**

According to the Constitution (Article 34) every Ethiopian has a right to conclude marriage and establish family. Spouses also have equal right before, during and after marriage. In addition free and full consent of intending spouses is a precondition for conclusion of valid marriage. The government must enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited. (Article 35)

As per the Provisions of the family Code as well marriage can be concluded only by the free and full consent of the spouses that must attain the full age of 18 years (Articles 6 and 7). When the consent is extorted by violence, error or when the spouses are under age the marriage will not be considered as valid (Articles 13 and 14).

The Criminal Code on the other hand under Article 648 criminalizes early marriage. Conclusion of marriage with a minor apart from the circumstances permitted by the Family Code is punishable by rigorous imprisonment not exceeding three years, where the age of the victim is thirteen years or above, or rigorous imprisonment not exceeding seven years, where the age of the victim is below the age of thirteen.

Early marriage and early pregnancy have serious effects on the health of young girls. One of the more damaging results of early child-bearing is vesico-vaginal or recto-vaginal fistulae. However, robust media campaigns have been rolled out in Ethiopia to ensure that the public is aware of the harmful effects of early marriage, and a fistulae hospital (Hamlin Fistula International Hospital) was established to cater for women and young girls who have been subject to early marriage, to receive the adequate care needed for their health problems associated with early marriage. The National Plan of action for children aims to complement development objectives in all key sectors including protecting children from abuse, exploitation and violence.

### **8.8.3. Other forms of harmful social and cultural practices (Article 21.1(b))**

In a baseline survey conducted in 1998 by the National Committee on Harmful Traditional Practices on the different ethnic groups in the country, it was reported that there are some 88 forms of Harmful Traditional Practices (HTPs), 90% of which are found to have negative consequences on the physical and mental health of women and children. (Report of the Federal Democratic Republic of Ethiopia on the Implementation of the AU Solemn Declaration on Gender Equality in Africa, August 2006). According to EGLDAM's 1997 baseline survey and the 2007 follow up survey, other major harmful social and cultural practices that prevail in

Ethiopia include uvula cutting, tonsil scraping, milk teeth extraction, smearing cow dung and other substances on umbilical cord, and keeping babies out of sun. Through its regional offices and partners, EGLDAM keeps track of emerging practices and attitudes of people before and after interventions that are planned to bring about changes in attitude. Various national actions are being undertaken to raise awareness and change attitudes of the population by focusing on regions where the specific practices are prevalent.

- **Legal Protection**

**Bodily Injuries Caused Through Other Harmful Traditional Practices (Article 567):** Whoever, apart from the circumstances specified in this Chapter, inflicts upon another bodily injury or mental impairment through a harmful traditional practice known for its inhumanity and ascertained to be harmful by the medical profession, shall, according to the circumstances of the case, be liable to one of the penalties prescribed under the provisions of Article 561 or Article 562 of this Code.

**Transmission of Disease through Harmful Traditional Practices (Article 568):** Where the victim has contracted a communicable disease as a result of one of the harmful traditional practices specified in the above provisions, the penalties prescribed in this Code concerning the spread of communicable diseases shall apply concurrently.

**Participation in Harmful Traditional Practices (Article 569):** A parent or any other person who participates in the commission of one of the crimes specified in this Chapter is punishable with simple imprisonment not exceeding three months, or fine not exceeding five hundred Birr.

- **Other measures to combat HTPs**

The government promotes the abandonment of harmful practices in a number of national policies that cover population, health and women's issues. The Inter Ministerial Body established in 2008 is tasked with preventing and responding to GBV, including harmful practices. However, although laws criminalizing FGM and other harmful practices are in place, a comprehensive strategy or a national plan of action to promote the abandonment of harmful practices has yet to be developed.

Various government sector offices are actively involved in the fight against HTP spearheaded by the Ministry of Women, Children and Youth Affairs (MoWCYA) of the FDRE. The Ministry is heavily involved in mainstreaming HTP in its own and other sector programs. The regional Women's Affairs Bureaus and zonal Women's Affairs offices also place HTP high on their agenda and actively participate in advocacy, sensitization, education and other interventions on their own and/ or as members or coordinators of regional and zonal taskforces.

Major strategies to combat HTPs are through putting the issues on the agenda, raising awareness, changing attitudes among men and creating a functioning reporting system. Awareness raising is done through sustained interventions with the work of health extension work, media, and interventions of CSOs. Among the measures that are planned to be pursued in the pastoralist

areas under the PASDEP is found Studying and acting upon customs and cultural elements that prevent women from participation in development; stopping female genital mutilation and encouraging the application of laws against harmful traditional practices (PASDEP, 2006).

The national Association for Eradication of Harmful Practices (*Ye Ethiopia Goji Limadawi Dirgitoch Aswegaj Mahiber* (EGLDAM)) in collaboration with Norwegian Church Aid (NCA) is one of the major actors engaged in gathering national data and updating information relating to harmful social and cultural practices. The surveys conducted by EGLDAM provide follow up information on different practices, their prevalence in terms of geographical regions, socio-cultural factors influencing the prevalence of the practices, etc.

The Ministry of Health (MoH) is another government actor that actively participates in the eradication of HTP. HTP is mainstreamed in the training curriculum of health extension workers (HEW) and health workers continue to provide HTP related health education to the public. The MoH is promoting the eradication of HTP by participating in IEC/BCC programs through HEW that are assigned at community (Kebele) level.

The education sector is the other actor in the fight against HTP. The HTP issue has been mainstreamed in the federal and regional curriculum of all schools enabling students to know about the types, prevalence and negative effects of the various harmful practices. Clubs formed at elementary, junior and senior secondary schools specifically for HTP or in combination with HIV or other issues are playing significant role in sensitizing the school community, parents and the community at large.

The law enforcement sector (police, judiciary, prosecution and other legal implementers) having offices at all administrative levels is also actively involved in the eradication of HTP. Various training events on HTP have been organized for law enforcement agents at various levels particularly focusing on early marriage and marriage by abduction. Encouraging results are being obtained from the concerted efforts of the law enforcement bodies particularly in the area of early marriage and abduction and bringing related cases to courts.

A large number of non-government civil society organizations and professional associations are also actively working towards the eradication of HTP in the country, the most dedicated one being EGLDAM, the previous National Committee on Traditional Practices of Ethiopia (NCTPE), which was established in 1987 under the umbrella of the MoH and in 1997 became an autonomous chapter of the Inter African Committee on Traditional Practices Affecting the health of Women and Children (IAC) in 1997. EGLDAM has managed to bring together about 50 organizations, which fight against the practice of into the FGM Network through sharing experiences, lessons learnt and working strategies.

According to the enumeration during the EGLDAM follow up survey of 2007, some 164 NGOs were involved in anti HTP work throughout the country. All major religious denominations in Ethiopia have community development programmes that also undertake anti HTP activities and



have all taken clear position against HTP and FGM in particular and are involved in concrete measures towards elimination of the practices.

Professional associations such as the Ethiopian Women lawyers Association (EWLA) and health professional associations such as the Ethiopian Medical, Public Health, Midwives Associations and the Ethiopian Society of Obstetricians and Gynecologists-ESOG are taking steps against HTP. While the health professional associations are involved in creating discussion forums and producing research papers, EWLA provides free legal aid and court representation to affected women and is also actively involved in legislative reform with significant impact in the development of the Family and Criminal laws.

### **Constraints and Challenges**

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) Lack of a specialized juvenile court system with specialized judges;
- c) Lack of organizational capacity to reach the grass-roots level to combat harmful traditional practices;
- d) The alarming rise in number of HIV/AIDS orphan children and weak coordination/networking/collaboration among organizations supporting orphan and vulnerable children;
- e) Low participation of the community in the process of solving the problems of street children;
- f) Attitudinal problems of the community towards CEDC in general;
- g) Lack of financial and human power resources to minimize effectively the problems of vulnerable children;
- h) Inadequate coordinated and target-oriented advocacy work on various child-focused issues;
- i) Low enforcement of legislation to protect the rights and well-being of children.

## **Chapter Nine: Responsibilities of the Child**

### **9.1. Responsibilities of the child towards the parents, the family, the community and the state (Article 31)**

The Child Policy endorsed in 2011 came up with multifaceted protection and domesticates the provisions of the African Charter by also providing for responsibilities of the child. The Policy provides that children have an obligation towards their family, community, the government and other legally recognized societies and the international community. In the implementation of the children policy children bear the responsibility to

- Work toward unity of the family, respect family members, the elderly and give assistance whenever it is needed
- Preserve national unity and cooperation
- Provide service to their community using their abilities
- Contribute towards the moral integrity of the society through showing tolerance, peaceful communication and demonstrating positive values
- Report any occurrence that may put the interest and wellbeing of children in peril
- Have a meaningful participation in the evaluation and implementation of the child policy
- **Measures taken to strengthen positive practices**

Primary actors with regard to ensuring that children are raised in line with African values of having responsibilities towards their parents, siblings, extended family and community members are the family and community. The responsibilities are passed from generation to generation through various means such as cultural and religious ceremonies and rituals, folk lore, proverbs and other informal interactions. Communities are well aware of the importance of their roles to preserve the culture and pass on to the future generation. The work carried out by the Ministry of Youth, Culture and Sports and the Ministry of Education are among such initiatives which contribute to the revival and respect of traditional Ethiopian values.

In addition to the above, formal interventions are being carried out by educational and other institutions with the aim of passing information to children and youth about their responsibilities of contributing to their family, community and their country and preservation of their heritage. Civic and Ethical Education is included in the curriculum of all cycles of education. Children starting from grade 4 are thought their rights responsibilities, basic principles on democracy, rule of law, human rights, patriotism by a simple language and methodology that they can easily grasp.

A review of the first cycle education program conducted by the EHRC and the Institute of the Ombudsman recommended actions with regard to the status of the rights and responsibilities of the child is a major example in this respect. One of the recommendations was the incorporation of the rights and responsibilities in the ethical and civics education program given in schools.

The Ministry of Education recommends the existence of different child led groups to be operational in primary and secondary schools. Each school is required to have a minimum number of children's clubs which are chaired by children or co-chaired by teachers and students. Through the clubs, students are trained and encouraged to make decisions concerning areas of their interest and take responsibilities in leading and participating in the clubs. Welfare club, 'know your country' club, sports club, geography club, science club, and 'Teachers of tomorrow' clubs are among the most popular clubs in schools. For instance, members of welfare clubs raise financial and material resources to support disadvantaged persons who live in their communities. In some cases, students also raise funds to support the educational and physical needs of students in the same school and who are from disadvantaged families.

Girls' clubs are active in fighting against early marriage and other harmful traditional practices by reporting impending practices and providing support to victims of early marriage, sexual abuse and HTPs. Boys are also organized to work against sexual and gender based violence in schools and communities by engaging in pilot projects in Addis Ababa to enhance communications between parents and children about reproductive and sexual matters, and matters which are considered taboo and are rarely discussed among family members.

The Ethiopian Scouts Association also plays a significant role in instilling good values among students. The Association recruits and gives continuous training for the development of responsibility, positive thing, respect and tolerance. Scouts also work in the preservation of the environment through planting trees and involving in other environment protection activities.

Anti-HIV clubs also provide services to their communities by raising awareness and engaging in preventive work among adolescents and youth. Children are also thought the need to support people affected by HIV/AIDS including their friends and to refrain from discriminating and stigmatizing.

The involvement of teachers in assisting economically and socially disadvantaged students to support them to remain in schools is a positive tradition that existed in schools for many years. Teachers in many government schools voluntarily get together and pool resources to support students who face problems. They provide support in terms of advice, encouragement or educational materials. These activities are exemplary and are likely to be copied by students in the future. Students that are able to assist in these endeavors also participate together with the school community.

The responsibilities of children towards their country are also discussed in various mass media programs. Children's Programs on various media outlets attempt to create awareness and increase the knowledge of children on their countries history, their identity and the positive values that children must adhere to. The programs are presented in a child friendly manner. Children and youth from different regions also commonly organize themselves to provide practical services in literacy during the summer vacations.

As stated above, the concept of the responsibilities and duties of a child is highly entrenched in the Ethiopian culture which requires children to obey their parents, and to respect their elders and the community values. Schools are also the other avenue where duties and responsibilities of children towards their country, Africa and the international community as a whole are taught. Therefore, children ought to have access to schools and be actively participating in the abovementioned clubs and courses, to enhance their chances of fully understanding and fulfilling the latter concept of African unity, African values. Thus, more work is expected from all the stakeholders to instill this basic notion in all the children in the country.