

Supplementary Report of NGOs on the Implementation of the Convention on the Rights of the Child in Ethiopia

A Supplement to the Third Five-Year Country Report of Ethiopia

Compiled by

**The Children and Youth Forum of the Christian Relief and Development
Association**

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ACRONYMS

ACPF	African Child Policy Forum
AIDS	Acquired Immune Deficiency Syndrome
ANC	Anti-natal Care
ANPPCAN	African Network for the Prevention of and Protection against Child Abuse and Neglect
ARV	Anti-retroviral
BOLSAs	Bureaus of Labor and Social Affairs
CPUs	Child Protection Units
CRC	Convention on the Rights of the Child
CRDA	Christian Relief and Development Association
CSA	Central Statistics Authority
CYF	Children and Youth NGOs Forum
CYFA	Children, Youth and Family Affairs
DHS	Demographic and Health Survey
DPT	Diphtheria Pertussis Tetanus
EMIS	Education Management Information System
ENAMRCY	Ethiopian National Association for the Mentally Retarded Children and Youth
EPI	Expanded Program of Immunization
FGM	Female Genital Mutilation
FP	Family Planning
FSCE	Forum on Street Children Ethiopia
GER	Gross Enrolment Rate
GFDRE	Government of the Federal Democratic Republic of Ethiopia
GR	Government's Report
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immuno Virus
JJPO	Juvenile Justice Project Office
JDRI	Juvenile Delinquents Rehabilitation Institute
ICT	Information and Communications Technology
ILO	International Labor Organization
IOM	International Office for Migration
MICU	MOLSA, Italian Cooperation and UNICEF
MOE	Ministry of Education
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs
MOWA	Ministry of Women's Affairs
MTCT	Mother to Child Transmission
NCTPE	National Committee on Harmful Traditional Practices in Ethiopia
NGOs	Non-governmental organizations
NPA	National Plan of Action
OVC	Orphans and Vulnerable Children
PLWAH	People Living With HIV/ AIDS

REBs	Regional Education Bureaus
SC	Save the Children
SNNPR	Southern Nations Nationalities and Peoples Region
STDs	Sexually Transmitted Diseases
TVET	Technical and Vocational Education Training
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Purpose and Objectives of the Report

This report supplements the third periodic report submitted by Ethiopia to the United Nations Committee on the Rights of the Child in April 2005. NGOs participated in preparing the third periodic report, especially by commenting on the draft. This report assesses the measures taken to implement the Convention on the Rights of the Child (CRC) in Ethiopia between 1999 and November 2005.

The Children and Youth NGOs Forum (CYF), a coalition of 59 NGOs working on children and youth affairs, in collaboration with the Christian Relief and Development Association (CRDA) and Save the Children Alliance prepared this report. Seventy-seven community-based, national and international NGOs and government agencies also helped with its preparation.

The government report fails to include information on the agencies within its structure that directly work on child rights. At the federal level, the Department of Children, Youth and Family Affairs (CYFA) within the Ministry of Labor and Social Affairs (MOLSA) has been directly responsible for implementing the CRC. Immediately after submitting the government report, the Children under Difficult Circumstances, and the Child Rights, Welfare and Protection teams started functioning under the CYFA Department to coordinate the different aspects of implementing the CRC.

IMPLEMENTING THE COMMITTEE’S RECOMMENDATIONS

No proper framework of cooperation and coordination exists between CYFA-MOLSA and the Bureaus of Labor and Social Affairs (BOLSAs). CYFA-MOLSA provides assistance to regional bureaus when requested and contacts regional bureaus when it needs information. Otherwise, no regular cooperation and reporting takes place between them.

The 2003-2010 National Plan of Action (NPA) envisaged strengthening the CYFA department, establishing a National Children’s Affairs Steering Committee, a National Technical Committee with members from different ministries and NGOs, and replicating institutions down to “Woreda” and local levels. These, however, have not been transformed into practice. The government appointed a commissioner to head the Women and Child Affairs Department within the Human Rights Commission, and an ombudsman to head the Children and Women Affairs department after submitting its report. They have the mandates of ensuring the observance of the CRC and making newly issued laws compatible with it.

The government and NGOs publicize the CRC nationally and regionally at events and provide workshops and various types of training. The training targets law officials, journalists, students and teachers. Although the civic education offered in primary schools covers human rights, it does not include child rights. MOLSA and some NGOs

also broadcast radio programs on the CRC. However, the government-owned mass media charge expensive fees for airtime, making it difficult for many NGOs to publicize child rights programs on television.

LEGISLATION AND THE JUDICIARY

Legislation: The new Criminal Code takes some steps toward harmonizing national law with the CRC. It criminalizes many harmful traditional practices in some of its articles. Likewise, some articles of the Ethiopian Constitution provide for the rights of children to be free from corporal or cruel and inhumane treatment in schools and other institutions responsible for the care of children. However, any abusive act conducted as a form of disciplinary measure, and which is in line with the law, is not treated as a crime and allows the guardian to inflict bodily punishment on the minor for the purpose of ensuring his or her education.

Juvenile Justice: One article of the Civil Procedure Code states that children who do not have legal capacity can pursue court cases through their guardians. An article of the new Criminal Code states that young offenders aged between 15 and 18 years are subject to the same procedure as adults. Another states that in no case may a death sentence be imposed on a convicted criminal who had not attained 18 years of age at the time of committing the crime. The government also made major changes to the revised Federal Family Code where it replaced the provisions of the Civil Code that discriminate against women.

The government established child-friendly juvenile courts in certain regions to help ease the fear and trauma experienced by child victims and witnesses. However, since they are pilot rather than permanent, they do not hear children's cases full-time. Moreover, they lack adequate staff and the judges have not received special training in juvenile justice. Nonetheless, the Juvenile Justice Project Office (JJPO) organizes some short-term training and workshops for judges and public prosecutors.

Sentenced children are often sent to orphanages. However, there are eleven community-based correctional centers in Addis Ababa that currently provide correctional services for children. Studies show that many children are kept in correctional institutions on suspicion or for minor crimes for long periods, against one of the CRC's requirements. In addition, remanded or convicted youth offenders are kept in the same quarters as adults, and convicted young offenders are not separated from those on remand. Other imprisoned children include those who are detained with their mothers because they are too young to be separated from them, or have nowhere else to stay.

Birth Registration: The Revised Family Code imposes an obligation on the federal government to establish the institutional structure for registering births. While the new Criminal Code criminalizes the failure to declare birth and false declaration, these could not be enforced due to the absence of a birth registration system.

Family Unity and Reunification: Many NGOs work on strengthening family unity by providing assistance to very poor communities and to displaced populations. They launch family empowerment projects such as credit schemes, and provide educational, health and other family care services to children. Violence, discrimination, HIV/AIDS, migration and trafficking contribute greatly to children separating from their families.

Violence: Poverty, the offending parent's psychological development, lack of awareness of children's rights, and parent's perception of corporal punishment as a means of discipline are the major causes of family violence against children.

Adoption: MOLSA is considering Ethiopia's accession to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption. MOLSA issued the Guidelines on Alternative Childcare Programs (GACP) in 2001, which sets out the requirements of eligibility for applicants of domestic and inter-country adoption. When institutions or agents arrange adoptions, they must submit an annual report on the situation of every child for which it has arranged an adoption. MOLSA also conducts home visits to keep track of domestically adopted children's situations.

Alternative Childcare: The Guidelines on Alternative Childcare Programs include guidelines for childcare institutions, community-based childcare programs, child-family reunification, and foster family care. Each guideline contains substantial lists of articles that apply to the different forms of alternative childcare. The existing alternative childcare institutions separate children from society, creating a situation where the children later have problems reintegrating into society. While a childcare institution is duty bound to respect the freedom of thought, conscience and religion of children, some institutions impose religious beliefs on the beneficiary children. Sexual abuse also occurs in some institutions. Although they are obligated to assist children who complete vocational training with obtaining employment, many institutions lack adequate facilities and credit schemes to assist the children when they leave.

Health Standards: The government has increased the number hospitals, healthcare services and medical personnel. However, the majority of health services exist in urban areas, whereas 85 percent of the population lives in rural areas. On average, only 49 percent of the population have any access to health services, and in some rural areas the coverage falls to 25 percent. The Ministry of Health (MOH) set theoretical standards for various levels of health institutions for the types of services they deliver and for the requisite professional level of healthcare staff. However, the number of suitably trained staff is insufficient and most of them work in urban areas. A difference in health service coverage and utilization also exists where some clinics and health posts do not provide adequate services partly because of a lack of finance and supplies.

Disabled Children: A number of governmental and non-governmental organizations provide education, residential care, training, placement and other services to disabled children. Some NGOs provide comprehensive community-based rehabilitation services from which thousands of disabled people benefit. The services provided are, however, insignificant when compared to the total number of children in need. Disabled children

suffer from social exclusion and stigma and many institutions are not friendly to them. Many disabled children are infected with the HIV virus, but current testing and counseling services are not disability-friendly. Consequently, HIV public services do not offer testing and counseling to mentally retarded children because they believe the children cannot express their willingness to be tested, cannot understand pre-test advice, and thus cannot benefit from testing results.

HIV/AIDS: The government works substantially to achieve the objectives of its HIV/AIDS policy, which are to help implement prevention and care programs, decrease vulnerability, and reduce the adverse socio-economic consequences of the epidemic. The national HIV/AIDS Prevention and Control Office (HAPCO) disburses the funding that the government receives from the World Bank to NGOs which work in prevention, control, care and support. Other NGOs with different sources of funding also provide similar services. Additionally, the government recently introduced free anti-retroviral (ARV) treatment. However, HIV/AIDS remains prevalent and widespread, undermining the country's effort to reduce poverty.

Many people discriminate against and stigmatize HIV infected children, and the community often shuns them and does not allow them to attend school. Many AIDS orphans (74 percent) live with relatives, but a considerable number are expelled from their homes following their parent's death. About 50 percent are not well fed or lack adequate food. In addition, 6.1 percent are forced to beg in order to feed themselves daily, and a large number drop out of school due to a lack of educational materials.

Education: The data that exist on children's school enrolment indicate the number of students who register at the beginning of the year, but not those who sit exams at the end of the year. Otherwise, the figures would reveal a high dropout rate, especially in rural areas.

The government builds mostly primary schools, creating a shortage of secondary schools. This forces secondary-level students to commute to other vicinities to attend school, such as from villages to towns. A lack of the means to commute causes some children to drop out. Besides, more schools exist in urban areas than in rural areas, due to the larger amount of private investment in education in urban areas.

The minimum qualification required to teach at secondary level is a first degree (Bachelors), but only 33.7 percent of the teachers working in secondary schools attained this level. Additionally, the pupil to teacher ratio for secondary level education was 49 to one in 2001-2002. However, the dropout and repetition rates are higher in primary and Technical and Vocational Education Training (TVET) schools although the pupil to teacher ratio is lower. The MOE's efforts to introduce ICT (audio, visual and multimedia technologies) in secondary schools are, however, commendable.

An inclusive education system with a child-centered approach that could accommodate the educational needs of all children does not exist and, therefore, discriminates against

street children, domestic-working children, disabled children, orphans, and destitute urban and rural children.

Communities share the costs of schooling their children by building schools, and buying school uniforms and educational materials. Some NGOs assist them with these responsibilities. Some parents do not send their children to school because they need them for agricultural and household activities.

Most schools are overcrowded due to a lack of resources to build more of them. Still, the government wants to increase the number of students to increase the literacy rate. This adversely affects the quality of education.

SPECIAL PROTECTION MEASURES

Refugees: Children living in refugee camps receive education, especially primary. While female students' attendance is encouraged, their dropout rate increases with age due to family commitments (early marriage and gender-related labor). Moreover, the camps do not provide education in child and human rights. Although an inadequate amount of health services exists in the camps, there are no social workers.

Sexual Exploitation and Rape: The law provides for a serious penalty against those who commit rape. However, the crime continues and male-child rape increases. The services provided by NGOs are inadequate considering the prevalence of the problem. A limited number of NGO transit shelters protect an insufficient number of female street children from exposure to sexual abuse.

Child Labor: The proportion of working children ranges from about 69 percent in Addis Ababa to 89 percent in SNNPR. Working children lack occupational safety, work long hours, are paid no or a low wage, and work in dangerous environments. Some families give their children to employers to collect the wages from their labor.

Streetism: Nearly 70 percent of street children live with their families in slum areas of the major cities, while the rest live alone on the streets. There are approximately 200,000 children working and living on urban streets, of which 150,000 reside in Addis Ababa. Street children face hunger, disease, homelessness, ill treatment by others, sexual and labor exploitation, and substance or drug abuse. Society rejects them due to a lack of awareness of their rights. Members of the community refuse to rent their houses to NGOs that want to establish rehabilitation centers for them. Poverty, family disintegration, parental abuse and neglect, lack of educational opportunities and the social environment (peer, community) are the major causes of streetism.

The Two Optional Protocols and Dissemination of Reports: Ethiopia still has not ratified the optional protocols to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, and the Involvement of Children in Armed Conflicts. The government's second periodic report has not been publicized or

made available to the public. There are also limited efforts to disseminate the third periodic report.

GENERAL MEASURES OF IMPLEMENTATION

Budget: Although the government has increased its education, health, culture and sports budgets, a shortage of funds and a lack of capacity to implement the CRC still exist. Besides, budgets are not always allocated for child rights related issues or initiatives. In the new National Plans of Action (NPA) for Children (2003-2010 and beyond), the government plans to cover 70 percent of the required budget and sought international assistance for the other 30 percent. While this shows a serious commitment, some NGOs strongly believe that the government intends to cover what it is unlikely to allocate a budget for, and that international assistance is inadequate.

National Plans of Action: The new NPA is based on reliable information on children's situations and focuses on promoting many child rights. It does not, however, cover all the issues that arise under the eight sections of guidelines issued by the United Nations (UN) Committee on the Rights of the Child. There is also an NPA for Orphans and Vulnerable Children (OVC). Under this plan, NGOs and religious institutions will form a coordinating task force. In addition, an NPA for Rehabilitation of Persons with Disabilities exists. An NPA for sexual abuse and exploitation is underway, and a draft NPA also exists for birth registration.

DEFINITION OF THE CHILD

Against the UN Committee on the Rights of the Child's stated concern about the low legal minimum age of criminal responsibility, one article of the new Criminal Code sets it at age nine, although there were efforts to raise it. Likewise, the new Family Code sets the minimum age of marriage at 18 years for both sexes, although marriage below that age still occurs often in rural areas.

GENERAL PRINCIPLES

Non-Discrimination: Although the Ethiopian Constitution recognizes the right to equality of all persons in general and that of children in particular, in practice, widespread discrimination exists against children, especially the disabled. For instance, even if a special education system designed for children with disabilities existed, there would be a shortage of trained teachers to teach them, especially in the regions. Discrimination and stigmatization exist against children and orphans from HIV infected families. The government's efforts to formulate an OVC policy have not come to fruition and the NPA for disability lacks implementation.

CIVIL RIGHTS AND FREEDOMS

The Freedom of Expression: Traditional systems do not allow children to participate in discussions with adults. The education system also does not employ participatory methods of teaching—it is dominated by the lecture method in which the teacher normally

speaks for the whole period. To counter this, one Sub-City Social Affairs Bureau in Addis Ababa and a group of NGOs established children's parliaments. The members of the parliaments engage themselves in various awareness-raising activities on child rights. As a result, other NGOs are now trying to replicate such parliaments in the other Sub-Cities of the capital.

The Right not to be Subjected to Cruel or Inhumane Treatment or Punishment: Although the Ethiopian Constitution prohibits corporal punishment and cruel and inhumane treatment, in reality, corporal punishment is widely practiced. The MOE issued a regulation prohibiting corporal punishment in schools. However, school staff and parents still use corporal punishment as a major tool for disciplining children.

FAMILY ENVIRONMENT AND ALTERNATIVE CARE

Family Reunification: Children migrate from rural to urban areas in search of a better life and end up living on the streets. For those going to the capital, Addis Ababa, police, CPUs, NGOs and other agencies reunite them with their families. They also put them into transit shelters for rehabilitation.

Neglect: Many mentally retarded children are confined, and the public relates disability to religion, culture, and superstition. Parents tend to take disabled (especially mentally retarded) children to witches and superstitious places, hampering any help that would normally be extended to them. Many of them are also overworked without payment. The usage of derogatory terminology in local languages referring to forms of disability strengthens the neglect. When one or both of their parents pass away, relatives or other people who happen to be in possession of a property after the death of their relatives evict orphaned children. The problem with the legal system in relation to taking such cases to court means that the children remain neglected.

BASIC HEALTH AND WELFARE

Health Standards: A high fertility rate of 5.9 children per woman together with a low level of access to reproductive health and emergency obstetric services, contribute to one of the highest maternal mortality rates in the world, with 871 per 100,000 live births. Life expectancy at birth is 54 years. Mortality rates for infants are 113 per 1,000 live births; under fives are 188 per 1,000; and other children are 85 per 1,000. In addition, many infants are born with a low birth weight and are severely stunted. Many women have little or no knowledge of contraceptive methods. A cultural problem also exists where women use contraceptives without the knowledge of their husbands as the husbands are opposed to it.

Mental Health: No adequate information exists on the mental health situation in the country, yet the government makes no visible attempt to gather such information. Only one mental health hospital exists and it is overcrowded, lacking a sufficient number of adequately trained mental health professionals.

Social Welfare: No single government agency carries a mandate for providing social welfare services. MOLSA adopted a policy and a national plan of action in 1994. However, it lacks implementation and other agencies involved in related activities do not report to MOLSA. The policy requires promotion and revision.

Harmful Traditional Practices: The National Committee on Harmful Traditional Practices in Ethiopia (NCTPE) documented about 100 traditional practices that are harmful mainly to children and women. In Ethiopia, 80 percent of women are circumcised, and 60 percent of women still support girl's circumcision. The NCTPE conducted a study, and it is believed that this study and further advocacy by the UN Committee on the Rights of the Child played a role in including harmful traditional practices (HTPs) as punishable offenses in the new Criminal Code. NGOs interested in the area of HTPs are proliferating due to NCTPE's advocacy and networking.

EDUCATION, LEISURE AND CULTURAL ACTIVITIES

Access to Education: Many differences exist in enrolment between regions. Also girls' attendance in senior secondary education (grades 9 and 10) is lower than that of boys. Affirmative action programs exist that allow girls who sit for secondary school leaving examinations to pass with low scores, and give them priority in their choice of field of study. However, these programs only apply to those children already attending secondary schools and higher institutions.

Free and Compulsory Primary Education: Mobilizing financial resources to improve access (by narrowing gender disparities) presents a major challenge for quality education. Most schools are grossly overcrowded. In rural areas, there are classrooms with no windows and doors, and no chairs and desks where students are forced to sit on stones and on the floor. However, the number of public and private teacher training institutions is increasing and on-the-job training for teachers is improving (including distance learning).

Leisure: Urban development projects infringe on children's right to leisure, especially in Addis Ababa. Low-cost houses and other buildings are built on fields where children formerly played. As a result, it is common to see children playing on the roads exposing themselves to accidents. There is a fear that in the near future no playgrounds for children will exist unless the government purposely intervenes.

SPECIAL PROTECTION MEASURES

Children experience different forms of abuse in the community, family, schools, etc., however, no responsible governmental authority works specifically on child abuse. Additionally, there are problems in protecting mentally retarded children from sexual assault and bringing cases to court. In response, ANPPCAN-Ethiopia and children's defense centers established telephone hotlines where children can telephone to report abuse. Some NGOs also rehabilitate and socially reintegrate children, including reuniting child victims with their families. Still, these services are minimal and exist mostly in the capital.

1. BACKGROUND

This report is meant to supplement the third periodic report submitted by Ethiopia to the United Nations Committee on the Rights of the Child (hereinafter referred to as the Committee) in April 2005. It presents:

- An independent assessment of the measures taken and the challenges faced in implementing the Convention on the Rights of the Child (CRC), and
- Supplementary information on issues of concern that the government's report fails to cover, or on which it does not give enough or reliable information, in the opinion of the participating NGOs.

The government of Ethiopia works with concerned NGOs on various issues of child rights at different levels. In fact, although limited in number, NGOs participated in preparing the third periodic report, especially by commenting on the draft. The government report also mentions the work of NGOs. This report, therefore, supplements the government's report.

This report was prepared under the auspices of the Children and Youth NGOs Forum (CYF), a coalition of 59 NGOs working on children and youth affairs, in collaboration with the Christian Relief and Development Association (CRDA) and Save the Children Alliance. Other NGOs specializing in various children's rights issues helped with preparing this report. Seventy-seven community-based, national and international NGOs and government agencies also took part in its development (see Annex 1).

The CYF hired consultants Sisay Alemahu Yeshanew & Co. who have the relevant educational background and practical experience to develop the report. An Advisory Committee that consisted of members and representatives of national and international NGOs working on child rights assisted the team of consultants.

1.1. Methodology

The preparation of this report involved an orientation workshop, desk research, thematic discussions with NGOs specializing in specific child rights issues, and analysis of the information collected. Representatives of Civil Society Organizations (CSOs), government officials, and civil servants who actually made valuable contributions in their respective areas of work attended the meetings.

Orientation workshop. The process began with an orientation workshop that enlightened participating NGOs on the procedure of state reporting under the CRC, the importance of reports done by NGOs, and the need to develop this supplementary report in collaboration. The workshop emphasized the need for the serious contribution of the NGOs in the reporting process. It culminated in establishing an Advisory Committee and defining the specific tasks ahead with a time frame for their accomplishment.

Literature Review. The consultants also carried out a review of relevant literature consisting of the Ethiopian government’s third periodic report, the concluding observations of the Committee on the second periodic report, laws, policies, plans of action, guidelines, and the studies of various organizations. The consultants also created a compendium (hereinafter referred to as the “Compendium”) of the reports of discussions (or focus group discussions [FGDs]) with children held with the purpose of gathering their attitudes as the beneficiaries of children’s rights. The Compendium also consists of a collection of the major issues encountered by participating NGOs when implementing children’s rights at eight different sites in the country. The desk research helped to develop issues for the thematic discussions that were held on specific child rights topics.

Thematic discussions. Specialized NGOs held four thematic discussions on:

- general implementation measures, the definition of the child, general principles, civil rights and freedom;
- family care and alternative care, and basic health and welfare;
- education, leisure and cultural activities;
- special protection measures.

The minutes of the meetings were summarized and a source document was prepared.

The entirety of the information generated through the above-mentioned methods was reorganized and prepared into a first draft. This draft was presented at a general meeting and was sent out to CYF members, other local NGOs, international organizations, and members of the Advisory Committee. A second draft which included comments that came from some of these bodies was then presented to members of the Advisory Committee, some other organizations and private participants. Their constructive comments have been incorporated and the final report prepared.¹

1.2. Lessons Learnt

The following lessons were learnt from the process leading up to the preparation of the report:

- Understanding the reporting process in general, the NGO’s supplementary report in particular, and NGOs’ place in monitoring the CRC’s implementation by a member state;
- Recognizing that working in partnership with different stakeholders facilitates the implementation of the CRC;
- Gathering comprehensive information which can serve as a background for continuing child rights protection and developing advocacy tools;
- Realizing that children’s views on the practical implementation of their rights enshrined in the CRC is vital for its effectiveness; and

¹ Much of the information in the report comes from what representatives of specialized NGOs and pertinent government offices expressed and confirmed in the thematic discussions in the various workshops held thereafter. Where findings are stated without citation, the sources should be taken as the minutes of the thematic discussions and the workshop that followed.

- Understanding the need to conduct studies and keep alternative data on issues falling within the areas of specialty of the participating NGOs.

2. INTRODUCTION

This report assesses the measures taken to implement the CRC in Ethiopia between 1999 and November 2005. The issues addressed by the report are based on the concerns and recommendations of the Committee expressed in the concluding observations issued after considering the Ethiopian government's second periodic report, and the gaps in the third periodic report. To enable the Committee to make an easy comparative assessment, the report more or less follows the structure of the government's report. The information obtained in the report provides precise and workable recommendations that can serve as a springboard for action (see Annex 2).

While supplementary information on specific issues is provided in the sections that follow, it is worth making the following general remarks on the approach of the government's report at the outset:

- The report reveals that many problems exist in implementing the CRC. It lists problems and constraints in relation to each cluster of CRC articles. It is important for the Committee to identify problems on which it advises the government. However, many of the problems and constraints indicate failures on the part of the government to implement the convention. The government could have avoided these problems if it had carried out its obligations under the CRC properly.
- The government's report also included information on the achievements of some NGOs. However, it seems to have failed to appreciate that the main duty lies with the government and that NGOs can only supplement their work.

One of the major problems faced in preparing this report relates to a lack of alternative sources of statistics, making it difficult to check the accuracy of the data provided by the government's report in relation to some of the rights. Essential structured data on implementing the convention and the situation of children are not available. Some NGOs maintain numbers and percentages of the target children in their respective areas and places of work. The government's report has in many instances made use of the data kept by these NGOs. However, not all their data are structured enough to measure the implementation of the CRC. Despite this, some of the data presented by the government report may be evaluated in terms of the approach taken in their preparation and presentation.²

Recommendations:

- ✓ The government must undertake to implement the CRC in all the areas the CRC envisages and should not leave what is its obligation to NGOs.
- ✓ All those who participate in implementing the CRC should keep structured data in the areas of their specialty.

² For example, the data on school enrolment fails to take drop outs into consideration as it is based only on enrolment registered at the beginning of the year. On the other hand, it is worth noting that tables 18 (on participation in recreational activities) and 22 (on the number of alleged juvenile offenders) in the government report fail to provide sources.

3. COUNTRY PROFILE

Paragraphs one to 21 of the government's report contain information on the country's profile. This report generally concurs with the pieces of information and the data enshrined therein. It should, however, be pointed out that the government's report fails to present child specific information, at least in relation to demographic characteristics. In this respect, about 52 percent of Ethiopia's population was below 18 years of age; while those below 15 years was 44 percent, and 8 percent was 15-18 years old in 2002.³ There is a very high fertility rate of 5.9 children per woman and, as was indicated in paragraph nine of the government's report, a low level of access to reproductive healthcare.⁴ This indicates the possible increase in the number of children in the country.

In terms of administrative structure, Ethiopia is a federal state consisting of nine regions and two administrative cities (Addis Ababa and Dire Dawa). The regional states are subdivided into different administrative "Zones". The zones are further sub-divided into "Woredas" which in turn comprise various numbers of "Kebeles". In the recent policy of decentralizing decision-making powers, "Zones" and "Woredas" have been assigned to play major roles.

The government's report fails to include information on the agencies within the government structure that directly work on child rights. At the federal level, the Department of Children, Youth and Family Affairs (CYFA) within the Ministry of Labor and Social Affairs (MOLSA) has been directly responsible for implementing the CRC.⁵ Immediately after submitting the government report, two teams, namely, Children under Difficult Circumstances, and Child Rights, Welfare and Protection started functioning under the CYFA Department. These teams have been coordinating the different aspects of implementing the CRC. The new government formed after the elections of May 2005 created a new ministry called the Ministry of Women's Affairs (MOWA). The proclamation determining the powers and duties of the federal executive departments transferred the powers of MOLSA concerning women and children to MOWA. At the time the report was submitted, it was the Mothers and Children Department of MOWA's responsibility to coordinate the work on implementing the CRC nationally.⁶ It is expected that the above-mentioned teams within CYFA-MOLSA will go to this department. The regional Bureaus of Labor and Social Affairs (BOLSAs) have the mandate of coordinating the work on implementing child rights.⁷

³ MOLSA, Ethiopia's Plan of Action for Children (2003 – 2010 and beyond) (2004), page 6.

⁴ Id. 10.

⁵ With the formation of the Ministry of Youth, Culture and Sports by Proclamation No. 256/2002 (in the government constituted after the May 2005 elections) the name of this ministry has been changed to "the Ministry of Youth and Sports". The "youth" aspect of the mandates of the department has been transferred to this ministry and CYFA deals with children and family affairs.

⁶ The Organizational Structure of the Ministry of Women's Affairs, as amended in November 2005.

⁷ The regions have operating Regional and "zonal" bureaus of Labor and Social Affairs which have departments concerned with Children and Family Affairs.

It is good to note at this point that while the problems of children in the country increase constantly, the state's executive structure has not given enough attention to children's affairs. Children's affairs have always been placed under a department within a ministry dealing with diversified issues, rather than uniquely with children's issues. This affects the budget and human resource allocations to child rights specific activities as the institutional status (whether it is a Ministry, a Department, or some other division) matters when allocating budgets to the different government agencies.

Ethiopia has the poorest economy in the world. The government launched a resettlement program in response to a drought during the reporting period. Many families were resettled from the drought-stricken eastern regions to the fertile and rainy lands in the southern and western parts of the country.

Recommendations:

- ✓ Create improved and distinct institutional structures for children's affairs to resolve budget and human resource problems.

4. IMPLEMENTING THE COMMITTEE'S RECOMMENDATIONS

4.1. Coordination

It is difficult to say that an effective nation-wide mechanism exists for coordinating and implementing the CRC and related child rights policies and action plans. No proper framework of cooperation and coordination exists between CYFA-MOLSA and BOLSA. CYFA-MOLSA provides assistance to regional bureaus when requested and CYFA-MOLSA contacts regional bureaus when it needs information. Otherwise, no regular cooperation and reporting takes place between them.⁸

While MOLSA has had pertinent action plans and policies, it lacked the capacity to implement all of them. The mandate given to CYFA-MOLSA has not matched the level of financial and human resources at its disposal.⁹ Only seven professional staff ran the department, which is far less than required for the work.¹⁰ The department solves many of the problems by cooperating with NGOs. The Ministry of Justice liberalized the procedure of licensing NGOs and this created a chance for much better cooperation.¹¹ However, the adoption of a proclamation governing NGOs is still pending.

The National Plan of Action (NPA) of 2003-2010 and beyond, envisaged the strengthening of the CYFA department, establishment of a National Children's Affairs Steering Committee, a National Technical Committee with members from different ministries and NGOs, and replication of institutions down to "Woreda" and local levels. These, however, have not been transformed into practice. The number of Child Rights Committees (paragraph 44 of the government's report) established at regional, "zonal" and "Woreda" levels remained nominal. In many areas, their structure stops at "Woreda" level.¹² They do not have a reporting system and they lack the capacity to implement the CRC.

Recommendations:

- ✓ There should be a stronger coordination of implementing the CRC (through reporting, assistance and an experience-sharing framework) at the federal and regional levels.
- ✓ Equip the Mother and Children Affairs Department of the new MOWA with a sufficient budget and staff to implement the CRC.
- ✓ Establish Child Rights Committees at the grass roots (kebele) level and operate them (through capacity building and resource allocation) along with the National Steering and Technical Committees.

⁸ Interview with Ato Haddush Halefom, Children in Difficult Circumstances Team Leader (CYFA-MOLSA) on 22 December 2005.

⁹ UNICEF, *The Situation of Ethiopian Children and Women: A right-based Analysis* (2002), page 91.

¹⁰ *Supra* note 8.

¹¹ *Ibid.*

¹² Save the Children Sweden, *Report on the Preparatory Training Seminar on Child Rights with Parliamentarians* (2004), page 8, states that in some instances, the committees are found at the "kebele" level.

4.2. Monitoring

The government appointed a commissioner to head the Women and Child Affairs Department within the Human Rights Commission, and an ombudsman to head the Children and Women Affairs department after submitting its report. They have the mandates of ensuring the observance of the CRC and making newly issued laws compatible with the it, among other responsibilities. Both administrations began operating in July 2005 and are still working on structuring the offices and the job descriptions of the staff yet to be employed.¹³ Therefore, both the Human Rights Commission and the Institution of the Ombudsman, and their departments concerned with child rights, do not fully operate.

Recommendations:

- ✓ Equip the Human Rights Commission and the Ombudsman's institution with the necessary budget and human resources to effectively monitor the implementation of the CRC. Raise awareness of these agencies' mandates and working procedures.

4.3. Training, Awareness Raising and Publication

Different workshops, "African Child Day", and other events have been used to publicize the CRC both nationally and regionally. The government and NGOs give various types of training at different times. This training targets law officials, journalists, and primary, secondary and college level students and teachers. Some colleges that train teachers and police officers (including "Kotebe" Teachers' College, Jimma Teachers Training Institute, and Police Colleges) have included the CRC in their curricula. Although the civic education offered in primary schools generally covers human rights, it does not include child rights. The problem lies in the fact that the different types of child rights training are not institutionalized, and hence lack sustainability.

MOLSA and some NGOs broadcast radio programs on the CRC. However, the government-owned mass media are not easily accessible for NGO programs on child rights because airtime is very expensive. These media give more time to business promotion. There is a significant lack of coordination and cooperation between NGOs and the media, and media practitioners do not have the capacity to disseminate information on the CRC. Even among the few programs that exist, program coordinators face many challenges in squeezing child rights related programs into their tight schedules.

The Committee recommended in its concluding observations on the government's initial and second periodic reports that it publish the full text of the CRC in its official publication, the *Negarit Gazette*, which has not yet been done. Publishing the CRC in the gazette would give enforcement officials easy reference to the provisions of the convention, as they tend to consult domestic legal instruments. MOLSA and some NGOs do however provide publications on the convention. Some distribution of the CRC in booklet form also exists. The CRC has not been translated into many of the country's

¹³ Interview with Ato Abay Tekle, Chief Ombudsman, on 27 December 2005.

languages (of which there are about 70) and even in the languages into which it has been translated, derogatory words were used.

Recommendations:

- ✓ Institutionalize child rights training (formal and informal) and target children and community members.
- ✓ Schools should include the CRC in their curricula (or at least as part of the syllabus for courses like Civic Education) and Alternative Basic Education.
- ✓ The Ministry of Information should charge a fairer price for airtime for programs on child rights issues.
- ✓ Publish the full text of the CRC in the Negarit Gazette and disseminate it to the public in the various languages.

4.4. Legislation and the Judiciary

4.4.1. Legislation

Paragraphs 23-27 of the government's report indicate that the new Criminal Code has taken some steps to harmonize national law with the CRC. It criminalizes many harmful traditional practices in Articles 561 to 570, such as those indicated in the government's report: uvulectomy¹⁴ and milk-teeth extraction, and early marriage. The new code criminalizes all "other harmful traditional practices" in Article 567. It also increases the maximum penalty for abducting minors and children with disabilities. For example, child trafficking for forced labor and unlawful international trafficking are punishable by up to 20 years imprisonment and a maximum fine of 50,000 Ethiopian Birr. Enforcement of the above provisions of the new Criminal Code is not yet evident as it only came into force in May 2005.

Article 36/1/e of the Ethiopian Constitution provides for the rights of children to be free from corporal or cruel and inhumane treatment in schools and other institutions responsible for the care of children. This article seems to exclude physical abuse inflicted on children by their parents and guardians, as Articles 576/3 and 68 of the new Criminal Code, state that any abusive act conducted as a form of disciplinary measure, and which is in line with the law, is not treated as a crime. Article 267/2 of the Civil Code also allows the guardian to inflict bodily punishment on the minor for the purpose of ensuring his or her education.¹⁵ This indicates that Ethiopian law diverges from Article 19 of the CRC by including the above-mentioned exceptions.

Article 34/1 of the Civil Procedure Code states that children (who do not have legal capacity) can pursue court cases through their legal representatives (tutors or guardians). These representatives are primarily the parents, and in their absence any ascendants or siblings of the child who have attained majority. In their default, the aunt or uncle of the child can legally represent him or her (Article 219 and 225 of the revised Federal Family Code). Where there are no guardians or tutors as per the law, Article 227 of the revised

¹⁴ Removal of the small, cone-shaped object that suspends from the middle of the roof of the mouth.

¹⁵ Although the new Family Codes of the federal government and some other regions have revoked this provision, regions that have not revised their family law still apply it.

family law empowers the court to appoint a tutor or guardian to the minor. The law does not fully ensure the child's right to adequate recourse and complaint procedures in cases of abuse, neglect or ill treatment by their families. Moreover, street children, for whom it may sometimes be difficult to find relatives, are not in a position to lodge complaints in the courts because they cannot do so without legal representation. In this case, the court should be able to appoint a tutor or guardian to a child.

According to Article 56 of the new Criminal Code, young offenders aged between 15 and 18 years are subject to the same procedure as adults. In relation to penalties, Article 176 states that in no case may a death sentence be imposed on a convicted criminal who had not attained 18 years of age at the time of committing the crime. On the other hand, there is no clear provision prohibiting the imposition of life imprisonment on children between 15 and 18 years of age. Furthermore, one can deduce from Articles 56/2, 176 and 179 that life imprisonment may be imposed, as a matter of applicable ordinary mitigation, where the crime committed by a young person is punishable by capital punishment.

The government also made major changes to the revised Federal Family Code where it replaced the provisions of the Civil Code that discriminate against women. The Tigray, Amhara and Oromiya regions have adopted new Family Codes more or less similar to the federal ones. In the other regions, the discriminatory family law provisions of the Civil Code still apply.¹⁶ They have not made much effort to create awareness of the new family law, except on some thematic issues such as women's rights.

Recommendations:

- ✓ Create awareness on the legal provisions of the new Penal Code and the Revised Family Codes, criminalizing harmful traditional practices as the law by itself is not enough.
- ✓ Amend Article 576 of the new Penal Code and Article 267/2 of the Civil Code (in regions that have not yet revised their family law) in line with the requirements of the CRC.
- ✓ Amend the pertinent provisions of the family and civil procedure laws in a way that ensures the effective representation in civil suits of street children and children subjected to domestic violence.
- ✓ Amend the new Penal Code to introduce the treatment of offenders aged 15 to 18 years in accordance with international juvenile justice standards.
- ✓ Regions that still apply the Civil Code provisions in family matters should adopt the Family Codes that respect the equality between men and women of all ages.

4.4.2. The Juvenile Justice System

Paragraphs 30-32 of the government's report indicate that the juvenile justice system in Ethiopia is rudimentary.¹⁷ There are problems relating to the legal framework for protecting juvenile offenders and enforcing existing laws. To address the problems, the Federal Supreme Court, in collaboration with some NGOs, established the Juvenile

¹⁶ Note that regions have the mandate to promulgate their own family law as per Article 55 of the FDRE Constitution.

¹⁷ See also supra note 3 (NPA 2003-2010 and beyond), page 27.

Justice Project Office (JJPO) in 1999. The government made some efforts to improve the legal protection of children in conflict with the law, and to reform the juvenile justice system of the country. Much of what the government's report stated in relation to children in conflict with the law (in paragraphs 214-216) concerned the achievements of JJPO without mentioning its challenges and constraints. The JJPO has a very limited capacity. For example, it only has one full-time professional staff.

Pilot versions of child-friendly juvenile courts were established in Addis Ababa, SNNPR (Awasa), Tigray, and Oromia regions. They help to ease the fear and trauma experienced by child victims and witnesses. However, since they are only pilot rather than permanent courts, they do not hear children's cases full-time. Moreover, they lack adequate staff and the judges have not received special training in juvenile justice. Nonetheless, JJPO organizes some short-term training and workshops for judges and public prosecutors.

It is a success that CPUs (Child Protection Units) are now incorporated in the police structure of the Addis Ababa Police Commission as one department. CPUs also exist in some other major towns.

The law provides for the judicial assignment of lawyers for criminally accused persons who do not have the means to hire one for themselves. However, this occurs mostly for politically sensitive and serious criminal cases. Juvenile cases do not usually qualify. Some NGOs provide judicial representation for child victims or offenders through the *pro bono* services of lawyers. They have established Legal Aid Centers in some prisons and court premises in Addis Ababa as well as in the regions, with the cooperation of the government.

Sentenced children are often sent to orphanages. However, there are eleven community-based correctional centers in Addis Ababa (in seven sub-cities), that provide correctional services for 274 (225 female and 49 male) children at present.¹⁸ During 2000-2003, ten CPUs in Addis Ababa referred 653 children (110 females and 543 males) to the program.¹⁹ The government provides the premises for these centers. Paragraph 217 of the government's report indicates that petty and first time offenders reported to the CPUs are sent to community-based centers. According to the CRC, however, a protection program should accommodate all child offenders.

Studies show that, against the requirements of Article 37/2 of the CRC, many children are kept in correctional institutions on suspicion or for minor crimes for long periods.²⁰ Young offenders, whether they are on remand or are convicted, are kept in the same quarters as adults. Moreover, convicted young offenders are not separated from those on remand. Even where there are separate facilities or separate sleeping areas for young

¹⁸ FSCE, "Non-institutional Correctional Service", *Meznanya*, Issue of 1 January 2006.

¹⁹ FSCE, *Advocacy and Child Protection Programs: Aims, Activities and Accomplishments* (2003), page 34.

²⁰ JJPO, *The Efficacy of the Existing Formal Institutions for the Administration of Juvenile Justice in Ethiopia* (2005), pages 60-61.

offenders, young persons often have the opportunity to mix with adult convicts at meal times and during recreation.²¹

The Juvenile Delinquents Rehabilitation Institute (JDRI) is the only corrective institution in the country and it exists in Addis Ababa.²² It can accommodate from 80 to 150 children. The institute recently started providing services for female delinquents. In its effort to rehabilitate offenders, the institute offers both vocational training and formal education to convicted children. Children can attend grades 1 to 8, which are conducted in accordance with the Ministry of Education's regular curriculum, while woodwork, metal work and tailoring are offered as vocational training.²³ However, it is questionable whether this helps in correcting the children's behavior. The institute does not devote enough attention to rehabilitating child offenders, it does not have adequate facilities, and there is only one psychologist and no social worker. It also lacks adequate finance. Despite all of these deficiencies, many children are still sent there, resulting in overcrowding.

NGOs report that many children are detained with their mothers in many prisons of the country. This happens either because the children are too young to be separated from their detained or convicted mothers, or because the children have nowhere else to stay. Prison life adversely affects the children in many ways including a lack of access to education and other necessary services.

Recommendations:

- ✓ Strengthen and support the JJPO's powers and services by employing a sufficient number of trained staff.
- ✓ Establish permanent child-friendly courts countrywide and provide special training for judges and prosecutors handling such matters in juvenile courts. These courts should hear children's cases full-time.
- ✓ Establish CPUs in police administrations countrywide.
- ✓ Try child offenders under special procedures and replicate the child defense initiatives of some NGOs.
- ✓ Send child offenders to correctional institutions only as a last resort; establish more community-based juvenile correctional centers; and separate young offenders (on remand or convicted) from adult inmates.
- ✓ Staff the JDRI with the necessary professional staff and provide a sufficient budget. If the regions establish their own JDRI, they should only use such institutions as a last resort.
- ✓ Establish special remand homes to house children under trial (this could be an institution or a home, etc.).
- ✓ Avoid imprisoning children with their mothers. Create ways in which such children could be cared for separately.

²¹ Ibid., page 60.

²² Ibid., page 37.

²³ Ibid.

4.5. Birth Registration

The Revised Family Code imposes an obligation on the federal government to establish the institutional structure for birth (or vital) registration. No proclamation on birth registration has been promulgated. While the new Criminal Code criminalizes “failure to declare birth” and false declaration, its legal provisions could not be implemented due to the absence of a birth registration system. The non-existence of an institutional structure that ensures birth registration has its own setbacks in the country’s justice system. For instance, if an unregistered child were convicted of a crime, it would be difficult for the judge to proceed with the trial, as the age of the child could not be determined in the absence of a proper birth registration system.

Recommendations:

- ✓ The newly constituted parliament should treat birth registration as a priority. It should also issue a law that impels local government agencies to establish birth registration infrastructures.
- ✓ Employ extensive and continuous awareness-creation schemes so that all citizens would know the benefits of birth registration and recognized civil status. The media should play a major role in this respect.

4.6. Family Unity and Reunification

Many NGOs work on strengthening family unity by providing assistance to very poor communities and to displaced populations. They launch family empowerment projects such as credit schemes and provide educational, health and other family care services to children. NGO’s experience shows that violence, discrimination, and HIV/AIDS contribute greatly to the separation of children from their families. Orphaned children and those under the care of guardians often face this problem.

Many children are trafficked from rural to urban areas, especially to the capital, Addis Ababa. A local NGO (FSCE) conducts sensitization, on the criminal nature of child trafficking and the support that should be given to children, in and around the capital city’s main bus station, by targeting bus crew (drivers and their assistants) and those who work in the station. The police in the bus station investigate cases of trafficking and a CPU assists trafficked children. Reported children are taken to the police, provided with shelter and finally reunited with their families.

The International Organization of Migration (IOM) launched some awareness-raising programs to counter the problems related to external child trafficking, as indicated in paragraph 120 of the government’s report²⁴. There is also an Amharic radio program called ‘Eneweq’ (Amharic for “Let us know”) that sensitizes the public on the problems of external trafficking to Arab and other countries.

²⁴ See also FSCE, Preventive and Support Programs Against Child Trafficking: Objectives, Activities and Accomplishments (2003), pages 2-3, indicating the horrifying nature of child and women trafficking.

4.6.1. Violence

Research shows that poverty, the offending parent's psychological development, lack of awareness of children's rights, and parent's perception of corporal punishment as a means of discipline are the major causes of family violence against children.²⁵ Domestic violence against children is prevalent in Ethiopia (Habtamu 2000) for one or a combination of the above-mentioned reasons. The nature of the relationship the children have with the perpetrators of violence discourages the children from reporting the violence to the police.²⁶ They are not willing to report the violence because they have no home other than the one where they will have to return to live with their abuser afterwards. Some NGOs and government agencies raise public awareness on violence against children.²⁷ Some NGOs also provide different forms of support to victims of violence. However, their efforts are limited to urban areas and the concerned government agencies lack the capacity to conduct extensive awareness-raising and support programs in other regions.

4.6.2. Divorce, Custody and Maintenance

After considering the government's second periodic report, the Committee stated its concerns to the government on the speed with which family and children's cases are adjudicated. The courts, especially federal courts, now decide divorce, custody and maintenance cases more quickly than before.²⁸

Recommendations:

- ✓ Follow a family-focused development approach to prevent separating children from their families in court cases.
- ✓ Replicate the efforts of FSCE and other NGOs to reunite trafficked children with their families.
- ✓ Strengthen awareness-raising programs and establish control mechanisms in the Office of Immigration and Nationality against external trafficking of women and children.
- ✓ Allocate sufficient resources for countrywide awareness-raising campaigns against domestic violence and support for child victims.

4.6.3. Adoption

MOLSA is considering Ethiopia's accession to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption. MOLSA issued the Guidelines on Alternative Childcare Programs (GACP) in 2001, which sets out the requirements of eligibility for applicants of domestic and inter-country adoption (paragraph 124 of the government's report). When institutions or agents arrange adoptions, they must submit an annual report on the situation of every child for which it has arranged an adoption. MOLSA conducts home visits, however, in the case of private adoption there is no follow-up and sometimes the adopted children become untraceable, although it is easier to follow up domestic adoptions as compared to inter-country

²⁵ ANPPCAN, Family Violence Against Children in Addis Ababa (1999), page 2.

²⁶ ACPF, Violence Against Children in Ethiopia (2005), page 26.

²⁷ Ibid., page 64.

²⁸ Interview with lawyers and judges.

adoptions. For this reason institutions tend to focus more on inter-country adoption than on domestic adoption.

Recommendations:

- ✓ Ethiopia should ratify the Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption.
- ✓ Promote domestic adoption, and follow up adopted children's situations more aggressively.

4.6.4. Alternative Care

The Guidelines on Alternative Childcare Programs include guidelines for childcare institutions, community-based childcare programs, child-family reunification, and foster family care. Each guideline contains substantial lists of articles that apply to the different forms of alternative childcare. However, some practical problems make it questionable that the guidelines are effectively implemented. Some of these problems are highlighted below.

The existing alternative childcare institutions separate children from society. This creates a social deficiency where the children later have problems reintegrating into society. While a childcare institution is duty bound to respect the freedom of thought, conscience and religion of children (Articles 3.5.1 and 3.5.2.5 of the GACP), in practice, some institutions impose religious beliefs on the beneficiary children. Sexual abuse also occurs in some institutions although the GACP clearly states institution's obligations to protect beneficiary children from any form of abuse, neglect and exploitation (Article 3.5.2.15).

According to Article 7.10 of the GACP, the institution's obligations cease when the beneficiary child attains the age of majority. However, it is required to prepare the child to responsibly lead his or her own life when he or she leaves the care of the institution. The institution is also required to educate eligible children from kindergarten to higher levels of education and provide vocational training, either inside or outside the institution. Moreover, the institution is obligated to assist children who complete vocational training with obtaining employment (Article 8.2.7/vii). Children in the existing state-owned and NGO-financed childcare institutions receive vocational training, and some of them even go on to higher educational institutions. However, the training does not prepare the children to lead independent lives after leaving the institutions as they lack adequate facilities and credit schemes to assist the children when they leave.

Recommendations:

- ✓ Establish follow-up procedures the practical implementation of the Guidelines on Alternative Childcare Programs.
- ✓ Integrate alternative childcare institutions into society, and protect children from abuse and religious domination while in alternative care.
- ✓ Provide the children with the necessary education and training to help them to lead responsible lives when they leave the institutions.

4.7. Health Standards

The government has increased its investment in the health sector. In general, the number of hospitals, healthcare services and medical personnel has increased (see Table 1).

Table1: Health Facilities

Facilities	Year	
	1999/2000	2003/04
Hospitals	103	126
Health centers	356	519
Health posts	833	2899

Source: Ministry of Health

However, the majority of health services exist in urban areas, whereas 85 percent of the population lives in rural areas. On average, only 49 percent of the population have any access to health services, and in some rural areas the coverage falls to 25 percent.²⁹ Most of the children who took part in the FDGs indicated that they go to health centers only when their condition becomes serious because they lack the necessary funds to pay for their care, and because not many healthcare centers exist near to where they live. They said that their families often opt for traditional treatment, particularly in rural areas (Compendium, pages 7-8). Consequently, a large part of the population is deprived of necessary healthcare services. Equally important is the poor quality of services where they exist.³⁰

The Ministry of Health (MOH) set theoretical standards for various levels of health institutions (hospitals, health centers, health posts) for the types of services they deliver and for the requisite professional level of healthcare staff. However, the number of suitably trained staff is insufficient and most of them work in urban areas. Healthcare personnel working in rural areas usually receive the least amount of training to obtain their professional qualifications compared to urban healthcare workers. There is also little on-the-job training to enable professionals to upgrade their qualifications. Therefore, many people do not receive the service of healthcare professionals who are qualified to deal with their health problems. The government is, in general, criticized for prioritizing quantity (and coverage) at the expense of quality.

A difference in health service coverage and utilization also exists. Some clinics and health posts do not provide adequate services partly because of a lack of finance. Another factor that affects utilization is a lack of the supplies needed to treat patients. Consequently, many people do not use the public healthcare system. Drug shortages also occur at public facilities, which means that people are compelled to buy drugs from private pharmacies. In most places, existing waiver schemes are weak or not working and therefore do not protect the poor from the high costs of healthcare.³¹ Also, a child-focused waiver system (for example, for street children) is absent.

²⁹ Save the Children Sweden, Children's Rights in Ethiopia: A Situation Analysis (2003), page 35.

³⁰ Ibid.

³¹ Save the Children UK, Child Situation Analysis for Ethiopia (2004), page 33.

Table 2: Estimated Health Service Coverage and Utilization by Region (2000-2001)

Region	Population	Potential health service coverage (%)	Outpatient visits per Capita per year
Tigray	3,797,000	66.24	0.80
Afar	1,243,000	52.70	0.23
Amhara	16,748,000	43.50	0.15
Oromia	23,023,000	46.91	0.28
Somali	3,797,000	30.55	0.04
Ben-Gumuz	551,000	86.21	0.76
SNNPR	12,903,000	55.06	0.20
Gambella	216,000	87.96	0.80
Haran	166,000	114.46	0.79
Addis Ababa	1,570,000	93.39	0.55
Dire Dawa	330,000	51.52	0.28
National	65,344,000	51.24	0.27

Source: MOH (2000), Health and Health- Related Indicators.

Many of the MOH's policies fall short of implementation, mostly relating to poor budget. It has visionary programs but capital allocation and budgets do not sustain its activities. Moreover, what exist under the MOH are family health programs rather than specific child health programs, making it difficult to ascertain the budget allocated for children's health.

Recommendations:

- ✓ Build more healthcare institutions, especially in rural areas, and staff them with qualified professionals. Provide continuous on-the-job training and some incentives to attract staff to work in rural areas; and provide quality and child-friendly services.
- ✓ Provide the health sector with a sufficient budget and improve the management of the waiver system for those who do not have sufficient means to pay for their healthcare. There should also be a legal framework for a child-focused waiver system.

4.7.1. Disabled Children

In Ethiopia, no up-to-date, reliable and structured data exist on the number and situation of disabled people in general and disabled children specifically. The 1994 census indicated that there were 175,000 people with disabilities under the age of 15 years, accounting for 0.72 percent of the total under-15 population.³² Many argue that this number should be much higher.³³ Substantial underreporting might have taken place due to problems of defining disabilities, families' reluctance to report disabilities, and other reasons. NGOs now work with assumptions, which makes their intervention daunting.

³² Supra note 9, page 88. However, due to parent's reluctance to report family members with disabilities, it is highly likely that the census underreported the total number of children with disabilities. (UNICEF (2002). A report by the Ethiopian National Association for Mentally Retarded Children and Youth (ENAMRCY) states that there were 988,849 persons with different types of disabilities indicated in the 1994 census. Among these persons 64,081, or 6.5 percent, were those with mental retardation. ENAMRCY, Proceedings of the Awareness Creation Workshop on Mental Retardation (2004), page 6.

³³ GFDRE & UNICEF, 2001; IER, 1995; Endalkachew Tesera, 2001.

A number of governmental and non-governmental organizations provide education, residential care, training, placement and other services to children with disabilities in Ethiopia.³⁴ Some NGOs provide comprehensive community-based rehabilitation services from which thousands of disabled people benefit.³⁵ The services provided are, however, insignificant when compared to the total number of children in need. For example, recent Ministry of Education (MOE) statistics show that only about 2,500 children with disabilities have access to some form of educational services. Access to other services is also very limited.³⁶

While the 1994 Social Welfare Policy provides a plan for disability, MOLSA adopted a National Program of Action for the Rehabilitation of Persons with Disabilities in 1999. The program was prepared based on the United Nations (UN) Standard Rules on Equalization of Opportunities for Persons with Disabilities, and relevant conventions, recommendations and directives.³⁷ Its focus areas are disability prevention; medical, educational and vocational rehabilitation; employment services; and integration and equal participation. However, very weak implementation mechanisms and a lack of commitment to implement the plan of action exist.

Disabled children suffer from social exclusion and stigma.³⁸ Little has been done to promote the rights of children with disabilities in schools, healthcare institutions, sports clubs, etc. Many of these institutions are not friendly to disabled children. A lack of resources, cultural practices and harmful attitudes hamper the fight for the rights of children with disabilities.³⁹ Working on disability and including disabled children in all talks concerning children has a very short history in Ethiopia. Medical systems that alleviate the problems of disability, such as early assessment of developmental delays, do not exist in Ethiopia.

HIV/AIDS related activities targeting disabled children are nascent. Awareness raising has yet to be done. Paragraph 167 of the government's report recommends employing drama and other methods for children, however, it does not target people with disabilities. Specialized NGOs observed the existence of many children with disabilities who are infected with the HIV virus, but also that current testing and counseling services are not disability-friendly. Consequently, HIV public services do not offer testing and counseling to mentally retarded children because they believe the children cannot express their

³⁴ The Ministries of Health, Education and Trade, the Cheshire Foundation, Cheshire Home, Handicap National, the African Leprosy Eradication Rehabilitation and Training Center, and the Ethiopian National Association of the Blind are among the organizations that extend support to children with disabilities. UNICEF (2002), pages 88-89.

³⁵ Handicap National, Community Based Rehabilitation Activities Manual (2005), page 19. This document also states that the development of standards of service provision by a community-based rehabilitation network is underway. (Translation by the consultant).

³⁶ NPA (2003-2010 and beyond), page 25.

³⁷ MOLSA, National Program of Action for Rehabilitation of Persons with Disabilities (1999), page 2.

³⁸ Endalkachew (2001).

³⁹ Supra note 28 (SC/Sweden (2003)), page 38.

willingness to be tested, cannot understand pre-test advice, and thus cannot benefit from testing results.

Recommendations:

- ✓ Include structured data on the number and situation of disabled children in the next census.
- ✓ Raise public awareness, particularly of parents, teachers, students and children themselves, to better protect disabled children's rights.
- ✓ Make public services disability-friendly to disabled children. Employ specifically skilled professionals to address the problems of the disabled.
- ✓ Supplement the National Program of Action with a strong implementation mechanism. MOLSA should renew its commitment to implement it.
- ✓ Launch disability-friendly, awareness-raising programs on HIV/AIDS testing and counseling services.

4.7.2. HIV/AIDS

The government's HIV/AIDS policy has comprehensive objectives, which are to:

- guide the implementation of successful programs to prevent the spread of HIV/AIDS;
- decrease the vulnerability of individuals and communities to HIV/AIDS;
- care for those living with the disease and reduce the adverse socio-economic consequences of the epidemic.⁴⁰

The government works considerably to achieve these objectives. The national HIV/AIDS Prevention and Control Office (HAPCO) disburses the funding that the government receives from the World Bank⁴¹ to NGOs which have in turn been doing remarkable work in prevention, control, care and support. Other NGOs with different sources of funding have also been providing similar services. The government has also recently introduced free anti-retroviral (ARV) treatment.

However, the prevalence and spread of HIV/AIDS remains high, systematically undermining the country's effort to reduce poverty, especially through its investments in health, education, and rural development. The National HIV/AIDS Council says that HIV/AIDS now poses the foremost threat to Ethiopia's development.⁴² Moreover, there is problem with implementing the National HIV/AIDS Policy and Strategic framework. The objectives indicated in the policy require mammoth tasks, which need the increased role of the government. The participation of communities and relevant stakeholders is limited and a lack of coordination efforts prevails.

The HIV pandemic has resulted in many children losing their parents and/or living with the virus. Out of the estimated three million HIV/AIDS infected population, a quarter of a

⁴⁰ World Bank, "Ethiopia – Orphans and Other Vulnerable Children", Ethiopia (2002), page 2.

⁴¹ It is worthy to note at this stage that many of the government's HIV/AIDS programs have been donor-driven.

⁴² National HIV/AIDS Council, Strategic Framework for the National Response to HIV/AIDS in Ethiopia in 2001-2005, Addis Ababa, Ethiopia (2001).

million are children.⁴³ Most children acquire HIV through mother-to-child-transmission (MTCT) during pregnancy, labor and breast-feeding.

The problem of HIV orphaned children is grave and their number increases consistently. A national study carried out by MOLSA, Italian Cooperation and UNICEF (MICU, 2003) estimated that by the year 2010, the ratio of orphans⁴⁴ due to AIDS would be 43 percent (it was 15 percent in 2002). Large numbers of AIDS orphans (74 percent) lived with their relatives. Many people discriminate against and stigmatize HIV infected children—the community often shuns them and does not allow them to attend school.⁴⁵ A considerable number of AIDS orphans were expelled from their parents' homes following their parent's death (MICU, 2003, page 11). About 50 percent were not well fed or lacked adequate food. The study also states that 6.1 percent were forced to beg in order to feed themselves daily, and a large number also dropped out of school due to a lack of educational materials (school uniforms, notebooks, and textbooks).

Even if a plan of action existed for orphans and vulnerable children (OVC), no specific OVC policy exists. OVCs do not receive comprehensive support; they do not for example receive psychosocial support. The government believes that its HIV/AIDS policy addresses the care and support that orphans should receive. However, OVCs constitute a large group of people and hence they need a specific policy. The government has intervened by providing orphans with subsistence money, clothing, and education, but the support has not been sufficient and sustainable.

The children who attended the FGDs were generally well informed about HIV/AIDS and its consequent effects on children.⁴⁶ They emphasized the problems of stigma and discrimination. According to them, not only people living with HIV/AIDS (PLWHA) but also children whose parents are suspected of being carriers experience discrimination. Many of them also expressed their concern about the small number of HIV testing centers.

Many HIV/AIDS awareness-raising campaigns have taken place, but the impact is not evident. The reasons include not sustaining the activities and the fact that the awareness raising does not target all members of the population.

Recommendations:

- ✓ Intensify the government's and NGOs efforts to prevent and control HIV/AIDS. Increase the government's role by establishing the necessary infrastructure for implementing policies.
- ✓ Increase the financial and human capacity of organizations working with orphans. Support the relatives of orphaned children.
- ✓ Expand, among other things, testing centers and counseling services, and conduct open and frank discussions on HIV/AIDS with children (children's recommendations,

⁴³NPA (2003 – 2010 and beyond), page 12.

⁴⁴ In that study, the term "AIDS orphan" is used to mean a child who has lost either his or her mother or both parents.

⁴⁵ Supra note 28 (SC/Sweden (2003), final draft), page 42.

⁴⁶ A Compendium of Reports on Children's Meetings in Eight Different Discussion Sites (2005), pages 9-10.

the Compendium, page 10).

- ✓ Increase access to healthcare to avoid the possibilities of MTCT infection.
- ✓ Develop an OVC policy with comprehensive, sufficient and sustainable support (material as well as psychological) strategies. Develop a detailed plan of action that the relevant stakeholders (including orphans and social institutions) participate in preparing.
- ✓ Advocate intensively to sensitize the public and create awareness. Follow the Training of Trainers system beginning with opinion leaders such as teachers and community elders. This would help to sustain the awareness-raising efforts. Also, intensify peer group education.
- ✓ Support behavioral changes by providing recreational facilities for youth, and microeconomic support to those involved in the sex trade to encourage them to abandon it.

4.8. Education

No data exist on children's school enrolment and dropout rate, broken down by the type of child concerned. The data that do exist indicate the number of students who register at the beginning of the year, but not those who sit exams at the end of the year. Otherwise, the figures would reveal a high dropout rate, especially in rural areas. In addition, no mechanism exists to control or check the enrolment number at different levels. The MOE's statistics were based on schools' reports containing the above-mentioned deficiencies. However, the MOE and Regional Education Bureaus (REBs) now use better data collection and management systems, and EMIS (Education Management Information System) started producing annual statistical abstracts with various statistics on enrolment, dropouts, etc. This eliminates the statistical deficiencies.

The government now builds schools in residential areas with large student populations. This can help in reducing dropouts. General enrolment has increased and girls' attendance has improved. Still, the population is scattered and hence not all students live close to a school. The absence of nearby schools in some areas exposes female children to different gender-related abuses like abduction and rape, forcing them to drop out of school.⁴⁷ In addition, the construction of the school buildings does not take into account the needs of disabled students.

The government builds mostly primary schools, creating a shortage of secondary schools. This forces secondary-level students to commute to other vicinities to attend school, such as from villages to towns. A lack of the means to commute causes some children to drop out. Besides, more schools exist in urban areas than in rural areas, due to the larger amount of private investment in education in urban areas. The amount of attention given, and the resources allocated, to early childhood education (pre-primary) is nominal. Normally, NGOs, private businesses and the community provide pre-primary education. The MOE designed a pre-primary curriculum and supervises some pre-primary schools.

⁴⁷ ANNPCAN, A study on Children's Rights and Needs in North Shewa Zone of Oromiya National Regional State (2002), page 23.

However, it should actually provide the majority of pre-primary education, as it is its responsibility.

Large numbers of children managed to attend school following the introduction of the Alternative Education System, especially in Amhara and SNNPR. In addition to Save the Children UK's (SC/UK) work in the Somali region, as stated in the government's report, Save the Children Norway (SC/Norway) also accomplished a great deal of work in the Amhara region. They educated 251,000 students beginning with two woredas and increasing its work to 114. Save the Children USA (SC/USA) also did a lot of work in the Oromia region. Other NGOs working in alternative education also started new projects.

Education Sector Development Program – I & II (MOE, 1997 & 2002) and several other documents reflect the Ethiopian government's commitment to providing greater access to primary education (grades 1 to 8), and high quality and relevant education. It also promised to narrow the gaps between the differences in education offered to boys and girls, and in urban-rural, center-periphery, and regional areas. While the government has made a tremendous achievement in some areas like enrolment, weaknesses occurred in other areas such as decreasing the above-mentioned disparities and improving the quality of education (NPA 2003-2010 and beyond, page 13).

The total number of Technical and Vocational Education Training (TVET) schools reached 141 out of which 18 are non-governmental. Still, the Gross Enrolment Rate (GER) and the quality of both secondary and TVET education is low (MOE, 2002 A, page 15). The minimum qualification required to teach at secondary level is a first degree (Bachelors), but only 33.7 percent of the teachers working in secondary schools attained this level. To improve the situation, about 6,000 teachers who possess diplomas enrolled in summer undergraduate degree programs. Additionally, the pupil to teacher ratio for secondary level education was 49 to one in 2001-2002 (the standard ratio is 40 to one). Dropout and repetition rates are higher in primary and TVET schools although the pupil to teacher ratio is lower. Problems of a sufficient number of textbooks and educational facilities also prevail. The MOE's efforts to introduce ICT (audio, visual and multimedia technologies) in secondary schools are, however, commendable.

The education system discriminates against street children, domestic-working children, disabled children, orphans, and destitute urban and rural children. Specialized NGOs observed that an inclusive education system with a child-centered approach that could accommodate the educational needs of all children does not exist and the system therefore continues to discriminate.⁴⁸

Major Problems Encountered by the Education Sector

The following is a list of major problems the education sector reported at the Annual Review meeting where most stakeholders (about 150) and relevant education officials attended (MOE, 2003).

⁴⁸ However, one must not forget the government's efforts to educate special needs students. This includes the Teachers Education System Overhaul (TESO) program. Support Organization of Mentally Disabled Children, Proceedings of Awareness Creation Workshop on Special Needs Education (2003), page 5.

1. A lack of qualified teachers, particularly at the 2nd cycle primary and secondary level;
2. High student to section and student to teacher ratios;
3. High repeat and dropout ratios;
4. Weak school supervision;
5. Lack of community participation in education;
6. Shortage of teachers in some TVET fields;
7. A lack of sufficient skilled staff at regional, zonal and woreda offices;
8. Pastoralist areas not receiving access to education; a lack of awareness and mobile delivery system centers;
9. Large enrolment and attendance disparities between boys and girls, particularly in the regions;
10. A lack of training equipment, reference books, and standard equipment in TVET schools;
11. Delays in disbursing funds from external sources;
12. Contractor's low level of implementation

Recommendations:

- ✓ Refine and strengthen the system of keeping school statistics through EMIS.
- ✓ Continue building schools (primary and secondary) in all areas of the country (within the capacity of the state) and increase the access to education while providing quality. Focus more on pre-primary education by providing more access. Build more mobile schools.
- ✓ Develop and expand inclusive educational approaches and increase funding for educating the most marginalized children.
- ✓ Extensively conduct teacher training for all levels in an effort to produce more skilled staff.
- ✓ Provide more school supplies and facilities.

4.9. Special Protection Measures

4.9.1. Refugees

Paragraph 223 of the government's report states that a large number of refugees exist in Ethiopia. In all refugee camps in the country, children receive education, especially primary. Around 30,000 refugee children, 12,000 of whom are girls, benefited from pre-school and primary education, play, cultural activities and counseling provided by Save the Children Sweden⁴⁹. While the attendance of female students is encouraged, their dropout rate increases with age due to family commitments (early marriage and gender-related labor). One of the biggest problems in the northern camp, as distinguished from the other camps, is that it uses the Eritrean curriculum up to grade five, and the Ethiopian curriculum beyond grade five. Moreover, no education in child and human rights is provided. Although health services exist in the camps, *albeit* inadequate, there are no social workers.

⁴⁹ Save the Children Sweden, Annual Report: Eastern and Central Africa Region (2003), page 5. Training refugees as teachers strengthened education for pre- and primary schools. Id., page 30.

Recommendations:

- ✓ Provide effective education and health programs in refugee camps and employ social workers for all of them

4.9.2. Sexual Exploitation, Rape, Abduction and Prostitution

According to the children who participated in the meetings held at the different discussion sites, sexual exploitation, prostitution, rape and abduction are prevalent in Ethiopia (Compendium, pages 16-17). Those from rural areas rate abduction as the most common problem of female children, and rape as their other problem. They believed that abduction and rape cause serious physical and psychological problems. They also believed that the cause for continued perpetration of these injustices is the laxity of the justice system. The children also mentioned the prevalence of prostitution, especially in urban areas. They emphasized that rape, sexual exploitation and abduction are serious threats to the future of female children and hence should be eradicated.

The law provides for a serious penalty against those who commit rape. However, the crime continues and there are cases of rape against children as young as four years old, according to some NGOs. The rape of male children is also increasing, which now requires more attention. Such attacks affect children's physical and psychological development. Paragraph 213 of the government's report states that the services provided by NGOs are inadequate considering the prevalence of the problem. A limited number of transit shelters, provided by a few NGOs, exist to protect an insufficient number of female street children from exposure to sexual abuse.

Studies show that destitute livelihoods in rural areas, ruptures in family ties, harmful traditional practices such as early marriage leading to divorce, and the "pull factors" of city life (the glimmer, bar owners, pimps, etc.) are the main causes of child prostitution. The consequences of child prostitution include the spread of sexually transmitted diseases (STDs) such as HIV/AIDS; child abuse; self-degradation and erosion of self-esteem; hostility and hatred toward men and society; the high possibility of alcohol and drug addiction; and the erosion and degradation of societal moral values (NPA 2003-2010 and beyond, pages 21-22).

Recommendations:

- ✓ Courts should impose sentences that are heavy enough to deter the perpetrators of sexual exploitation, rape, abduction and child prostitution (children's recommendation, the Compendium, page 17).
- ✓ Raise awareness of the law and encourage enforcement officials to give special attention to rape and other forms of sexual offense.
- ✓ Establish a body responsible for rehabilitating and reintegrating children exposed to abuse.

4.9.3. Child Labor

In addition to the figure reported in paragraph 203 of the government's report, the Central Statistics Authority's (CSA) survey found that children residing in rural areas have a

higher chance of engaging in a productive or housekeeping activity than those residing in urban areas.⁵⁰ The proportion of working children ranges from about 69 percent in Addis Ababa to 89 percent in SNNPR.⁵¹ Studies also show that working children lack occupational safety, work long hours, are paid no or a low wage, and work in dangerous environments (NPA 2003-2010 and beyond, page 8). A study of child workers on 11 plantations in rural areas found that 13 percent of child workers were below the age of ten years; that they typically worked in excess of 40 hours per week without overtime pay; and that none received payment equal to the legal minimum wage.⁵² The children in the FGDs also said that some families give their children to employers to collect the wages from their labor (Compendium, page 14). NGOs disagree with the statement in paragraph 206 of the government's report: "there is little the government could do", about the problem of socio-economic impoverishment. The government should work with NGOs to eradicate child labor through legislative, educational and practical measures including support for the families of working children, especially those involved in the worst forms.

The government tried to address this problem and has worked with the International Labor Organization (ILO) in developing a national policy on child labor.⁵³ The policy includes interventions at various levels including revising legislation to bring it into line with international child labor standards. In accordance with this, the government revised the labor law in 2003. It ratified ILO Conventions 138 and 182 in the same year. These steps would contribute to improving the situation.

Recommendations:

- ✓ Ethiopia needs to commit itself to pursuing effective policies and strategies that ensure the abolition of child labor, particularly for children below 14 years of age, and the worst forms of child labor.
- ✓ Raise awareness in the community and in families of the psychological and physical damage that child labor causes. The media can play a large role. Teach children about their rights against child labor. Force those who engage children in heavy work (such as child traffickers who engage them in traditional weaving) to face justice (children's recommendations, the Compendium, page 14).

4.9.4. Streetism

There are approximately 200,000 children working and living on the streets in urban areas, of which 150,000 reside in Addis Ababa.⁵⁴ About 70 percent of Ethiopia's street children live with their families in slum areas of the major cities, while the rest live alone on the streets.⁵⁵ Poverty, family disintegration, parental abuse and neglect, lack of educational opportunities and social environment (peer, community) are the major causes of streetism (FSCE [2003]). Street children face hunger, disease, homelessness, and ill

⁵⁰ CSA, ILO and MOLSA, (2001), Ethiopia Child Labor Survey Report, page 41.

⁵¹ Ibid.

⁵² Supra note 9 (UNICEF [2002]), page 85.

⁵³ Ibid.

⁵⁴ Supra note 28 (SC/Sweden (2003)), page 53. UNICEF's projected estimate put the figure at 185, 000 in 2003 (GFDRE & UNICEF, 2001).

⁵⁵ Supra note 19 (JJPO [2005]), page 19.

treatment by others, sexual and labor exploitation, and substance or drug abuse (NPA 2003-2010 and beyond, page 22).

Paragraph 211 of the government's report indicates that the government and NGOs employ a number of initiatives to address the problems of streetism in the country. One of the most ambitious is a joint MOLSA-Italian Cooperation-Radda Barnen project providing preventive and rehabilitative services that includes education, healthcare and counseling services to some 1,100 street children and their families in Addis Ababa.⁵⁶ MOLSA also works with UNICEF and Italian Cooperation in providing various services in Addis Ababa, Bahir Dar, Mekele, Nazareth, Awassa and Shashemene.⁵⁷ These services have been extended to other areas since 2004 in eight regions: Dire Dawa, Harar, Dessie, Jima, Wolayita Sodo, Arba Minch and Gimbi.

NGOs working with street children say that society's rejection of them for having inherently bad (perceived) behaviour is due to a lack of awareness of their rights, which presents a major challenge. The stigma extends to refusal by members of the community to rent their houses to NGOs that want to establish rehabilitation centers for street children.

Recommendations:

- ✓ The existence of non-aggregated data is necessary for effective intervention and hence the next census should collect structured data on the number and situation of street children in Ethiopia.
- ✓ Launch a series of awareness-raising programs on the problems of streetism.
- ✓ Create job opportunities and boost children's creativity; reunite street children with their families where they still exist; improve the economic status of the families of street children; and establish care institutions for street children (children's recommendations, the Compendium, pages 22-23).

4.10. The Two Optional Protocols and Dissemination of Reports

Ethiopia still has not ratified the optional protocols to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, and the Involvement of Children in Armed Conflicts.

The second periodic report and written replies submitted by the state along with the summary record and concluding observations have not been publicized or made available to the public. There are also limited efforts to disseminate the third periodic report.

Recommendations:

- ✓ Ratify the two optional protocols to the CRC.
- ✓ Disseminate the periodic reports with the summary records and concluding observations.

⁵⁶ Supra note 9 (UNICEF [2002]), page 87.

⁵⁷ Ibid.

5. GENERAL MEASURES OF IMPLEMENTATION

5.1. Budget

Although the government has increased its education, health, culture and sports budgets, as indicated in paragraph 46 of the government's report, a fund shortage and a lack of capacity to implement the CRC still exist. Budgets are not always allocated for child rights related issues or initiatives like special needs education. The absence of a 'unit price system' in the Ethiopian budget structure makes it impossible for one to know the budget allocated for implementing the CRC.

It is worthy noting at this point that under the new NPA for Children (2003-2010 and beyond), the government of Ethiopia planned to cover 70 percent of the required budget and sought international assistance for the other 30 percent. While this shows a serious commitment, some NGOs strongly believe that the government planned to cover what it is unlikely to allocate a budget for and that the international assistance they sought is inadequate.

5.2. National Plans of Action

A new NPA for Children (2003-2010 and beyond) was adopted in 2004. The overall assessment of the former "National Program of Action for Children and Women (1996-2000)" showed that it was not well implemented; adequate resources were not allocated, and specific organizations did not receive clear implementation responsibilities and coordinating roles. The new NPA, which is based on reliable information on children's situations, focuses on promoting healthy lives; providing quality education; protecting against abuse, exploitation and violence; and combating HIV/AIDS. While the identified objectives are of crucial importance, the themes do not obviously cover all the issues that arise under the eight sections of guidelines issued by the UN Committee on the Rights of the Child.

As envisaged by the NPA (2003-2010), the main problems of implementation relate to inadequate responses to availability and adequate financial resources; a shortage of trained personnel; limited institutional capacity; a low level of awareness; and an inadequate commitment by local governments (at regional, woreda and kebele levels). The government dispatched the new NPA to the regions and all potential implementers, including NGOs. It plans to carry out extensive awareness raising on it.⁵⁸ There is also the OVC plan of action. Under this plan, NGOs and religious institutions will form a coordinating task force. Likewise, a National Program of Action for Rehabilitation of Persons with Disabilities exists. Implementing these plans of action presents a problem. An NPA for sexual abuse and exploitation is underway and a draft NPA also exists for birth registration.

In 2000-2002, the Ethiopian government developed a Poverty Reduction Strategic Plan (PRSP) and Social Development Poverty Reduction Program (SDPRP). Although it welcomed the input from NGOs, it did not follow most of the NGO recommendations for

⁵⁸ Supra note 8 (Interview with Haddush Halefom).

changes in the final document, against the requirements of the World Bank format.⁵⁹ The document lacked an analysis of child poverty, and outside of the education component, it makes virtually no mention of children at all. This reflects an underlying invisibility of children, which is very dangerous given that child poverty perpetuates itself in future generations. The Plan for Accelerated and Sustainable Development to End Poverty in Ethiopia (2005/6 to 2009/10) (PASDEP), which incorporates a section on child poverty, replaced the SDPRP. Perhaps more importantly, the opportunity for NGOs to participate in monitoring, evaluating and implementing the SDPRP is almost non-existent.⁶⁰

Recommendations:

- ✓ Study the budgetary requirements for implementing the CRC in a more detailed and structured manner than is indicated in the NPA (2003-2010 and beyond). Allocate progressively increasing budgets to realize children's rights.
- ✓ Adopt, widely distribute and implement the draft NPAs along with the existing ones.
- ✓ Allow and invite NGOs to participate in and/or review meetings on the PRSP and SDPRP (now PASDEP).

⁵⁹ Supra note 30 (SC/UK (2004)), page 8.

⁶⁰ Id., page 9.

6. DEFINITION OF THE CHILD

Against the Committee's stated concern about the low legal minimum age of criminal responsibility, Article 52 of the new Criminal Code sets it at age nine. Although there were efforts to raise the minimum age of criminal responsibility, parliament finally decided to maintain it at nine years.

Although the new Family Code sets the minimum age of marriage at 18 years for both sexes, the practice of marriage below that age still occurs often in rural areas. The deep-rooted cultural practice of early marriage in some ethnic and tribal groups such as the 'Hamer' goes uninterrupted. The community does not condemn the practice as everybody experiences the same process. Even the police and the courts find it difficult to enforce provisions that criminalize such practices because of its prevalence.

Recommendations:

- ✓ Raise the age of criminal responsibility, as specified by the Committee.
- ✓ All regional family laws should set the minimum age of marriage at 18, and the government should sensitize the public to the harmful effects of early marriage.

7. GENERAL PRINCIPLES

7.1. Non-Discrimination

Although the Ethiopian Constitution recognizes the right to equality of all persons in general and that of children in particular, in practice, widespread discrimination exists against children, especially the disabled. For instance, even if a special education system designed for children with disabilities existed, there is a shortage of trained teachers to teach them, especially in the regions.

Much discrimination and stigmatization exist against children and orphans from HIV infected families.⁶¹ The government's efforts to formulate an OVC policy have not come to fruition and the NPA for disability lacks implementation. Gender-based discrimination also exists in many parts of the country. FGD participants in a certain survey revealed that preference was given to male children in their society, as male children are perceived as protecting the dignity of the ethnic group.⁶² One can say that the government discriminates by omission since it fails to devote adequate attention to the problem.

Recommendations:

- ✓ Establish training institutions for the special needs of disabled children in the regions. Accord special protection to orphans and disabled children. Promote the equality of male and female children.

⁶¹Supra note 28 (SC/Sweden [2003]), page 37.

⁶² Save the Children Finland, Assessment Report on the Situation of Children in Konso Special Woreda, SNNPR (2005), page 27.

8. CIVIL RIGHTS AND FREEDOMS

8.1. Freedom of Expression

MOLSA gathers the views of children while conducting studies. The MOE issued a regulation to establish a student council through which children's opinions are gathered. In cooperation with the Arada Sub-City Administration (the Social Affairs Bureau) in Addis Ababa, a group of NGOs established children's parliaments, which consisted of Administrative and Executive Committees and General Assemblies for all the 'Kebeles' and one for the Sub-Cities.⁶³ The members of the parliaments engage themselves in various awareness-raising activities on child rights. UNICEF once organized a meeting in which children expressed their views on the implementation of the different aspects of their rights and needs. It submitted the report to the federal parliament. Some NGOs are now trying to replicate such parliaments in the other Sub-Cities of the capital. This is a very good initiative that creates forums for children to exercise their freedom of expression on all issues that affect them.

Nevertheless, a significant cultural barrier still exists that discourages children from expressing their ideas and views in the presence of older people, especially in rural areas. Traditional systems do not allow children to participate in discussions with adults. The education system also does not employ participatory methods of teaching; it is dominated by the lecture method in which the teacher normally speaks for the whole period.

8.2. The Right not to be Subjected to Cruel or Inhumane Treatment or Punishment

Although the Ethiopian Constitution prohibits corporal punishment and cruel and inhumane treatment, in reality, corporal punishment is widely practiced. The gaps in the legal provisions discussed under section 4.4.1 contribute to this prevalence. The MOE issued a regulation prohibiting corporal punishment in schools. However, it is difficult to say that school staff no longer use corporal punishment in schools and other places. Research shows that school staff and parents still use corporal punishment as a major tool for disciplining children.⁶⁴

Recommendations:

- ✓ The government and NGOs working on child rights and welfare should give due attention to children's views in all matters that concern them. Establish children's parliaments nation-wide and allow children to consult with members of the national and regional parliaments and government officials.
- ✓ Sensitize families and rural communities to allow children to express their opinions.
- ✓ Redesign the education curriculum to follow participatory approaches. Make alternative disciplining measures a part of teacher training curricula.

⁶³ Arada Sub-City Administration and NGOs, Arada Sub-City Children's Parliament: Operation Manual (2004).

⁶⁴ Supra note 28 (SC/Sweden [2003]), page 50.

9. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

9.1. Family Reunification

Children migrate from rural to urban areas in search of a better life and end up living on the streets. For those going to the capital, Addis Ababa, police, CPUs, NGOs and other agencies reunite them with their families. They also put them into transit shelters for rehabilitation. During 2000-2002, CPUs supported 1,581 children in need of different types of support, of which 1,325 were reunited with their families.⁶⁵ One problem is that the police have no budget for reuniting children with their families, and little or no effort is made to reunite children who migrate to regional towns. One must also understand that reunification by itself is not a solution. Reintegration needs to include different types of training, family counseling and psychosocial support.

9.2. Neglect

Disabled children often face problems of neglect. Specialized NGOs observed that many mentally retarded children are confined, and that the public relates disability to religion, culture, and superstition. Parents tend to take disabled (especially mentally retarded) children to witches and superstitious places. This hampers any help that would normally be extended to disabled children. Many of them are also overworked without payment. The usage of derogatory terminology in local languages referring to forms of disability strengthens the neglect.⁶⁶

When one or both of their parents pass away, children face problems concerning their property rights. There are many instances where a surviving parent gets married and the stepmother or stepfather evicts a child. Relatives or other people who happen to be in possession of a property after the death of their relatives also evict orphaned children. The problem with the legal system in relation to taking such cases to court means that the children remain neglected (see section 4.4.1).

Recommendations:

- ✓ Provide a budget to the police for reuniting children with their families and build transit shelters as necessary.
- ✓ Governmental and non-governmental institutions should cooperate in helping to reunite children and to support themselves.
- ✓ Provide adoption as an alternative for those children whose parents or other relatives cannot be traced, or where reunification is not a solution.
- ✓ Tackle child neglect with measures that include the extensive provision of family planning services, an amendment of the law of representation, and awareness creation.

⁶⁵ Supra note 18 (FSCE [2003]), page 28-29.

⁶⁶ Handicap National, Terms that should be used in relation to the Disabled (1996). The material also mentions that society undermines the capabilities of the disabled by concentrating more on their disability.

10. BASIC HEALTH AND WELFARE

10.1. Health Standards

A high fertility rate of 5.9 children per woman together with a low level of access to reproductive health and emergency obstetric services, contribute to one of the highest maternal mortality rates in the world, with 871 per 100,000 live births. Life expectancy at birth is low at 54 years. Mortality rates for infants are 113 per 1,000 live births; under fives are 188 per 1,000; and other children are 85 per 1,000⁶⁷. In addition, many infants are born with a low birth weight and are severely stunted. The most recent estimate shows a neonatal mortality rate of 58.1 per 1000 live births. Fatality rates as high as 15 to 20 percent was also reported (UNICEF/FDRE 2001). Malaria accounts for 7 percent of morbidity in infants and 30 percent in children under fifteen. Over 50 percent of infant mortalities are associated with malnutrition. An inadequate provision of proper sanitation and safe drinking water also exists. These indicate the poor level of care Ethiopian children receive, and their unmet rights to survival and good health.⁶⁸ The following table provides insight into the health profile per region.

Table 3: Regional Profile of Health Service/Nutrition and Water and Sanitation Coverage (2000).

Region	Access to safe water (A)	Access to fecal disposal (B)	EPI fully immunized (C)	Nutrition (D)		ANC (B)	FP (E)	Potential health service coverage (B)
				Stunting	Under weight			
Tigray	34	20	76	55	48	67	19	65
Afar	17	10	2	48	51	16	5	55
Amhara	31	5	29	57	52	29	22	43
Oromia	31	8	32	47	42	36	12	52
Somali	13	13	1	46	44	15	4	35
Ben. Gumuz	20	27	15	41	42	27	9	161
SNNPRS	29	7	24	55	54	30	13	48
Gambella	18	7	26	37	39	42	18	239
Harari	23	36	45	37	27	52	16	145
Addis Ababa	70	80	63	27	14	83	10	79
Dire Dawa	60	52	28	31	31	30	27	86
National	31	12	31	52	47	34	15	52

Sources: A – Water Sector Development Program, Vol. 2. Main Report, March 2002; B – Health and Health Related Indicators (MOH), 2001; C – UNICEF 2002; D – DHS 2000; E – EHSDP-I Evaluation (CPR)

⁶⁷ See Supra note 30 (SC/UK [2004]), page 23. According to the “State of the World’s Children 2004” report by UNICEF, 504,000 children under five years old die per year in Ethiopia.

⁶⁸ NPA (2003-2010 and beyond), pages 10-11 (for the whole paragraph).

The 2000 Demographic and Health Survey (DHS) found that a relatively lower knowledge of contraceptive methods exists among the younger age groups of 15 to 19 years for both men and women. However, the rate of ever using contraceptive methods was lower than 5 percent for those between 15 to 19 (A. Bekele, 2002 & CSA 2004). A cultural problem exists where women use contraceptives without the knowledge of their husbands as the husbands are opposed to it. While a shortage of contraceptives (especially injections) exists in some areas, the problem of demand as related to cultural and economic situations appears more substantial. A belief exists that having many children is equivalent to abundant labor and hence more income. Problems also develop in the demand for contraceptives resulting from their side effects. For example, if adverse side effects occur with one woman taking a particular contraceptive in one area, all the women in that area tend to develop negative attitudes towards that contraceptive. Furthermore, the government accuses NGOs of creating the demand for contraceptives without addressing the problem of supplying them.

10.2. Mental Health

No adequate information exists on the mental health situation in the country, yet the government makes no visible attempt to gather such information. There is still only one mental health hospital in Ethiopia and that is located in the capital. Overcrowding greatly affects the provision of its services. Some training occurs to increase the number and capacity of mental health professionals, but these efforts are inadequate.

10.3. Social Welfare

The provision of social welfare services is not currently under the mandate of a single body. MOLSA adopted a policy and a national plan of action in 1994. This policy lacks implementation and social welfare activities are not coordinated. Other agencies involved in related activities do not report to MOLSA. The policy requires promotion so that regional governments and local administrations become fully aware of it. While there is a need to update the policy considering the current circumstances, no such steps have been taken.

10.4. Harmful Traditional Practices

The National Committee on Harmful Traditional Practices in Ethiopia (NCTPE) documented about 100 traditional practices that are harmful mainly to children and women. In Ethiopia, 80 percent of women are circumcised, and 60 percent of women still support girl's circumcision (CSA, 2001). While early and forced marriage and FGM are the prevalent traditional practices that attract much attention, many others that exist (paragraph 222 of the government's report) are ignored. The MOH does not monitor traditional practices. The NCTPE conducted a baseline study, and it is believed that this study and further advocacy by the Committee played a role in including harmful traditional practices (HTPs) as punishable offenses in the new Criminal Code. NGOs interested in the area of HTPs are proliferating due to NCTPE's advocacy and networking.

Recommendations:

- ✓ Give priority to allocating budgets for child immunization.

- ✓ Increase access to safe water and excrement disposal and reduce the gap between rural and urban areas of access to such facilities.
- ✓ Build and distribute hospitals and health centers more widely and give the responsibility for health education to the community (children's recommendation, the Compendium, page 9).
- ✓ Combat the traditional beliefs attached to contraceptives with reproductive health education.
- ✓ Government and NGOs should engage themselves in both the demand and supply of family planning services.
- ✓ Collect national data on the mental health situation in the country, build more mental health institutions, and provide training to mental health professionals.
- ✓ Update and promote the social welfare policy, and set up a specific responsible body for coordinating activities under the policy.
- ✓ Collect national data on the mental health situation in the country, build more mental health institutions, and provide training to mental health professionals.
- ✓ The government should cooperate with and empower NCTPE to work on eradicating harmful traditional practices.
- ✓ Intensify awareness creation and strictly enforce the law against those in violation as solutions to the problems of harmful traditional practices (children's recommendations, the Compendium, page 19).

11. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

11.1. Access to Education

As observed in the following table and other education statistics, gender enrolment disparities widely occur. Glaring differences also exist in enrolment between regions (NPA 2003-2010, page 16).

Table 4: Total and School Age Population and Gross Enrolment (Grade 1-8) by Region 2004/2005.

Region	Total Population	School age population (7-14)	Enrolment	Gross Enrolment Ratio (GER)		
				Boys	Girls	Both
Tigray	4,113,000	849,839	773,026	90.8	91.1	91.0
Afar	1,330,000	251,991	52,671	24.0	17.0	20.9
Amhara	18,143,000	3,689,555	2,798,860	79.0	72.6	75.9
Oromiya	25,098,000	5,214,553	4,561,378	100.5	74.3	87.5
Somali	4,109,000	828,640	192,914	27.6	18.3	23.3
Benishangul-Gumuz	594,000	122,653	131,672	125.1	88.8	107.4
SNNPR	14,085,000	2,919,933	2,304,980	91.7	66.0	78.9
Gambella	234,370	42,284	53,865	150.0	103.3	127.4
Harari	183,421	28,623	26,448	102.5	81.8	92.4
Addis Ababa	2,805,000	334,834	502,965	141.1	159.0	150.2
Dire Dawa	369,674	59,453	49,862	90.8	76.6	83.9
Total	71,064,465	14,342,358	11,448,641	88.0	71.5	79.8

Source: EMIS – MOE (2005) P.26

Girls' attendance in senior secondary education (grades 9 to 10) is lower than that of boys. The enrolment rate has increased in the past several years, however, a lot needs to be done even to reach the Sub-Saharan Africa coverage of the secondary school enrolment ratio of 26 percent for boys and 22 percent for girls (UNICEF, 2002). The following table shows the difference of secondary school enrolment by gender and region.

Table 5: School Age Population, Grade 9-10 Enrolment, and GER, by Region, 2004/2005, MOE (2005), P.26

Region	Total Population	School age population (15-16)	Enrolment	Gross Enrolment Ratio		
				Boys	Girls	Both
Tigray	4,113,000	184,093	64,132	40.4	29.1	34.8
Afar	1,330,000	59,845	2,753	4.9	4.2	4.6
Amhara	18,143,000	796,367	178,338	27.5	17.2	22.4
Oromiya	25,098,000	1,121,257	323,802	39.2	18.4	28.9
Somali	4,109,000	198,840	7,594	5.3	2.3	3.8

Benishangul-						
Gumuz	594,000	27,078	9,651	48.3	22.5	35.6
SNNPR	14,085,000	621,188	149,433	33.4	14.5	24.1
Gambella	234,370	9,900	3,647	57.6	14.8	36.8
Harari	183,421	7,153	5,239	88.5	57.8	73.2
				102.		
Addis Ababa	2,805,000	114,768	107,782	8	86.5	93.9
Dire Dawa	369,674	14,636	8,363	69.0	46.2	57.1
Total	71,064,465	3,155,125	860,734	34.6	19.8	27.3

There were 306,820 girls who enrolled. The least enrolment of girls occurred in Somali and Afar regions, while the highest occurred in Addis Ababa and Harar (i.e., proportionally).

Affirmative action programs exist to increase the attendance of female children in schools. These programs allow girls who sit for secondary school leaving examinations to pass with low scores, and give them priority in their choice of field of study. In 2005, almost all girls who sat for secondary school leaving examinations passed and subsequently attended higher education institutions. However, affirmative action applies only to those children who already attend secondary schools and higher institutions.

11.2. Free and Compulsory Primary Education

The community shares the costs of schooling in many ways including building school premises, and buying school uniforms and educational materials for their children. The government does not assist those with insufficient means to buy the necessary materials. Some NGOs, however, do provide such assistance. The government has not introduced compulsory primary education in Ethiopia. Registering children below five years of age and coercing their parents to sign a commitment that they will send the children to school at the beginning of the year is a strategy that can help in ensuring compulsory education. However, the education sector alone cannot ensure that primary education is compulsory. Parents do not send their children to school because they need them for agricultural and household activities. Therefore, the education sector requires the cooperation of other sectors, like the agriculture sector, and parents should be encouraged to send their children to school. Ensuring compulsory primary education also requires the availability of sufficient educational facilities.

11.3. Schools, Resources and Teachers

The amount of budget allocated to the education sector has been increasing every year. Still, mobilizing financial resources to improve access (by narrowing gender disparities) presents a major challenge and quality of education. Future efforts should include a large community mobilization and usage of alternative routes to basic education throughout the country. Organizing mass campaigns for total literacy is necessary, where cost effective and voluntary (students, unemployed youth, and teachers) literacy and post-literacy programs would be implemented in each locality.

Most schools are grossly overcrowded. In rural areas, there are classrooms with no windows and doors, and no chairs and desks where students are forced to sit on stones and on the floor. Computers, laboratories and pedagogical centers are scarce. A lack of resources exists, yet the government wants to increase the number of students. The budget per school (and per student) is very low or decreasing. This has the effect of

increasing the quantity of registered students at the cost of the quality of education rendered.

The number of public and private teacher training institutions is increasing and on-the-job training for teachers is improving (including distance learning). Efforts like in-service short-term training programs, specialized training in alternative education, special needs education, and civic education, offer good opportunities for teachers to learn from each other's experiences. Trained teachers should also be placed in their areas of specialty. Education for formative age students needs improvement and this requires the availability of qualified teachers. There should also be increased incentives for teachers to attract more qualified people into the profession. Despite important progress in coverage, the quality of primary, secondary, and vocational and technical education in the country remains generally low.⁶⁹ Although nationally 90 percent of lower primary school teachers possess the required qualification of a diploma from a Teachers Training Institute, the number of qualified teachers is substantially lower in rural areas and outlying regions.⁷⁰

11.4. Leisure

Urban development projects infringe on children's right to leisure, especially in Addis Ababa. Low-cost houses and other buildings are built on fields where children formerly played. As a result, it is common to see children playing on the roads exposing themselves to accidents. There is a fear that in the near future no playgrounds for children will exist unless the government purposely intervenes.

Recommendations:

- ✓ Increase access to education in rural areas. Extend affirmative action programs, including tutorials, to primary education for females.
- ✓ Exert efforts to increase access to education and increase the enrolment of students in pastoralist areas like the Afar and Somali regions.
- ✓ Strengthen the government's efforts to provide free education to all; implementing compulsory education should go hand in hand with providing enough education facilities and awareness raising.
- ✓ Strive to ensure the quality of education by mobilizing resources from alternative sources, and improving teacher training.
- ✓ Urban development projects need to take children's right to leisure into consideration.

⁶⁹ Supra note 9 (UNICEF [2002]), page 69. See also NPA 2003-2010 and beyond, page 16.

⁷⁰ Id., pages 69-70.

12. SPECIAL PROTECTION MEASURES

12.1. Child Abuse

Child abuse is a serious problem in Ethiopia. Children experience different forms of abuse in the community, family, schools, etc. The home and primary schools represent the places where most physical child abuse occurs.⁷¹ The children at all the FGDs pointed out that beating, flogging, mistreating and assaulting children for any mistake, small or grave, are quite common in schools and at home (Compendium, pages 19-20). The number of cases that reach law enforcement officials is small compared to the prevalence of abuse. No responsible governmental authority works specifically on child abuse.

Mentally retarded children commonly experience sexual assault and other types of abuses. One specialized NGO observed that there are problems in protecting mentally retarded children from sexual assault and that it is difficult to bring cases to court.⁷² The fact that they cannot claim their rights aggravates the problem. Moreover, a lack of awareness of disabled children's rights exists in society. One survey revealed that there are even teachers who are not aware of the rights of disabled children.⁷³

There are isolated efforts of NGOs that focus on the care and rehabilitation of victims of abuse. ANPPCAN-Ethiopia and children's defense centers have established telephone hotlines for children to report abuse.⁷⁴ Some NGOs also rehabilitate and socially reintegrate children, including reuniting child victims with their families. Still, these services are minimal and are concentrated in the capital. The NGOs that offer child-focused activities have only fragmented and uncoordinated programs that do not focus on the root causes of the problem. This results from a lack of resources and a lack of integrated plans of action to effectively implement the provisions of the CRC.⁷⁵ The government, as the primary role player, should, therefore, take responsibility for such activities.

A Child Abuse and Neglect Unit (CANU) founded by NGOs within the government-owned 'Yekatit 12 Hospital' (paragraph 131 of the government's report) operates with the functional input of NGOs. The unit is ill equipped for full-fledged operations. Foreign donors also opened a fistula hospital. The government has not done much to replicate the fistula hospital.

There is a need for grassroots-level awareness raising against child abuse. The government-owned mass media broadcast and print some messages on child abuse. However, the programs are not well coordinated, in the sense that they address issues as

⁷¹ Supra note 19 (JJPO [2005]), page 14.

⁷² ENAMRCY, Awareness Creation Panel Discussion with Code Enforcement Services of the Addis Ababa City Government, (2004), page 4.

⁷³ ENAMRCY, Situation Analysis of Children with Mental Retardation in Addis Ababa (2006), page 21.

⁷⁴ Initiatives of the African Child Policy Forum, Plan Ethiopia and Save the Children.

⁷⁵ ANPPCAN - A Study on Child Sexual Exploitation in Selected Areas of Addis Ababa City Administration, (2004), page 38.

they arise rather than create a basic awareness in a structured way. As mentioned above, the mass media are not also easily accessible for NGOs working on the subject.

Recommendations:

- ✓ Increase awareness-raising efforts against child abuse by developing different mechanisms by which child rights messages are disseminated to society. Strengthen school clubs.
- ✓ Create rehabilitation and social reintegration programs for abused children. Assign a specific agency with the task and provide a free telephone hotline for reporting child abuse.
- ✓ Create more Child Abuse and Neglect Units and fistula hospitals.

ANNEX 1: LIST OF ORGANIZATIONS THAT PARTICIPATED IN PREPARING THE REPORT

1.1 NGOs and other Non-governmental Agencies

S.No	Organization's Name
1	Abebech Gobena Children care and Development Organization
2	Aberash Memorial development Organization
3	ACSSOD
4	Action Aid Ethiopia
5	Addis Development vision
6	African Child Policy Forum
7	African Network for the Prevention of and Protection Against Child Abuse and Neglect in Ethiopia-ANPPCAN
8	Alem Children Support Organization
9	AMREF Ethiopia
10	ARRA
11	Basic Education Association in Ethiopia
12	BICDO
13	CHAD-ET
14	Cheshire Foundation Ethiopia
15	Cheshire Service Ethiopia
16	Christian Children's Fund Canada
17	Christian Children's Fund of Ethiopia
18	Community and Environment Development Action
19	Concern
20	EFDA
21	EHRCEPA
22	ENA-MRCY
23	Ethiopian Aid
24	Ethiopian Catholic Secretariat
25	Ethiopian Evangelical Church Mekane Yesus
26	Ethiopian Muslims Relief And Development Association
27	Ethiopian Orthodox Church Child and family Affairs Organization
28	Ethiopian Orthodox Church EOC-DICAC
29	Ethiopian Rural Self Help Association
30	Ethiopian Women Lawyers Association
31	Facilitators for Change
32	FFIC
33	Focus on Children at Risk

34	Forum on Street Children Ethiopia
35	Gemini Trust Ethiopia
36	Handicap National
37	Hope for Rural Children and orphans
38	Integrated Holistic Approach- IHA-UDP
39	Jerusalem Children and Community Development Organization
40	Kind Hearts Child Aid Development Organization
41	Kulich Youth Reproductive Organization
42	Life in abundance Ethiopia
43	Light for All Charity Development
44	Mary Joy Aid through Development
45	MCDP
46	MKC-RDA
47	Norwegian Church Aid
48	Organization for the Prevention Rehabilitation and Integration of Female street Children
49	Pact Ethiopia
50	Pestalozzi Children 's Foundation
51	Plan Ethiopia
52	Professional Alliance for Development in Ethiopia
53	Relief Society of Tigray
54	Resurrection and Life Aid Through Development
55	SAHRE
56	Save the Children Canada
57	Save the Children Denmark
58	Save the Children Finland
59	Save the Children Norway
60	Save the Children Sweden
61	Save the Children UK
62	Save the Children USA
63	SOS Children Villages Ethiopia
64	Vision for Justice Ethiopia
65	WCDO
66	Woliso Youth Development Association
67	Women And Children Development Organization
68	World Vision Ethiopia
69	YETEM

1. 2 Government Organizations

1	City Government of Addis Ababa Social and Civil Affairs Office
2	Ministry of Justice
3	Ministry of Education
4	Ministry of Labor and Social Affairs
5	Ministry of Youth, Sports and Culture
6	National HIV/AIDS Prevention and control office
7	Administration for Refugees and Returnees Affairs
8	Oromia Region Education and Capacity Building Office

ANNEX 2: SUMMARY OF RECOMMENDATIONS

1. General Measures of Implementation

- ✓ Create awareness of the legal provisions of the new Criminal Code and the Revised Family Code, criminalizing harmful traditional practices, as the law by itself is not enough.
- ✓ Amend the family law and civil procedure law in a way that ensures the representation of street children and children subjected to domestic violence.
- ✓ Amend the new Criminal Code to introduce the treatment of offenders aged 15 to 18 in accordance with international juvenile justice standards.
- ✓ Regions, which still apply the Civil Code provisions in family matters, should adopt Family Codes that comply with the requirements of the CRC.
- ✓ There should be strong coordination of the work on the implementation the CRC at the federal and regional levels.
- ✓ Equip the Mothers' and Children's Affairs Department of the new MOWA should be equipped with sufficient budget and staff to implement the CRC.
- ✓ Establish clear and improved institutional structures for children's affairs to solve budget and human resource problems.
- ✓ Provide capacity and allocate resources to the Child Rights Committees for them to operate effectively.
- ✓ Equip the Human Rights Commission and the Ombudsman with the necessary budget and human resources to effectively monitor the implementation of the CRC, among other things.
- ✓ Target children and community members in child rights training.
- ✓ The Ministry of Information should make the media easily accessible for programs on child rights by charging a fair price for airtime.
- ✓ Publish the full text of the CRC in the Negarit Gazette and disseminate it to the public in the various languages.
- ✓ Distribute widely and implement all relevant policies and NPAs.
- ✓ NGOs should be allowed to participate in and/or invited to review meetings on the PRSP and SDPRP (now PASDEP).

- ✓ All those who implement the CRC should collect structured data in the areas of their speciality. The next census should also collect these data.

2. Definition of the Child, General Principles, Civil Rights and Freedoms

- ✓ The minimum age of criminal responsibility should be raised above nine years.
- ✓ Fight gender-based discrimination. Provide training institutions for the special needs of disabled children in the regions. Accord special protection to orphans and disabled children.
- ✓ The newly constituted parliament should prioritize issuing a law that provides for establishing the necessary institutional structure for birth registration. Create wide and continuous awareness on birth registration.
- ✓ The government and NGOs working on child rights and welfare should give due attention to the views of children in all matters that concern them. Establish children's parliaments nation-wide and allow them to consult with members of the national and regional parliaments and government officials.
- ✓ Sensitize families and rural communities to allow children to express their opinions.
- ✓ Redesign the education curriculum that follows a participatory approach. Make alternative disciplining measures a part of teacher training curricula.

3. Family Environment and Alternative Care

- ✓ The government and NGOs should take a family-focused development approach to prevent children from separating from their families.
- ✓ Provide the police with a budget for reuniting children and building transit shelters as necessary.
- ✓ Governmental and non-governmental institutions should cooperate to help reunite children with their families and to support themselves. Where reunification is not a solution, adoption should be offered as an alternative.
- ✓ Establish control mechanisms in the office of immigration against the external trafficking of women and children.
- ✓ Allocate sufficient resources for awareness raising nation-wide against domestic violence and support for child victims.
- ✓ Ratify the Hague Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption. Promote domestic adoption and earnestly follow up the situations of adopted children.

- ✓ Follow up on the practical implementation of the guidelines on alternative childcare programs.

4. Basic Health and Welfare

- ✓ Increase access to safe water and excrement disposal.
- ✓ Build and distribute hospitals and health centers widely, especially in rural areas, and staff them with qualified professionals.
- ✓ Provide health education, including on family planning, to the community.
- ✓ Build more mental health institutions and intensify the training of mental health professionals.
- ✓ The government should cooperate with and empower NCTPE to work on eradicating harmful traditional practices.
- ✓ Make public services friendly to disabled children. Train professionals with specific skills to address the problems of the disabled.
- ✓ Intensify the efforts of the government and NGOs in preventing and controlling HIV/AIDS. Increase the government's role in this area.
- ✓ Expand HIV testing centers and counseling services.
- ✓ Increase maternal healthcare in health care institutions to avoid the possibilities of HIV infection through MTCT.
- ✓ Intensively sensitize the public on HIV/AIDS making use of methods like Training of Trainers beginning with opinion leaders and peer group education.
- ✓ Develop an OVC policy with comprehensive, sufficient and sustainable support strategies. Increase the financial and human capacity of organizations working with orphans.

5. Education, Leisure and Cultural Activities

- ✓ Refine and strengthen the system of keeping school statistics through EMIS.
- ✓ Increase access to and improve the quality of education. Give more attention to pre-primary education. Build more mobile schools to increase access to education, especially in pastoralist areas.
- ✓ Extend affirmative action programs to primary level education for female students.

- ✓ Follow an inclusive educational approach to the benefit of the most marginalized children.
- ✓ Extensively conduct and improve teacher training at all levels.
- ✓ Provide an increasing amount of school facilities.
- ✓ Urban development projects need to take children's right to leisure into consideration.

6. Special Protection Measures

- ✓ Establish effective education and health programs in refugee camps and employ social workers for all of them.
- ✓ Carry out many more awareness-raising campaigns against child abuse.
- ✓ Create programs for rehabilitating and socially reintegrating abused children. Assign a specific agency with the task and provide free telephone hotlines for reporting child abuse.
- ✓ Establish more Child Abuse and Neglect Units and fistula hospitals.
- ✓ Raise awareness on the legal provisions on sexual offenses and encourage law enforcement officials to give special attention to rape and other forms of sexual offense.
- ✓ Launch and implement a series of awareness-raising programs on the problems of streetism.
- ✓ Make community and families aware of the psychological and physical damage that child labor causes, and bring those who engage children in heavy labor before the courts of law.
- ✓ Establish child-friendly courts nation-wide and provide special training for judges and prosecutors.
- ✓ Make CPUs a part of the police structure nation-wide.
- ✓ Try child offenders under special procedures and replicate the child defense initiatives of some NGOs.
- ✓ Establish more community-based correctional centers and separate young offenders (on remand or convicted) from adult convicts.
- ✓ Avoid imprisoning children with their mothers. Create a way in which such children can be cared for separately.

- ✓ Staff the JDRI with the necessary professionals and provide it with a sufficient budget. Regions should only use such institutions as a last resort.

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