

**Joint submission by the UN Country Team (UNCT) in Ethiopia  
for the UN Compilation report: UNCT report for the**

**Universal Periodic Review of Ethiopia – Sixth Session of the UPR Working Group  
(30 November-11 December 2009)**

**A. Introduction**

1. This report was prepared by the United Nations Country Team (UNCT) in Ethiopia. This report is by no means exhaustive. Due to space constraints, it rather highlights the main issues that the UNCT wishes to bring to the attention of the Human Rights Council.

**B. Domestic normative and institutional framework**

I. Constitutional and legislative framework

2. The 1994 Constitution (Chapter III) contains a catalogue of fundamental rights and freedoms. The civil and political rights largely converge with those protected under the international human rights treaties ratified by Ethiopia. The Constitution protects the rights of women (Art. 35) and children (Art. 36). Apart from workers' rights, economic, social and cultural rights such as health and education are formulated not as fully fledged rights but rather as rights of equal access to publicly-funded social services for which the State "shall allocate progressively increasing funds" (Art. 41(4)), and as social objectives (Art. 90(1)). The State has an obligation to care for and rehabilitate persons with disabilities, older persons and children deprived of their parents or guardians, subject to available resources (Art. 41(5)). In line with the African Charter on Human and Peoples' Rights, the Constitution protects the rights to property (Art. 40), development (Art. 43) and to a clean and healthy environment (Art. 44). All fundamental rights and freedoms guaranteed under the Constitution shall be interpreted in a manner consistent with the Universal Declaration of Human Rights and international human rights treaties ratified by Ethiopia (Art. 13(2)). The latter are "an integral part of the law of the land" (Art. 9(4)).

II. Institutional structure and collaboration with human rights mechanisms

3. The Ethiopian Human Rights Commission (EHRC) was established by Proclamation No. 210/2000 and is accountable to the Parliament. Its mandate includes human rights education, investigating complaints about human rights violations, and ensuring that laws, regulations and directives, as well as Government decisions and orders, do not contravene the human and democratic rights of citizens guaranteed by the Constitution. To date, the Commission's reports on its activities to the Parliament have not been publicly disseminated or published. The Commission receives a large number of human rights complaints every year, the majority of which have been refused for lack of jurisdiction.<sup>1</sup> Only a few complaints have been considered by the Commission. The Commission plans to open a regional office in Jijiga (Somali Region), but so far has not been able to do so.

4. Under the five-year multi-donor funded Democratic Institutions Programme (DIP) 2008-2012, signed by the Ministry of Finance and Economic Development and the UN Resident Coordinator in 2007, which is designed to strengthen the EHRC, among other democratic institutions, UN provides technical assistance to the Commission. In 2007 and at the request of the Ministry of Foreign Affairs, OHCHR, acting on behalf of the UNCT, in collaboration with the EHRC and the Ministry of Foreign Affairs, began the implementation of a treaty reporting project, as a result of which Ethiopia submitted its overdue reports to CERD and to the African Commission on Human and Peoples' Rights, as well as its common core document. Its overdue reports under the ICCPR, ICESCR, CAT and CEDAW and its national UPR report to the Human Rights Council have been finalized and will be submitted by mid-2009. The treaty reporting project continues as part of the EHRC sub-programme under the DIP. It also covers support and training to civil society organizations for the preparation of parallel reports. OHCHR, in cooperation with the EHRC, conducts training workshops on human rights treaty and UPR reporting for the Government and for civil society organizations.

### III. Policy measures

5. The government has yet to adopt a National Human Rights Action Plan. However, there are plans to develop the Plan of Action, as part of the activities supported by the UN's Democratic Institutions Programme (DIP), during the period 2011- 2012.

## **C. Promotion and protection of human rights on the ground**

### I. Equality and non-discrimination

6. The Constitution provides for strong provisions in relation to equality (article 25) with specific articles on rights of women (Art. 35) and the rights of children (Art. 36). The Government adopted a National Policy on Women in 1993 and established a Women's Affairs Office in the Prime Minister's Office, as well as Women's Affairs Departments in line ministries and bureaus at the federal and regional levels. In 2005, it established a Ministry of Women's Affairs as an independent entity tasked with the responsibility of accelerating progress towards gender equality.

7. Despite these measures, women and girls have an unequal status in society compared to men and boys. Gender disparity persists at all levels due to differences in access to and control over resources, limited access to education, and limited political representation and decision-making power between men and women. Women hold 22.5 percent of the seats in the Federal Parliament which is significant when compared with the percentage of seats that they held in the recent past. Their political representation in the regions, ranges from 3.3 percent in the Somali Region to 50 percent in the Tigray Region. They occupy 13 percent of Government posts at the federal level.<sup>2</sup> Only 18.6 percent of women in Ethiopia own land and only 12 percent of them have access to credit for agricultural inputs such as improved seeds, fertilizers and pesticides.<sup>3</sup> Most women are unemployed or are employed in the informal sector.<sup>4</sup> Among those employed in the formal sector, most are employed in poorly paid job sectors.<sup>5</sup>

8. Harmful traditional practices and violence against women are a source of major concern. The national prevalence rate for female genital mutilation/cutting (FGM/C) among the age group 15-49 is 74.9 percent. Among women in the Somali Region who undergo FGM/C, 83.8 percent undergo infibulations.<sup>6</sup> The median age of marriage for 20-24 year olds in 2005 was 18.1 years,<sup>7</sup> while it is 15.2 and 15.8 years in the Amhara and Gambella Regions respectively. The national prevalence of abduction of girls for marriage, sometimes accompanied by rape, is 7.8 percent (12.9 percent in the Southern Nations, Nationalities and Peoples Region).<sup>8</sup> Domestic and gender-based sexual violence are under-reported in Ethiopia. 81 percent of women believe that their partners are justified in beating them for reasons such as burning food, refusing to have sex or going out of the house without informing their husband.<sup>9</sup> Statistics on domestic violence, rape and sexual harassment are not available.<sup>10</sup>

9. Ethiopia revised the Criminal Code and adopted the Federal Family Law, which both criminalize and outlaw FGM/C, abduction, early marriage, rape and domestic violence.<sup>11</sup> However, marital rape is not criminalized.<sup>12</sup> The Federal Family Law is applicable only in Addis Ababa and Dire Dawa.<sup>13</sup> The Somali Afar, Harari and Gambella Regions have yet to revise their family laws to conform with the Constitution.<sup>14</sup> In addition, more rigorous enforcement of existing laws is required.<sup>15</sup> The absence of comprehensive legislation against all forms of gender-based sexual violence, the lack of coordination between law enforcement agencies and poor cross-sectoral cooperation are major institutional deficiencies that seriously hamper the ability of the justice sector to prevent and respond to gender-based sexual violence comprehensively and in a victim focused manner. An Inter-Ministerial Management Team (IMMT) on violence against women and children was established in 2008 to consolidate multi-sectoral efforts to prevent and effectively respond to such violence.

10. The Constitution requires the State to take care of and rehabilitate persons with mental and physical disabilities to the best of its economic ability. Ethiopia has not yet adopted a comprehensive law or national policy on the rights of persons with disabilities. Sectoral laws exist such as Proclamation No. 568 on the Rights of Disabled Persons to Employment (2008) and the National Building Code (2009) mandating access to public buildings for persons with disabilities. Similarly, the Social Welfare and Development Policy contains provisions aimed at the rehabilitation of persons with disabilities which are not rights-based. Ethiopia has yet to ratify the UN Convention on the Rights of People with Disabilities despite some positive steps taken towards ratification, e.g. signature of the Convention and holding a UN supported National Conference on the Rights of People with Disabilities.

A 1998 national policy on HIV/AIDS emphasizes that people living with HIV have equal rights to employment, education, habitation and access to public places. However, stigma and discrimination of people living with HIV and groups at higher risk of HIV infection continue to constrain the HIV response, despite the considerable efforts of government and civil society, including the national network of people living with HIV (NEP+).

## II. Right to life and liberty and security of person

11. Ethiopia has made significant progress in reducing under-five mortality in recent years. Under-five mortality is estimated to have been 180 in 1992/93, 167 in 2001/02 and 123 in 2004/05<sup>16</sup> taking it well below the all Africa average. The national average disguises a broad range stretching from 157 in Beneshangul-Gumuz region to 72 in the capital. Under-five mortality range from 139 for the children of mothers with no education to 54 for the children of women with secondary or higher levels of education. Since 2005 declines in mortality are expected to have taken place due to efforts to step-up control of malaria, responsible for more deaths than any other cause, through the distribution of 20 million nets and universal coverage with the latest generation of anti malaria drugs. The focus on malaria is combined with the recruitment, training and deployment of a new cadre of 30,000 government salaried Health Extension Workers nationwide who focus on promoting essential basic preventative care measures including out-patient therapeutic feeding, diarrhoea case management, birth spacing and other major diseases that lead to higher mortality.

12. A UN humanitarian assessment mission to the Somali Region in 2007<sup>17</sup> revealed a pervasive fear for individual safety and security on the part of the civilian population. Many civilians expressed frustration at being caught between the Ethiopian army and the Ogaden National Liberation Front (ONLF), as well as the wish that both parties bring the hostilities to an end. Concerns were expressed about the continued presence of landmines in the areas of military operation. The mission received reports and direct accounts of serious human rights violations. It observed that the human rights and protection situation for the civilian population in the areas of military operation was alarming and required urgent attention. In the mission's view, the reported human rights concerns required independent investigation. The mission also recommended that the Government take appropriate and urgent actions to protect civilian populations in the region. The mission concluded there was no humanitarian crisis at the time of the mission but actions should be taken to prevent such a crisis from occurring. Since then the UN and NGOs established a presence in the region to support a humanitarian operation and to assist in the acceleration of the realization of economic and social rights. This issue was followed-up by senior UN officials in 2008.

13. The EHRC has conducted monitoring visits to 35 prisons across the country, noting serious disparities vis-à-vis UN minimum standards and principles for the protection of prisoners in the area of socio-economic rights.<sup>18</sup> The prison visit report also notes instances of beatings, insults and other violations of inmates' rights, as well as denial of access to complaint mechanisms.<sup>19</sup>

14. Regarding internal and overseas trafficking in women and children in Ethiopia, there is no comprehensive national plan of action to combat trafficking. A national taskforce, comprising relevant Ministries and public authorities, international organizations and other stakeholders, has been established, but it reportedly does not meet regularly. The 2005 Criminal Code defines the crime of trafficking and criminalizes acts of trafficking

for purposes of enslavement, forced labor and prostitution. However, only a few trafficking cases are reported and prosecuted, and in the rare cases of criminal convictions, traffickers usually receive light sentences. The lack of effective cooperation between the police and the judiciary contributes to the low conviction rate.

### III. Administration of justice and the rule of law

15. Although according to EHRC, the Government is undertaking efforts to build competent and effective judicial organs,<sup>20</sup> the powers of the police and other security officers to arrest and detain suspects are not sufficiently controlled by the public prosecutor's office or the courts, resulting in instances of prolonged pre-trial detention, detention without charge, use of force against suspects during arrest and interrogation, and cases of arbitrary arrest and detention, both at the federal and regional levels. Other challenges identified by the EHRC include co-detention of juvenile and adult offenders and of convicted persons and suspects awaiting trial, lack of access to defence counsel at the pre-trial and trial stages, inadequate provision of legal aid lawyers, instances of prosecutorial and judicial misconduct, inadequate understanding of the independence of the judiciary and the separation of powers, and excessive case backlogs.

16. Under the Democratic Institutions Programme, UN supports EHRC in strengthening the integration of human rights in law enforcement. A national workshop on human rights and law enforcement was held in March 2009 in preparation of DIP-mandated activities, i.e. human rights training for the police and prison administration and the development of prison complaint mechanisms.

### IV. Freedom of expression and right to participate in public and political life

17. In 2008, Parliament adopted a Mass Media and Freedom of Information Proclamation. A number of provisions give rise to concerns vis-à-vis realization of freedom of expression safeguards, including: the power granted to the public prosecutor's office to seize publications before distribution on certain grounds, the wide discretionary powers given to the governmental entity tasked with the organization of press activities and the heavy criminal penalties (both fines and imprisonment) prescribed for violations of the proclamation.<sup>21</sup>

18. The May 2005 parliamentary elections in Ethiopia witnessed an unprecedented high voter turnout. The election results were contested by the opposition parties. During post-election period demonstrations by the supporters of the opposition, many persons were killed and thousands were arrested.<sup>22</sup> According to the report of the independent inquiry commission established by Parliament to investigate the disturbances and violence that occurred in the post-election period, 193 civilians and 6 police officers were killed and 763 civilians and 71 members of the security forces were injured during the post-election violence.<sup>23</sup>

19- A Proclamation for the Registration and Regulation of Charities and Societies which entered into force in 2009 is another source of concern with respect to strengthening realization of freedom of association guarantees. The law bars foreign civil society

organizations, as well as domestic NGOs that receive more than 10 percent of their funds from “foreign sources” (Art. 2(3)), from taking part in the advancement of human and democratic rights and the promotion of the efficiency of the justice and law enforcement services (Art. 14(2), (5)), among other things.

#### V. Human rights and counter-terrorism

20. Anti-terrorism legislation is currently being drafted in Ethiopia.

#### VI. Right to work and just and favourable conditions of work; trade union rights

21. With a population growth rate of 2.79%, the labour force (the employed and unemployed) has continued to grow faster than what the economy can gainfully and productively employ. The working age population stood at 54% of the population in 2004/05, and is growing by about 1.2 million people per year. According to the 2005 National Labour Force Survey, the unemployment rate is estimated at 5% of the total labour force. This figure must be interpreted with caution. The structural nature of employment in Ethiopia where paid employment forms less than 10% of the total number of people reported as employed should be noted. This proportion declined between 1999 (8.2%) and 2005 (7.9%). The majority of the workers are self-employed and unpaid family workers.

22. Out of 33,088,792 economically active people 1,653,686 are unemployed. The unemployment rate for urban areas was estimated at 20.6%, about ten times higher than rural areas (2.6%). Unemployment rates for females are higher than that of males in all age groups.<sup>24</sup> The incidence of unemployment varies by sex; in urban areas, unemployment among females was 27.2% compared to 13.7% among males. The same pattern holds true for the rural areas, where 4.6% of females and 0.9% of males were reported to be unemployed. Youth aged 15-24 years recorded the highest unemployment rate (7.7 percent) during the reference period.

23. Other than the rapid population growth, the inability of the economy to generate sufficient employment opportunities and low productivity, low skills of the working poor, including those operating in small holder agriculture and the informal economy contributes to the high incidence of poverty and ever increasing unemployment and underemployment rates. Underemployment and unemployment constitute serious challenges, especially in urban areas and among the youth. Pressure on the labour market comes from the supply of labour, which is in turn induced by the population growth rate. Due to the growing labour supply and limited formal employment opportunities there is a lot of interest in building the capacity of the informal economy that employs a significant portion of the labour force.

24. The Labour Proclamation does not set minimum wages. Those are sometimes provided for in collective agreements. The principle of equal pay for work of equal value is guaranteed under the Constitution (Art. 42) and the Labour Proclamation (Art. 87). However, the Government has not adopted a national policy on equality at the workplace,

as required by ILO Conventions Nos. 100 and 111, ratified by Ethiopia. The Labour Proclamation does not specifically address sexual harassment in the workplace. It protects pregnant women against arduous work, work during night time, and dismissal due to maternity, including during the three months of paid maternity leave. Occupational safety and health is extensively regulated in the Labour Proclamation. Efforts are currently ongoing to devise a national policy on occupational safety and health.

25. The minimum age for the legal access of children to employment is 14 years under the Labour Proclamation (Art. 89), in conformity with ILO Convention No. 138 which allows States to declare the minimum age of 14 (otherwise 15) upon ratification. In accordance with its obligation under the Convention to devise a national policy on child labour, the Government drafted a national plan of action which is currently being adopted. Standard procedures, protocols and guidelines to eliminate the worst forms of child labour are currently being formulated and will be pilot tested during the course of 2009.

26. The right to form trade unions is protected under the Constitution and under the Labour Proclamation subject to certain conditions. Civil servants, judges and prosecutors, amongst others, are excluded from the scope of application of the Labour Proclamation. The extent to which they may form or join a trade union of their choice remains unclear, and the National Teachers Association (NTA), for instance, was denied registration earlier this year. As regards the right to strike, the quorum requiring the vote by a majority of the members of the trade union in a meeting which must be attended by two-thirds of its members seems too excessive in light of the jurisprudence in other countries. Moreover, essential services which are excluded from the right to strike are defined too broadly.

#### VII. Right to social security and to an adequate standard of living

27. Rights to social security depend on policy and legislation defining the social security entitlements of Ethiopian citizens and how they will be funded and a well managed economy resulting in an adequate standard of living. Comprehensive policy and legislation does not yet exist in Ethiopia around social security rights but good progress is being made on economic growth. Ethiopia is one of the poorest countries in the world. 44 percent of the population lives below the national poverty line, with 23 percent living on less than one dollar and 78 percent living on less than two dollars a day.<sup>25</sup> The distribution of income is fairly even in Ethiopia with a Gini coefficient of 0.3 relatively low by global standards in 2004/05. Reducing poverty will therefore depend mainly on accelerating overall economic growth. Since 1960 only 20 countries have achieved a sustained average growth in GDP of more than 7 per cent per year over a ten year period; Ethiopia joined the club in 2008 with an average growth of GDP between 1999 and 2008 of 7.8 percent<sup>26</sup>. Latest IMF projections show the economy growing at just under 7 per cent in 2009, though the Government forecast growth to be around 11 per cent. This has resulted in average per capita GDP rising to about \$290 in FY08. Among the most food insecure poor, around ten per cent of citizens, per capita GDP is closer to \$100.

28. To reduce poverty, the Government is implementing its second national poverty reduction strategy, the Plan for Accelerated and Sustained Development to End Poverty

(PASDEP) 2006-2010. To implement the PASDEP Ethiopia has become one of the few countries in the world that allocates more than one-half of its total expenditure for investment purposes. Its expenditure on pro-poor sectors as a share of total expenditure is also one of the highest in Africa. Since the adoption of PASDEP there has been a clear shift in the allocation of expenditure towards infrastructure development and provision of basic services. As a result, five sectors—education, health, water, sanitation, transport, agriculture and urban development—consumed nearly 62 percent of the general government budget in the 2008 financial year (FY08), compared to 50 percent in FY03. The share of education and health sectors in the total budget, which improved between FY03 and FY08, has since fallen to make way for increased expenditures on urban development and construction.<sup>27</sup>

29. The PASDEP is funded through a combination of government revenue and contributions from international development partners. Government budget is not large in proportion to the size of the economy. General government revenue as a percent of GDP was 16.1 percent in 2003/04, declined to 14.8 percent in 2005/06, and slipped further to 12.1 percent in 2008/09. This compares with the sub-Saharan average of 23.9 per cent<sup>28</sup>. Extra resources for the PASDEP come from international development partners but these are also relatively low compared to the rest of Africa at \$25.2 per capita in 2006 compared to the south Saharan average of \$51.8<sup>29</sup>. As a result of the declining tax base as a proportion of GDP therefore, while pro-poor sector spending remains large in proportional terms, its share in total expenditure has remained flat, while declining as a share of GDP.

30. The PASDEP was finalised without a definition of what constitutes social security in Ethiopia. The state has no explicit holistic strategy for how it will work towards the right to social security for all citizens. In 2009 the Africa Union Heads of State agreed to a Social Policy Framework which recommends that all revisions of national development plans show how the states will work towards implementing a minimum social protection package defined as including guaranteed work schemes, child benefits, non contributory pensions for all citizens who reach a certain age to be defined by the state, special efforts to ensure all children are in school and free health care for certain groups. Ethiopia's new national development plan, which should contain a national social protection strategy and action plan should be active by 2011. An explicit social protection strategy would build on existing elements already in place. These include, the special efforts being made in the education and health sectors to provide services to hitherto marginalised people. Primary education is free and health care at the newly established health posts managed by the new cadre of 30,000 health extension workers and in mobile clinics serving pastoralist communities are also free. The Ministry of Agriculture and Rural Development's Productive Safety Net Programme is essentially a government work guarantee scheme serving 8 million people in the most food insecure parts of Ethiopia. The Ministry of Labour and Social Affairs are scaling-up a pilot child cash benefit programme targeted at the most vulnerable and marginalised children<sup>30</sup>.

#### VIII. Right to food and water

31. The poor performance of seasonal rains, poor crop production, increased prices for staple food commodities, low demand for agricultural labour and the reduction of livestock prices led to a deterioration of the food security situation in 2008, particularly in Eastern parts of the country. Accordingly, the Government reviewed the figure of beneficiaries requiring humanitarian assistance from 2.2 to 6.4 million. However, the capacity of the Government and humanitarian partners to respond to the crisis was impeded by shortages of emergency resources.

32. As per the November-December 2008 needs assessment findings,<sup>31</sup> almost 5 million people will need food assistance in 2009, including 1,550,143 in the Somali Region, 881,739 in the Southern Nations, Nationalities and Peoples Region and 995,095 in the Amhara Region. An estimated 34,379 children under the age of five are expected to require treatment for Severe Acute Malnutrition.<sup>32</sup> UN agencies expressed concern about the number of estimated relief beneficiaries in the Somali Region, which they put close to 1.5 million. Between 7 and 9 million people are estimated to suffer from chronic food insecurity. The government has put in place a food security strategy that aims to protect the assets of these families, help them build assets and, on a voluntary basis, support their resettlement if they wish. The core of the programme called the Productive Safety Net Project (PSNP) is a job guarantee scheme at a minimum wage for 7.5-8 million of the poorest Ethiopians supported by a wide range of international partners. Eligible people work for either cash or food on jobs such as terracing, tree planting or road building. Food insecure households with no able bodied people are supported without having to contribute labour; these together with pregnant and lactating women in the scheme continue to receive benefits without having to work and amount to 1-1.5 million people. PSNP graduate households are eligible for enrolment in micro credit schemes. In the past resettlement was sometimes enforced but this practise has now ceased.

33. To address food insecurity in the Somali Region - one of the most food insecure regions without full scale support from the work guarantee scheme (PSNP) - efforts are being made to reinforce the food delivery system. WFP and the Ethiopian Disaster Management and Food Security Sector (DMFSS) established hubs in several towns and additional spokes in a number of locations closer to food distribution points. A secondary transportation system by WFP and DMFSS ensures timely delivery of relief food to distribution points in all zones. The new logistics arrangement has improved the dispatch and delivery of food aid and the monitoring of distribution.<sup>33</sup> However, humanitarian assistance is constrained by movement restrictions imposed on international partners supporting regional government services. Monitoring and reporting on the nutritional status of children and other people potentially in need of nutrition support in the region has been weak but early in 2009 a comprehensive nutrition and livelihood survey has been undertaken by the regional government supported by the UN, the United States government and several NGOs, although access to some areas has been a restricted.<sup>34</sup>

34. The food security situation is especially critical for people who have been displaced by ethnic conflicts, often over resources or lands, and/or natural disasters such as floods or drought. In early 2009, around 160,000 persons were displaced by the conflict between

Borenas (Oromos) and Gheris (Somalis) in the border areas of Borena zone in Oromyia Region and Liben zone in Somali Region.<sup>35</sup> Many of the displaced are scattered in host communities which are often as badly affected as the displaced. Both displaced and host communities are in need of food assistance. In Liben and Borena zones, agro-pastoralist communities missed the last harvest in September/October due to the early cessation of rains, and many affected by the conflict will also miss the coming harvest because they have been unable to plant due to their displacement. The displaced often have no access to the food sources provided by their livestock (especially milk for children). Some normal grazing areas cannot be used due to fear of conflict. Water quality and quantity are diminishing because of the concentration of displaced around water points and weak rains in some areas.

35. In Moyale woreda in Liben zone, the IFRC and Ethiopian Red Cross Society are distributing food assistance although this was not originally planned for conflict-affected population as registration took place before the conflict. In other woredas food assistance has been partial or has not yet occurred.

36. In Gambella region thousands of people have been displaced by seasonal floods and ethnic conflicts, as well as by threats and attacks from cattle rustling groups from Sudan, in the last four years. In 2009, the displaced usually seek refuge in nearby communities and live in extremely harsh conditions, so far with minimal humanitarian assistance. A joint inter – agency IDP verification assessment conducted between 6 to 8 March 2009 in Lare, Itang and Jor woredas identified that a total of 23, 827 people require humanitarian assistance. The team recommended for general food distribution to start as soon as possible. However, it is reported that due to limited food resources in the region, the ration scale will be reduced to serve the caseload needs. In addition, critical areas of urgent attention are water, sanitation, health, food and shelter have been prioritized

37. The proportion of people in rural areas with access to clean drinking water has doubled from 23 percent in 1990 to 46 percent in 2008.<sup>36</sup> Only 22 percent of Ethiopians have access to an improved water source.<sup>37</sup> 52.1 percent of the rural population requires more than 30 minutes to access water. At least 80 percent of girls above 15 years are involved in fetching water.<sup>38</sup>

#### IX. Right to health

38. Ethiopia's Health Sector Development Programme (HSDP-III; 2005-2010) under the PASDEP is based on the principles of equality, non-discrimination and participation, as well as on a pro-poor approach in terms of access to health services, and prioritizes the health needs of women and children. Between 1999/2000 and 2006/07 the proportion of children fully immunised against all major diseases has more than doubled from 22 to 53 percent.<sup>39</sup> The government's flagship strategy for improving health outcomes is the deployment of a new cadre of salaried health workers between the health centre and the community level. 30,000 health extension workers (HEW), all secondary school leavers, have been trained and deployed over the last four years. They are responsible for 17 distinct tasks including immunization, promoting the use of modern contraceptives (contraceptive acceptance rate has improved from 4 percent among married women in

1992/93 to an estimated 34 percent in 2006/07.<sup>40</sup> They also support the distribution of bednets against malaria and treatment of Malaria cases. 65 per cent of households in areas below 2000 meters, and 28 per cent in areas above 2000 meters reported owning at least one LLIN<sup>41</sup>. HEW are responsible for detecting severely malnourished children in their communities and treating them with high energy dense foods; since their deployment numbers of severely malnourished children have gone up from approximately 1,000 in the 2004/05 period to over 30,000 in 2008.<sup>42</sup> Although HSDP-III has considerably increased access to primary health services, access to basic promotional, preventive, curative and rehabilitative health services is still insufficient, in particular in outlying regions. In the Somali Region, static health services were estimated to reach only 34 percent of the population a few years ago.<sup>43</sup> In response, the regional Somali government supported by international partners now deploys between 25-30 mobile health teams who deliver a variety of services leading to a far higher proportion of people getting access to services. However, their access to children and women, who would otherwise have no access to basic health care, is influenced by the parties to the conflict.<sup>44</sup> Women's access to health services is limited due to poor literacy levels and their limited freedom to seek services and control over resources and their body.<sup>45</sup> The only mental health hospital in the country is Emmanuel Hospital in Addis Ababa.

39. The Government plans to reduce maternal and neo-natal mortality through empowering women, men, families and communities to recognize pregnancy-related risks.<sup>46</sup> Global estimates indicate abortion is the cause of 32 percent of maternal deaths, obstructed labour 22 percent, sepsis 22 percent, haemorrhage 10 percent and hypertension 9 percent. The year 2000 and the 2005 Demographic and Health surveys reported maternal mortality ratios of 871 and 673 respectively.<sup>47</sup> While this may indicate a decline the confidence intervals around each measurement are so wide that this cannot be concluded with any certainty. More than 500,000 women suffer from pregnancy related disabilities, including 8,000 cases of obstetrics fistula.<sup>48</sup> The infant/neonatal mortality rates are 77/39 per 1000 live births, respectively.<sup>49</sup> Global estimates indicate that 50 percent of neonatal deaths occur within 24 hours after birth and 75 percent within the first week. The newborn mortality is caused by asphyxia, sepsis and prematurity, all causes that can only really be reduced if births take place in health facilities or are at least attended by skilled personnel. The limited availability of and access to emergency obstetric and neonatal care and the lack of skilled care during pregnancy and childbirth are main contributing factors to the high maternal and newborn mortality. In 2008 a national emergency obstetric care assessment showed that only 25 of 636 health centres offered basic and 58 of 115 offered comprehensive obstetric care. The same survey estimates that while 63 percent of births in the capital take place in facilities the national average is only 7 percent and in Somali and Afar regions only 2 percent<sup>50</sup>. Given the fact that only 6 percent of women suffering from direct obstetric complications currently receive treatment (the figure ranges from 49 percent in Harari, 33 percent in Addis Abeba to 4 percent in Amhara and SNNPR and only 1 percent in Afar and 0.4 percent in Somali, MDG 5 is unlikely to be reached outside of major cities at a national level.<sup>51</sup>

40. The Ministry of Health developed a National Adolescent and Youth Reproductive Health Strategy to increase access to and the quality of reproductive health services and to raise awareness about reproductive health issues among youth and adolescents.<sup>52</sup> Urgent action and commitment are needed given the limited information and knowledge, poor access to sexual and reproductive health services, early age of entry into sexual activity, and high incidence of teenage pregnancy (16.6 percent among the age group 15-19<sup>53</sup>). Use of contraceptives among married women has been increasing from 4.8 percent in 1990 to 8.1 percent in 2000 and 14.7 percent in 2005<sup>54</sup> and with the deployment of 30,000 health extension workers who are tasked with encouraging more use since 2005 that figure is predicted to have gone up dramatically since then. Unplanned pregnancies often result in unsafe abortion causing more than 20 percent of maternal deaths.<sup>55</sup> In 2005, the unmet need for family planning among the age groups 15-19 and 20-24 stood at 38 and 34 percent, respectively.<sup>56</sup> Factors include frequent stock-outs of contraceptives and the lack of skilled service providers.<sup>57</sup>

41. Adult HIV prevalence is estimated at 2.3 percent.<sup>58</sup> Young people, especially never-married sexually-active females, face the greatest risk of HIV infection in the country, with prevalence much higher than the average for both urban and rural areas. This is associated with an early age of sexual debut and sexual mixing with high-risk older men, on top of their biological and gender-related vulnerability.<sup>59</sup> However, HIV/AIDS and sexual and reproductive health programmes specifically targeting young persons are limited, as is access to youth friendly services in the public sector.<sup>60</sup> Anecdotal evidence shows that the HIV prevalence among sex workers is as high as 50 percent.<sup>61</sup> Sex workers are the most neglected in terms of access to HIV prevention and sexual and reproductive health services.<sup>62</sup> Displacement and disintegration of families often lead to a rise in unsafe sex and increase the risk of exposure to HIV. Desperate conditions force many unaccompanied women and adolescents to exchange sex for food, shelter or protection.<sup>63</sup> As of June 2008, there were 1,336 HIV counseling and testing centres in the country, mostly in urban areas, 719 health facilities providing treatment to prevent mother-to-child-transmission of HIV, and 353 health facilities providing antiretroviral treatment to people living with HIV.<sup>64</sup> There has been dramatic scale up of antiretroviral treatment, from only 20,915 patients in 2005 to 132,379 patients (46% of the 289,734 in need) at the end of 2008.<sup>65</sup> Anti-retroviral treatment costs are covered by donors. There is no guarantee that such funding will continue on a long-term basis.<sup>66</sup>

42. Lack of safe drinking water and poor sanitation particularly affect the health status of displaced populations and their host communities. Unprotected wells or surface water are the main water sources in displaced communities. Water shortage and poor water quality contribute to diarrheal diseases. Acute Watery Diarrhea (AWD) is spreading in Liben and Borena, especially in the Moyale town area. As of March 2009, woreda health authorities reported 126 cases and no deaths in the Oromiya Region and 300 cases with five health facility deaths in one kebele alone in Somali Region, indicating improvements in case management by the health services over previous years.<sup>67</sup>

## X. Right to education

43. Education accounts for 22.8 percent of the national budget. Primary education is free but not compulsory. There are no plans to make primary education compulsory. An estimated 3.1 million children do not attend primary school. The net enrolment rate at the primary level (grades 1-8) is 83.4 percent (86/80.7 for boys/girls), while it is only 20.1 (21.4/18.3) and 29.4 (30.9/27.4) percent in the Afar and Somali Regions, respectively, reflecting problems in particular in getting pastoralist children to school. The primary school dropout rate is 12.4 (13.1/11.6) percent. 69.4 (71.4/67.0) percent of pupils complete grade 5 and 44.7 (49.4/39.9) percent grade 8. On average, there is one teacher per 57 pupils (1/137 (grades 1-4) in the Somali Region) at the primary level (grades 1-8) and one teacher per 43 pupils (1/92 in the Somali Region) at the secondary level (grades 9-12). The gross secondary enrolment rate is 37.1 (44.4/ 29.6) percent in the first cycle (grades 9-10) and 5.8 (7.8/3.8) percent in the second cycle (grades 11-12). The total enrolment in higher education is 4.6 (7.0/2.2) percent. There are 22 public and 51 accredited private higher education institutions with a total enrolment of 270,356 (206,336/64,020) students.<sup>68</sup> Students are required to pay tuition fees for higher education, either directly upon registering or through a cost-sharing scheme.

44. While admission criteria are the same for boys and girls at the primary and secondary levels, affirmative action is in place for the admission of female students into higher education. The Government has established a Gender and Equity Department in the Ministry of Education and regional equity bureaus have been established to promote the education of girls at all levels. In addition, district education and training boards and school management committees are tasked to raise awareness about the importance of educating girls among parents, teachers and decision-makers. Out of the 200 languages and dialects in Ethiopia, 24 are used as languages of instruction at the primary level.

45. Violence at school is suspected to be generally under-reported based on a number of small studies the UN has conducted with the Ministry of Education. Apart from cultural norms, the absence of reporting mechanisms prevents pupils from reporting cases of violence. Teachers are often reluctant to report on their colleagues.

46. It is estimated that only 1-2 percent of children with disabilities attend school. Rather than enjoying inclusive education, most of these children attend special needs schools.

## XI. Children

47. The Government is drafting a Children's Bill based on the Convention on the Rights of the Child. 12 percent of children in Ethiopia are orphaned (4,885,000), more than 744,000 of them due to AIDS. 18 percent of households take care of orphans. 42 percent of those households are female-headed. Orphans from the poorest families and other vulnerable children (OVC) have little support, protection or access to basic services. The national OVC task force and task forces in several regions have marginal ability to influence the situation. While a national plan of action for children exists, it is not linked into the PASDEP, and the budget process and reviews of progress do not take place.<sup>69</sup>

48. Corrective and educational measures have been introduced for juvenile offenders. The Inter-Ministerial Management Team on violence against women and children also promotes measures that divert child offenders from the formal criminal justice system. Child and victim focussed benches were established at the Federal First Instance Court to review cases of violence against women and children and cases involving child offenders in a victim/child-focussed manner. A centre for the investigation and prosecution of violence against women and children was created to investigate and prosecute such violence separately. In addition, child protection units were set up in 10 Addis Ababa police stations to protect children from abuse and improve their treatment by the police.

## XII. Refugees and stateless persons

49. Ethiopia hosts more than 92,000 refugees. The largest groups are Somalis (41,000), Sudanese (26,000) and Eritrean (25,000). All refugees benefit from protection and assistance from the Government, supported by UNHCR. Ethiopia maintains two reservations to the 1951 Refugee Convention. One concerns the right to wage-earning, self-employment and liberal professions (Arts. 17-19), the other one the right to public education other than elementary education (Art. 22(2)). Both reservations have impacted on the self-sufficiency and local integration of refugees in relation to public schools and employment. They also impacted on refugees to naturalization, as one of the conditions to be granted citizenship is a legal source of income.

50. The Government moderately restricts freedom of movement for refugees through a *de facto* encampment policy. However, Eritrean refugees who are able to support themselves through remittances or through their extended families in Ethiopia are allowed to leave the refugee camps and settle in designated urban centers and are provided with ID cards.

51. Refugee Proclamation No. 409 entered into force in 2004. Its definition of refugees (Art. 4) conforms to Article 1(A) of the 1951 Convention and includes the extended refugee definition in Article 1(2) of the 1969 OAU Refugee Convention covering persons compelled to leave their country “owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of the country”. The Administration for Refugee and Returnee Affairs (ARRA) is *de facto* responsible for the registration, security and protection of refugees, refugee status determination and camp management.

52. The new influx of Somali refugees which started in 2007 has led to the opening of three new refugee camps in Eastern Ethiopia. Since 2007, over 25,000 Somalis have been registered as refugees. The influx is continuing with an arrival rate of 120 new asylum seekers per day. The new arrivals join some 16,000 refugees hosted by Ethiopia for over a decade, who have not been able to return to Somalia since the outbreak of the civil war.

53. The voluntary repatriation of Sudanese refugees started in 2006 following the signing of the Comprehensive Peace Agreement between the two Governments and UNHCR. Since then, a total of 36,000 Sudanese refugees have been assisted to return. As a result of this successful voluntary repatriation, UNHCR and the Ethiopian Government were

able to close three out of five camps in which refugees have been hosted for over 15 years. However, the volatile situation in Southern Sudan and the lack of humanitarian and development assistance in the areas of return are slowing down the return movement.

54. The Eritrean refugee camps in Northern Ethiopia continue to receive new arrivals, with some 800 people crossing the border each month. The arrival rate is steadily increasing and is expected to reach 1,000 refugees per month in the near future.

55. Ethiopia is not a party to the 1954 or 1960 Conventions on Statelessness. Due to gaps in the birth registration process, especially in rural areas, nomadic populations, and deportations between Ethiopia and Eritrea, there is a need to better analyze statelessness issues in Ethiopia and work with concerned organizations to address potential gaps.

### XIII. Internally displaced persons

56. Although no reliable data exist, the number of internally displaced persons (IDPs) in Ethiopia is estimated to be at least 200,000.<sup>70</sup> The causes of displacement vary. IDPs are not included among the 4,945,425 beneficiaries identified to require emergency assistance in 2009, as per the 2009 Humanitarian Requirements Document.<sup>71</sup> Under the United Nations Development Assistance Framework (UNDAF; 2007-2011) in Ethiopia,<sup>72</sup> the Government committed itself to developing a national IDP policy which includes all aspects of internal displacement. However, it is not clear whether any progress has been made in that respect. In the absence of a national IDP policy or a State organ responsible for assistance to and protection of IDPs, responses to IDP situations are often delayed and of an *ad-hoc* nature.

57. IDPs frequently live in poor housing conditions. Many have no shelter at all or live in shelters made of cartons. In 2008, it was estimated that at least 150,000 children dropped out of school because of drought, floods and conflict, including many IDP children. 128 formal schools and 529 alternative basic education centers were reported to have closed, some of them serving as shelters for IDPs.<sup>73</sup> Many IDPs live under constant threat to their security, such as IDPs in the Gambella Region who are under constant threat of cross-border attacks by cattle rustlers from neighbouring Sudan.

### **End Notes**

---

<sup>1</sup> UNDP/Government of Ethiopia, Democratic Institutions Programme (DIP), Reference Documents, Strengthening the Capacity of the Ethiopian Human Rights Commission (2008-2012), at p. 9.

<sup>2</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at pp. 61-62.

<sup>3</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 61.

<sup>4</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 61.

<sup>5</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 24.

<sup>6</sup> Central Statistics Bureau and ORC Macro. Demographic and Health Survey 2005, August 2006.

<sup>7</sup> Central Statistics Bureau and ORC Macro. Demographic and Health Survey 2005, August 2006.

<sup>8</sup> Central Statistics Bureau and ORC Macro. Demographic and Health Survey 2005, August 2006.

<sup>9</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 67.

<sup>10</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 70.

<sup>11</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 63.

- 
- <sup>12</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 67.
- <sup>13</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 72.
- <sup>14</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 72.
- <sup>15</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at pp. 62 and 67.
- <sup>16</sup> Ministry of Finance and Economic Development. Ethiopia: progress towards achieving the millennium development goals: successes, challenges and prospects. September 2008.
- <sup>17</sup> Report on the Findings from the UN Humanitarian Assessment Mission to the Somali Region (30 August-5 September 2007), September 2007.
- <sup>18</sup> Ethiopian Human Rights Commission, Correctional Facilities Monitoring Visit Report, Addis Ababa, December 2008.
- <sup>19</sup> Ethiopian Human Rights Commission, Correctional Facilities Monitoring Visit Report, Addis Ababa, December 2008, at p. 29.
- <sup>20</sup> Ethiopian Human Rights Commission, Strategic Plan for the Ethiopian Human Rights Commission 2006-2011, Facilitating Agency: Justice for All – Prison Fellowship Ethiopia, Addis Ababa, 20 April 2006, at pp. 34-35.
- <sup>21</sup> OHCHR Biannual Report: January to June 2008 (public), at p. 3.
- <sup>22</sup> Ethiopia Legislative Elections 2005, European Union Election Observation Mission, Final Report, at p. 1.
- <sup>23</sup> Independent Inquiry Commission to Investigate the Disorder that Occurred at Addis Ababa and in Some Parts of the Country, Report submitted to the House of Peoples' Representatives, September 2006.
- <sup>24</sup> Report on the 2005 National Labour Force Survey. 2006, Addis Ababa Ethiopia. Central Statistical Authority.
- <sup>25</sup> UNDP, 2007/2008 Human Development Report.
- <sup>26</sup> World Bank Ethiopia staff estimates.
- <sup>27</sup> World bank Ethiopia staff estimates
- <sup>28</sup> World Bank Ethiopia staff estimates
- <sup>29</sup> World Bank, World Development Report 2008
- <sup>30</sup> Mid term review of the Government of Ethiopia/UNICEF country programme action plan, May 2009
- <sup>31</sup> Humanitarian Requirements 2009, Joint Government and Humanitarian Partners' Document, Addis Ababa, 30 January 2009, at p. 11.
- <sup>32</sup> Humanitarian Requirements 2009, Joint Government and Humanitarian Partners' Document, Addis Ababa, 30 January 2009, at p. 12.
- <sup>33</sup> Humanitarian Requirements 2009, Joint Government and Humanitarian Partners' Document, Addis Ababa, 30 January 2009, at p. 7.
- <sup>34</sup> UNICEF, Consolidated Emergency Report 2008.
- <sup>35</sup> Joint Assessment Mission to Liben and Borena Zones (22-31 March 2009), Mission Report, 8 April 2009.
- <sup>36</sup> Ethiopia Progress towards achieving the millennium development goals: successes, challenges and prospects. Ministry of Finance and economic development. September 2008.
- <sup>37</sup> UNDP, 2007/2008 Human Development Report.
- <sup>38</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 61.
- <sup>39</sup> Ethiopia Progress towards achieving the millennium development goals: successes, challenges and prospects. Ministry of Finance and economic development. September 2008.
- <sup>40</sup> Ethiopia Progress towards achieving the millennium development goals: successes, challenges and prospects. Ministry of Finance and economic development. September 2008.
- <sup>41</sup> Ministry of Health 2007 Ethiopia Malaria Indicator Survey (MIS)
- <sup>42</sup> Ministry of Health, Emergency Nutrition Coordination Unit reports.
- <sup>43</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 25.
- <sup>44</sup> UNICEF, Consolidated Emergency Report 2008.
- <sup>45</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 62.
- <sup>46</sup> Country Programme Action Plan (CPAP) between the Government of the Federal Democratic Republic of Ethiopia and the United Nations Population Fund (2007-2011), September 2006, at p. 3.
- <sup>47</sup> Central Statistics Bureau and ORC Macro. Demographic and Health Survey 2005, August 2006
- <sup>48</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 23.
- <sup>49</sup> Central Statistics Bureau and ORC Macro. Demographic and Health Survey 2005, August 2006
- <sup>50</sup> Ministry of Health, National emergency obstetric care baseline assessment. 2009
- <sup>51</sup> Ministry of Health, National emergency obstetric care baseline assessment. 2009

- 
- <sup>52</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 29.
- <sup>53</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 24.
- <sup>54</sup> Central Statistics Bureau and ORC Macro. Demographic and Health Survey 2005, August 2006
- <sup>55</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 23.
- <sup>56</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 24.
- <sup>57</sup> Country Programme Action Plan (CPAP) between the Government of the Federal Democratic Republic of Ethiopia and the United Nations Population Fund (2007-2011), September 2006, at p. 2.
- <sup>58</sup> Government of Ethiopia, Federal HIV/AIDS Prevention and Control Office, *Single Point HIV Prevalence Estimate*, June 2007.
- <sup>59</sup> Government of Ethiopia (HAPCO)-World Bank, HIV / AIDS in Ethiopia An Epidemiological Synthesis, April 2008.
- <sup>60</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 24.
- <sup>61</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 24.
- <sup>62</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 24.
- <sup>63</sup> <sup>63</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 25.
- <sup>64</sup> Government of Ethiopia (HAPCO-Ministry of Health), Annual HIV/AIDS Monitoring and Evaluation Report, July 2007-June 2008 (2000 EFY).
- <sup>65</sup> Government of Ethiopia (HAPCO), Annual report to UNAIDS, WHO and UNICEF on the health sector response to HIV/AIDS, 8 April 2008.
- <sup>66</sup> UNFPA Country Advocacy Strategy Ethiopia (2007-2011), at p. 41.
- <sup>67</sup> Joint Assessment Mission to Liben and Borena Zones (22-31 March 2009), Mission Report, 8 April 2009.
- <sup>68</sup> All statistical data are taken from Ethiopian Ministry of Education, Education Sector Development Program Planning and Policy Analysis Department, Education Statistics, Annual Abstract 2007-2008, Addis Ababa, January 2009.
- <sup>69</sup> UNICEF, Country Programme Action Plan 2007-2011.
- <sup>70</sup> According to joint Government/UN/NGO reports covering the Oromiya/Somalia Regions and the Gambella Region.
- <sup>71</sup> Humanitarian Requirements 2009, Joint Government and Humanitarian Partners' Document, Addis Ababa, 30 January 2009.
- <sup>72</sup> United Nations Development Assistance Framework in Ethiopia (2007-2011), UN Country Team in Ethiopia, p. 28.
- <sup>73</sup> UNICEF Consolidated Emergency Report 2008.