



# Convention on the Rights of the Child

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## Committee on the Rights of the Child

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Consideration of reports of States parties

## List of issues in relation to the combined fourth to fifth periodic reports of Ethiopia

Addendum

## Replies of Ethiopia to the list of issues\*

[Date received: 27 April 2015]

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\* The present document is being issued without formal editing.

- 1. Please provide information on the implementation and outcome of the National Plan of Action on Children (2003–2010), referred to in paragraph 27 of the State party report and on the development of any new national plan or policy in this regard.**

#### **Implementation and Outcome of the National Plan of Action on Children (2003–2010 and Beyond)**

1. The Government mainstreamed the rights and interests of children in national development policies and programmes as its primary strategy in implementing the National Plan of Action. Accordingly, the policies and programmes the Government adopted, including the Health, Developmental Social Welfare, HIV/AIDS, and the Food Security Policies, and the Growth and Transformation Plan all accorded explicit consideration to the rights and interests of children.

2. The implementation of the National Plan of Action resulted in positive improvements in the rights and conditions of children notably in their education and health. Pre-primary education gross enrolment rate increased from 2.2% 2003/04 to 26% in 2012/2013. Primary school gross enrolment rose from 68.4% in 2003/2004 to 96.3% by 2012/2013, while net enrolment rate for primary level (grades 1-8) rose from 57.4 in 2003/2004 to 85.9% in 2012/2013. Rise in the number of secondary schools improved enrolment in the past fourteen years. The total enrolment of students at the first cycle of secondary education (9-10) reaches 38.4% in 2012/2013 from 22.1% in 2003/04. Second cycle secondary school (grades 11-12) enrolment increases to 9.5% in 2012/2013 from 3.2% in 2003/04. The share of girls in grades 9-10 increased from 34.6% in 2004/05 to 47.3% in 2012/2013. Outcomes of the implementation of the National Plan of Action in relation to harmful traditional practices and child health are reported in paragraphs 35-37 and 49-66 respectively of this reply. Other outcomes of the implementation of the National Plan of Action are also indicated in the health and child protection part of the State party report as well as subsequent parts of this reply.

#### **Developing a New National Plan**

3. The Government is preparing the third National Plan of Action on Children (2015/16-2019/20). Reflecting the current situation of children in Ethiopia and the comprehensive child policy submitted by the Ministry of Women, Children and Youth Affairs for approval by the Council of Ministers, the third National Plan of Action focuses on seven identified priority areas. These are: child protection, child care and support, access to quality education, health, nutrition, water and sanitation, child participation, leisure and cultural activities, and strengthening institutional capacity for the implementation of children's rights. The third National Plan of Action will be aligned with the Second Growth and Transformation Plan (2015-2019), and other relevant development programmes and policies, and, therefore, will be instrumental in prioritizing children's issues in the coming development strategies and programmes of the Government.

- 2. Please provide further detailed information on measures to coordinate activities under the Convention across sectors and between central, regional and local levels. In particular, with reference to paragraph 21 of the State party report, please provide detailed information on human and financial resources allocated to the Ministry of Women, Children and Youth Affairs, and also elaborate on the Ministry's working strategies, referred to in paragraph 22 of the State party report.**

#### **Coordinating Activities under the Convention**

4. The Government, through the Ministry of Women, Children and Youth Affairs, adopted a child mainstreaming strategy. The Ministry developed a Guideline on Child

Mainstreaming that federal government agencies follow. The guideline helps line ministries and other agencies mainstream children's rights in their activities, and incorporate children's issues in their policies, strategies and programmes. The Ministry also uses the Child Rights Committee established at the federal level as a mechanism to facilitate its responsibility of coordinating activities under the Convention.

5. The regional states and the two federal cities (Addis Ababa and Dire Dawa) follow a similar approach in coordinating activities under the Convention. At regional levels, the principal coordinating executive agencies are the regional Bureaux of Women, Children and Youth Affairs. The regional states are administratively structured at the levels of zones (in the case of the two federal cities, sub-cities), and woredas (the lowest level of administrative structure). The Regional States established Women, Youth and Children Affairs Offices accountable to the Regional Bureaux of Women, Children and Youth Affairs at these administrative levels. These offices have the primary responsibility of coordinating activities under the Convention in their respective jurisdictions. Child Rights Committees established at regional state, zonal and woreda levels facilitate coordination among the corresponding relevant agencies.

6. The Government established special task forces to address particularly pressing issues needing high-level coordination. These include: the National Committee on Eradication of harmful traditional practices, the National Steering Committee on Sexual Abuse and Exploitation of Children, and the National and Regional Task Forces on orphans and vulnerable children. The Government also established special units within the Ministry of Foreign Affairs and Ministry of Labour and Social Affairs to provide institutional support in monitoring trafficking of women and children, and child labour respectively.

#### **Human and Financial Resources of the Ministry of Women, Children and Youth Affairs**

7. The Government continues its efforts to strengthen the capacity of the Ministry of Women, Children and Youth Affairs through progressively increasing the latter's allocated budget and enhancing its human resources both in terms of numbers and skills. Regional governments take similar measures. The budget allocated for the Ministry has significantly increased year to year, birr 45,487,026 in 2010/11 increased to birr 227,169,929 in 2013/14. The Human Resources also increased from 170 in 2010/11 to 232 in 2014/15.

8. The Government is carrying out a civil service restructuring and reform programmes including the implementation of business process reengineering measures in public service offices to improve the efficiency and responsiveness of its civil service. As a result, the Ministry of Women, Children and Youth Affairs has a functionally streamlined institutional set-up, as well as improved systems of coordination, collaboration, networking, timely communication, accountability, and monitoring and evaluation.

#### **Working Strategies of the Ministry of Women, Children and Youth Affairs**

9. The Ministry of Women, Children and Youth Affairs formulates different child specific long and short-term development plans, programmes and national plans of action. In the implementing these, the Ministry adopts the following strategies: promoting child participation, continuous advocacy, sensitization, awareness raising, capacity building, intensive community mobilization, creating and strengthening partnerships, conducting researches and studies to identify needs and root causes of children's problems, and scaling up of best practices both at community and organizational level.

**3. Please indicate the steps taken, if any, towards establishing a centralized data collection system, disaggregated by age, sex, ethnicity, geography and socioeconomic background.**

10. The Government established the Central Statistics Agency to organize the centralized collection, compilation, analysis and supply of national statistics. The Agency conducts decadal censuses, and in collaboration with the Ministry of Health, the Ethiopian Demographic and Health Survey every five years. As indicated under paragraph 57 of the State party report, the Government is working with the Agency to address the gaps in data related to children in the latest census conducted in 2007.

11. In 2012, the Government enacted the Vital Events Registration and National Identity Card Proclamation No. 760/2012 introducing a national system for the registration of vital events including birth. To implement the Proclamation, the Government established the Federal Vital Events Registration Agency by issuing Council of Ministers Regulation No. 278/2013. The Agency as well as its governing bodies — a council and board composed of relevant federal and regional government agencies that will oversee the vital events registration system — are now formally set up. Regional states followed a similar direction by adopting respective regulations and by establishing bodies responsible for the coordination and implementation of registration services at all administrative level. All regional states will send their data to a central database system. It will thus be possible to have centralized nation-wide data on children.

12. The Ministry is developing a Child Wellbeing Management Information System (MIS) to centralize data on children from federal, regional and local government agencies across all sectors. Accordingly, child wellbeing indicators to be used at both federal to regional state levels are identified. The MIS links and properly aligns the identified targets from the federal to the regional and local levels. In addition to the indicators, the MIS includes a monitoring framework equipped with the required resources. At present, the MIS usable at the regional state level is established and piloting is under way in the Amhara; Oromia; Southern Nations, Nationalities and Peoples; and Harari Regional States, and the federal cities of Dire Adwa and Addis Ababa. The design of the MIS usable at the federal level is in progress.

**4. Please inform the Committee about measures taken to address the discrimination and stigma faced by girls, children with disabilities, and children of ethnic minorities, as well as by children who live with HIV/AIDS and/or noma (cancrum oris).**

13. The Federal Constitution prohibits discrimination based on race, nation, nationality, social origin, colour, sex, language, religion, political or other opinion, property, birth, or other status. The constitutions of the regional states contain similar injunctions. The Government issued several subsidiary laws and acceded to relevant international treaties in line with its commitment to end discrimination. The Government also designs policies and is implementing strategies as well as development plans and programmes aimed at achieving equality of opportunity for marginalized population groups and children. Thus, discrimination on the ground of Noma is no occurrences in Ethiopia.

**Preventing Discrimination against Girls**

14. The Government adopts the Development and Change Package of Ethiopian Women to address gender discrimination. The Package aims at ensuring the equal participation of women in all sectors by tackling obstacles to attaining gender equality in the economic, social and political spheres. The Government, through the Ministry of Women, Children and Youth Affairs, also formulated and implemented a National Plan for Gender Equality (2006-2010).

15. A crucial measure the Government implements to address discrimination against girls is promoting and creating favourable conditions for their education. The Education Sector Development Programme sets targets to achieve gender parity in the education and training sectors. Measures implemented in the Programme to attain these targets include strengthening gender forums, establishing and strengthening girls' education advisory committees and girls/gender clubs, integrating and mainstreaming gender issues during planning, implementation, monitoring and evaluation, mobilizing communities and raising their awareness on the strategic importance of girls' education for socioeconomic development, and providing preferential subsidies to vulnerable children. The Government trained girls themselves to empower them. It also implemented gender sensitive school curricula and affirmative action measures.

16. The Government reviewed and updated its Girls' Education Strategy and Action Plan. It also adopts and implements other policy measures, directives, and working documents including a Gender Mainstreaming Guideline, a Gender Responsive Pedagogy Training Manual, a Life Skills Training Manual and Implementation Guidelines, and a Sexual Violence Code of Conduct.

### **Preventing Discrimination against Children with Disabilities**

17. The Federal Constitution under its article 41(5) requires the State to "within available means allocate resource to provide rehabilitation and assistance to the physically and mentally disabled." In 2010, Ethiopia ratified the Convention on the Rights of Persons with Disabilities, and established a National Council to oversee its implementation. The Convention is translated and distributed in several local languages. The Government also took other significant legislative measures to ensure that persons with disabilities including children are not discriminated. These include the Right to Employment of Persons with Disabilities Proclamation No. 568/2008 prohibiting employers from engaging in discriminatory practices on the basis of disabilities; and the Building Proclamation No. 624/2009 requiring the accessibility of all public buildings to persons with disabilities, including those who use wheelchairs.

18. The Government encourages and cooperates with associations of the disabled. Such associations include: the Ethiopian National Association of the Visually Impaired, the Ethiopian National Association of Women with Disabilities, the Ethiopian National Association of Persons with Hearing and Speaking Disabilities, the National Association of Disabled Persons, and the National Association of Persons Afflicted with Leprosy. Currently, the Government, through the Ministry of Labour and Social Affairs' Social Welfare Department, is working together with these associations to incorporate issues of disabled children in the United Nations Millennium Development Programme. The Government also encourages the participation of children with disabilities in children's parliaments to promote their interests within and outside the parliaments.

19. The Government adopts mainstreaming as a useful tool for the promotion of disability issues making its policies and programmes responsive to the rights and interests of persons with disabilities, including children. Two significant measures in this connection that specifically address discrimination against children with disabilities are the Social Protection Policy and the Growth and Transformation Plan that lay special emphasis to addressing the needs and rights of children with disabilities.

20. The Government adopts a National Plan of Action on Persons with Disabilities (2012-2021) continuing the previous Action Plan launched in 2000. The new Plan envisions an inclusive society in Ethiopia that promotes, protects, and ensures full and equal enjoyment of fundamental rights, public services, opportunities for education and work, and that allows full participation in family, community and national life, by all persons with disabilities. One of the principles set out in the National Plan of Action is respect for the

rights and evolving capacities of children with disabilities. Within the larger society, the Government promotes positive attitudes of acceptance towards persons with disabilities, including children, producing and broadcasting a series of radio and TV programmes. The Government also takes measures, reported in paragraphs 43–45, below specifically addressing discrimination that children with disabilities face in the realm of education.

#### **Preventing Discrimination against Children Belonging to Minorities**

21. The Federal Constitution recognizes the rights of all nations, nationalities and peoples to use their own language in education and administration, and to develop their cultures. The Government designs all its policies, laws, programmes and strategies to attain the equality of all nations, nationalities and peoples in Ethiopia.

22. To address the peculiar situation of pastoralist communities, the Government of Ethiopia designed a Pastoralist and Semi Pastoralist Education and Health Strategy. One of the measures in the strategy aimed at addressing the education needs of minorities is the adoption and promotion of mobile schools for children who cannot enrol in regular schools. Community mobilization and awareness raising meetings were conducted to minorities in pastoral and semi pastoral areas.

#### **On Discrimination against Children Living with HIV/AIDS**

23. The Government gives priority to reviewing its laws to respond to the harsh realities and potential discriminatory practices associated with HIV and AIDS. Recently, the MOJ drafted a proclamation on the rights and responsibilities of people living with HIV/AIDS and AIDS orphans.

5. **With reference to paragraph 99 of the State party report, please provide updated information on current measures taken to raise awareness among the general public about the harmful impact of corporal punishment and about alternative forms of discipline. Please also inform the Committee about any particular efforts taken to combat the frequent violence, including domestic violence, suffered by girls and women, as well as to provide sufficient women's and children's shelters.**

24. Positive child discipline as an alternative form of discipline is promoted through plasma educational television broadcasts, school mini-media, brochures and posters within the school system. Targeting the wider society, brochures, posters, billboards, community radio and electronic mass media broadcast programmes are regularly employed to create community wide awareness on violence against children. Continuous awareness creation and mobilization using role models from communities, including religious and clan leaders, are employed to prevent violence through depicting the inimical effects of corporal punishment and the benefits of alternative forms of child discipline.

25. The Government is implementing different measures of prevention and prosecution to address violence against women and girls. The initiation of the community policing system at woreda and kebele levels contributes significantly to preventing violence against women and girls. Special investigation and prosecution units are established in all sub cities of Addis Ababa and Dire Dawa at the federal level for all acts of gender based violence and all criminal acts against children. The units are equipped with psychosocial workers. Prosecutors in these special units also provide legal aid to victims of sexual abuse and exploitation who cannot afford to pay for legal services on civil claims arising from the offences. The Child Protection and Justice Centre provides integrated legal, psycho-social and medical support to survivors of violence. The legal aid centres established by the Ethiopian Human Right Commission play a pivotal role in addressing issues of violence against women and children. Furthermore, the Ministry of Women, Children and Youth

Affairs and its respective regional Bureau provide legal aid for victims of violence especially in cases of domestic violence.

26. The Government encourages the involvement of different actors in providing appropriate services to victims. As a result, rehabilitation centres and shelter providers are increasing with the engagement of more non-governmental organizations and community based organizations. The Government also establishes pilot one-stop centres (Tutuzela Model) in Addis Ababa and Dire Dawa to provide appropriate services to victims of violence.

- 6. Please provide updated and detailed information on measures taken to prevent sexual abuse of children. Furthermore, please indicate the measures taken, if any, to combat sexual abuse against children with disabilities, and to ensure prosecution of perpetrators.**

#### **Protecting Children from Sexual Abuse**

27. The measures reported in paragraph 26 above also contribute to prevent and protect children from sexual abuse. In addition, the Federal Supreme Court issued a sentencing guideline in 2010 and revised it in 2012. The guideline ensures uniformity in sentencing crimes including sexual abuse and violence against children and women eliminating loopholes perpetrators exploited previously to get lesser punishment.

28. The Government established a national coordinating body drawn from different ministries and institutions, and adopted a National Action Plan to combat any form of violence and sexual abuse against children. The Government, through the Ministry of Education, adopts an anti-harassment code of conduct implemented in schools throughout the country.

#### **Protecting Children with Disabilities from Sexual Abuse**

29. The Government believes measures it takes to prevent discrimination against children with disabilities detailed in paragraphs 17 to 20 above and measures it takes to prevent violence against children reported in the State party report as well as in paragraphs 27 and 28 above contribute to protecting children with disabilities from various forms of sexual violence.

- 7. Please provide detailed information on the measures taken to combat all forms of commercial sexual exploitation of children. In so doing, please also elaborate on the measures taken to implement the law that prohibits profiting from the prostitution of children and inducing children to engage in prostitution. Please also indicate whether the law criminalizes children engaged in prostitution.**

30. In 2013, Ethiopia ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography. Ethiopia also ratified the ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, 1999 (No. 182). The Government adopted a National Action Plan to prevent and eliminate the worst forms of child labour, one of which is child prostitution. The Government carried out extensive activities aimed at sensitizing the public about the adverse effects of child sexual exploitation and prostitution, and enhancing the public's participation in the effective implementation of the law. The Government believes that these activities will help it in vigorously identifying and prosecuting perpetrators though the hidden nature of child sexual exploitation and prostitution pose considerable challenges. Law enforcement personnel also undertake regular checks on video dispensary shops to make sure that pornographic materials are not available for child customers. The Government, together with non-governmental

organizations, is also working towards the rehabilitation of children who were engaged in prostitution.

- 8. Please inform the Committee about the measures taken to combat early and forced marriage, including the practice of marriage by abduction. Please indicate whether any particular measures are being taken in this regard in the Amhara and Tigray regions where, according to reports, many girls are married between the ages of 7 and 15. Please also indicate whether any resources are allocated to civil society and community organizations — such as the Berhane Hewan programme — that work to raise awareness of the harm of early marriage, as well as to provide support to girls.**

31. The Government is taking measures to eliminate harmful traditional practices, including early and forced marriages, and marriages by abduction. Both federal and regional family laws set the minimum age for marriage at eighteen. A National Alliance to End Child Marriage composed of the Ministry of Women, Children and Youth Affairs, the Ministry of Health, the MOJ, the police, courts and concerned non-governmental organizations is set up and addresses harmful traditional practices, and sexual violence. The Government adopted and distributed to regional states a National Strategy and Action Plan on the Elimination of harmful traditional practices and Female Genital Mutilation. The Government also established a National Committee on the Elimination of Harmful Traditional Practices. The Committee is implementing a national action plan to eliminate forced, arranged, and early marriages.

32. Promotional activities raising the public's awareness of the illegality and adverse impacts of harmful traditional practices, including forced, arranged and early marriages are carried out extensively. These include TV and radio broadcasts, community conversation/dialogue, and the organization of experience sharing forums. The Government also takes measures, such as the setting up of Child Protection Units and the extension of community policing initiatives, to ensure that law enforcement agencies are accessible to victims and communities.

33. These educational, prevention and prosecution measures produce encouraging results. FGM prevalence dropped from 74% in 2005 to 23% in 2001 while abduction prevalence dropped from 23.3% in 1997 to 12.7% in 2009/10. The prevalence of early marriage dropped from 33.1% in 1997 to 8% in 2013/14.

34. The Government managed to achieve these results with the support and cooperation of its development partners, civic institutions, and non-governmental organizations. The Government creates a favourable environment for non-governmental organizations to take part in efforts to eliminate harmful traditional practices by providing and mobilizing technical and financial support, and by assisting them in strengthening their institutional capabilities.

- 9. With reference to paragraph 218 of the State party report regarding the widespread practice of female genital mutilation (FGM) and referring to “the success of several prevention measures”, please provide the Committee with further detailed information on these prevention measures and on their effectiveness. In view of reports that no criminal charges have ever been brought for FGM, please elaborate on the measures undertaken to implement the State party’s legislation prohibiting and criminalizing FGM.**

35. The key and noteworthy strategy the Government employs in addressing the challenges of harmful traditional practices is shaping public attitude through sustained awareness raising and education. The Government has been implementing this strategy for decades now carrying out many activities in various parts of the country. The Government also employs a strategy of engaging women, tribal, religious and community leaders, as



well as circumcisers in the effort to bring about changes in attitudes and practices. Community dialogue facilitators were selected from clan leaders, elders, religious leaders, circumcisers and mid-wives and trained to be active agents of anti-FGM change. Advocacy groups provided necessary support in organizing and managing community dialogues, registering and following up unmarried girls including their status on FGM, registering FGM practitioners and newly born baby girls, mobilizing the community and compiling reports.

36. These strategies, coupled with the legal framework and the policy directions the Government followed are bringing about positive change. Currently clan and religious leaders are openly denouncing FGM and urging their communities to abandon the practice. They are also actively monitoring violations and applying traditional sanctions against those who continued to perform FGM. Perpetrators have been brought to justice in different regional states. For instance, in two woredas of the Southern Nations, Nationalities and Peoples Regional State, offenders were convicted in fourteen cases.

37. Various surveys conducted by the Government and other parties indicate the practice of FGM to be decreasing. The Ethiopian Demographic and Health Survey conducted in 2005 indicated the nationwide prevalence rate of FGM to be 74 per cent. A follow up study conducted in 2008 by EGLDAM (a civil society organization) indicated a reduced FGM prevalence rate of 56 per cent. In 2010 Baseline data for the Growth and Transformation Plan showed the rate to be 37.7% while the 2011 Welfare Monitoring Survey (WMS) indicated a declined rate of 23% especially among children aged 0-14 years. These results show the success of the activities in the fight against FGM.

10. **With reference to paragraphs 198 and 201 of the State party report, please elaborate on the measures taken, or intended, to increase the support provided to the very high number of children deprived of a family environment. Please also elaborate on measures taken, if any, to provide support to families in order to avoid the abandonment of children.**

#### **Supporting Children Deprived of a Family Environment**

38. The National Guidelines on Alternative Child Care provides guidance on the nature and form of services provided to children deprived of family care. The Guidelines promote family and community based care and support services to orphans and vulnerable children. Regional Bureaux of Women, Children and Youth Affairs work in partnership with civil society organizations and communities to facilitate technical support for the services. Intensive reunification programmes are conducted to re-establish child-parent bond. Social workers and para-social workers conduct post reunification follow-up using standard tools to ensure the reintegration of the child with the family and the community of origin. Psychosocial support is provided to the child and families. Orphans and vulnerable children access social services such as health and education through referral arrangements. Children that are not reunified with biological parents or extended families are placed in alternative care options including foster care, local adoption and independent living arrangements.

39. A number of community based interventions implemented by the Government and community based organizations are providing care and support for children deprived of a family environment. During the four years implementation of the Growth and Transformation Plan (2010/11-2013/14) period, 3.7 million children without adequate parental care were provided with community based alternative care services. These interventions are also helping improve the parenting knowledge and skills of families assisting them in successfully caring for, and properly upbringing, their children. Interventions such as community conversations, community care coalitions, one-to-five associations, and the women development army are all contributing to improve care and

support for vulnerable children and to promote positive parenting skills among members of the community.

40. The Government is promoting good parenting practices mindful of the heterogeneity of the religions, ethnic groups and cultures of Ethiopia. Alternative basic education and adult education programmes serve as means to improve the parenting skills of families and communities to ensure child wellbeing. The Ministry of Women, Children and Youth Affairs and the regional Bureaux of Women, Children and Youth Affairs in collaboration with concerned government organs and non-governmental organizations organized awareness raising seminars and community dialog and sensitization programmes focused on children's rights, parenting skills, and harmful traditional practices, as well as on child rights, implementation challenges and required measures.

#### **Providing Support to Families**

41. The Government is taking aggressive efforts that raise the income of poor households, implementing a national strategy and programme in both rural and urban areas. The programme promotes off farm activities to supports rural communities to engage in income generating activities. Among urban communities, income-generating activities are supported through micro and small-scale enterprise promotion programmes that provide support to these enterprises through the provision of finance, intensive training, market linkage and promotion. Government efforts lead to a decline in the overall poverty level from 29.6% in 2010/11 to 26% in 2012/13. Food poverty also declined from 33.6% in 2010/11 to 31.8 in 2012/13.

42. Particularly focusing on children, cash transfer programmes enable the survival and development of children in vulnerable households. The Government introduced the Productive Safety Net Programme (PSNP) with the support of development partners as part of the Food Security Programme (FSP). One of the major objectives of the Programme is replacing emergency appeals with a standing safety net providing more reliable and timely support to chronically food insecure households. A second objective is increasing household productivity and asset accumulation to prevent households from selling their assets when they experience food shortage. Initially introduced in four regional states covering 260 woredas, the Programme contributes to reducing food insecurity, asset creation, and protecting households from price and drought shocks. The Government continues to implement the Development Food Aid Programme, similar to the FSP, with multi-donor support in 318 woredas in four regional states and 1 city administration. Between 2005 and 2009 PSNP reached around 7.8 million people and operated with an annual budget of approximately \$500 million making it the largest social protection programme in the country.

- 11. Please provide detailed information on the resources allocated to the services available for children with disabilities. In view of the high number of children with disabilities being cared for by single mothers, please indicate whether any particular support is provided to these families. Please also indicate whether the national strategy mentioned in paragraph 153 of the State party report includes any special measures for children with disabilities, and please provide more details on the programmes and projects by governmental and non-governmental entities also referred to in paragraph 153.**

43. During the implementation of Education Sector Development Programme III a Special Needs / Inclusive Education Strategy was developed. It was also possible to establish five hundred inclusive education resource centres, and to increase the percentage of teachers qualified for inclusive education. In 2012, as part of the implementation of Education Sector Development Programme IV, the Government, through the Ministry of

Education, revised its special needs education strategy of 2006 and published a new inclusive education/special needs strategy. Guidelines for the implementation of the strategy, for curriculum differentiation and individual education plans, as well as for technical and vocational education and training, accompanied the strategy.

44. Started during Education Sector Development Programme IV, the second phase of the Government's General Education Quality Improvement Programme (GEQIP II), incorporates inclusive education as a cross cutting issue. The Programme includes measures specifically supporting inclusive education encompassing printing educational materials in Braille, providing e-Braille readers, and allocating additional school grants to disadvantaged schools and students with special educational needs. Preparations to implement these measures are currently under way. Despite the efforts it is making, the Government recognizes there should be further expansion in the coverage of special needs education. The expansion of special needs education and increasing the number of children with disabilities enrolled in schools.

45. The Ministry of Education and the Ministry of Labour and Social Affairs are conducting a needs assessment to help design better interventions for accessibility. A similar study was also conducted by the Addis Ababa City Administration. The Ministry of Labour and Social Affairs and the Technical and Vocational Education and Training Agency of the Ministry of Education reached an agreement to make the trainings of the Agency more accessible to persons with disabilities and appropriate to the nature of their disabilities. The Ministry of Labour and Social Affairs also has an agreement with Addis Ababa University to incorporate disability issues in the curriculum of the Law School.

46. The Government is implementing its National Physical Rehabilitation Strategy to enhance the quality and coverage of adequate and standardized services to persons with disabilities offered by the Government, non-governmental organizations and other stakeholders. The governmental and non-governmental entities mentioned in the State party report providing these services are mainly the physical rehabilitation centres (POCs). Currently, six governmental and seven non-governmental POCs are in operation. Apart from physical rehabilitation, POCs provide persons with disabilities with psychosocial support and with assistance to engage in income generating activities. From January through September 2014 one thousand three hundred eighty eight children ages 0 to 15 received physical rehabilitation services from POCs.

47. The Government is taking measures to ensure the availability and supply of rehabilitation tools and equipment for use by persons with disabilities. The Customs Tariff Regulations exempt such tools and equipment, including ICT equipment, Braille materials, wheelchairs and mobility devices, and hearing aids from customs taxes and duties. The Government allocates the necessary budget for the POCs it operates. It also provides, through the Ministry of Labour and Social Affairs, technical support and facilities to POCs to upgrade the professional competence of their staff.

- 12. Please indicate the measures taken specifically with regards to prevention, provision of nutritious food aid, and awareness-raising campaigns, to tackle the impact of noma, which predominantly affects children, in particular malnourished children up to the age of 6. Furthermore, please indicate whether the State party has taken any initiative to ask external partners such as the World Health Organization or the United Nations Children's Fund (UNICEF) for help and support to address this disease.**

48. Noma (cancrumoris) commonly affects children with low immune systems, poor nutrition, and living under poor hygienic conditions as well as children not immunized especially against measles. The Addis Ababa Regional Health Bureau and the Medical Faculty of Addis Ababa University in cooperation with a Dutch Noma foundation implemented a collaborative pilot programme at Yekatit 12 Hospital focusing on

transferring skills in plastic and reconstructive surgery. Other non-governmental organizations, like Facing Africa, occasionally implement campaign type programmes of reconstructive surgery to address the backlog of cases in tertiary hospitals. A substantial number of children benefitted from such reconstructive surgeries. The Government's interventions to address Noma are not limited to reconstructive surgery, emphasizing rather prevention by increasing immunization coverage including for measles, reducing child under-nutrition and emergency response to malnutrition (please see below the paragraphs on measures to improve nutrition). The current plan is to have a situation analysis on Noma, to include it in nutrition intervention programmes, and to have an integrated plan of action to control Noma.

- 13. Please provide updated and detailed information on the measures taken to address the leading causes of child mortality such as pneumonia, diarrhoea, malaria, neonatal problems, malnutrition and HIV/AIDS, as well as combinations of these conditions. Please also indicate which measures are taken, if any, to address the geographic disparities regarding HIV infection, and whether the free services for neonatal care, vaccination, prevention of transmission of HIV/AIDS from mother to child and anti-retroviral therapy are accessible for mothers and children living in remote and rural areas.**

49. Targeting to reduce the under-five mortality (U5) rate from 101 to 68 per 1,000 live births and infant mortality rate from 77 to 31 per 1000 live births, Health Sector Development Programme IV makes child health a priority. Ethiopia's progress in this regard is encouraging. The U5 rate for a thousand live births declined by two thirds from 204 in 1990 to 68 in 2012, meeting the Millennium Development Goals 4 target on child survival. Measures in Health Sector Development Programme IV to reduce child mortality include: strengthening routine immunization; expansion of community and facility-based integrated management of neonatal and childhood illnesses; community-based new-born care; integrated community case management; establishing new-born corners and neonatal intensive care units; capacity building on programme management for child health services; strengthening the health extension programme; and implementing locally relevant and effective child health interventions in pastoralist areas.

#### **On Measures to Address Pneumonia, Diarrhoea, Malaria, and neonatal problems**

50. Integrated management of new-born and childhood illnesses initially designed to manage sick children and young infants at a health facility level, expanded services to new-borns. Services include those essential for new-born care, new-born sepsis, asphyxia, acute respiratory infections (including pneumonia), diarrhoea (including dehydration, persistent diarrhoea, and dysentery), meningitis, sepsis, malaria (fever), measles, malnutrition, anaemia, ear infection, HIV/AIDS and common skin conditions. Coverage reaches 89% of health centres by the end of 2014. To address the needs of rural communities, the Government, through the Ministry of Health introduced community based management of common childhood illnesses by health extension workers through an integrated community case management package of interventions in 2010. The integrated community case management measure is a version of the IMNCI at the community level, using the assess, classify, treat and follow up approach to pneumonia, malaria (fever), diarrhoea and severe acute malnutrition. Integrated community case management coverage reached 92% of health posts by the end of 2014.

51. Community-based new-born care is a package of nine different interventions delivered by health extension workers to improve new-born survival. Drawing lessons from the integrated community case management platform, the care was launched in March 2013. It uses the four C's in implementing the intervention packages; (1) prenatal and postnatal Contact with the mother and new-born; (2) Case-identification of new-borns with

signs of possible severe bacterial infection; (3) Care, or treatment that is appropriate and initiated as early as possible; and (4) Completion of a full 7-day course of appropriate antibiotics. Community-based new-born care coverage reached 28.5% of health posts.

52. Started in 2011 by piloting 100 health facilities, the new-born corner initiative package of interventions addresses gaps in preventing new-born morbidity and mortality by ensuring standard new-born care (essential new-born care and basic neonatal life support) immediately after birth in health facilities. Offered at the delivery rooms of health facilities, the initiative tackles the three main causes of neonatal mortality – prematurity, asphyxia and neonatal sepsis. It has three components; (1) trained health personnel to care for the baby, (2) a new-born area for ENC and bag mask resuscitation and (3) essential new-born care and resuscitation equipment and supplies. New-born corner initiative coverage reached 27% of health centres by the end of 2014.

53. New-born intensive care unit is a facility-based package of interventions to help new-borns who need advanced care and to complete referral and linkage. While working towards meeting international standards, facilities are expected to provide the most possible care for new-borns with the minimum set of equipment and supplies they may have. The implementation followed operational standards to classify new-born intensive care units into three levels, i.e. Level I (Basic) for district hospitals, Level II (Specialty) for regional hospitals and Level III (sub specialty) for tertiary hospitals. The coverage has reached 32% of hospitals by the end of 2014.

54. Other facility based clinical cares systems are implemented by adopting the WHO emergency treatment and management guideline and the hospital management guidelines for treatment of common childhood medical conditions.

55. Through improved access, the expansion of infrastructure and the health extension programme, and the introduction of new life saving vaccines, more than 90 per cent of the nearly 3 million annual birth cohorts are protected against the 10 vaccine preventable diseases each year. The administrative EPI coverage showed significant improvement from as low as 42% in the 1990s to more than 88% in 2013.

#### **On measures to address HIV/AIDS and the prevention of mother-to-child transmission**

56. The Government launched the National Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis strategy in 2013. The strategy envisions reducing new HIV infections among children by 90% and mother to child transmission of syphilis by half by 2015. The Roadmap for Maternal and New-born Health also aims at increasing the proportion of HIV+ pregnant women that receive antiretroviral prophylaxis from 8% in 2009 to 90% by 2015. By the end of 2014, 60.6% of pregnant women with HIV were provided antiretroviral for the prevention of mother-to-child transmission. Ethiopia manages to cut new HIV infections by more than 50%. Through task shifting to health centres and primary hospitals in addition to services provided by general and specialized hospitals, about 16,000 children received antiretroviral treatment by the end of 2012.

57. All the health services for neonatal care, vaccination, prevention of transmission of HIV/AIDS from mother to child and anti-retroviral therapy are accessible for mothers and children living in remote and rural areas through task shifting to health posts and health centres. Facility coverage, the approximate indicator for health service geographic coverage, is 92 per cent.

#### **On Measures to Improve Nutrition**

58. The Government revised the National Nutrition Programme (NNP) in 2013. Of the total budget of the NNP, 88.5% is allocated to improving the nutritional status of mothers,

infants, and children under the age of five. The Government began implementing a National Infant and Young Child Feeding Strategy in 2004, operationalizing the Global Strategy on Infant and Young Child Feeding. In 2006 the Government adopted the National Guideline on Nutrition and HIV. Furthermore, the Growth and Transformation Plan targets improving nutrition, especially focusing on stunting. The implementation of the Government's measures led to a decline in the food poverty head count index from 38 per cent in 2004/5 to 28.2 per cent in 2009/10. The Government's efforts to address under-nutrition will be strengthened through the Lifecycle Approach, a comprehensive approach that emphasizes the first 1,000 days of a child's life. The interventions in the revised National Nutrition Programme in 2013 Guide target the following "windows of opportunity": adolescent girls, pregnant women, infants 0–6 months old, and infants and young children 6–24 months old.

59. The prevalence of stunting decreased from 58 per cent in 2000 to 40 per cent in 2014, a decline of 31 per cent. The decline in the proportion of stunted children shows improvement in chronic malnutrition over the past fifteen years. The proportion of underweight children declined even more substantially by 39 per cent over the same period, Ethiopia needs to accelerate efforts to reach the Health Sector Development Programme IV target of reducing the prevalence of stunting to 30 per cent by 2015. The high impact nutrition interventions must thus be scaled up and intensified.

60. The Government designs and implements community based nutrition initiatives namely Community Based Nutrition and Community based Acute Malnutrition Management.

61. The community-based nutrition initiative is implemented in 372 woredas, involving mothers/caregivers with children under 2 years. About 929,409 children are weighed monthly and counselled by health extension workers to improve their nutritional status. The coverage of children under two years for growth monitoring and promotion sessions increased from 38% in July 2012 to 49% in June 2013.

62. Community Based Management of Acute Malnutrition. Severely malnourished children numbering 252,360 were treated in the 2006 fiscal year, with a cure rate of 87 per cent, a defaulter rate of 3.3 per cent, and a mortality rate of 0.3 per cent. These outcomes were slightly better than in the previous year (86.0%, 3.7%, and 0.4%, respectively). About, 188,491 cartons of ready-to-use therapeutic food (RUTF), 2,855 cartons of F100, 2,795 cartons of F75, 244,942 bottles of Amoxicillin, and 12,207 cartons of Mebendazole were distributed for treatment of severe acute malnutrition cases, together with recording materials and patient follow up forms, in the 2006 fiscal year.

63. Vitamin A supplementation. Health Sector Development Programme IV targets increasing the proportion of children 6-59 months of age receiving vitamin A supplementation every 6 months, from 83% to 96%. The national vitamin A supplementation coverage among children aged 6-59 months in the 2006 fiscal year was 71.7%, below the performance in the previous year (93.1%) as well as the target set for the 2006 fiscal year (96.0%). Wide differences were observed across regions, ranging between 2.0% in Gambella to 96.5% in Oromia.

64. De-worming. For the 2005 fiscal year, the target for de-worming children 2-5 years was 95%. The actual coverage was 91.4%, with 20.1% in Addis Ababa to more than 100% in Tigray, Afar, Somali and Gambella Regions.

65. Salt Iodization. The Health Sector Development Programme IV planned increasing the rate of iodized salt use from 4 to 95%. The salt iodization momentum continued in the 2006 fiscal year. In Afdera, Dobi and Gudusbo, a total of 3,336,041 quintals of iodized salt were produced. Of this, 3,334,492 quintals (99.9%) reached the market. Of the estimated annual demand of 3,600,000 quintals, 92.6% was fulfilled. There is concern about iodization quality due to lack of focus by salt producers, wide use of low iodization

technology (knapsacks) and delay in establishing proper Quality Assurance/Quality Control mechanisms.

66. Promotion and support of continued breastfeeding. Breastfeeding is nearly universal in Ethiopia. Ninety eight per cent of children, both urban and rural, have been breastfed at least at one period in their lives.

**14. Please indicate the resources allocated to preventing maternal mortality. Please also elaborate on the measures taken to combat the deep-rooted cultural practices mentioned in paragraph 172 of the State party report. Furthermore, please indicate the measures taken, if any, to raise awareness on contraception.**

67. Ethiopia is on course to meeting its Millennium Development Goals 5 target set at 267 per 100,000 live births. In 2013, maternal mortality was estimated to be 420/100,000 live births, with a reduction rate of 5.1% per annum as compared to the MMR of the country in 1990. The proportion of mothers dying during birth declined to 4 from 14 out of 1,000 live births. Interventions to reach the Goal 5 target include emergency obstetric care, improving the quality of maternal and new-born health care, expanding emergency obstetrics referral network, implementing maternal death surveillance and response, elimination of obstetric fistula, providing safe abortion service, and home delivery of free Keble and Youth and adolescent reproductive health.

68. Financing to the health sectors is drawn from government treasury at different levels, Official Development Assistance, out-of-pocket expenditures, and allocations by non-governmental organizations. The recent national health accounts (NHA 5) indicates there has been a tremendous increment in health spending both in nominal and per capita terms. Nominally, national health expenditures increased from Birr 11.1 billion (\$1.2 billion) in 2007/08 to over Birr 26.5 billion (\$1.6 billion) in 2010/11. Per capita national health expenditure increased modestly, from \$16.09 per capita in 2007/08 to \$20.77 in 2010/11. The total reproductive health expenditure in 2010/11 was Birr 3.6 billion (\$224 million), more than double the amount spent in 2007/08 (an increase from Birr 1.4 billion or \$151 million in the previous national health accounts). Reproductive health accounted for 13% of the national health expenditure in 2010/11. This gives a per capita spending per woman of reproductive age (15–49 years) of Birr 195 or \$12.

69. Different platforms ranging from the health development 1–5 network to public private partnership are used to create family planning demand. Currently the contraceptive acceptance rate and the contraceptive prevalence rate reach 63% and 42% respectively. The total fertility rate decreased from 5.5 in 2000 to 4.1 in 2014 meeting the national target.

**15. Please comment on the relocation of a significant number of indigenous families, belonging, inter alia, to the Anuak, Nuer or Oromo, under the “villagization” programme. In view of information that these families have frequently been moved from their farm lands to areas unsuitable for agricultural use, where they lack access to education and basic necessities, please elaborate on measures to provide the relocated population with adequate nutrition, water and sanitation, as well as adequate infrastructure and social services.**

70. The villagization programme is implemented in areas that are characterized by food insufficiency. Generally, these are areas inhabited by pastoralists who practice cattle herding and shifting agriculture in widely scattered and impermanent settlements. One of the objectives of the programme is raising the living standard of inhabitants by introducing improved and more productive modes of mixed agriculture. This objective is in line with the Government’s commitment to improve the lives of communities without causing significant adverse disruptions. In other words, the objective of the programme is to ensure

food security and improved living standards through integrating government supported agricultural practices with agricultural processes long practiced by pastoralists.

### **Food and Water Provision**

71. With the objectives explained above, the villagization programme contributes positively to ensuring food sufficiency. The national development strategy also provides that settlers in the villagization programme will be provided with food aid until their new settlements are food secure.

72. Regional states that implement the villagization programme use the different means to make water accessible to those settled through the programme. These include developing water wells and birkas, using hand pumps, and implementing water purification chemical processes. In villages in Benshangul-Gumuz Regional State, there were 30 old wells and 282 newly dug ones, totalling 312 wells by the end of 2011/2 with a ratio of one available water well to 390 households. Despite this high ratio, there was substantial saving in time and labour devoted to water drawing with the average time needed to fetch water reduced to ten minutes after settlement in the villages compared to an average time of one and half hours before settling in the villages. This was a fact very much appreciated by all village residents. In Gambella Regional State, similar progress is achieved by digging water wells. In Lare woreda, for instance, the average distribution of water wells is 40 water wells to 30,220 persons at a ratio of 1:755.5 with 2.5 to 3.5 wells operating in each village. In Somali Regional State, two methods are used access water. River water is pumped, treated, and distributed for consumption where villages are located close to rivers. Where rivers are not close, villages are supplied with water using birkas, water wells or hand operated pumps. Water use charges covering the cost of running and repairing the water system are within the means of settlers.

### **Health Care Services and Prevention**

73. The Regional States undertaking the programme are establishing health care stations and centres in all the villages to provide access to health care services.

74. The Gambella Regional State establishes varying number of health stations and higher health centres in the woredas. In Abol woreda, health centres are established in Abol and Bonga villages, while each of the other villages has a health care station. Each village has one nurse, and two health extension workers will be assigned to each village. Health centres provide HIV/AIDS testing, laboratory, and obstetrics education. Furthermore, emergency aid kits are issued to all health care experts. Each village in the Afar Regional State has a health station staffed by a nurse.

75. In the Somali Regional State, the majority of villages have health stations or health centres. The number of health experts in the villages varies. Gode woreda with 3 nurses and 5 experts in its health stations is particularly well equipped among the villages. This is remarkable since the health facilities are within distances of 5-6 kms from Gode town. Although far from being fully equipped the health facilities have cold storage for keeping medicines, vaccination equipment, weighing balances as required emergency aid kits, and occasionally, stretchers. The health station in Figo village of Dolo Ado woreda uses solar energy power to provide 24 hours services.

76. In Benshangul-Gumuz Regional State, the number of health stations in 86 villages expanded to 70 in 2011 from 16 in 2010. Of these, 34 are new ones established following the villagization programme. The health stations serve a population estimated at 30,737 head of families with a ratio of 1 to 439.1.



### **Accesses to Education**

77. The villagization programme accords high priority to the provision of education to settlers. In Afar Regional State, each village has an adequately staffed school attended by a substantial number of students. Citizens in the Regional State agree that villagization enabled them to benefit from sustained education overcoming previous problems of high attrition resulting from shifting settlements. A similar view is expressed by citizens in the other regional states leading to the conclusion that the programme greatly contributes to improved access to basic social and economic services.

78. The Benshangul-Gumz Regional State initiated the villagization programme in 2010 opening 41 schools in 83 village centres. In villages founded in 2011 the Regional State made 8 old and 37 new schools operational to an overall access ratio of one school for 683 households and availing each village established in the villagization programme with a school.

79. In the Somali Regional State, education is provided through the alternative basic education system as well as through regular schools. Schools are available in all the villages established in the villagization programme. These include primary schools up to 8th grade in Bedlad, Bersen- Kunka, Figo and Korale villages, up to the 5th grade in Hayr village, and up to second grade in Waldiya kebele village. Alternative basic education is provided in Ededre village. In Waldiyakebele, there is a preparatory level school within a distance of two kms, Close to Ededre, there is a 1-8 grades primary school.

80. In the villages in Gambela Regional State, there are schools that offer teaching ranging from alternative basic education to 10th grade.

### **Other Services**

81. The Rural Development Policy and the Villagization Manual require the construction of roads to access village centres. In line with this, the Regional States are constructing roads to village centres.

82. The Villagization Manual states the government to provide housing to settlers to the extent resources permit. Some of the Regional States have tried to put this in to effect. In this regard, intensive work was done in Lare woreda in Gambela Regional State and in Doho village in Afar Regional State. Concerning security and safety, all the areas in which the villagization programme is implemented are peaceful.

### **Supporting Women and Children**

83. The implementation of the villagization programme takes into consideration the advantages of social and cultural traditions as well as the need to ensure the benefits of the programme to women, children and the weak. In light of their social and household duties and other burdens, women's communal position needs be improved to enable them benefit fully from the programme, and to enhance their participation in education and other development fields. With regard to women and children, the regional Bureaux of Women, Children and Youth Affairs are active members of the villagization programme committees and are charged with designing and following up the execution of issues affecting women's and children's interests coordinating their activities with relevant sector bureaux.

- 16. In view of the significant number of children dropping out of school, please indicate the measures taken to tackle the root causes, reported to be family disapproval, marriage, poverty and lack of schooling facilities. Please indicate whether any efforts have been made to raise awareness on the importance of secondary education and to provide scholarships, and whether there is any intention to increase schooling opportunities, particularly in rural areas and especially for girls. Please also indicate whether all schools are provided with adequate sanitation facilities for girls, to avoid them missing school when they menstruate.**

84. The Government, through the Ministry of Education, and in collaboration with its development partners carries out measures to identify the root causes of dropout, repetition and non-enrolment. It is also taking measures to create a child friendly school environment implementing packages on school improvement, TDP, and civic and ethical education at all school levels. To help reduce the number of girls dropping out of schools, separate latrines for boys and girls are constructed in schools. In some schools, menstrual hygiene management designed to help girl students during their first menstrual experience is implemented as part of school WASH programme.

85. The Government believes that community participation is crucial in reducing the number of children dropping out of schools and to meet its strong commitments to the Millennium Development Goals and Education for All Goals. The Ministry of Education prepared a guideline on community participation in school activities. Community participation may take the form of contributions, usually expressed in terms of labour, in-kind contributions, and cash, for infrastructure development. No less significantly, community participation also takes the form of involvement in the leadership and management of schools. Parent-student-teacher associations ensure that communities have direct ownership of and decision making powers over the provision of quality and equitable education. Such associations take part in leadership decisions as well as in monitoring and evaluating classroom activities. The associations improved parents' involvement in their children's education.

86. Community mobilization schemes accompanied by multi-stakeholder community mobilization annual plans are cascaded to the kebele level. Children who are at age 7, those who attended school the previous year, and those who dropped out of as well as those who are not enrolled, in schools are often identified and registered in home to- home visits and counts. These visits and counts are also used to create awareness about the importance of enrolling children and youth in schools and preventing their dropping out from schools. Currently, the Government utilizes the Development Army to bring about improved student learning and school attendance.

87. The Government's efforts result in dramatic increase in the number of primary schools from 11,000 in 1996/97 to over 31,000 in 2012/13 with a corresponding increase in student enrolment from 3.7 million to over 17 million. Close to 2 million out of school children within the country resumed their schooling in 2012/13 through community mobilization efforts.

- 17. Please provide updated and detailed information on the measures taken to provide children in street situations with access to shelter, health care and education, as well as the resources allocated to these measures. Please also indicate whether any particular measures are taken to provide support to children with disabilities, who live and/or work in the streets.**

#### **On Children Living and Working on the Street**

88. The Government believes that it should take sustainable measures to prevent and protect children from living in street situations. The Government's adoption of multifaceted

development policies, including its Social Protection Policy contribute significantly to this end. These policies foster the socioeconomic conditions that maintain and strengthen the family environment and that ensure the existence of a continuum of alternative care for those deprived of family care.

89. The Government, together with non-governmental organizations, and community based organizations, work to prevent children from living on the street. Street children are provided with various services by different governmental agencies and non-governmental organizations concerned with the welfare of vulnerable children. The Government together with non-governmental actors provides children of appropriate age living on the street with trainings corresponding to their interests and with access to job through micro and small-scale enterprises. Currently there are about three thousand five hundred street children receiving trainings. This effort will also continue in a more coordinated and strengthened manner. Children below the minimum age of employment are reintegrated with their families.

90. A study on the causes and social problems of street living in four major cities was conducted to develop a needs based intervention.

**Supporting Children with Disabilities Living/Working the Street:**

91. The Government believes that the measures reported above and under paragraphs 43 to 47 will contribute to addressing the challenges faced by children with disability living/working on the street.

- 18. With reference to paragraph 139 of the State party report, please provide updated information on the measures taken to combat child trafficking. Furthermore, in view of paragraph 313 of the State party report indicating the criminalization of trafficking for purposes of labour or sexual exploitation, please inform the Committee whether the sale of children is also criminalized. Please also comment on reports according to which a high number of children in migration situations have disappeared from refugee camps.**

92. The Government establishes a national task force, led by the Deputy Prime Minister to coordinate its campaign against human trafficking at all level, and human trafficking control centres to combat human trafficking. Control mechanisms checking whether parents or guardians accompany children using public transportation are now in place. The Government coordinates its activities with other partners to help citizens particularly women and child that suffer from trafficking. An action plan on measures to be taken to curtail illegal migration and combat human trafficking is developed and is being implemented in cooperation with neighbouring countries.

93. Security personnel in border areas are trained on controlling and preventing child trafficking. A series of continuous and intensive training programmes on, and legal responses to, child trafficking were organized targeting legal professionals, police, drivers, and to those who work in bus stations and to the general public.

94. A joint investigation and prosecution team is established to handle human trafficking cases leading to the prosecution of traffickers. A reception centre is established to give aid for returnee victims of trafficking and to help their reintegration.

95. The sale of children is a criminal offense under the Penal Code (arts. 586, 589, 590-592 and 597 and the following). The Government ratified the Optional Protocol on the sale of children, child prostitution and child pornography in 2014.

### **On Reports about the Disappearance of Children from Refugee Camps**

96. Ethiopia currently hosts 629,000 refugees from neighbouring and other countries. There are a total of 18 refugee camps in the country. Ethiopia stands first in Africa by hosting large number of refugees. Community Police units are set up among the refugees in all the refugee camps to protect the rights of refugees and to ensure peace and security. To date, the Government has not received any report of children disappearing from any of the refugee camps.

- 19. Please provide updated and detailed information on measures taken to eliminate the worst forms of child labour as defined by article 3 of ILO Convention No. 182 (1999). Please indicate whether the prohibited forms of employment according to article 89 (3) of the Labour Proclamation include domestic work. Furthermore, please also provide updated and detailed information on programmes for the rehabilitation of children subject to child labour, and please indicate whether any steps have been taken to raise the minimum age of employment.**

### **On Child Labour and Exploitation**

97. A child labour prevention desk was set up at the federal level. Child labour is also prioritized in the decent work country programme 2014/15, the national occupational safety and health policy and the draft national social protection policy.

98. A project intervention in Addis Ababa and the Southern Nations, Nationalities and Peoples regional state has run for the last three years targeting 20,000 children identified as engaged in and/or at high risk of engaging in child labour. These children are provided with services under the education and livelihood intervention. All targeted woredas and communities have approved bylaws against child labour exploitation and trafficking.

99. The Government continues its efforts at promoting public awareness about child labour and enhancing implementation capabilities by organizing different sensitization and training activities. World Day Against Child Labour is used for campaigning on child labour. Trainings on child labour issues were organized to parliamentarians, child parliaments, the judiciary, the media, labour inspectors, employers and employee associations.

100. Monitoring and oversight mechanisms are strengthened through the introduction of a national labour inspection system. Labour inspectors from the Ministry of Labour and Social Affairs and respective regional bureaux, regularly inspect work places and check the presence of under age child employees administering corrective measures including referral to law enforcement when standards are violated. Cooperating with other government and non-government agencies, labour inspectors may also arrange for the provision of rehabilitation services if children are found illegally employed. The number of labour inspectors increased from 121 to 332 in the last five years enabling them to cover more work places.

101. Trainings provided to the police are leading to improvements in detecting and responding to child labour and other child abuse cases. The trained officers are orienting the public on how to report and respond to child labour cases. As a result cases are being referred to the police and prosecution offices. The increased number of detected and prevented cases of trafficking marks a change in attitude as well as better coordination and engagement of the relevant government sectors.

102. The Government is working together with employers' associations and trade unions to ensure child labour free work places by including clauses on the non-engagement of youth workers in hazardous types of work in collective agreements.

### **On the Status of Domestic Service under the Labour Proclamation**

103. The Government plans to introduce a special law regarding domestic employment. The planned law will deal thoroughly with the issue of child domestic work.

### **Raising the Minimum age**

104. The Labour Proclamation No. 377/03 sets the minimum age of employment at the age of 14. This is in line with the ILO Minimum Age Convention, 1973 (No. 138). However, a draft amendment to the Proclamation tabled for approval before Parliament will increase the minimum age of employment to 15.

## **Part II**

### **(a) New Laws**

105. The Government passed the following new laws:

1. Social Health Insurance Proclamation No. 690 /2010
2. Charter for the Cultural Renaissance of Africa Ratification Proclamation No. 713/2011
3. IGAD Convention on Mutual Legal Assistance in Criminal Matters Ratification Proclamation No. 732/2012
4. IGAD Convention on Extradition Ratification Proclamation No. 733/2012
5. Protocol Against Illicit Manufacturing of and Trafficking in Firearms, their Parts and Components and Ammunition Ratification Proclamation No. 735/2012
6. Global Green Growth Institute Establishment Agreement Ratification Proclamation No. 796/2013
7. Vehicle Insurance Against Third Party Risks Proclamation No. 799/2013
8. Federal Vital Events Registration Agency Establishment Council of Ministers Regulation No. 278/2013
9. Ethiopian Public Health Institute Establishment Council of Ministers Regulation No. 301/2013.
10. Food, Medicine and Health Care Administration and Control Council of Ministers Regulation No. 299/2013
11. Insurance Fund Administration Agency Establishment Council of Ministers Regulation No. 300/2013
12. Ethiopian Public Health Institute Establishment Council of Ministers Regulation No. 301/2013
13. Ethiopian Water Works Construction Enterprise Establishment Council of Ministers Regulation No. 316/201
14. Definition of Powers and Duties of the Executive Organs Amendment Proclamation No. 803-2013

### **(b) New Institutions**

106. The Government established the Federal Vital Events Registration Agency by issuing Council of Ministers Regulation No. 278/2013. The Agency is established to create

an accessible, comprehensive, and compulsory registration system. Among others, the Agency is responsible for the proper registration of vital events and issuance of registration certificates, the preparation and distribution of registers of civil status, conducting awareness, education and training programmes and organizing central database for registered vital events.

**(c) Recently introduced policies, programmes and action plans and their scope and financing**

107. The Government adopted the following new policies, programmes and action plans:

1. Social Protection Policy
2. Social Protection Strategy
3. National Strategy On Harmful Traditional Practices
4. National Strategy On Human Trafficking
5. Diaspora Engagement Policy And Strategy
6. Community Policing Policy And Strategy
7. General Education Quality Improvement Programme-Phase II
8. New National Malaria Strategy 2014–2020

108. The Government is also finalizing the following:

1. Comprehensive National Children Policy(Draft)
2. National Plan Of Action For Children (Draft)
3. The Second Growth Transformation Plan (Draft)

**(d) Recent ratifications of human rights instruments**

109. The Government has ratified the following international human rights and related instruments:

1. Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict
2. The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
3. Protocol to Prevent, Suppress and Punish Trafficking in Women and Children, especially Women and Children
4. Protocol against the Smuggling of Migrants by Land, Sea and Air
5. Tripartite Consultation (International Labour Standards) Convention, 1976 (No. 144)
6. International Convention for the Suppression of the Financing of Terrorism
7. World Health Organization Framework Convention on Tobacco Control

## Part III

### Data, statistics and other information, if available

1. Please provide, if available, updated statistical data (disaggregated by age, sex, ethnic origin, national origin, geographic location, and socioeconomic status) for the past three years on:

**a) Cases of abuse and violence against children, including all forms of corporal punishment, with additional information on the type of assistance given to child victims and the follow-up provided, including prosecution of the perpetrators and the sentences handed down in the State party;**

- In 2011/12 (half-year report) there were 854 complaints and accusations regarding Child related cases including Child abuse.
- In 2012/13 there were 1,534 cases reported to the authorities and passes through the formal investigation and prosecution procedures.
- In 2013/14 (9 month report) records show 1,260 cases related to child rights and child abuse. In the same Year in Gandhi Integrated Care Centre 668 complaints were lodged regarding child abuse and all received the services provided by the centre. Further 76 girls, 2 boys and 4 disabled children benefited from the psychological treatment given by the Centre. In addition 29 girls were placed in foster cares.
- In general from 2011-2014 3,348 cases were investigated and different decisions were rendered, including acquittal and conviction.
- Regarding Sentences, it is governed by the Supreme Court Guideline and the maximum penalty, to date, is life imprisonment. On the other hand, in minor/petty offences the prosecutors play a significant role reconciliation process between the victim and the offender. This help to secure compensation for the victims of violation and help to educate the society. Nevertheless, this is done only for minor/petty offences punishable up on complaint.

**b) Investigations of cases of sexual violence and rape, including by teachers and educators, and on the outcome of trials, including information on the sentences handed down, and redress and compensation offered to the victims;**

110. The above statistics/figure includes all kinds of offences directed at children including rape.

**c) The number of girls who have become victim to FGM;**

111. FGM is widespread across Ethiopia and is carried out in the majority of regions and ethnic groups. It is most prevalent, depending on which statistics are used for reference in the Afar region, in the north east of Ethiopia, where the rate of FGM is 87.4% (EGLDAM, 2007); in the Somali region, in the south east bordering Somalia, where the rate is 70.7% (EGLDAM, 2007); and Dire Dawa. The prevalence rate is lowest in Gambela, and Tigray where the rate of is as low as 21.1% (EGLDAM, 2007).

**d) The number of child- and teenage pregnancies.**

112. According to EDHS 2011 child and teenage pregnancy is 12% and 34% of women were either mothers or are pregnant with their first child by age 19. Teenagers in rural areas are much more likely to have started childbearing than their urban counterparts (15 and

4 per cent, respectively), due mainly to the high prevalence of early marriage in rural Ethiopia. Among regions the percentage of women age 15-19 who have begun childbearing ranges from 3 per cent in Addis Ababa to 21 per cent in Gambela regional state.

**2. Please provide data disaggregated by age, sex, socioeconomic background, ethnic origin and geographical location regarding the situation of children deprived of a family environment, covering the past three years, on the number of children:**

**a) Separated from their parents;**

113. There are around 4,224,753(11% of total number of children).

**b) Whose parents have died from HIV/AIDS;**

114. There were approximately 45,200 (36,500-55,200) AIDS related deaths in 2013 and about 898,400 (770,700–1,048,500) AIDS orphans in the same year.

**c) Placed in institutions; 4,901 Children (2,141 female and 2,760 male);**

**d) Placed with foster families; 2,712 Children;**

**e) Adopted domestically or through inter-country adoptions.**

115. The number of children getting domestic alternative service within the country has increased from 361,857 to 3.7 million for community based care services during the period of 2010/11-2013/14. Equally, the number of domestic adoption has increased from 1,347 to 10,387 in the same period. On the other hand, the number of inter-country adoption decreased from 4,269 to 1,250 during the period of 2008/09 to 2013/14.

**3. Please provide data, disaggregated by age, sex, type of disability, ethnic origin and geographical location, for the past three years, on the number of children with disabilities:**

**a) Abandoned by their families;**

116. Nine hundred and eighty three Children are abandoned and live in orphanages. Not all of them, however, are children with disabilities).

**b) Living in institutions;**

117. Children With special needs (Disabled and Children living with HIV/AIDS) 817 (484 Female, 336 male).

**c) Attending regular primary school;**

Disability	Primary(1-8)					
	2011/2012			2012/2013		
	Male	Female	Total	Male	Female	Total
Visually impaired	3,688	2,659	<b>6,347</b>	5,020	3,678	<b>8,698</b>
Physically impaired	7,148	5,084	<b>12,232</b>	10,864	7,768	<b>18,632</b>
Hearing impaired	5,404	4,320	<b>9,724</b>	8,686	6,783	<b>15,469</b>
Mentally retarded	6,580	4,734	<b>11,314</b>	10,247	7,608	<b>17,855</b>
Others	2,005	1,510	<b>3,515</b>	4,476	3,274	<b>7,750</b>



<i>Disability</i>	<i>Primary(1-8)</i>					
	<i>2011/2012</i>			<i>2012/2013</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<b>Total</b>	<b>24,825</b>	<b>18,307</b>	<b>43,132</b>	<b>39,293</b>	<b>29,111</b>	<b>68,404</b>

**d) Attending Regular secondary school;**

<i>Disability</i>	<i>Secondary(9-10)2011/2012 first cycle secondary education</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
Visually impaired	594	285	<b>879</b>
Physically impaired	1,085	839	<b>1,924</b>
Hearing impaired	337	218	<b>555</b>
Mentally retarded	209	133	<b>342</b>
Others	185	154	<b>339</b>
<b>Total</b>	<b>2,410</b>	<b>1,629</b>	<b>4,039</b>

**e) Attending Special schools;**

118. There are about 17 special schools and 144 special classes and 4 integrated schools in the country.

**f) Out of school children.**

119. As per the estimation of WHO 10% of any population is disabled. In 2012/13 the total number of school age population has been 18,283,000 in Ethiopia. According to WHO 10% estimate there are about 1.8 million children with disabilities in the country from these estimated number of children only 3.7% get access to primary education.

**4. Please provide data, disaggregated inter alia by age, sex, socioeconomic background, geographical location and ethnic origin, for the past three years, on:****a) Enrolment and completion rate;****Enrolment rate**

<i>Year</i>	<i>Pre-primary</i>	<i>Primary</i>	<i>Secondary</i>
2011/12	21.6%	95.4%	36.9%
2012/13	26.0%	95.3%	38.4%
2013/14	29.4%	102.8%	39.2%

**Completion Rate**

<i>Grade 5 completion rate</i>			<i>Grade 8 Completion rate</i>		
<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
77.2%	75.2%	<b>76.2%</b>	53.4%	52.2%	<b>52.8%</b>

**b) Drop out and repetition;**

<i>Year</i>	<i>Drop out</i>			<i>Repetition</i>		
	<i>Pre-primary</i>	<i>Primary</i>	<i>Secondary</i>	<i>Pre-primary</i>	<i>Primary</i>	<i>Secondary</i>
2011/12	-	15.7	-	-	7.9	-
2012/13	-	15.7	-	-	7.9	-
2013/14	-	-	-	-	-	-

**c) Teacher- Pupil ratio.**

<i>Year</i>	<i>Pre-primary</i>	<i>Primary</i>	<i>Secondary</i>
2011/12	1:128	50	29
2012/13	1:159	49	28.7
2013/14	1: 184	54	28

**5. In addition, the State party may list areas affecting children that it considers to be of priority with regard to the implementation of the Convention.**

- Strengthening and expansion of domestic alternative cares such as community based child care, Foster care, and domestic adoption toward minimizing inter-country adoption.
- Protecting children from Abuse, neglect, exploitation, trafficking local and international.
- Reunification and reintegration of street children to their families and community by providing the necessary rehabilitation services.

120. The next National Action plan for Children focused on the following points.

- Increase access to, and use of services to prevent and respond to cases of violence, abuse, neglect, and exploitation of children, including harmful traditional practices, with in a well a resourced and fully functional child protection system.
- Strengthen the capacity of House-holds and community to care and support Orphan and other venerable children.
- Ensure Children access for education services.
- Ensure Children access for Health and Nutrition services.
- Ensure the participation of children in all matters concerning them.
- Create a supportive and conducive environment for the better development of children.
- Strengthen national and community coordination and institutional structure.