



**Convention on the
Rights of the Child**

Distr.
GENERAL

CRC/C/129/Add.8
27 October 2005

Original: ENGLISH

COMMITTEE ON THE RIGHTS OF THE CHILD

**CONSIDERATION OF REPORTS SUBMITTED BY STATES
PARTIES UNDER ARTICLE 44 OF THE CONVENTION**

Third periodic report of States parties due in 2003

ETHIOPIA*

[27 April 2005]

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

TABLE OF CONTENT

LIST OF TABLES.....	I
ABBREVIATION AND ACRONYMS	II
FORWARD	- 2 -
INTRODUCTION.....	2
CHAPTER ONE	2
GENERAL MEASURES OF IMPLEMENTATION	2
CHAPTER TWO	2
DEFINITION OF THE CHILD	2
CHAPTER THREE	2
GENERAL PRINCIPLES.....	2
CHAPTER FOUR	2
CIVIL RIGHTS AND FREEDOMS	2
CHAPTER FIVE.....	2
FAMILY ENVIRONMENT AND ALTERNATIVE CARE.....	2
CHAPTER SIX.....	2
BASIC HEALTHCARE AND WELFARE SERVICES	2
CHAPTER SEVEN.....	2
EDUCATION, LEISURE AND CULTURAL ACTIVITIES.....	2
CHAPTER EIGHT.....	2
SPECIAL PROTECTION MEASURES.....	2
CHAPTER NINE	2
CONCLUSIONS.....	2
<i>ANNEXES</i>	2
<i>REFERENCE MATERIALS</i>	2

LIST OF TABLES

Table 1:	National Expenditure Summary	2
Table 2:	Number of Parents Trained in Breast Feeding between 1998/9 – 2001/2	2
Table 3:	Number of Children under Institutional Care	2
Table 4:	Number of Inter and Intra-Country Adoption	2
Table 5:	Number of Abused Children Reported to CPUs and Measures Taken (2000 – 2002).....	2
Table 6:	Young Offenders Reported to CPUs and Measures Taken (2000 – 2002)	2
Table 7:	Types of Activities and Number of Beneficiaries	2
Table 8:	Sources of Drinking Water by Residence	2
Table 9:	Teen-age Pregnancy and Motherhood age 15 - 19	2
Table 10:	Fund Disbursement By Region and Source, May, 2003.....	2
Table 11:	Number of VCT Centers by Region.....	2
Table 12:	Food Self -Sufficiency of Rural Household in Terms of Months, 2000.....	2
Table 13:	Changes in Living Standard Over the 12 Months Period by Place of Residence Year 2000	2
Table 14:	IEC Materials Distributed by FGAE, 1998 – 2001	2
Table 15:	Adolescent Family Planning Users at FGAE Youth Centers	2
Table 16:	Data on Special Education	2
Table 17:	Number of Young Children Participated in the Project and Type of Fields of Training....	2
Table 18:	Participation in Recreational Activities by Sex and Year	2
Table 19:	Percentage of Working Children Aged 5-17 Years by Work Status (In Percentage)	2
Table 20:	Employment Status of Children Percentage Distribution of Children who were Engaged in Productive Activities Aged 5-17 Years by Status of Employment	2
Table 21:	Provision of Services for Street Children, 2002.....	2
Table 22:	Number of Alleged Juvenile Offenders Reported to the Police, 1998-2002	2
Table 23:	Minors Detained In Juvenile Delinquents Rehabilitation Institute (JDRI)	2
Table 24:	Minor Detained in Addis Ababa Juvenile Delinquents Rehabilitation Institute (1998- 2003)	2
Table 25:	Number of Refugees and Country of Origin	2

ABBREVIATION AND ACRONYMS

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

GPI	- Gender Parity Index
HO	- Health Officer
HA	- Health Assistant
HAPCO	- HIV/AIDS Prevention and Control Office
IEC	- Information, Education and Communication
ILO	- International Labour Organization
IMR	- Infant Mortality Rate
JJPO	- Juvenile Justice Project Office
MCH	- Maternal and Child Health
MOLSA	- Ministry of Labour and Social Affairs
MOE	- Ministry of Education
MOH	- Ministry of Health
MOAg	- Ministry of agriculture
NA	- Not Available
NER	- Net Enrollment Rate
NFBE	- Non-Formal Basic Education
NGOs	- Non-Governmental Organizations
NMW	- Nurse Midwife
OVC	- Orphan, Vulnerable Children
PHS	- Potential Health Service
PNC	- Post Natal Care
PNP	- Pediatric nurse Practitioners
PWD	- Peoples with Disability
RH	- Reproductive Health
RNI	- Rate of Natural Increase
SD	- Standard Deviation
SIPAA	- Support to International partnership Against AIDS in Africa
SRH	- Sexual Reproductive Health
STDs	- Sexual Transmitted Diseases
TBA	- Traditional Birth Attendant
TTI	- Teacher Training Institute
TVET	- Technical and Vocational Education Training

UNAIDS	- United Nations Joint HIV/AIDS programme
UNICEF	- United Nations Children's Fund
U5MR	- Under Five Mortality Rate
UPE	- Universal Primary Education
USAID	- United States Agency for International Development
VCT	- Voluntary HIV/AIDS Counseling and Testing
WHO	- World Health Organization
WMS	- Welfare, Monitoring Survey

FORWARD

This report is the second five year of periodic report. The first five year periodic report of Ethiopia was submitted to the UN-CRC Committee in 1998.

The present periodic report covers the period of 1999-2003/04 and prepared pursuant to the provision of article 44 paragraph one of the CRC. The report was organized in accordance to the General Guidelines regarding the form and content of the periodic reports to be submitted by the state parities to the UNCRC Committee.

The report incorporated latest statistical information, and changes that have been made following the suggestions and recommendations forwarded by the UNCRC Committee on the initial and first periodic report. Furthermore, efforts made to implement the convention both by the government and non-governmental organizations are included in the report.

Primary and secondary sources are used to gather and compile information related to implementation of the CRC. Data are collected from governmental and non-governmental organizations both at federal and regional levels. Different legal documents, proclamations, policies and strategies, statistical abstracts, annual reports, etc are consulted during the preparation of this country report. Furthermore, successive consultative meetings have been conducted to enrich this report with relevant bodies.

Information which was already provided in the previous reports is not included in this report. Therefore, it mainly covers changes that have occurred during the reporting period.

INTRODUCTION

The Land and Its People

1. With its land area stretching to 1.26 square kilo meters, Ethiopia shares an international boundary with five countries. Having its longest borders with the Sudan in the west and Somalia in the east, it has common boundaries with Kenya in the South, Djibouti in the northeast and Eritrea in the north.
2. Although Ethiopia is known as the roof of Africa, its topography features spectacular contrasts. While its highest mountain top rises to more than 4500 masl, its depression falls to as low as a hundred masl. As a result of the spectrum of diversity in climate, the nation boasts a countless variety of flora and fauna some of which are endemic to Ethiopia.
3. The total number of the population estimated at 71,000,000[§] with almost equal proportion estimated between the two sexes . Being a developing country, the structure of the population exhibits a typically pyramidal shape in that the under fifteen age group accounts for forty-four per cent of the total and the over sixty-five constituting slightly more than three per cent. Though there are regional differentials, the average rate of urbanization is about fifteen per cent.

Demographic and Housing Characteristics

4. Among the population aged ten and above, half of the population is reported to be in marital union with significant variation between the sexes. While fifty-four per cent of the male are married, the proportion of the female rises to sixty-eight per cent. Moreover, the pattern of the marital status exhibits a geographic disparity in that while the proportion of the population in marital union stands at thirty-four per cent in urban centers, the figure rises to fifty-three per cent in rural areas.
5. Being a developing country, Ethiopia is a predominantly illiterate country with only twenty-seven per cent of its population having a literate status. As it might be expected, the literacy status has an urban-rural dichotomy as the proportion rises to as high as eighty-three per cent in Addis Ababa and falling to twenty five per cent in Amhara. Similarly, the literacy status also exhibits gender

[§] Child Labour Survey Report, MoLSA, CSA and ILO, Addis Ababa, 2001. As usual, the report is partial in that it did not completely cover the peripheral (nomadic) areas of Afar and Somali. P.18 For the purpose of consistency, all figures are taken from this report.

inequality in that while forty-three per cent of the male are literate, the proportion plummets to twenty-one per cent among women.

6. Reflecting the population and educational characteristics of the country, the nation has a relatively bigger household size which stands at an average of 4.6 persons falling to 4.1 persons in the urban centers.
7. The tenure status of the households again reflects the underdevelopment of the country. Referring to the arrangement under which households occupy a given living quarter, the tenure status of the households is dominated by non-owner occupation. In other words, it is forty-two per cent of the households that own the housing units they occupy.

Access to (Basic) Social Services

8. Given the limited expansion of the infrastructure, the access to basic social services of healthcare and education is extremely confined to the urban centers and the environs. As a result, under-five infant mortality stands at 160 per 1000 live births while the maternal mortality is 400-450 per 100,000. In a similar way, malnutrition appears widespread with fifty-one per cent of the children under five years being stunted [DHS, CSA, 2001]
9. Safe motherhood still remains inaccessible to a predominant majority of Ethiopian women. It is only twenty-per cent of the women that have access to medical pre-natal care and thirty per cent of the women in their reproductive age have a low BMI at birth. Moreover it is only eight per cent of the married women that practice any one of the family planning methods [Ibid].
10. The provision of child healthcare services is extremely inadequate. Of the total children between twelve and twenty-four months old, it is only fourteen per cent that are fully vaccinated. Among the children who had diarrhea within two weeks preceding the survey, only nineteen per cent that received ORS or RHF; or that only sixteen per cent of the children who suffered ARI were taken to a health facility [Ibid].
11. In a much similar way, the majority of the Ethiopian households do not have access to potable sources of drinking water. In deed, over seventy per cent of the households imbibe from either unprotected springs or rivers with significant residential differentials. In fact, access to potable source of water is limited to nineteen per cent of the households in the rural areas while it covers ninety one per cent in the urban centers [Child Labour Survey, Op. cit].

The Poverty Profile

12. According to available data the national economy grew on an average rate of 5.8 per cent between 1992/3-2001/2 exceeding over the average population growth of 2.89 per cent during the same period. Despite such a double rate of growth in real GDP over the growth of population, the real per capita GDP remained Birr 286 per annum, which is extremely smaller than the official poverty line drawn by the government, Birr 1400 per annum [SDPRP, MoFED, 2002].
13. The emergence of HIV and AIDS has fundamentally eroded whatever achievements were recorded. With a prevalence rate of sixteen percent, the pandemic is not only ushering in fundamental changes in the demographic pattern of the population but also, and more importantly, it is undermining the painful gains made with respect to healthcare, life expectancy and productivity [AIDS in Ethiopia, Fourth Edition, MoH, 2002].
14. The MoH reported that the rate of infant mortality declined after 1996/97. Although life expectancy was forecasted to consistently increase from forty-five to fifty-three years between 1989 and 2001, it instead fell to forty-three in 2001. Moreover, national pay-offs from investments in education has been contracting as AIDS-induced illness takes toll of the professional class [Ibid].
15. The devastation caused by the pandemic is also threatening the very social fabric of the nation, causing social havoc and economic crisis. According to the MoH, the number of AIDS orphans reached 1.2 million children aggravating the already sever problems of homelessness and the attendant social evils [Ibid]
16. Besides the current impact of the pandemic, future projections are also daunting development practitioners. The MoH forecasts that deaths from AIDS will increase from 189,850 in 1999 to a staggering 322,310 in 2014 by conservative estimates. The social, economic and political implications of such AIDS related morbidity and mortality are too immense to elaborate here.

Political Context

17. With the usurpation of power from the longest dynasty in the world by un-commissioned and middle ranking military officers in 1974, a brutal struggle for power was unleashed. The bloody war between the military regime and the opposition parties in different parts of the country was concluded by the coming to power of the current government in 1991.
18. The Government occasioned several changes in the Ethiopian polity. For one, Eritrea seceded becoming formally independent in 1993. Second, the federal governance system was introduced resulting in the creation of fourteen regional

states which later contracted to nine regions and two chartered cities. A two-tier system of parliament was created, viz., the House of Federation and the Houses of Peoples' Representative.

19. In the economic front, the (then) transitional government embarked on the structural adjustment with the objective of transforming the economy from being centrally planned to being driven by the forces of the “free market”. Two key elements of the structural adjustment decision were the removal of subsidy, including the contraction of public employment, and the “liberalization” of the foreign currency market.
20. Whatever the pros and cons, Ethiopia is now a federal state with the regions having an autonomous authority over local affairs. In the economic front, it is argued that the free market prevails with the forces of supply and demand determining prices, consumption, saving and investment.

Summary

21. Thus, the design and implementation of the second five-year plan on the UN Convention on the Rights of the Child ought to be viewed within the context of the and socio-economic environment as well as the devastation being brought by HIV and AIDS have had significant bearings on the implementation process of the CRC.

CHAPTER ONE

GENERAL MEASURES OF IMPLEMENTATION

A. Measures Taken to Harmonize National Laws and Policies with the Provisions of the Convention

The Constitution

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

Legislation

23. As a party to the Convention, the Ethiopian government has been revising legislations that do not tally with the provisions of the Convention. One crucial exercise in this front has been the revision of the Penal Code and its ratification coming into force since July 2004.
24. The revised Penal Code criminalized widespread traditional practices perpetrated against women and children. Although the previous Penalty Code, enacted in 1965, had articles (604-607) dealing with such practices as abduction and child trafficking, it lacked sufficiency both in scope and detail. The revised Penal Code incorporates new provision representing significant strides in criminalizing harmful traditional practices.
25. For one, the revised Penal Code criminalizes abduction regardless of the ultimate outcome of the act. In other words, abduction has become a punishable crime whether it led to the consummation of marriage or not. Moreover, if the woman sustains physical or moral injury, the perpetrator would be separately prosecuted for the crime. The Penal Code has also set a minimum punishment of five years and a maximum of twenty years. What need to be noted is that while the previous Penal Code provided for a maximum of ten years, it did not set a minimum punishment.
26. The second important inclusion in the revised Penal Code is the criminalization of female circumcision and genital stitching. While it punishes female circumcision by a prison term of no less than three months or a fine of no less than Birr 500, a rigorous prison term of three to five years await stitching.

27. A third improvement in the revised Penal Code pertains to the protection of women and children from abuse and exploitation which were not sufficiently addressed in the 1965 Penal Code. The Penal Code provides articles that punish criminals who engage in the abuse and exploitation of women as well as underage children in or outside Ethiopia. Engagement in the trafficking of women and children for any purpose now entails a rigorous prison term of three to twenty years.
28. Two important steps were also taken in the upholding of human rights. Proclamation #210/2000 was enacted in July 2000 establishing the institution of the Ombudsman. The Human Rights Commission was also set up by Proclamation #210/2000. Although the Ombudsman and the Human Rights Commissioner were appointed in June 2004, the institution has yet to become operational.
29. In a further confirmation of the provisions of the new Family Code, another law dealing with the issues of Vital Registration has been drafted and submitted to parliament for ratification. A Plan of Action on birth registration is also drafted.
30. Despite these important measures of harmonizing national legislations with the provisions of the Convention, there still exist significant gaps in protecting the rights of the child. The most fundamental of these gaps appears to be lack of effective juvenile justice system in the country. As a result, in many regions juvenile offenders are tried and convicted in adult courts. And several bottlenecks are encumbering the initiative to strengthen juvenile justice system in the country.
31. Among the problems entangling the emergence of a strong juvenile justice system, SC- Sweden identified the absence of promulgations incorporating additional provisions pertaining to children, the absence of community-based correctional programs, limited expertise of the law enforcement agencies in dealing with juvenile offenders and the lack of correctional facilities as the most prominent bottlenecks [SC Sweden, 1999]
32. Cognizant of the problems entangling the emergence of a juvenile justice system in Ethiopia, the Federal Supreme Court in collaboration with several NGOs has launched a programme entitled “Juvenile Justice Project Office” in June 1999. With the establishment of a Steering Committee, some efforts are already underway. Besides studying existing Ethiopian laws vis-à-vis the CRC, the programme has conducted training session for members of the law enforcement agencies as well as compiling information regarding intervention

instruments for the protection of the rights of the child. It has also been reported that a division dealing with juvenile offenders was designated in the Federal First Instance Court in Addis Ababa.

Policies and Strategies

33. Within these constitutional and legislative frame work, the government has designed several policies and strategies meant to tackle the severe level of poverty prevailing in the country. The government has issued the “Agriculture-led and Rural Centred Economic Policy, the Sustainable Development and Poverty Reduction Programme (SDPRP) and the on-going Civil Service programme.
34. Of direct relevance has been the formulation and implementation of the two National Plan of Actions for Children, spanning the period 1996-2000 and 2003-2010 and beyond. The latest NPA revolves around the central theme of “The World Fit for Children.” Besides these NPAs, a youth policy has been formulated after circulating among the various segments of the society for debate and consultations.

Non-Governmental Organizations

35. Complementing the efforts of the government in implementing the CRC the NGO community have been engaged in improving the well-being of the children. Numbering about seventy, the NGOs are working in the areas of:
 - ☞ Advocating the rights of the child;
 - ☞ Empowering marginalized groups;
 - ☞ Providing emergency relief; and
 - ☞ Building the capacity of grass root communal institutions.
36. The government has also ratified additional conventions regarding the rights of the child. By proclamation # 283/ 2000, the parliament endorsed the African Charter on the Rights and Welfare of the Child in its session as 4th July 2000. The Charter has been popularized among the general public every year on the occasion for the commemoration of the African Child Day, July 16.
37. Following the ratification of the convention with respect to the prohibition and immediate action for the elimination of the Worst Forms of Child Labour, ILO Convention # 182, a National Strategy is being drafted for implementing its

provisions. It ought to be pointed out that ILO convention on Minimum age, # 138, 1973 was also ratified by the government in 1999.

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

B. Existing or Planned Mechanisms at National or Local Level for Coordinating Policies Relating to Children and for Monitoring the Implementation of the Convention

Council and Secretariat

39. With the enactment of the comprehensive Policy on HIV and AIDS in 1998, the government set up the National AIDS Prevention and Control Council to coordinate and oversee the delivery of anti-HIV and AIDS services in 2000. Being multi-tiered, the national HIV and AIDS Council, NAC, at the federal level comprises of sector ministries, religious institutions, NGOs, the private sector and PLWAs. The NAC is presided by the head of the state. Accountable to the NAC are the National HIV and AIDS Prevention and Control Secretariat, NACS, the national Advisory Board, NAB, and the national Review Board.
40. Formerly established under the prime minister's office and now in the MoH, the NAC coordinates and facilitates the routine implementation of the anti-HIV and AIDS programmes. The NAB, elected by the NAC, acts as the executive arm of the NAC. With the head of the National Secretariat designating its chairperson, the NAB comprises of competent individuals representing MoFED, NAS, MoH, WAO, the association of PLWAs, CRDA, the Ethiopian Employer Federation, ESRDF and MoLSA.
41. Several sub-committees have also been formed under the NAS which are: the Advocacy Subcommittee, Education Subcommittee, Finance and Inspection Sub-committee, Capacity Building Sub-committee, Socio-Economic and Demography Sub-committee, Technical Sub-committee and Regional subcommittee. Moreover, other line ministries would be involved in one or more of these subcommittees. Besides, there is a programme coordination unit which has been temporarily established to coordinate the Ethiopian Multi-Sectoral HIV/AIDS Programme, EMSAP.

42. A replica of the Federal set up, the Regional AIDS Councils are composed of members drawn from the regional government, regional bureaus, religious institutions, NGOs, the private sector and PLWAs. Members of the RAB are assigned by the RAC. At the Woreda level, the Woreda AIDS Councils comprise members of the local administration responsible for the social sector who also chair the council, religious and community-based institutions, PLWAs and line offices having incumbencies at the Woreda level.
43. In the context of this institutional set-up, a Strategic Framework for the National Response to HIV and AIDS in Ethiopia was formulated by the NAC in June 2001. The Strategic Framework elaborates the national guiding principles underlying the prevention and control efforts in the country. After outlining the priority intervention areas numbering ten, it goes on to depict the institutional framework of implementation. Winding up, it enumerates strategies for the collection and compilation of monitoring and evaluation data.

Child Right Committees

44. Although both governmental and non-governmental actors have involved in the implementation of the provisions of the convention, the coordination of the activities has been entrusted to the Child Right Committees formed at the various levels of the government. While MoLSA chairs the National CRC, the regional counterparts are presided by regional BoLSA. At the Woreda level, the chief administrator heads these Woreda CRCs. Moreover, child right clubs have been flourishing across the nation mainly in schools.
45. The strengthening of existing, and the establishment of new Child Right Committees as well as clubs has been going on in the regions. Between 2002 and 2003/04 396 CRCs have been formed in regions.

Budgetary Allocation

46. As it might be gleaned from Table 1 below, the government's budgetary allocation for the social sector has been increasing over the years. As such, the total budget for the education sector increased from Birr 1.12 billion in 1990 E.C (1997/8) to Birr 2.17 billion in 1993 E.C (2000/1). In a similar way, the share of the healthcare services rose from Birr 390 millions to well over half a billion in the same period. Moreover, the expenditure on culture and sports registered an increment of nearly three times as it grew from Birr 30.6 millions to Birr 95.6 millions in the period under discussion.

Table 1: National Expenditure Summary

Sector	Ethiopian Fiscal Year											
	1990			1991			1992			1993		
	Recurrent	Capital	Total	Recurrent	Capital	Total	Recurrent	Capital	Total	Recurrent	Capital	Total
Education training	1120144313	395413784	1515558097	1515558097	441974669	1702825287	1338191535	300430407	1603727837	1576966133	601207300	2178173433
Healthcare	390217510	251577823	641795333	641795333	179256572	638361973	401942427	175803672	561932002	4321001'97	164556689	596656886
Labour & Social Affairs	55579646	15481847	71061493	71061493	14489435	67858981	57293469	5179638	62473107	64262656	2880513	67143169
Justice	346495216	-	346495216	346495216	-	388980787	410506103	-	410506103	502580346	-	502580346
Culture and Sport	19269538	11340070	30609608	30609608	8158862	30980288	21662334	22603981	44266315	84360856	11288911	95649767
Relief and Rehabilitation	115610295	87057651	202667946	202667946	36456803	156631779	276886382	181543998	458430380	211033436	396786267	607819703
Ministry of Water	57885219	337146976	395032195	395032195	292607026	359782049	90431376	273635743	364067119	101663646	347376071	449033717

C. Measures Taken to Make the Principles and Provisions of the Convention Widely Known

47. Besides the harmonization of actual laws and the creation of the institutional set up for the implementation of the CRC, awareness raising efforts have been underway both nationally, regionally and at the grassroots level. The African Child Day is commemorated every year and awareness raising workshops have been convoked at the various levels of the governance system.
48. More importantly, training session on the rights of the child have been conducted for members of the law enforcement community. The Juvenile Justice Project Office did enroll judges and police officers in a training session regarding the provision of the convention, the national legislative set up regarding juvenile offenders and their rehabilitation. At the grassroots level, the Child Right Clubs in the schools have been actively engaged in awakening their respective communities about the abuse and exploitation children are subjected.
49. By way of reaching diverse ethnic groups, a booklet containing the major provisions of the CRC have been translated into four of the major languages of the country. As such, the articles of the Convention were translated into Amharic, Oromiffa, Tigrigna as well as Somaligna, which were published. Besides, it may be recalled that the English version had been previously translated into eleven local languages. These translated publications were disseminated to the relevant institutions as well as the wider public.
50. Supplementing these efforts of the government there have been the advocacy works of the various NGOs in promoting the rights of the child. In advocating the rights of the child, the NGOs.
- a) Bi-annually publish a newsletter as well as a pictorial booklets. These publications elaborate the article of the CRC in simple languages, which is enriched by pictorial presentations and the views of the children themselves. Posters and leaflets on the rights of the child were also occasionally circulated.
 - b) Conducted seminars for the various strata of the government including school principals and health professionals, social

workers, judges, prosecutors, police officers as well as representatives of the NGO community.

- c) Assisted the formation of child right clubs and Network of Child Rights Clubs.
- d) Some of them Awarded Child Rights Clubs of the schools with such prizes as tape recorders, megaphone, mini-media equipment, etc. The contribution of these infrastructures of advocacy to strengthening the capacity of the Child Rights Clubs remains to be crucial.
- e) Have tried to reach the wider public through sponsoring weekly radio programmes. As such, in collaboration with Ethiopian Radio, Radio Fan, FM 97 and regional media centers, lively discussions were held on issues related to the rights of the child.

D. Constraints and Challenges

- 51. Despite these efforts, there are multifaceted factors undermining a more effective implementation of the CRC. As they are constituted by the wider socio-economic-institutional environment, they can hardly be overcome within the context of the popular participation and concern in the implementation of the CRC.
- 52. For one, the gap in the legislative system (See par. 34-36) has still to be filled. Second, the institutional set up exhibits visible deficiencies;
- 53. Third, although CRCs are formed at the various levels of government, they are neither institutionalized nor systematized.
- 54. Lack of capacity at both zonal and Woreda levels. Worse still has been the adverse effect of the staff turn-over in the regional government structures which eroded the operational capacity built by the CRCs in some areas. As some of the staff could as well be members of the CRCs, their transfer means automatic removal from the CRC depriving the latter of the experience and knowledge they had accumulated as its member.

-
-
55. The adverse impacts of the severe poverty prevailing in the country manifests itself not only in the shortage of budgets and capacity but also in the increasing participation of many members of the community in the abuse and exploitation of children as a source of livelihood.
 56. Last but not least, the absence of specific policy on child welfare has further undermined the implementation process of the CRC. Given the absence of such policy pronouncements in some instances the needs and concerns of children are still dealt with at par with adults.

CHAPTER TWO

DEFINITION OF THE CHILD

A. General

57. As they still await review and amendment, the various legal codes either define the child variously or leave it open-ended. While the revised Family Code defines the child as a minor of either sex under the age of eighteen.

Age of Consent for Marriage

58. As per the recommendations of the UN-CRC-Committee, the minimum age in the consummation of marriage for both sexes now stand at eighteen years of age. It may be recalled that the previous Family Code had set the minimum age of marriage for girls at fifteen [See par. 29]

B. Age of Consent for Custody

59. Article 191, # 3, of the revised Family Code provides that in a custody case between couples where one of them would not give his/her consent and the child is ten or above, the court may decide on the custodianship upon hearing the opinion of the non-consenting parent and the child. Furthermore, Article 191, # 4, stipulates that where the child is not capable of consent, the court may decide on the custodianship taking into account the interest of the child.

C. Age of Consent for Medical Treatment, Surgery and Experimentation

60. Article 257, # 1, provides that the guardian shall see to the health of a minor. Moreover, Article 257, # 2, stipulates that the guardian take measures for the recuperation of the health of the minor in case the latter fell sick.

Age of Consent for Change of Name/ Identity/Guardianship

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

E. Legal Capacity to Inherit and Conduct Property Transaction

62. The Civil Code is premised on the argument that the sex, age or nationality of the child does not hinder the ascertainment of his/her right to succession. Besides considering adopted children on equal footing with biological ones, Article 835, # 2, of the Civil Code ascertains the rights of inheritance of foster children.
63. The revised Family Code prohibits that a minor who had not attained the age sixteen years cannot make a will as stipulated by Article 295, # 2. Moreover, Article 285, # 1, provides that although the guardian cannot make a will on behalf of the minor, he /she can nonetheless accept a will devolving on the latter. In matters concerning the pecuniary interests of the minor, he/she can be represented by the guardian as per Article 216, # 2.
64. By Article 261, # 1, the guardian shall receive the income of the minor and use it in the interest of the latter. But then, after the age of fourteen, a minor shall receive the income deriving from his/her work and freely dispose of it after making contributions to his/her maintenance.

F. Lodging Complaints and Seeking Redress before a Court or Other Relevant Authority

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

G. Constraints and Challenges [See Par. 34-37]

CHAPTER THREE

GENERAL PRINCIPLES

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

A. Non - Discrimination

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

68. There are also on-going assessments of the compatibility of the legal codes with international standards and conventions. As it has been pointed out earlier, although Article 581 of the Civil Code sets the minimum age of consent for marriage at fifteen for girls, the revised Family Code had raised it to eighteen at par with boys.

69. Following the introduction of the federal governance system, every region had begun to use the local vernacular as a medium of instruction in primary schools. Although the use of mother tongue in primary schools is an internationally accepted instrument, the practice posed educational problems for minority groups in a given region and in some areas it gave rise to serious controversy. Since the mid-nineties, however, a compromise was struck in such a way that separate schools were designated for minority groups in such big urban centers as Awassa, Nazareth, Shashemene, etc.

70. By way of accessing social groups to basic social services, a variety of intervention have been implemented [See Chapter Six and Seven]. A special attention was paid to creating educational access to marginalized groups living in peripheral areas. The MoE launched an Alternative Education Programme

targeting pastoral and semi-pastoral areas of the country. The Pastoralist Education Development Task force has begun a Basic Education Programme in Afar, Somali, Gambella and Benishangul Gumuz regions. As a result, 2000 children drawn from thirteen Woredas of the selected regions are now enrolled in schools. In order to enhance the enrollment of children from pastoralist and semi-pastoralist areas, a feeding programme has been launched in fifteen Woredas; the feeding programme is envisaged to benefit 102,000 children. The feeding programme has been undertaken in 106 primary schools located in these areas.

71. It has now become a foregone conclusion that stigma and discrimination inflicts as much a psychological blow as the virus on PLWAs or AIDS orphans. Cognizant of not only the need to ascertain basic human rights of those infected and affected by the pandemic but also the formidable obstacles posed by stigma and discrimination, the government has begun studying the legislative system so as to accommodate the new realities occasioned by HIV and AIDS. The MoJ is almost finalizing a draft law providing for the rights and responsibilities of PLWAs and AIDS orphans
72. The devolution of political power does certainly facilitates a better delivery of goods and services to all segments of the society, particularly children. In light of this, the government has embarked on decentralization so that Woredas can respond to the local (development) needs realistically. Notwithstanding the short term unfavourable conditions resulting from the lack of capacity and experience in the delivery of goods and services on the part of the Woredas, it is hoped that the long-term benefits of decentralization will surface and crystallize in due course.

B. Best Interest of the Child

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

processes concerning children and rules for the separation of the young from parents in correctional institutions and orphanages.

74. Reflecting the provisions of the Constitution, Article 113, # 2, of the revised Family Code states that “When giving decision on the dissolution of marriage, the court shall take into account the income, age, health and living condition of the spouses as well as the age and interests of the children as to which spouse shall have custody of the children.” It also provides for the views of the child to be considered in the decision. [See Par. 64]
75. Article 194, # 2, of the same code provides that “Before an agreement of adoption, the court shall decisively verify that the adoption is to the best interest of the child.”
76. The Labour Proclamation # 42/93 forbids the employment of children under fourteen and categorizes children between fourteen and eighteen as young workers. In stipulating the conditions under which this age cohort may be employed, it stated that young workers cannot be engaged in hazardous jobs and are protected from working overtime. It also prohibits them working after 10:00 pm and before 6:00 am. as well as on weekends and holidays. Moreover, the nation has ratified two of the ILO convention, C 138 and C 182.

C. Survival and Development

77. The child’s right to survival and development is enshrined in the Constitution. The child must have access to food, healthcare, education and leisure. The Constitution also stipulates that the child must be protected from harm, abuse and exploitation.
78. Article 219 and 220 of the revised Family Code provides that both parents have the responsibility for the proper upbringing of their child(ren).
79. The government has formulated socio-economic policies that are believed to accelerate the development of the country thereby improving the delivery of basic goods and services. Despite the legislations as well as efforts, a significant proportion of the children are still deprived of basic welfare due to the sever poverty prevailing in the country [See Par. 9-13]

D. Respect for the Views of the Child (Participation)

-
-
80. Besides the right to freedom of expression enshrined in the Constitution for all citizens, Article 14 of the Civil Code provides that every person, including a child, has the right to think and express his/her ideas freely. Moreover, Article 291, # 1, of the revised Family Code states that a minor shall be consulted in all important matters concerning him/her unless the latter is below fourteen years. Article 249, # 2, stipulates that the views of the child shall be invariably heard in case of decisions regarding the appointment or removal of guardians.
81. Pursuant to Article 12, # 1 and # 2, of the CRC, the government has been taking measures that enhance the opportunities in which children express their views. The MoE has been actively encouraging in the establishment of Student Councils in schools; as a result, children are now given the opportunity to get involved in the decision-making process of the educational system. Children are participating in education contest transmitted weekly on Ethiopian TV. Furthermore, in the preparation of the National Plan of Action for Children due emphasis was given to children's participation both in the coordinating body and consultation process.

Voting on UNICEF's Global Norton

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

82. Complementing these efforts of promoting respect for the views of the children, the NGO community had been collecting data on the opinion of Ethiopian children about their current status and future hopes. As such, SC Sweden collected responses from 1,500 children on ten major issues. The ten top priorities of children, as perceived by them are:
- a) proper care to street children and their reintegration into mainstream society;
 - b) an end to sexual harassment on girls through the institution of strict measures (to be) taken against the perpetrators;

-
-
- c) the provision of the basic needs of nutrition, healthcare, shelter and education;
 - d) ending the use of corporal punishment as an instrument of child disciplining;
 - e) the 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) ascertaining children's rights to get involved in matters concerning them;
 - h) the delivery of care and support services to children with disabilities;
 - i) ending harmful traditional practices perpetrated against children; and
 - j) ending female circumcision.
83. Although these are encouraging beginnings vis-à-vis promoting respect for the views of the child, they remain far from engendering the required level of outcome. Of formidable obstacle in undermining the efforts in promoting respect for the views of the child is the extreme level of poverty prevailing in the nation. Both individuals and families are too preoccupied with ensuring their basic survival to be concerned with rights of children. Besides poverty, harmful traditional practices, particularly early marriage and abduction, are counteracting against the efforts to promote respect for the views of the child.

CHAPTER FOUR
CIVIL RIGHTS AND FREEDOMS

A. Name and Nationality (Art. 7)

84. Article 36, # 1, of the Constitution enshrines the rights of every child to life, name and nationality. What may be noted is the fact that in Ethiopia citizenship is bestowed by virtue of genealogy.
85. As per the recommendations of the UN-CRC committee, earnest efforts are underway to set up an effective system of Vital Registration. As it has been mentioned earlier, a draft bill of Vital Registration has been submitted to the House of Peoples' Representative for ratification.
86. Although the draft bill has yet to be promulgated into law, a national workshop has convoked for members of the media so as to create awareness amongst them about 'The Need for Birth Registration.'
87. Moreover, a panel discussion involving public figures, intellectuals, community leaders and members of Woreda administration as well as child-focused NGOs was held on the topics of "The Need for Birth Registration" and "Systems to be Followed in Carrying out Birth Registration in the Country." The panel discussion was purposely made to coincide with the commemoration of the African Child Day, June 16. In connection with this occasion in 2003 representatives of the children submitted their appeal on birth registration to the parliament.

B. Preservation of Identity (Art. 8)

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

C. Freedom of Expression (Art. 13)

89. The Right of Thought, Opinion and Expression laid down in the Constitution apply to all citizens even though the statement does not specifically refer to children. Article 29, #. 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 kind, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any media of his/her choice.

D. Freedom of Thought, Conscience and Religion (Art. 14)

90. The Constitution in its Article 27, # 1, entitles every citizen to freedom of thought, conscience and religion. This right includes the freedom to hold or to adopt a religion or belief of his or her choice, and the freedom, either individually or in community with others, and in public or private, to manifest his or her religion or belief in worship, observance, practice and teaching.

E. Freedom of Association and Peaceful Assembly (Art. 15)

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

F. Protection of privacy (Art. 16)

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

G. Access to Appropriate Information (Art. 17)

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

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

Moreover, the broadcasting of commercial advertisement during children's programme is prohibited.

94. Addis Zemen, the daily Amharic newspaper, has a special page column to impart information to children and parents on child right and other related issues aimed at the promotion of the child's social, spiritual and moral well being. Addis Zena, a weekly private Amharic newspaper, has a two-page column containing pieces of advice, stories, facts, etc. suitable for children.

Another private newspaper, called “Brilliant”, aims at imparting information in the form of puzzles, short stories, questions, cartoons, etc. exclusively for children. A major private newspaper, the “Reporter”, usually carries issues of children both in Amharic and English.

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

H. The Right not to be Subjected to Torture or Other Cruel, Inhumane or Degrading Treatment or Punishment

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

97. A project called “A Campaign Against Corporal Punishment” initiated by a local NGO has been underway with the following objectives.

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

I. Constraints and Challenges

98. Although the draft law to conduct country wide birth registration is submitted to the House of Peoples’ Representatives, the need for human and financial resources to undertake country wide registration is thought to be expensive vis-à-vis the current economic situation of Ethiopia.

-
-
99. Furthermore, lack of awareness on the part of the majority of the population about the importance of birth registration as fundamental right of the child has undermined the output of the efforts to popularize Vital Registration.
 100. The prevalence of cultural barrier such as the social taboo of prohibiting children to speak, express their views, etc. in the presence of adult people seriously curtails the right of children to be heard.
 101. Exposure of children to pornographic material due to spread of illegal video films that have bearing effect on the well-being of children.
 102. Besides the cultural endorsement of corporal punishment as a tool of child disciplining, even professional teachers do not fully understand the importance of non-corporal disciplining methods.

CHAPTER FIVE

FAMILY ENVIRONMENT AND ALTERNATIVE CARE

Parental Guidance

103. In Ethiopia, the nature, content and manner in which parental guidance is delivered appears as varied as there are ethnic groups. Moreover, there are also class, religious and sex differentials impacting on the delivery of parental guidance. However, it may generally be asserted that parental guidance follow gender patterns in that the father is entrusted with up-bringing of boys while that of the girls is left to the mothers. Furthermore, decisions regarding such important turnings in the lifecycle of a child as school enrollment, the consummation of marriage or inheritance are usually made by elderly members of the extended family which may also include women. Children are rarely consulted.
104. The advent of a systematized delivery of educational programmes on parental guidance and child development may be traced to the mid-seventies. Both the government and the non-government sectors have been providing the services. The MoH, MoE and the MoRA have regular programmes of parental education. For instance, the MoH delivered education programmes on breastfeeding in six regional states.

Table 2: Number of Parents Trained in Breast Feeding between 1998/9 – 2001/2

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

Source: Data collected from six regional states.

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

Parental Responsibility

-
-
105. Article 50 of the revised Family Code states that the spouses shall have equal rights in the management of the family. The spouses, in all cases, cooperate to protect the security and interest of the family to bring up and ensure good behaviour and education of their children in order to make them responsible citizens.
 106. Article 52, # 1, of the same code stipulates that each of the spouses shall have an exclusive right of decision in matters concerning the upbringing of child(ren) whom s/he had before the marriage. And that Article 52, # 2, further states that any agreement to the contrary shall be of no effect.
 107. Article 219 of the same code also prescribes the responsibilities of the parents by stating that the father and the mother are, during their marriage, joint guardians of their minor children. In case of the death, disability, unworthiness or removal of one of the parents, the other shall alone exercise such functions.
 108. Despite these legislation provision, a significant proportion of Ethiopian child population remains deprived of parental guidance and responsibility. Although the efforts appear limited in scope vis-à-vis the magnitude of the problem, both the GO and NGO sectors are trying to fill the gap [See Chapter Six and Seven].

Separation from Parents

109. When the separation of parents is deemed to be absolutely inevitable, the court shall pronounce divorce. From the time the petition for divorce is brought before it, the court shall forthwith give appropriate order regarding the maintenance of the spouse, the custody and maintenance of their children and the management of their property. Article 5 and Article 6 of the revised Family Code declare that “Where circumstances absolutely require that one of the spouses leave their common abode, the court shall, when giving an order under Sub-Article 5 of this Article, take into consideration the interest of the child(ren) and the condition of the spouse who may be affected more by leaving their common abode.”
110. Article 113, # 1, of the same code further describes the custody of children. It states that the court shall, when deciding the dissolution of marriage, also decide as to which spouse shall have custody of the child(ren), care of their education, health, maintenance and the rights of the parents and the children to

visit each other. Children of 10 years and above can give their views in any proceedings of their concern. In Ethiopia, children are not separated from their parents while both parents live together or there are no external factors that separate children from their parents.

Family Reunification

111. Governmental and Non-Governmental organizations are involved in reunifying children. More than 6750 children have been reunified with their families and provided with a range of support services, with in the reporting period.

Recovery of Maintenance for the Child

112. Although the revised Family Code introduced some new principles, which give priority to the well being, upbringing and protection of children, it is stipulated that reconsiderations may still be vital regarding obligations to immediate provision of maintenance to minors[See Par. 116].
113. Some latest survey results have revealed that minors face difficulties due to irrelevant and long processes in judicial decisions to approve bequeath or provision of maintenance. Recommendations have been forwarded with regard to the judicial procedures of maintenance supply to be immediate and appropriate. It is hoped that measures shall be taken soon to resolve the problem.

Children Deprived of Their Family Environment

114. Although Ethiopian children could be deprived of their family environment for a variety of reasons, the CSA uses three categories, which constitute especially difficult circumstances for children. As such, orphans bereft of both parents, children who do not live with their biological mothers and children who reside in single adult households comprise of the segment living in especially difficult circumstances. Accordingly, the CSA estimates that 0.8 per cent of the children are bereft of their parents; fifteen per cent do not live with their biological mothers; and nearly eight per cent reside in single adult households. All in all, almost twenty-four per cent of Ethiopian children live in especially difficult circumstances. When the number of children orphaned by AIDS, which is estimated at 1.2 million, is considered, the final figure becomes staggering [DHS, CSA, 2000 and AIDS in Ethiopia, Fourth Edition, MoH, 2002].

115. Fully cognizant of the problems posed by the increasing number of children living in especially difficult circumstances, the government in collaboration with NGOs has been implementing child-focused interventions in the areas of basic healthcare, education and protection services[See the subsequent three chapters and also The Mid-Term Review on the 5th Country Programme of UNICEF, Sept. 2004].
116. Moreover, the government issued the Social Welfare Policy while the MoLSA formulated five guide lines to improve the quality of services delivered to OVC. The five guidelines dwell on Institutional Child Care, Community Based Child Care, Reunification, Foster Family Care and Adoption. As it may be seen from Table 3 below, the total number of children under institutional care stands at 6679 as of 2003.

Table 3: Number of Children under Institutional Care

Types of Institutions	No. of Children		
	Number of Institutions	Female	Male
Governmental Child Care Institutions	4	508	327
Non-Governmental Child Care Institutions	15	2186	1976
Religious Child Care institutions	11	677	405
Total	30	3371	2708

117. As it may also be noted, a preponderant majority of the children are being cared for in non-governmental child care institutions. As the austerity measures and the effects of structural adjustment had reduced the role of the government in institutional childcare, it conversely increased the share of NGOs in this area. Among the service provided by NGOs in the child care institutions, mention ought to be made of:

- a) the rehabilitative and development activities being undertaken for the disabled;
- b) the delivery of institutional childcare services and sponsorship;
- c) the provision of education support in formal, non-formal, day care, alternative basic education and vocational training;

-
-
- d) the feeding and rehabilitative programmes for street children;
 - e) the support extended to orphans;
 - f) the access created to basic health care services; and
 - g) the reunification of children with their families.

Child Trafficking

118. Although child trafficking for any purpose is punishable by rigorous prison term, it is reported to be widely practiced in Ethiopia. Child trafficking has been carried out both internally and externally. Given the illicit nature of the practice as well as the absence of a tradition in reporting rescued children, it becomes virtually impossible to obtain estimates of the magnitude of child trafficking.
119. Internal child trafficking has been carried out for a variety of ultimate objectives. In Ethiopia, children are trafficked for labour, prostitution and a source of income through begging. The most widely reported route of child trafficking is the southwestern area; children abducted from South and North Omo are brought to Addis Ababa and other regions via Shashemene.
120. On the other hand, external child trafficking has as its destiny the Arab countries. Although it is youngsters over eighteen years old that are usually abused in external child trafficking, very cruel reports have been reaching the public as to how these youngsters end up. Cases of inhuman exploitation and brutal treatment have reached the public; murder, insanity and inflicted disability were some of the outcomes of the external trafficking. As a response to the strong public outcry condemning the practice, the government intervened by regulating the practice of the so-called employment agencies that provide job placement services for Ethiopian women in the Middle Eastern countries. And, in the last couple of years or so, the practice of illicit external transfer of women seems to have abated.

Adoption

121. There are two forms of adoption in Ethiopia. While intra-country adoption, known as *Gudifacha*, is as old as living memory recalls, inter-country adoption is a rather recent phenomenon. As a very deep-rooted practice, intra-country adoption is a highly valued and socially endorsed act. Adopted children are

both legally and socially considered to be at par with biological off springs; they are entitled to all the privileges and benefits accruing the latter. Inter-country adoption, on the other hand, is concluded via the medium of the government, viz., MoLSA.

122. The exact number of adopted children may never be known particularly as it relates to its intra-country aspect. Tradition considers reporting adopted children to third parties as discrimination abominable to God and man. Thus, recorded cases of adoption can only include those that have been concluded through the medium of the government. As such, a total of 2760 children have been adopted in an inter-country agreement while the figure falls to 130 for intra-country between 1999/2000 and 2002/3.

Table 4: Number of Inter and Intra-Country Adoption

Year	Inter-Country Adoption			Year	Local/Private Adoption		
	Female	Male	Total		Female	Male	Total
1999/2000	275	249	524	1999/2000	4	7	11
2000/2001	361	306	667	2000/2001	13	18	31
2001/2002	388	371	759	2001/2002	8	18	26
2002/2003	434	376	810	2002/2003	19	43	62
Total	1458	1302	2760	Total	44	86	130

Source: Ministry of Labour and Social Affairs, 2003

Factors of Consideration in Approving Adoption

123. In its Article 815, the Civil Code stipulates that “Adoption cannot take place unless there are good reasons for it and it offers advantages to the adopted child.” Furthermore, Article 194 of the revised Family Code provides that the opinion of the child and of the guardian must be heard by the courts before approving the adoption. It may incidentally be noted that the revised Family Code had introduced changes into the concept and procedure of adoption so as to maximize the interest of the child to the highest possible degree.
124. As MoLSA is entrusted with the task of handling adoption agreements, it has set preconditions that must be met before the approval of foreign adoption. A foreigner can only be eligible for adoption if s/he is:

-
-
- a) able to produce a document certifying that the applicant's state law is consistent with the legal requirements of the Ethiopian law;
 - b) able to produce a document from a competent and accredited government body testifying the sufficiency of the income to raise the child;
 - c) able, in the case of being married, to produce a document certifying the consent of the other spouse to conjointly adopt the child and live up to the requirements;
 - d) willing to enter agreements obliging him/her to send reports in the 3rd, 6th month of adoption and every year till the child attains eighteen years; and
 - e) able to produce a document proving s/he is free of any incurable and/or contagious disease as well as free from criminal activities.

Age of the Adopter and the Adopted

125. While the revised Family Code stipulates that the age of the adopter should not be less than twenty-five, Article 185 of the same code provides that any person less than eighteen years old and under a guardianship can be adopted.

Parties to Agreement of Adoption

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

Revocation of Adoption

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

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

Abuse and Neglect

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

130. But in recent times, some form of data gathering mechanisms have emerged, particularly after the insertion of Child Protection Units in the police structures in few urban centres. Besides, the NGO community has been deeply engaged in protecting and rescuing children from situations of abuse and exploitation. It was reported in a bulletin by Forum for Street Children that in Addis Ababa, Dessie, Dire Dawa and Nazareth alone, a total of 3099 cases of child abuse had been reported to the respective CPUs between 2000-2002. It was further confirmed that a preponderant majority of the abused children, numbering 1707, were female.¹ And Addis Ababa has the biggest share with 1634 of the abused children drawn from the metropolitan.

Measures Undertaken

131. Realizing the need for a better protection of the rights of children, the government had taken several measures ranging from the ratification of conventions and the harmonization of national legislations through the

¹ Bulletin, Forum for Street Children, 2003, P. 27

prosecution of the perpetrators of child abuse to the design of intervention programmes.

Legislative Protection: following the ratification of the CRC, the government has been reviewing existing legislations with the objective of harmonizing them with the articles of the Convention. Besides the laws already discussed [See Par 25-33), a review of others is also going on.

Child Protection Units: although it has yet to be expanded reaching all the major urban centers of the country, the CPUs have been inserted into the police structure and the units are operational several towns including in Addis Ababa, Nazareth, Dire Dawa and Dessie. Besides protecting the rights of the child, the CPUs have been active in apprehending young offenders and bringing them to court. For instance, 3828 young offenders were reported to the CPUs in the four cities between 2000-02 and 1350 of these cases were sent to court for trial [Bulletin, Ibid].

Awareness Raising: in addition to the legal and institutional protection extended to children, awareness raising activities were also undertaken so as to sensitize the wider society regarding the rights of children. Between 2000-03, the four regions of Dire Dawa, Tigray, Amhara and SNNPR had held between them 2619 sensitizing workshops [Mid-Term Review, UNICEF, 2004, P.14].

Physical and Psychological Recovery : in light of the increasing incidence of child abuse [See Par. 118], it had become imperative to provide physical and psychological rehabilitation services for child victims. Both governmental and non-governmental actors are engaged in providing the rehabilitative services.

Child Abuse and Neglect Unit, Yekatit 12 Hospital

Run by the government with the financial and technical assistance of NGOs, the unit is attached to the pediatric section of the hospital. It provides comprehensive medical and psychological treatment to sexually abused children. Between July 2001-August 2002, the unit had provided medical and psychological treatment for 256 female children. Moreover, it is also reported that 730 abused children had received counseling services while 1333 were reunified with their families [Bulletin, Op. cit.]

Services for Abandoned Children

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

Constraints and Challenges

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

Table 5: Number of Abused Children Reported to CPUs and Measures Taken (2000 – 2002)

Case & Measures	Number of Abused Children														
	Addis Ababa			Dessie			Dire Dawa			Nazareth			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Total number of abused children reported to the CPUs	810	824	1634	209	131	340	269	573	842	104	179	283	1392	1707	3099
Victims reunified with their families	556	459	1015	24	10	34	143	132	275	6	3	9	729	604	1333
Victims referred to hospitals for medical evidence of abuse	420	370	790	108	69	177	60	91	151	47	95	142	635	625	1260
Victims who got medical evidences	335	218	553	66	39	105	9	2	11	33	86	119	443	345	788
Victims who received counseling services at CPUs	152	131	283	47	39	86	152	162	314	15	32	47	366	364	730
Victims who joined safe homes/temporary shelter program	22	76	98	11	13	14	-	-	5	5	10	15	38	89	127

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

Table 6: Young Offenders Reported to CPUs² and Measures Taken (2000 – 2002)

Case & Actions	Number of Offenders by City														
	Addis Ababa			Dessie			Dire Dawa			Nazareth			Total		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Total number of young offenders reported to the CPUs	2433	423	2856	314	64	378	238	151	389	163	42	205	3148	680	3828
Cases sent to hospitals for ascertaining medical evidences about their age	1351	255	1606	147	28	175	6	5	11	32	8	40	1536	296	1832
Cases sent to court for trial	1049	148	1197	82	10	92	29	11	40	21	-	21	1181	169	1350
Cases released on bail	850	110	960	9	-	9	2	1	3	5	4	9	866	115	981
Cases referred to the community based correction program	543	110	653	-	-	-	-	-	-	-	-	-	543	110	653
Cases immediately released from the police stations (being under age for criminal charge, lack of sufficient evidence for prosecution, arbitrated by CPU)	37	23	60	260	45	305	111	98	209	48	12	60	456	178	634
Cases whose age was ascertained by the hospitals	365	63	428	59	9	68	2	-	2	19	4	23	445	76	521
Case referred to remand home by court order	100	15	115	-	-	-	-			4	-	4	104	15	119
Cases set free by court order	26	9	35							1	-	1	27	9	36

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

² CPUs: Child Protection Units

CHAPTER SIX

BASIC HEALTHCARE AND WELFARE SERVICES

General

134. The government formulated a twenty-year Health Sector Development Plan spanning the years 1997 – 2007. Broken into four five-year development plans, the first phase was completed in 2002. The result of a review of the first five-year sector development plan showed that the coverage of healthcare services had risen from thirty-three per cent in 1997 to fifty-two per cent in 2002 while the rate of immunization doubled from twenty to forty-two per cent. In the same period, the provision of MCH services increased from fifteen to twenty-nine per cent and CPR shot from four to nineteen per cent.
135. Despite these encouraging beginnings, a significant proportion of the population, including children, is still left out of the modern health care system of the country. There are still communities and social segment that are visibly marginalized in terms of access to health care services.

Children with Disabilities

136. The 1994 Population and Housing Census had estimated that the prevalence of disability in Ethiopia stands at nearly three per cent. The current NPA for children raises the figure much higher.
137. Besides numbers, the socio-economic and institutional set up highly discriminates against children with disabilities. Quoting studies by MoLSA and individual researchers, it was reported in the NPA that “various kinds of misconceptions, stereotypes, prejudices and discrimination exist in the country at large” compounding the marginalization of children with disabilities.
138. Having realized the multiple facts 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 ascertains that the necessary rehabilitative and support services would be provided to persons with disabilities. Besides the enactment of the Developmental Social Welfare Policy, one focus of which is disability, the UN Standard Rules on the

Equalization of Opportunities for persons with disabilities was translated into several local languages.

139. The National Programme of Action for the Rehabilitation of Persons with Disabilities was finalized in 1999. With the objective of conscientizing the general populace about the rights of person with disabilities, awareness raising programmes have been underway through workshops, leaflets, posters, etc. In deed, the Ethiopian Federation of Persons with Disability conveys IEC messages on disability through the national radio.
140. Complementing these efforts have the programmes run by NGOs. The three prominent NGOs working on disability are Cheshire Foundation, Cheshire Services and Handicap National. Operating in the three urban centers of Addis Ababa, Jimma and Bahir Dar, the Cheshire Foundation implements a comprehensive programme of :
- ⇒ assessing and classifying types of disabilities;
 - ⇒ conducting regular home visits by social workers;
 - ⇒ providing orthopedic appliances, medical treatment, physiotherapy and counseling services;
 - ⇒ creating opportunities for healthcare services and educational enrollment;
 - ⇒ encouraging the formulation of disability clubs in schools; and
 - ⇒ a Self Reliance Scheme in which efforts are exerted to develop and shape the capacity of persons with disability for a productive engagement.
141. In the course of implementing these programme components, Cheshire Foundations was able to reach thousands of children with disabilities. In 2000 and 2001, for instance, it had enrolled 128 children with disabilities in a training programme; it provided educational support to 362 children with disabilities; and it organized twenty-three parents of children with disabilities into saving and credit schemes.

Table 7: Types of Activities and Number of Beneficiaries

No	Activities	2000			2001			Remark
		Male	Female	Total	Male	Female	Total	
1	Rehabilitation							
	• Provision of Appliance			250	38	30	68	
	• Medial Treatment			527	186	176	362	
	• Home Visits			55	46	48	94	
	• Counseling			55	88	107	195	
2	Awareness Raising Related to PWD			146	9202	8175	17377	
3	Skill Training			82	10	36	46	
4	Educational Support			69	156	137	293	
5	initial Loan			10	10	3	13	
6	Saving & Credit • Parents of CWD			72		190	190	Mothers
7	Maternal & Child Health • Growth monitoring and Nutrition Rehabilitation			4380	1120	1006	2126	
8	Health Education Program			3942		1700	1700	Mothers
9	Immunization Follow up			4380		2126	2126	
10	Family Planning/ARH Participation							
	• First visits			604		678	678	Mothers
	• Repeat visits			3712		4500	4500	Mothers
11	Ante-Natal visitors							
	• New			198		208	208	
	• Repeating							
12	Screening and Surveillance, Identification and Treatment of Primary Causes of Disability			2254				
13	MCH Clinic Diagnosis Treatment							
	• Adults			4061		6759	6759	
	• Children			4465		2365	2365	
	• Day Care Centre			171	119	113	232	
14	House Improvement			52			200	Family members

Source: Cheshire Foundation Ethiopia, Annual Report 2000 and 2001

142. An indigenous organization, Cheshire Services works on the prevention of disability as well as an advocacy for, and rehabilitation of, persons with

disabilities. As such, it admits about 180 children every year for such rehabilitative services as surgery and intensive physiotherapy. It has also provided outreach treatment to nearly 5000 children with disabilities in twenty-eight towns while a 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 6484 walking appliances and orthopedic shoes are produced and distributed to the needy every year.

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

Health and Healthcare Services

144. As it was mentioned earlier [See Par 9-11] the reach and coverage of the health care services remains far from being comprehensive. Notwithstanding the low coverage of the healthcare services, there have been improvements in terms of infrastructure and delivery. For one, the number of hospitals increased from ninety-six in 1997/8 to 115 in 2001/2; similarly, the number of health centers rose from 282 to 412 in the same period. In terms of human resources, the number of physicians reached 1888 in 2000/2 from 1415 in 1997/8. The most dramatic increment was registered with respect to nurses whose size almost tripled from 4774 to 12838 in the period under discussion.
145. Despite these increments over the years in terms of infrastructure, the health sector remains overburdened. In deed, the population-doctor stands at a staggering 58,000 while one mid-wife attends 3,756 deliveries. The overburdening of the health care system has inevitably resulted in high rates of maternal and child mortality from preventable diseases. For instance, a case study in Hattat Hospital, Gurage Zone, SNNPR, revealed that maternal mortality could significantly be reduced with the availability of maternity waiting services. It was recorded that among the 4,118 women admitted to a maternity waiting home between 1987-2002, six maternal deaths had occurred; but among the 11,149 non-MWA admitted to the same, 134 maternal deaths were recorded.

-
-
146. Cognizant of the underdevelopment of the healthcare services, the government has formulated a twenty-year Health Sector Development Plan, 1997-2017, broken into four five-year medium-term plans. Although formulated as part of meeting the MDGs, along with the Sustainable Development and Poverty Reduction Programmes, SDPRP, the HSDP has been phased into several tiers in terms of priority. HSDPI, 1997-2002, revolved around the reorganization of the delivery system of healthcare services focusing on the rehabilitation and expansion of the network of Primary Healthcare Units, PHCUs. Capitalizing on the achievements of HSDPI, HSDP II emphasis on disease prevention and narrowing urban-rural disparity by increasing access.
147. The major components of HSDP II derive from the recommendations of the joint review of the progress made by HSDPI. Among the recommendations of the joint review of HSDPI are of the major ones remains to be addressing the problem of persistently high levels of child malnutrition by focusing on maternal malnutrition and nutrition of under-two children through the introduction of basic minimum nutrition package and improved caring practices.
148. To this end, three programmes were designed which are:
- a) Integrated Management of Childhood Illnesses, IMCI;
 - b) Prevention of Mother to Child Transmission, PMCT; and
 - c) Maternal Healthcare.
- a. IMCI:** with all the regions having included IMCI into their annual health sector plans, 198 of the 604 public hospitals and health centers, i.e., thirty-three per cent, have trained IMCI health workers managing under five children. Moreover, 2,803 of the 10,318 target health workers had received pre-service and in-service training on Case Management. By way of bringing the community on board of the development of the health sector, twenty key family and community practices were adopted as a result of which a three-year Strategic Plan for the implementation of C-IMCI was developed. Two pilot C-IMCIs are already underway in Amhara and Tigray.

b. PMCT: although the National Guideline on the Prevention of Mother-to-Child Transmission was issued by the MoH in 2001, the Nigat[∞] project had been the only PMCT in the country until 2003. The project provided PMCT at Tikur Anbessa Hospital and four health centers in Addis Ababa. So far, VCT services have been provided to 12,000 pregnant mothers along with the administration of nevirapine on around 550m333other/infant pair. Furthermore, under the president's initiative of Mother and Child HIV prevention[∞], twenty-three sites, consisting of ten hospitals and thirteen health centers are selected for the implementation of PMCT. In collaboration with the MoH, the National PMCT implementation Framework was developed which paved the way for the training of care providers and program managers from the selected regions. The delivery of services commenced in March 2004. Since July 2003, around 1000 have received PMCT services at four Hospitals through the Hareg Project to which UNICEF is a partner. UNICEF is currently expanding the reach of the PMCT services through eighteen satellite health centers under these four hospitals. What needs to be noted is the fact that the provision of PMCT services was preceded by issuance of the Strategic Framework for the National Response to HIV/AIDS in 2001 as well as the designation of the Technical Working Group in the same year.[See Par. 48]

c. Maternal Health: underscored by the principle of safe motherhood, the MoH, in collaboration with UNICEF, WHO and UNFPA launched the programme of Making Pregnancy Safer in the four zones of Oromia, Amhara, SNNPR and Tigray in June 2001. The national goal of the MPS remains to be strengthening the capacity of the selected healthcare infrastructure in providing basic and emergency obstetric care through ensuring a functional referral loop between zonal hospitals and the four

[∞] The Nigat Project is a collaborative research undertaking between AAU and JHU funded by NIH since 2001.

[∞] It is locally known as the Harag Project and it is a joint USAID and CDC programme covering six regions.

health centers, health posts and communities that do the referring so as to reduce maternal and prenatal mortality.

Child Health and Immunization

149. As a reflection of the extreme impoverishment of the country, the status of child health care and the levels of immunization remains low. According to a review of the HSDP I done by the MoH, out of the 1000 live births each year, 113 and 160 children die before reaching respectively one and five years of age. In terms of immunization, only thirty per cent of the child population was fully vaccinated against BCG, DPT₃ and Measles. Furthermore, forty-seven and fifty-one per cent of the under-five children are reported to be respectively suffering from wasting and stunting. The IMCI programme of HSDP II is envisaged to improve the situation. The status of child healthcare and the level of immunization exhibit significant urban-rural disparity. [DHS; WMS, CSA, 2000] The IMCI, PMCT and Maternal Health Programmes of HSPD II are envisaged to improve the situation [See Par 147 a-c].

Access to Clean Water

150. Although the supply of safe drinking is an effective way of protecting the proliferation of water born diseases, the Ethiopian population in general and children in particular still lack access to this basic necessity. According to a comprehensive survey conducted in 2000, it was only an average of twenty-eight per cent of the population that has access to clean water by 2000 though it was an increment of nine per cent from what it had been in 1996. This aggregate figure, however, ought not to conceal the significant urban-rural disparity; while ninety-two per cent of the urban population had access to safe drinking water, the figure falls to as low as seventeen per cent in the rural areas.

Table 8: Sources of Drinking Water by Residence

Activities	Place of Residence and Survey Year								
	Country			Rural			Urban		
	1996	1998	2000	1996	1998	2000	1996	1998	2000
River, Lake	48.2	43.5	33.9	53.6	49.5	38.9	18.1	7.0	4.5
Unprotected well/spring	19.0	28.2	38.1	21.5	32.2	43.9	5.0	4.1	3.7
	19.1	23.7	27.9	9.6	3.7	17.1	72.1	83.5	91.7

Activities	Place of Residence and Survey Year								
	Country			Rural			Urban		
	1996	1998	2000	1996	1998	2000	1996	1998	2000
Others	13.7	4.7	0.1	15.3	4.6	0.1	4.8	5.4	0.1

Source: WMS, Vol. II, P.28, 2000.

Most Common Diseases and their Impact on Children

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

A. Acute Respiratory Infection

According to the DHS, the prevalence rate of ARI varies by age of the child. Children age 6 – 11 months have the highest susceptibility to having ARI symptoms thirty-three percent, compared with all other age groups. Only sixteen percent of all children under five with cough and rapid breathing were taken to health centers.

B. Fever

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

C. Prevalence of Diarrhea

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

Breast Feeding and Nutrition

152. Breast-feeding is nearly universal in Ethiopia and the median duration of any breast feeding is relatively long twenty-six months. The level of malnutrition is significant with more than one in two Ethiopian children under five years of age stunted, eleven per cent wasted, and forty-seven per cent under weight.

-
-
153. The nutritional status of children is an indicator for the level of households in the community, and the national living standard. According to the survey result, Ethiopian children face chronic malnutrition. The level of stunting stands eleven per cent and sixty percent among respectively children under six months of age and children aged three years and older. Rural children are more likely to be stunted than their urban cousins.

Antenatal Care

154. According to the DHS, twenty-seven per cent of the mothers received antenatal care from health professionals for their most recent birth in the five years preceding the survey, and less than one per cent of mothers received antenatal care from traditional birth attendants, both trained and untrained. Nearly seventy-three percent of the mothers did not received antenatal care in their births during the five years preceding the survey.

Tetanus Toxoid Coverage

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

Delivery Care

156. An overwhelming majority of ninety per cent of the births in the five years preceding the DHS were delivered at home. The majority of births are attended by either an untrained traditional birth attendant, twenty-six per cent, or a relative or some other persons, fifty-eight per cent. Six per cent of all the births are delivered without any type of assistance at all. Only six per cent of the births are delivered with the assistance of a trained health professional, that is a doctor, nurse or midwife, and four per cent are delivered by a trained traditional birth attendant.

Postnatal Care

157. A large proportion of maternal and neonatal deaths occur within forty-eight hours after delivery. As PNC coverage is extremely low in Ethiopia, only one in ten mothers received postnatal care. There are significant differences in the receipt of postnatal care between urban and rural women. In urban areas, thirty-eight per cent of mothers received postnatal care within two days of births compared to four per cent of the mothers in rural areas. The utilization of timely postnatal care ranges from less than four per cent of mothers in the Amhara region to sixty-nine percent in Addis Ababa.

Female Circumcision

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

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

Teenage Pregnancy

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

Table 9: Teen-age Pregnancy and Motherhood age 15 - 19

Region	Percentage who have begun Child bearing	Number of teenagers involved in survey study
Tigray	20.9	234

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

Source: Ethiopia DHS 2000, 0 46

161. The only Fistula Hospital in Ethiopia treats more than 1,200 Fistula patients annually. The findings of the 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 the fistula was caused by obstructed labour often prolonged for more than three days.

Prevalence and National Response to HIV/AIDS and its consequences

162. Data on the prevalence rate of the virus is collected through a “Sentinel Surveillance System” that regularly provide antenatal services to pregnant mothers. The 4th Edition of AIDS in Ethiopia covers twenty-eight urban and six rural sites. According to the report of Ministry of Health, it is estimated that about 2.2 million people in the country are currently infected with the pandemic, including 2 million adults and 200,000 children. And the virus is more wide spread in urban centres than rural areas; in the urban centres, the prevalence rate of the pandemic stands at nearly sixteen per cent while it falls to four per cent in the rural areas.[HIV/AIDS in Ethiopia, Fourth Edition, 2002]
163. One of the devastating effects of the pandemic is the number of orphan children bereft of their parents by it. It is projected that the number of AIDS orphans would increase from 1.2 million in 2001 to 1.8 million by 2007 further rising to 2.5 million in 2014. AIDS also affects the survival of children. Those born

from infected mothers usually develop AIDS and die within five to eight years. Children in difficult circumstances are also more vulnerable to the infection.

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

- a) Information, Education and Communication (IEC) and Behaviour Change Communication;
- b) Condom Promotion and Distribution;
- c) Blood Safety;
- d) Management of Sexually Transmitted Infection;
- e) Universal Precaution;
- f) Prevention of Mother to Child Transmission;
- g) Care and Support;
- h) Legislations and Human Rights; and
- i) Surveillance and Research.

165. The government has allocated substantial sums of money for the implementation of these priority intervention programme. As of May 2003, a total of Birr 106 millions with the biggest share going to Oromia accounting for twenty-two per cent of the total and the lowest to Harari, less than two per cent.

Table 10: Fund Disbursement By Region and Source, May, 2003

'000 Ethiopian Birr

Source of Funds	Afar	Amhara	Ben. Gu.	Dire Dawa	Gambella	Harari	Oromia	SNNP	Somali	Tigray	A. A.
EMSAP	10500.7	7960.6	2866.6	1007.5	3901.5	2009.9	19791.8	8770.9	4193.4	15737.1	8164.2
UNICEF		4825.2	673.8	2954.8	524.0		3532.3	542.7		5100.0	800.0
AAE – SIPA+					463.4			743.3			
CDC+											2000.0
Total	10500.7	12785.8	3540.4	3962.3	4888.9	2009.9	23324.1	10056.9	4193.4	20837.1	10964.2

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

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

CDC: Center for Disease Control

*Source: * denotes HAPCO – Data*

+ denotes Regional Data

Voluntary HIV/AIDS Counseling and Testing

166. Voluntary HIV/AIDS Counseling and Testing, VCT, centers have been set up in different regional states. All in all, 142 VCT centres have been established through out the country. It may be noted that though Dire Dawa a highly urbanized city, it does not have a VCT centres while Addis Ababa has fifty-four VCT centres.

Table 11: Number of VCT Centers by Region

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

Source: National Report of the Joint Mid-Term Review, 21 Feb. – 19 Mar. 2003, Addis Ababa.

Awareness Raising on HIV/AIDS

167. Awareness raising and sensitization activities are organized using various forums such as public meetings, mass rallies, religious sermons, public holidays, sport events and on World AIDS day. Dram, 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 association in awareness raising activities.

Condom Promotion and Distribution

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

Children Orphaned by HIV and AIDS

169. Despite the heavy magnitude of the impacts of HIV/AIDS, exact and detailed data on the status of orphans due to AIDS is virtually absent in the country. But

various estimates have been given by various institutions such as the MoH and USAID. Moreover, MOLSA, in collaboration with Italian Cooperation and UNICEF, has undertaken 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 fifteen, seventeen and fifteen percent in respectively 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 orphan hood between urban and rural areas. [Survey on the Prevalence and Characteristics of AIDS Orphans in Ethiopia, MoLSA, Italian Cooperation and UNICEF, 2003]

The Availability and Accessibility of Services

170. Data gathered on the types of services designed to alleviate the problems of orphans due to AIDS comprise of support to meet basic needs, including food and shelter, educational services; healthcare services, counseling, sponsorship; vocational training and apprenticeship, support to community institutions and financial support to orphans due to AIDS and their guardians.
171. The findings of the study indicated above revealed that as service providers design their programs for all people living with HIV/AIDS or to the general child population, the attention given to orphan children is minimal. Thus, out of the total agencies/organizations, associations/ institutions that claim to provide service to orphans due to AIDS, only one out of two has programs especially designed for AIDS orphans. Thus, the various special needs of AIDS orphans’ seem to be neglected. It was further noted that service providers that target AIDS orphans comprise of governmental agencies, non-governmental organizations, community- based associations and religious institutions. Missionaries of Charity, an international religious congregation has fourteen branch houses all over Ethiopia. Among others, the branch houses deliver services for AIDS orphans and PLWAs. About 250 children living with the virus were admitted as of 2001.

Standard of Living and Child Care

172. Given the widespread poverty prevailing in the country, the status of the child vis-à-vis access to a decent standard of living remains far from satisfactory. For

a detailed profile of the living conditions of the population in general, see Par. 9 – 13 and Par. 14 – 18.

Selected Living Standard Indicators

173. During WMS of 2000, the basic necessity indicators related to food security, clothing and financial capacity of households are computed from subjective information collected from sample households. In the rural areas, it is only two per cent of the households that meet their food needs for ten to twelve months while twenty-two per cent are food self-sufficient for only three months. Or that twenty-three per cent are food insecure for six to eight months.

Table 12: Food Self -Sufficiency of Rural Household in Terms of Months, 2000

Months	Country – Rural	
	Number	%
Up to 3 months	2,0075,719	21.8
4 – 6 months	3,146,658	23.1
7 – 9 months	1,971,642	20.7
10-12 months	1,907,833	20.1
Above 12 months	191,939	2.0

Source: WMS 2001 volume 11, p 52

174. Furthermore, thirty-five per cent of the households reported that their poverty profile had improved from the previous year while thirty-six per cent replied that their impoverishment had worsened. With respect to the supply of clothes, thirty-four per cent of households spoke of worsening condition; twenty-six per cent reported improvements; and thirty-nine per cent reported that the condition confirmed that the condition remained the same as it was twelve months before.
175. In terms of the comparison of the general living standard, forty-one per cent of the households replied that their living standard has deteriorated while thirty-three per cent reported improved living standard. It was twenty-seven per cent that said they did not experienced change. Half of the total households hope for better living conditions while thirty per cent expect worsening conditions and close to twenty per cent expect same condition in the coming twelve months.

Table 13: Changes in Living Standard Over the 12 Months Period by Place of Residence Year 2000

Place of Residence	Current Living Standard Compared to 12 Months Ago	Living Standard with Respect to Food	Living Standard with Respect to Clothing	General Living standard	Expected Living Standard Over the Coming 12 Months
Country Level	better	35.1	26.3	32.9	50.0
	Worse	36.4	34.3	40.6	30.2
	Same	28.4	39.4	26.5	19.7
	Total Households	11519768	11519770	11519768	11519769
Rural	Better	36.3	26.6	33.3	49.3
	Worse	37.4	35.3	41.8	31.2
	Same	26.3	38.1	25.0	19.5
	Total Households	9853561	9853560	9853558	9853560
Urban	Better	28.5	24.5	30.9	54.4
	Worse	30.6	28.6	33.4	24.5
	Same	41.0	46.9	35.8	21.2
	Total Households	1666208	1666209	1666208	1666209

Source: WMS Vol. II 2001.

Measures Taken to Improve Adolescent Health Services to Lower the Incidence of Early Pregnancies and STDs

176. Provision of IEC and the appropriate reproductive healthcare services are the main measures taken to improve the status of adolescent healthcare and reduce the incidence of early pregnancy and STDs. The delivery of IEC messages has been carried out in collaboration with health education clubs of schools.
177. The Family Guidance Association of Ethiopia, FGAE, is the leading national non-profitable organization that promotes family planning throughout the country. The association currently focuses on sexual and reproductive healthcare needs of the youth. The programmes being implemented by FGAE include:
- a) IEC messages on reproductive healthcare;
 - b) Training of health personnel on reproductive health and service delivery;
 - c) Delivery of healthcare services, promotion of fertility regulation tools and distribution of contraceptives;
 - d) Provision of counseling services on reproductive healthcare; and
 - e) Youth programs.

Table 14: IEC Materials Distributed by FGAE, 1998 – 2001

Type of Materials	Quantities Distributed			
	1998	1999	2000	2001
Posters	4000	5600	46500	32563
Leaflets	90000	123000	700000	624760
Association's Bulletin	8000	9800	2000	2000
Calendars	15000	16000		
Seasons Greeting Cards	3000	4200		4000
Book lets			24000	29021
Flip Chart			2000	537
Magazine			2000	2000
Training Directory			4000	2500

Source: Statistical Abstract FGAE 2001

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

Table 15: Adolescent Family Planning Users at FGAE Youth Centers

Year	Number of Users	
	Users	Counseling
1999	15964	
2000	62280	
2001	128732	38144

Source: Statistical Abstract FGAE 2001.

Constraints and Challenges

179. Despite these efforts to expand and sustain the reach of basic healthcare services, there still constraints encumbering the sector. These are:

-
-
-
- a) The fact that healthcare professionals, decision-makers and the public at large rather emphasize curative than preventive healthcare services has increased the burden on the healthcare system;
 - b) Shortage of staff and medical equipment in the newly established primary health care units;
 - c) Absence of monitoring and evaluation mechanism;
 - d) Malnutrition remains one of the common health problems affecting significant proportion of children;
 - e) An increasing number of orphans due to AIDS;
 - f) Services made available to AIDS orphans are fall short of the needs on the ground; and
 - g) With malaria becoming a major killer, it poses a serious threat by way of testing the capabilities of the healthcare system.

CHAPTER SEVEN

EDUCATION, LEISURE AND CULTURAL ACTIVITIES

GENERAL

180. As per Article 28 of the CRC, the government has been trying to freely avail primary education to all while expanding the reach of secondary education in various forms. Moreover, arrangements have been devised to assist the poorest segments of the society to cover the costs of schooling. But since the right of the child to education falls within the context of the Education Sector Development Plan of the nation, a recapitulation of the content and objectives of the ESDP would give a backdrop to the review.

EDUCATION

181. As part of the effort of implementing the education policy, a five-year Education Sector Development Programme, ESDP, was adopted in 1997. Over the first five years period, 1997-2002, the ESDP was designed to focus on Access, Quality, Efficiency and Equity in education with special attention to girls, rural and underserved areas. The ESDP is also meant to be instrumental in the achievement of universal primary education for all by the year 2015. The first five-year programme was concluded in June 2002. It was managed through a Central Steering Committee, Regional Steering Committees, Annual Review committee, Joint Review Missions, Education and Training boards and School Management Committees. The formulation of the Second Education Sector Development Programme, ESDP II, spanning the years 2002-2005 has been finalized.

The Major Goals of ESDP II are:

- a) To produce good citizens who understand, respect and defend the constitution, students who respect democratic values and human rights.
- b) To expand access and coverage of primary education with equity and improved quality.

-
-
- c) To meet the demand for trained manpower through vertical integration of secondary, technical-vocational and higher education programs.
 - d) To build the capacity within the education system for sustainable development of the system through organizational capacity buildings for programs implementation, continuous innovation, and quality leadership at various levels.
182. A National Educational Measurement and Examination Organization has been established as an independent governmental body under the Ministry of Education in order to provide:
- a) Central professional guidance and co-ordination in national examination.
 - b) To make available the necessary expertise to give guidance about the general measurement and evaluation.
 - c) To develop the necessary examination item-banking system.
 - d) To help research on test development

Structure of the Formal Education System

183. Ethiopia's formal education system has EIGHT years duration for primary education and FOUR years duration for secondary education. The primary education is further divided into two cycles of which the first four years aim at the attainment of basic education while the second four years aim at the attainment of general primary education. It may incidentally be noted that though primary education is free for all, it has yet to be made compulsory. The secondary education is also divided into two cycles of which the first two years duration is meant for the attainment of general secondary education while the second two years of duration prepare students for higher education and the world of work.
184. At G-4, along with continuous assessment, formal examination and aptitude test will be given to ascertain the achievement of sound basic education. National examinations will be administered at G-8 and G-10 levels to certify completion of primary and general secondary education respectively. Entrance examination

will also be given after completion of secondary education of the second cycle for admission to higher institution.

185. Technical and vocational schools will have 10+1, 10+2 and 10+3 structures, i.e., a one-year, two-year and three-year duration after completing G-10. Students are trained at the middle and entry level skills in these structures to satisfy country's urgent needs at this level. Tertiary level (higher education) will have three and four years of duration for first degree programme which used to be four and five years in different fields of studies in the previous education system.

Girl Child Education

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

Schools and Facilities

187. The evaluation of ESDP I has indicated an increase in the number of primary schools during its implementation period (1998-2002). Thus, an annual rate of 3.2% growth has been recorded in the expansion of primary schools, i.e., from 10 394 schools in 1997 to 11 780 in 2001. In 2002, the number of schools reached 12 089. No difference has been observed between urban and rural areas in terms of the growth of schools in the last five years.
188. As regards of schools facilities, there were 81 221 classrooms in 12 089 schools by the year 2002. In other words, the pupil/section ratio stands at 73 in primary schools though the target was to reduce it to 50. Furthermore, 5 389 primary schools have safe water; 8 881 primary schools have safe latrines; 261 primary schools have clinics; 3 914 primary schools have libraries; and 9 025 primary schools have pedagogical centers.

Access to Books

189. The Federal Government has made significant improvement in the provision of textbooks for the students. At the beginning of the implementation of ESDP I, there were 2-3 millions core primary textbooks in circulation in schools. Now, it has now risen to over 20 million textbooks registering a reportedly over nine-fold increment. Currently, the national average pupil/textbook ratio stands around 2.5:1 which used to be 5:1 before five years. However, student/text book ratio has not yet come to 1:1.

Primary School Teachers

190. The first cycle, 1-4, primary education requires teachers with minimum qualification of Teacher Training Institutes certificate while in the second cycle, 5-8, primary education, teacher training colleges' diploma is compulsory. In 2002 ninety-six per cent of the first cycle and twenty-five per cent of the second cycle teachers were of the expected standard in terms of qualification. Currently, the pupil/teacher ratio is 50 for primary level of education.
191. As ESDP I focuses, among other things, on quality, extensive efforts have been exerted to upgrade the capacity of the existing teachers to fulfill the minimum requirement for primary education. Accordingly 21 400 teachers are currently enrolled in diploma program through distance education. The percentage of female teachers in primary education has increased from twenty-seven per cent in 1998 to thirty-one in 2002.
192. In 2002, there were thirteen Teacher Training Institutions in the country responsible to train qualified teachers for the first cycle, 1-4, of primary education. A total of 22 240 teachers graduated from these institutions between 1998-2002.

SPECIAL EDUCATION

193. The education policy is directed, among other things, to ensure the enjoyment of the right to education by all children without discrimination as per articles 28, 23 (1-3) of the CRC,. Thus, the provision of relevant education to people with special needs, Viz., the disabled and the gifted, is one of the specific objectives outlined in the policy. But then, the development of special

education in Ethiopia is in its infancy although effort has been started to expand this sub-sector of education in the country.

194. The total number of exceptional students currently attending special education stands at 3 630. It is the deaf that appear to be served the most accounting for nearly fifty-three per cent of the special education. There seems to be little gender disparity in that the share of girls in special education turned out to be forty-six per cent.

Table 16: Data on Special Education

No.	Type of Exceptional Students	Enrollment		Total
		Male	Female	
1	Hearing Impaired	1019	902	1921
2	Mentally Retarded	282	209	491
3	Visual Impaired	458	369	827
4	Others	198	193	391
	Total	1957	1673	3630

Source: Data Collected from Six Regional State Only

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

Impact of NFBE Program on Children

196. Creating educational access for girls close to their places of residence forms one important strategy of increasing the schooling of female children. To this end, a non-formal approach to education has had significant contributions towards increasing the participation of girls. The reduction of travel time to and from schools as well as the minimization of risks associated with distance has a positive effect on girls' education.
197. Moreover, parents expressed comfort in having the center nearby, because the lesson plans were prepared having in mind the activities schedule of the households and therefore allowed them to make use of their children's labor for domestic chores. As the evaluation of ESDP I had revealed, 320 581 children who were out-of-school were enrolled in basic education program in 2001

indicating an increment of fourteen per cent from the previous year. The number of youth and adult participants in non-formal education stood at 1 049 061 in 2001. But such factors as high workload at home for female participants, low qualification of facilitators, absence of incentives for facilitators and other cultural barriers have entailed a dropout rate as high as sixteen per cent among the youth and adult participants.

198. The 13th National Education Conference approved the launching of alternative basic education programme in non-pastoral areas. The program was launched in 2002 at forty-two stations in Somali, Afar, Oromia and SNNP regions becoming suitable for students in the pastoralist and agro-pastoralist areas. As a result, 12 000 children in pastoralist and agro-pastoralist areas have become beneficiaries of the alternative basic education programme. .
199. Besides these governmental efforts to expand the reach of education, SC-UK has launched an alternative education programme in Somali region enrolling 3 500 children as part of the Alternative Primary Education Programme.

LEISURE AND CULTURAL ACTIVITIES

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

Table 17: Number of Young Children Participated in the Project and Type of Fields of Training

Field of Training	Male	Female	Total
Valley Ball	480	480	960
Foot Ball	6800	-	6800
Athletics	393	392	785
Hand Ball	1015	1015	2030
Basket Ball	925	925	1850
Box	250	-	250
Table Tennis	220	220	440
Ground tennis	125	125	250
Total	10208	3157	13365

Source: Data Collected from MOYCS

Cultural Activities

201. Again, although extremely limited in scope a degree of efforts has been witnessed to engage the kids in such cultural activities as visiting museums, theatres and dramas as well as visit programs organized by different private schools, and participation in the great Ethiopian run. Thus, a total of 1095 children took part in these recreational activities.

Table 18: Participation in Recreational Activities by Sex and Year

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

Constraints and Challenges

202. The following are identified as constraints and challenges in the area of Education, Leisure and Cultural activities.

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

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

CHAPTER EIGHT

SPECIAL PROTECTION MEASURES

Children In Situation of Exploitation

A. CHILD LABOUR

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

Table 19: Percentage of Working Children Aged 5-17 Years by Work Status (In Percentage)

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

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

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

Table 20: Employment Status of Children Percentage Distribution of Children who were Engaged in Productive Activities Aged 5-17 Years by Status of Employment

Total Children Engaged in Productive Activities	Male	Female	Total
	5745886	3737724	9483610
Employment Status			
Domestic Employee	0.4	1.8	0.9
Employee other than Domestic	4.1	1.3	3.0
Self-employed	2.2	4.1	3.0
Unpaid family worker	92.6	91.7	92.3
Apprentice	0.1	0.0	0.1
Others	0.3	0.6	0.4
Not Stated	0.3	0.4	0.3

Source: Child Labour Survey, 2001

205. Asked as to the reason for working at their age, two in three children replied that they wanted “to assist household enterprise” and one in four children stated that they had “to supplement household income” as the main reason for being currently engaged in economic activities. In addition to this, four out of ten children in Ethiopia start work below six years of age.
206. Though the effects of work on the psychological and physical development of the child as well as on the school attendance rate is too obvious. As children work an average of thirty-three hours per week, they experience exhaustion and fatigue, which they could not withstand. Moreover, thirty-eight per cent of the children confirmed that their working status affects their schooling. But as the situation is a reflection of the wider socio-economic impoverishment of the country, it seems that there is little the government could do.

B. SEXUAL EXPLOITATION OF CHILDREN

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

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

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

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

Street Children

210. As streetism is one of the most pervasive social problem prevalent in the larger towns of Ethiopia, efforts have been underway to minimize the situation both by the government and non-governmental organizations. The Ethiopian government and UNICEF have made an agreement for the period 1 January 2002 to 31 December 2006 to address the problem of children and women in six programmes of operations: Health and Nutrition, Basic Education, HIV/AIDS, Water and Environmental Sanitation, Gender and Child Protection, and Capacity Building in Planning, Monitoring and Evaluation. Children are benefiting from all these programmes. The addressing project as part of the joint programme, implemented in fourteen towns where streetism is highly

prevalent and affected the condition of children. The addressing project The programme of addressing the needs and concerns of street children have been launched providing basic services in education, health , counseling, legal services, family support etc., as well as creating partnership with micro-finance and training institutions to open access for street youth and street mothers to acquire loan and marketable skill that enable them engage in income generating activities. regional BoLSAs coordinate the activities while MoLSA monitors and evaluates the activities performed in line with the objective of the programme.

211. More than sixteen NGOs are involved in addressing the problem of street children through the programme in the country. As it may be seen in the following table, In six towns in 2002 alone, 6225 children have been provided with formal and non-formal educational support while 826 were enrolled in a skill training programme. Furthermore, 1093 youth and parents benefited from the micro-credit services of the programme.

Table 21: Provision of Services for Street Children, 2002

Type of the programme	Quantity	Number of Beneficiaries (Street Children and Mothers)
Education		
Formal education		3977
Non-formal education		2248
Sport		1023
Health		
Medical treatment		1140
Construction of communal latrines	10	
Construction of washing basins	12	
Construction of communal bathrooms	2	
Health education		3480
Dwelling		
Renovation of demolished houses		84
Provision of temporary shelter		123
Provision of sleeping materials, electricity, etc.		440
Skill training & productivity enhancement		
Business management		459
Sewing, weaving, cooking & hair dressing, electricity, etc.		367
Provision of credit		1093
Provision of tools to be self-employed		18
Advocacy and social mobilization		
Raising the knowledge of the problem of street children among the community		34833
Publishing and distributing of leaflets, brochures and posters		14000

Source: Data Collected from the six towns

212. The second meeting of the Ethiopian Teenager's Forum, supported by UNICEF, developed a ten-point plan to assist street children. The teenagers called up on the government to adopt policies that will enable people to get off the streets by addressing the root causes of poverty.

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

Children In Conflict with the Law

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

a) Long-term Objective

- i. To propose ideas toward reforming the juvenile justice system of the country to adequately protect the rights of children in line with the international child right standards.
- ii. To enable the juvenile justice system of the country to develop the necessary infrastructure and specialized capacity for the realization of the provisions of the UN Convention on the rights of the child, the constitution of the Ethiopia and the working laws of the country pertaining to children.

b) Short-term Objective

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

Major Activities of JJPO During 2000-2002

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

- a. A review of existing Ethiopian laws pertaining to child rights.
- b. An assessment of the structural framework of the judiciary and the police with regard to the protection of children.
- c. A two-day National Workshop on “Juvenile Justice System Reform in Ethiopia” had been conducted in Addis Ababa.
- d. Training of Trainers on the handling of young offenders for twenty judges had been conducted.
- e. A three-day workshop on juvenile delinquency and the administration of juvenile justice was conducted in Awassa to police officers, judges, teachers, prosecutors and health workers drawn from the Woredas and Zones of the region.
- f. A regional training program for judges, including all sitting judges of the Supreme, High and Woreda Courts, police and reformatory prison personnel was conducted jointly with the Judicial Training Program.

216. Currently, there are ten-child protection unit in ten police stations in Addis Ababa. Besides, additional child protection units have been established in four regional administrations in the last five years. The total number of CPUs in the country now stands at twenty-nine.

- a) In Dire Dawa Administrative Council, two child protection units
- b) In Oromia Regional state, seven child protection units
- c) In Amhara Regional State, five child protection units
- d) In Southern Nations, Nationalities and Peoples Regional State, five child protection units
- e) In Addis Ababa, ten-child protection units

Alternative to Court Appearance

217. Community based centers are established as a sub component of the child protection program to serve as an alternative to the protection of petty and first time offenders reported to the CPUs. Children with petty offences are protected from being detained with adults at the police stations and with hardcore

criminals in remand homes. Instead, the children are transferred to the community based correction centers. The centers focus on educational support to motivate children towards their schooling and prevent them from being involved in delinquent activities and truancy. It also provides reading materials, apprenticeship and skill training program, recreational facilities and guidance and counseling services. The child is rehabilitated without interrupting him from school and while staying with his family.

218. According to the information obtained from the federal police Commission, the number of minors in age cohort of 9-18 years who committed a crime reported to the police is 177 651. It may be noted that fourteen per cent of these alleged criminal are girls.

Table 22: Number of Alleged Juvenile Offenders Reported to the Police, 1998-2002

Year	Male	Female	Total
1998	28682	4803	32485
1999	25746	3941	29687
2000	26998	4188	31186
2001	32733	5656	38389
2002	39036	6868	45904
Total	152195	25456	177651

219. The alleged crimes of the juvenile offenders range from attempted murder to though rape to pick pocketing. Two per cent of the juvenile offenders are alleged to have attempted murder while twenty-three per cent stand accused of theft. It maybe noted that a preponderant majority of forty-two per cent were apprehended for assault.

Table 23: Minors Detained In Juvenile Delinquents Rehabilitation Institute (JDRI)

Nature of Offence	Number of children in conflict with law according to age and sex						Total No. of delinquents in each type (both sexes)
	9-15 (age)			16-18 (age)			
	Male	Female	Total	Male	Female	Total	
Attempted murder	319	35	354	3018	162	3180	3534
Robbery	504	38	542	5081	190	5271	5813
Assault	9078	2466	11544	49627	8826	58453	69997
Theft	5142	860	6002	29281	3912	33193	39195
Burglary	161	15	176	1152	98	1250	1426
Transgression of laws & regulation	3281	1063	4344	24528	4940	29468	33812
Murder	519	134	725	3064	413	3477	4202
Breach of trust	292	61	353	2622	447	3069	3422
Cheating	235	51	286	2136	311	2447	2733
Rape	419	28	447	2413	82	2495	2942
Pick pocketing	481	16	497	1995	31	2026	2523
Total	20503	4767	25270	124917	19412	144329	169599

Source: Federal Police Commission, 1999 - 2002

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

Minors Detained In Juvenile Delinquents Rehabilitation Institute ,(DRI

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

Table 24: Minor Detained in Addis Ababa Juvenile Delinquents Rehabilitation Institute (1998-2003)

Type of Offences	Male	Female	Total
Theft	446	59	505
Assault	50	5	55
Cheating	1	1	2
Murder	22	1	23
Damage on property	9	5	14
Insulting	2	8	10
Deflowering (forced)	28	-	28
Drug Addiction	15	21	36
Homo sexuality	8	1	9
Physical injury	11	4	15
Quarreling	6	7	13
Mobs	1	1	2
Embezzlement	17	17	34
Total	616	130	746

Source Addis Ababa JDRI (1998-2003)

Harmful Traditional Practices

221. It was reported in the second periodic report of Ethiopia that a National Committee on Harmful Traditional Practices in Ethiopia, which is a non-governmental organization, had been established for the purpose of eradicating all forms of Harmful Traditional Practices prevailing in the country (Please refer to the second periodic report of Ethiopia.).
222. As part of the consistent efforts in eradicating Harmful Traditional Practice, the National Committee undertook a “Base Line Survey on Harmful Traditional Practices in Ethiopia” in 1998. According to the survey result, children and women suffer the most adverse effect from harmful traditional practices such as nutritional taboos, circumcision and abduction. In addition to this, harmful traditional practices such as milk teeth extraction, eighty-nine per cent of the

children, Uvulectomy, eighty-four per cent and circumcision, seventy-three per cent, appear to be widely practiced in the country. In aggregate terms,, children are subjected to six major harmful traditional practice with circumcision ranking number one followed by Uvulectomy, soiling the stump of the umbilical cord, milk teeth extraction and Incision.

Refugees

223. In the last few years, Ethiopia has sheltered and cared for 175 882 refugees; the majority originated from neighboring Somalia, Sudan, Djibouti and Eritrea. While forty-nine per cent of these refugees are from Somalia proper, forty-seven per cent are from the Sudan. Out of the total number of refugees, approximately twenty-four per cent of the population is between 0-4 years and thirty-eight per cent is between 5-17 years. In general, the majority of the refugees, about sixty percent are below 18 years.

Table 25: Number of Refugees and Country of Origin

Country of Origin	Number of Refugees	Camp Location
Somalia	86114	East pf Ethiopia
Sudan	83614	West of Ethiopia
Eritrea	4164	North of Ethiopia
Djibouti	1560	North East and Addis
Other	430	Addis Ababa
Total	175882	

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

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

Constraints and Challenges

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

-
-
-
- a) Absence of mechanisms to record and report the cases of sexual abuse, abduction, rape, etc. at regional, zonal and Woreda levels.
 - b) There is only one Juvenile Delinquents Rehabilitation Institute the facilities of which are in adequate.
 - c) Lack of specialized juvenile court system with specialized judges.
 - d) Lack of organizational capacity to reach at the grass roots level to combat harmful traditional practice.
 - e) The alarming rate in number of orphan children due to HIV/AIDS.
 - f) Low participation among the communities in the process of solving the problems of street children.
 - g) Attitudinal problems of the community towards CEDC in general.
 - h) Lack of coordination/networking/collaboration among organizations supporting Orphan and Vulnerable Children.
 - i) Lack of financial and human power resources to effectively minimize the problems of vulnerable children.
 - j) Inadequate coordinated and target oriented advocacy work on various child focused issues.
 - k) Low enforcement of the legislation to protect the rights and well-being of children to the maximum.

CHAPTER NINE

CONCLUSIONS

226. Since the ratification of the CRC by Ethiopia, the government has exerted plausible efforts in the implementation of the Convention over the last decade or so. These efforts span the whole spectrum of the institutional and socio-economic environment ranging from the harmonization of national laws with the provision of the Articles and the enactment of policies through the establishment of Child Right Committees to the formulation of National Plans of Actions and the implementation of the same.
227. Besides the severe poverty of the country which has been seriously curtailing the implementation of the provisions of the Convention, there are also noticeable gaps militating against the promotion of the rights of the child. Foremost of these gaps is the absence of effective juvenile justice system in the country. Although one juvenile court is inserted in a First Instance Court in Addis Ababa, juvenile offenders are still tried in adult courts throughout the country.
228. There are legislative gaps and lack of trained human resources with respect to the protection and upholding of the rights of the child. Although there have been attempts to acquaint the law enforcement community with the precepts and provisions of the Convention, a greater proportion of the judges and police force do not have sufficient awareness about the rights of the child.
229. Despite the fact that they still await refinement, Child Right Committees have been set up at the various levels of governance. The CRCs are not yet fully institutionalized as they lack transparency and accountability. In addition, mechanisms of coordination, monitoring and evaluation are yet to be put in place. Notwithstanding these shortcomings, these CRCs have done commendable jobs in the areas of awareness raising, increasing the enrollment of girls, fighting harmful traditional practices perpetrated against girls, etc.
230. As the advent of HIV and AIDS has impacted the status of children vis-à-vis their survival and development, it has become imperative to address the needs and concerns of orphans. Despite the preliminary efforts to ameliorate the

problems faced by orphans, there remain huge tasks to mitigate the impacts of the pandemic on children.

231. In Ethiopia, children are deprived of their family environment for several reasons; poverty, displacement, emigration and broken families are the major causes that deprive children of their family environment. And recently, HIV and AIDS has become the single most important cause that deprives children of their family environment. Although there are limited alternative child care services, they are few and far between. As it might be recalled, it is only a couple of thousands of children that found alternative care in a nation believed to have millions of them living in especially difficult circumstances.
232. Among the measures taken to ensure the protection of the rights of the child, the insertion of the CPUs into the police structure occupies a prominent place. These CPUs have instrumental in reducing, if not overcoming, the incidence of child abuse in the major urban centres. Had it not been for the shortfalls in terms of human resources and budgets, the CPUs could have generated better results in protecting children from abuse and exploitation.
233. The efforts in expanding the access that marginalized children have to the basic services of healthcare, education and shelter have undermined by the pervasive impoverishment prevailing in the country. Still, significant proportions of children are left out of the formal healthcare and educational systems of the country. In fact, the status of the children vis-à-vis the access to healthcare, education and shelter is a reflection of the wider socio-economic impoverishment of the country.
234. Whatever the achievements or shortfalls of the implementation of the CRC, it ought to be viewed within the political and socio-economic processes of the country, which is characterized by grinding poverty. And it will be a long, long time before Ethiopia fully implements the Articles of the Convention in its real sense.

ANNEXES

ANNEX I: SUMMARY FINDINGS FROM THE BSS

- ↵ About 98 per cent of the study population is aware of HIV/AIDS.
- ↵ Almost all groups know at least one prevention method
- ↵ Nearly 60 per cent know all three prevention methods.
- ↵ Knowledge of prevention methods increases with the number of media source for AIDS message.
- ↵ Nearly two out of three young people out of school reported that they are sexually active and had sex with two or more partners in that last year.
- ↵ In some areas, sexually active girls out of school are even more likely than boys to report multiple partners.
- ↵ Condom accessibility and cost are not barriers to condom use among most groups.
- ↵ Condom use is high among commercial sex workers.
- ↵ Significant proportions of respondent do not always use condoms with non-regular partners, though they know condoms protect from HIV/AIDS.
- ↵ A little more than one out of five married respondents who have had multiple partners in the last 12 months do not always use a condom.
- ↵ Forty-seven per cent of respondents have ever tried drugs.
- ↵ About two-thirds of respondents who consume “Chat” at least weekly and drink alcohol once a week have had recent unprotected sex with a non-marital partner.
- ↵ Commercial sex is more common among mobile men with money.
- ↵ Non-commercial sex is relatively very high among in and out of school youth.
- ↵ Misconceptions about HIV/AIDS transmission remain high in almost all groups and regions.
- ↵ Misconception about HIV/AIDS are high irrespective of level of knowledge.
- ↵ Own-risk perception is very low in almost all target groups.
- ↵ Most respondents who had unprotected sex with non-marital partners do not feel that they are at risk.
- ↵ Despite a high level of knowledge, a significant proportion of the population, particularly the young, is at high risk of HIV infection.

Source: AIDS In Ethiopia 4th Edition p 20

ANNEX II: Nutritional Status of Children

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

Background Characteristic	Height-for-age			Weight-for-age			Weight-for-age			Number of Children
	Percentage Below - 3 SD	Percentage Below - 2 SD	Mean Z-score (SD)	Percentage Below - 3 SD	Percentage Below - 2 SD	Mean Z-score (SD)	Percentage Below - 3 SD	Percentage Below - 2 SD	Mean Z-score (SD)	
Child's age in months										
<6	2.1	10.6	-0.4	1.3	4.1	0.0	2.0	6.6	-0.2	877
6-11	11.6	28.7	-1.4	1.5	13.9	-0.7	13.2	37.4	-1.6	1051
12-23	29.6	57.2	-2.2	3.1	19.5	-1.1	21.6	56.1	-2.1	2074
24-35	28.6	56.1	-2.3	1.1	9.3	-0.9	19.6	54.8	-2.1	2073
36-47	31.1	60.7	-2.4	1.0	6.4	-0.7	15.8	49.6	-1.9	2291
	31.0	60.1	-2.4	0.5	8.4	-0.8	15.1	50.1	-2.0	2082
6-9 months	9.2	24.9	-1.2	1.5	13.5	-0.5	9.6	32.0	-1.4	697
12-15 months	23.6	48.5	-2.0	3.0	19.4	-1.1	21.5	60.5	-2.2	749
20-23 months	35.4	64.2	-2.4	4.0	21.1	-1.1	20.8	54.4	-2.1	681
Sex of child										
Male	27.1	52.2	-2.1	1.7	11.4	-0.8	16.4	48.1	-1.9	5255
Female	25.6	50.8	-2.0	1.1	9.6	-0.7	15.9	46.2	-1.8	5193
Birth order ³										
1	19.5	46.9	-1.9	1.1	7.5	-0.7	11.1	39.6	-1.7	1736
2-3	25.7	50.7	-2.0	1.4	10.3	-0.7	14.4	45.0	-1.8	2969
4-5	29.6	54.2	-2.1	1.4	12.2	-0.8	18.1	51.8	-1.9	2154
6+	27.4	52.5	-2.1	1.5	12.3	-0.9	19.1	50.7	-1.9	2915
Birth interval in months ⁴										
First birth	19.5	46.9	-1.9	1.1	7.5	-0.7	11.1	39.6	-1.7	1736
<24 months	32.8	57.9	-2.3	2.1	9.8	-0.8	21.3	51.4	-2.0	1483
24-47 months	26.9	52.5	-2.1	1.3	12.0	-0.8	16.8	49.0	-1.9	4998
48+ months	23.6	45.1	-1.9	1.3	11.5	-0.8	14.3	46.1	-1.8	1557
Residence										
Urban	18.9	42.3	-1.7	0.7	5.5	-0.5	7.9	33.7	-1.4	1067
Rural	27.2	52.6	-2.1	1.5	11.1	-0.8	17.1	48.7	-1.9	9382
Region										
Tigray	26.5	55.3	-2.1	0.9	11.1	-0.8	16.1	47.9	-1.9	689
Afar	26.5	47.6	-1.9	1.7	12.6	-0.9	17.8	50.5	-1.9	94
Amhara	29.0	57.0	-2.3	1.1	9.5	-0.8	16.5	51.8	-2.0	2712
Oromiya	22.1	47.2	-1.9	1.6	10.4	-0.7	13.6	42.4	-1.7	4288
Somali	25.9	46.4	-1.7	2.5	15.8	-0.8	16.2	44.3	-1.6	83
Benishangul-Gumuz	19.7	41.3	-1.7	2.2	14.2	-0.9	12.2	42.3	-1.7	101
SNNP	33.2	55.4	-2.3	1.5	11.8	-0.8	22.0	53.7	-2.0	2237
Bambela	20.1	37.0	-1.3	3.1	18.1	-1.0	11.7	39.0	-1.6	23
Harrari	14.8	37.3	-1.5	1.0	6.3	-0.5	8.2	27.1	-1.4	21
Addis Ababa	8.1	26.8	-1.1	0.5	4.2	-0.3	2.6	14.1	-0.9	165
Dire Dawa	9.5	30.5	-1.1	1.4	11.1	-0.8	7.3	30.8	-1.3	36
Mother's education										
No education	27.5	52.9	-2.1	1.6	11.4	-0.8	17.3	49.6	-1.9	7968
Primary	22.4	49.1	-1.9	0.8	8.8	-0.7	13.4	40.4	-1.7	1286
Secondary and higher	11.0	32.9	-1.4	0.5	6.7	-0.4	3.7	27.7	-1.2	520
Children of	26.0	51.3	-2.1	1.4	10.8	-0.8	16.1	47.2	-1.8	9774

³ Includes children who are below - 3 standard deviations from the International Reference Population Median

⁴ Exclude children whose mothers were not interviewed

Background Characteristic	Height-for-age			Weight-for-age			Weight-for-age			Number of Children
	Percentage Below - 3 SD	Percentage Below - 2 SD	Mean Z-score (SD)	Percentage Below - 3 SD	Percentage Below - 2 SD	Mean Z-score (SD)	Percentage Below - 3 SD	Percentage Below - 2 SD	Mean Z-score (SD)	
interviewed mothers										
Children of non-interviewed mothers living in household	21.8	49.5	-2.0	2.1	6.5	-0.8	15.0	36.8	-1.8	91
Mother not living in household	33.3	55.2	-2.2	1.1	6.6	-0.7	17.5	47.7	-1.9	584

Source: Ethiopia DHS 2000 P 154

Note: This table refers to be fact children.

ANNEX III: Statistical Information Ethiopia (2002)

Surface Area	
Population Density per km ² (2002)	53.7
GNP Per capita (US \$ 2002)	110
Rate of Inflation (%)	9
% of Population Below Absolute Poverty Level	45
Population (Projection of 2002 Based on the 1994 Census)	
Total Population	67220000
Population under 15 years of age	27800660
Population of 0 – 4 years of age	11331536
Population 5 – 9 years of age	8523791
Population 10 – 14 years of age	7945333
Economically Active Population (Total) (%)	72.4
Male %	81.9
Female %	62.8
Dependency Ratio	0.83
Sex Ratio	100.86
Average Household Size (Persons per Household)	4.8
Percent Urban	14.92
CBR Per 1000 (2000-2005)	39.90
CDR Per 1000	12.60
RNI Percent	2.73
GR Percent	2.73
Urban GR per cent	4.10
Rural GR per cent	2.57
Male life expectancy	53.42
Female life expectancy	55.43
Total fertility rate	5.83
Health Indicators (2002)	
PHS Coverage (%)	61.0
EPI Coverage (%)	51.5
Antenatal Coverage (%)	34.1
Number of Facilities	
Hospitals	115
Health Centers	412
Health Stations	2452
Health Posts	1311
Private Clinics	1235
Pharmacies	311
Drug Shops	309
Rural Drug Vendors	1856
Human Resources (at service)	
Physicians	1888
Health officers	484
Nurses	12838
Health Assistants	8149
Para Medicals	3706
Human Resources (Graduate)	
Physicians	152
Health Officers	183
Nurses	1437
Health Budget as % of Government Total Budget	7.0

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

ANNEX IV

LIST OF INDIGENOUS CHILD ORIENTED NGOS IN ETHIOPIA

- ↵ Aba Afework G/Selassie Children's Welfare Association
- ↵ Aba Wolde Tensae Gizaw Mothers' and Children Welfare Association
- ↵ Abebech Gobena Orphanage and School
- ↵ African Network for the Prevention of an Protection Against Child Abuse and Neglect-
Ethiopian Chapter (ANNPPCAN)
- ↵ APAP
- ↵ Arat Kilo Child Care and Community Development
- ↵ Berhane Hiwot Children's Village and Family service
- ↵ Blind School Association
- ↵ Bole Baptist Church and Family Support Projects
- ↵ CDI
- ↵ Cheshire Foundation Ethiopia
- ↵ Cheshire Home
- ↵ Christian Relief and Development Association
- ↵ Church of Christ Mission
- ↵ Concern Ethiopia
- ↵ Dawn of Hope
- ↵ Emmanuel Development Association
- ↵ Emmanuel Home
- ↵ Ethiopian Aid
- ↵ Ethiopian Evangelical Church Mekane Yesus – Child and Youth Care Program
- ↵ Ethiopian Gemini Trust
- ↵ Ethiopian Muslim's Relief and Development Association
- ↵ Ethiopian Orthodox Church Child and Family Affaris Organization
- ↵ Family and Children Integrated Development Foundation
- ↵ Focus on Children at Risk
- ↵ Forum on Street Children – Ethiopia
- ↵ Goal Ethiopia
- ↵ Godanaw Rehabilitation Integrated Project
- ↵ Gondary Relief, Rehabilitation and Development
- ↵ Handicap National
- ↵ HIWOT – Life
- ↵ Hope Enterprise HPSO
- ↵ IFSO (integrated Family Service Org.)

- ↵ IHA – UDP (Integrated Holistic Approach Urban Development Project)
- ↵ Jerusaleme Association Children’s Home
- ↵ Kind-Hearts Child Aid Development Organization
- ↵ Mary Joy Aid Through Development
- ↵ Mekdim
- ↵ NARC
- ↵ National Committee on Traditional Practices of Ethiopia
- ↵ Nazareth Children Center and Integrated Development
- ↵ Needy Youth Service Association
- ↵ NRDP (national Resources, Development and Protection)
- ↵ OICE (Vocational Training)
- ↵ OPRIFS
- ↵ Oromo Slef Help Organization
- ↵ Progynist
- ↵ Relief Society of Tigray
- ↵ SOOM
- ↵ ZOA

LIST OF INTERNATIONAL CHILD ORIENTED NGOS IN ETHIOPIA

- ↵ Action Aid – Ethiopia
- ↵ Catholic Relief Service – USCC
- ↵ Christian Children’s Fund INC, Ethiopia
- ↵ DORCAS Aid International Ethiopia
- ↵ Handicap International
- ↵ Missionary of Charity
- ↵ Pathfinders International/Ethiopia
- ↵ Save the Children Denmark
- ↵ Save the Children Federation (USA)
- ↵ Save the Children Fund (UK)
- ↵ Save the Child Norway
- ↵ Save the Children Sweden
- ↵ Save the Children Canada
- ↵ Save the Children Finland

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

ANNEX V

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

A. Federal institutions participated in the process of the preparation

- ↳ Ministry of Labour and Social Affairs
- ↳ Ministry of Education
- ↳ Ministry of Health
- ↳ Ministry of Finance and Economic Development
- ↳ Ministry of Justice
- ↳ Ministry of Youth, Culture and Sport
- ↳ Ministry of Water Resource
- ↳ Police Commission
- ↳ Supreme Court
- ↳ HIV/AIDS Secretariat

B. Regional Bureaux in Each State

- ↳ Bureau of Laboru and Social Affairs
- ↳ Bureau of Justice
- ↳ Bureau of Education
- ↳ Bureau of Health
- ↳ Regional Police Commission
- ↳ Bureau of Water Resource, Mines and Energy
- ↳ Regional Secretariat of HIV/AIDS
- ↳ Regional Office of Women Affairs
- ↳ Bureau of Information
- ↳ Regional Office of Youth and Sport

REFERENCE MATERIALS

1. Survey on the prevalence and characteristics of AIDS Orphans in Ethiopia, MOLSA/Italian Cooperation/UNICEF, Feb. 2003 A. A. Ethiopia
2. Child Labour Survey Report, MOLSA/CSA/ILO, 2001
3. Proceedings of the workshop on Sexual Abuse and Exploitation of Children MOLSA/NSC Against Sexual Abuse and Exploitation of Children Dec. 2002.
4. Ethiopia Demographic and Health Survey, CSA, May, 2001.
5. The revised Family Code Proclamation of 2000.
6. Health and Health related indicators, MOH, 1994 E.C.
7. National Programme of Action for Rehabilitation of Persons with Disabilities, MOLSA, June 1999.
8. Manual on the Implementation of CRC, MOLSA/Save the Children Alliance, June 2001.
9. Developmental Social Welfare Policy, MOLSA, November 1996.
10. Welfare Monitoring Survey, CSA, 2001, Vol. II.
11. Statistical Abstract FGAE Education (2000) Amharic Version.
12. Ethiopian Women Lawyers Association Activity report November 1999 – December 2000.
13. AIDS in Ethiopia, MOH, 4th Edition October 2002.
14. Cheshire Foundation Ethiopia, Annual Report 2000, 2001.
15. Forum on Street Children – Ethiopia, Annual Report 2000.
16. An Advocacy for Accelerated Reduction of Maternal and Newborn Morbidity and Mortality in Ethiopia, MOH/WHO, May 2003 A.A.
17. Kumulachew Meselu Adoption in the revised Federal Family Code Augutst, 2002 A.A.
18. Federal Higher Court. Dissolution of Marriage by Divorce and its impact on children.
19. MOE (1994), Education and Training Policy, Addis Ababa
20. MOLSA (2001), Guidelines on Alternative child Care Programs Addis Ababa
21. Radda Barnen (Swedish Save the Children) (1997), Definition of the child: in the context of Ethiopian Laws and Policies, Addis Ababa.
22. MOE (1998/99 – 2002/2003), Education Statistics: Annual Abstract.

23. Constitution of the Federal Democratic Republic of Ethiopia No. 1/1995.
24. Ethiopian Human Rights Commission Establishment Proclamation No. 210/2000.
25. Institution of the Ombudsman Establishment Proclamation No. 221/2000.
26. Amendment to the Convention on the Rights of the Child Ratification Proclamation No. 100/1998.
27. broadcasting proclamation No. 178/1999.
28. UNICEF (1999), Children Orphaned by AIDS: Frontline responses from Eastern and Southern Africa.
29. Ethiopian Lawyers Association (2002), Dimtsachen: Bilingual Magazine.
30. UNCRC – Committee (CRC/C/58 20 Nov. 1996), General Guidelines for Periodic Reports.
31. Adult 15 Education: A report of an Impact Assessment of a Pilot Project in Kolba – Gode PA and Majo Town, Oromiya, carried out in Feb/March 2002.
32. Children’s situation in Ethiopia, A Child Rights Analysis, A.A. 2002, Save the Children Sweden.
33. Federal Supreme Court (2003). An Evaluation Report on the Performance of the Juvenile Justice Project, Addis Ababa.
34. Fitha Histan (2002): A Biannual Magazine of the Federal Supreme Court Juvenile Justice Project Office Addis Ababa.
35. UNICEF – Newsletter (2002).
36. Ethiopian Herald Newspaper (2002 – 2003).
37. Population and Housing Census Report (1994) Central Statistics Authority (CSA).
38. National AIDS Council, Strategic Framework for the National Response to HIV/AIDS in Ethiopian for the Periods 2001-2005, June 2001.
39. MOE (2002), Education Sector Development Program II (2002/3 – 2004/5).
40. MOE (2002), The Education and Training Policy and its Implementation.