



CHILD PROTECTION



Child protection is imperative to the survival and development of Ethiopia's children. Violence, abuse, neglect, exploitation and discrimination are not only human rights violations, but also the most under-recognised and under-reported barriers to a child's survival and development. Child protection abuses exacerbate a child's vulnerability. For instance, a child is more likely to be exploited when he or she is affected by HIV/AIDS, not immunised or has dropped out of school.

Globally, UNICEF has divided child protection into six key elements – children in armed conflict, children deprived of care-givers, child trafficking, sexual exploitation of children, forced and bonded child labour and violence against children. Violence and abuse issues include physical, sexual and psychological violence against children within the family, in schools, in communities and non-state institutions; gender-related violence and

female genital mutilation; and children in conflict with the law. In the area of exploitation of children, UNICEF is concentrating its efforts on the worst forms of child labour, which go beyond economic exploitation to forced labour, trafficking, recruitment for armed conflict, prostitution and pornography, hazardous work and illicit activities like drug trafficking.

UNICEF Ethiopia is advocating programme interventions aimed at stopping the violence, abuse, neglect, exploitation and discrimination of children. We are committed to working with the Government, sister UN agencies, local and international NGOs, Donors and all our partners to create a protective environment for children. Parents, families and other primary caregivers form the first line of protection. We must work together to build their capacity to ensure protective, community-based care for all the children of Ethiopia.

Bjorn Ljungqvist
Representative

SAVING YOUNG MOTHERS AND THEIR CHILDREN FROM A LIFE ON THE STREETS



When Bizunesh Tadesse was 18, she left her hometown in Gonder to be a nanny in the Addis Ababa household where her sister had found work as a maid. But the bright future she thought she had discovered took a dark turn when the owner of the house raped her, and she became pregnant.

"His wife was out for a traditional funeral," Bizunesh said. "He got me, and threw me on the bed. When my stomach got bigger and bigger, they kicked me out, and I ended up on the street."

She lived for almost three years in the makeshift plastic sheeting shelters that litter Addis Ababa's streets trying to eke out a living for herself and her baby girl. It was during her darkest days that she found out about the Godanaw Rehabilitation Integrated Project. "Friends on the street told me Godanaw takes care of the destitute and would help me and my baby. ... My heart's desire is to send her to school. I don't want her to end up like me."

Godanaw set Bizunesh up selling candy and cigarettes, paid her rent for three months and helped furnish her modest home with a bed and cooking utensils.

Mulatu Tafesse, Godanaw's Programme Director, has been working with UNICEF to help young street mothers and their children get off the streets and away from the dangers of violence and exposure to HIV/AIDS. "Your heart bleeds for them," Mulatu said. "We teach them that begging hands can work. ... It is really exciting to see them repairing their lives."

His programme has supported income generating activities for 1,560 street children, educational funding to 1,250 destitute students, medical support for another 1,356 and vocational skill training for 560 young women. Godanaw also provides HIV/AIDS awareness training and testing for children and their mothers, many of whom became infected with the virus after being raped while homeless.

The girls work by day, leaving their babies at a daycare facility provided by Godanaw. They return at night to live in tidy, well-maintained dormitory



shelters with their children.

Kidest Abebe was only four months away from graduating high school and her eventual dream of becoming a nurse when her stepfather raped her while her mother was out-of-town.

For months, she was forced to scrape by on the streets of Addis

Ababa living in a plastic shelter. When she was nine months pregnant she was admitted to Godanaw and began hairdressing training to support herself and her baby.

"I know that Godanaw is like a shepherd – they gather us together and take care of us," Kidest said. "Had Godanaw not been around, I would have been a victim of all that threatens us on the streets."

The Ethiopian Government estimates that there are currently between 100,000-200,000 street children in the country nationally, with 50,000-60,000 children living on the streets of the capital.

Of those in Addis Ababa, at least 15,000 are working and living on the streets without care or support, and the others spend 12 - 14 hours working and then go home to their families, relatives or friends. About 25 per cent of Addis Ababa's street children are girls. Many turn to prostitution as a coping mechanism. In addition, an increasing number of street children have lost their parents to HIV/AIDS.

"Girls who work and live on the streets are faced with extremely harsh conditions including sexual

abuse, rape, unwanted pregnancy and early motherhood," said Joanne Dunn, UNICEF Child Protection Officer. "UNICEF is committed to working with the Government to assist Ethiopia's street children, getting as many of them off the streets as possible and providing support to those that are still out there."

Around Ethiopia, UNICEF through its Child Vulnerability Programme has provided formal education and school materials for over 3,000 street children and non-formal education to another 3,000. Special ID cards have given free access to health care for over 7,500 street children and mothers, and more than 2,000 have received health, sanitation and HIV-awareness education. Safe motherhood initiatives have also been provided to hundreds of street mothers and children nationally.

To keep families together, more than 550 households have received small credit loans enabling the start up of businesses. A wide variety of skills training has also been administered to over a thousand beneficiaries and dozens of apprenticeships funded.

The Child Protection unit is also promoting the importance of birth registration in the country, working with sister UN agency, the International Labour Organisation, on discouraging child labour and with the Ministry of Justice on juvenile justice issues.

But more resources are necessary. "UNICEF support is only a drop in the bucket of what is needed to cope with the exploding streetism in this country," Dunn said. "We are counting on a strong donor response to address the needs of those already on the streets and help UNICEF protect more children from ending up there."



A Hamer youth examines her copy of the Ethiopian child-friendly version of the Convention on the Rights of the Child. Educational opportunities for pastoralist Hamer children and youth are limited, leaving many outside the bounds of literacy. Where written words fail to engage, however, simple images capture the imagination bringing the Convention to life.

Hamer pastoralists live with their herds of cattle and goats in the South Omo Zone of Ethiopia's Southern Nations Nationalities and Peoples' Region (SNNPR), close to the border with Kenya. The safe water coverage level in SNNPR in 2003 is estimated at 23 per cent, the majority of which is concentrated in urban areas. Access to safe drinking water remains one of the Hamer's top concerns.

During times of drought, traditional water points dry up forcing the pastoralists to move their animals outside their traditional grazing areas. This can lead to conflict with members of neighboring ethnic groups as they compete for the scarce resource.

As part of its emergency relief and regular development activities in the water and environmental sanitation sector, UNICEF is supporting the SNNPR water resources bureau to increase access to clean water to 40 per cent by the year 2006. Under-served communities like the Hamer are among the targeted beneficiaries. The construction of hand-pump fitted wells allows respite from long and potentially hostile treks during times of drought. It also opens the possibility for a more settled lifestyle, the development of agriculture to compliment pastoral activities, as well as presenting an opportunity for building schools and extending educational opportunities to Hamer children and youth.

Interview with Joanne Dunn Child Protection Officer

What are the priorities of UNICEF's Child Protection programme here in Ethiopia?

Priorities include street children, disabled children and HIV/AIDS orphans, many of whom have suffered discrimination. We have a vulnerable children programme that is aimed at fourteen towns, primarily targeting orphans and street children, both of whose numbers are escalating.

What are the major problems that child protection faces?

Major problems include child labour and child prostitution. There is a level of poverty in Ethiopia, which is so absolute, that many families simply can neither support their own children nor take on family members' children whose parents have been lost to HIV/AIDS or other illnesses. Unemployment is very high. Even though we do provide training to substantive numbers of street children and street youth, they are not always able to find jobs. I think one of the most effective things that we have managed to do is provide credit to street mothers so that they can fund small businesses or pursue other means of self-employment. There has also been a huge dislocation as a result of war and drought. There are also major gaps in information systems. There is no birth registration system. There is no system for collecting data about educational access, trafficking or the levels of child labour.

Does the Government have the capacity to deal with child protection issues in Ethiopia?

We have positive relations with the Government. But the Ministry of Labor and Social Affairs has the largest mandate but limited capacity, little money and minimal information at its fingertips. There is, however, willingness and policy is being developed. However, I don't yet see that translating into administrative capacity on the ground. I think that the decentralization process has even hampered some interventions by scattering experts and resources over huge areas.

What needs to be done?

Donor money coming into Ethiopia must be directly



targeted at children. There has to be more strategic linkages between the Government and Donors on the child protection agenda. There also has to be much more awareness from the Government about the interlinkages between sectors, like health, education and child protection and a holistic approach to problem solving.

Has the current emergency made your job more difficult?

It has compounded an existing fragile situation and made it 100 per cent worse. We have a situation where more than 50 per cent of children are stunted at any one time and this has gone up exponentially in certain pockets. Many girls are not able to access education, because of increased poverty and their parents are concerned that there is a risk of them being kidnapped or raped, as anecdotal evidence suggests that marriage by abduction has increased as boys are unable to provide the necessary funds for marriage and the girls' labour is valued as a commodity.

Do you need additional Donor support?

Absolutely, at every level we need additional Donor support both to help our existing programmes and to enter into areas where we can see huge gaps, such as child prostitution, child labour and violence against children. The HIV/AIDS orphan situation hasn't been addressed in a systematic way in Ethiopia, yet we know we have more than a million HIV/AIDS orphans in this country, the majority of whom will end up on the street, because most of their parents will die before their forties. The emergency and the border demarcation process are only going to add to that situation.

NEWS FILE



7 July - Two hundred nursing students were deployed in therapeutic feeding centers to help thousands of severely malnourished children in the worst affected areas of SNNPR. The students, recruited from the region's nursing schools in Awassa and Yirgalem, spent the three months of their school break working as nutritional assistants at 18 UNICEF-supported therapeutic feeding centers. The deployment of these students provided trained staff at the feeding centers, while empowering young Ethiopians to actively be involved in saving children's lives. It is also an investment in the regional ability to cope with nutritional crises in the future.

10 July - The Government of Sweden donated US \$ 3.9 million for UNICEF emergency programmes in drought-affected areas. The donation supports emergency interventions targeting millions of children in acute need of food, safe water, shelter and protection against preventable diseases. It will provide 222,000 women and children with supplementary feeding under UNICEF's emergency nutrition programme. The donation will also fund an emergency measles and Vitamin A campaign in 2004 targeting more than 8.3 million children between 6 months and 14 years. One hundred thousand people will benefit from emergency water supplies, sanitation and hygiene education, and 170,000 will receive shelter materials. This is the second emergency contribution to UNICEF Ethiopia from the Swedish Government this year, bringing the total amount of assistance to nearly US \$ 5.6 million.

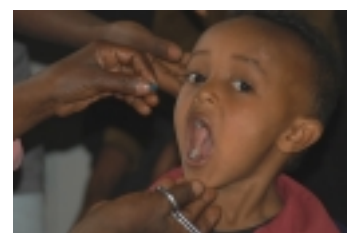


12 August - An emergency supply of anti-malarial drugs, Chloroquine, Sulphadoxine-pyrimethamine (Fansidar), and Quinine tablets and injections worth \$740,000, were ordered from UNICEF's supply warehouse in Copenhagen with funds from the US Government's Office for Overseas Disaster Assistance. The drugs are urgently needed to combat a potentially devastating malaria epidemic. Malaria is the third leading cause of death in Ethiopia, with 75 per cent of the population at risk and 5 million clinical cases reported annually.



21 August - With an estimated 4.2 million people in urgent need of water, UNICEF with the support of a goods-in-kind donation from the Norwegian Government, is distributing water equipment to the worst affected regions. With the end of the rainy season approaching, the danger of unsafe water increases as run-off enters rivers and contaminates the sources people are now tempted to use. Consumption of such unsafe water can lead to an increase in water-borne diseases and epidemics. The emergency supplies, valued at \$775,000, are being distributed by the Regional Water Bureaus in SNNPR, Somali, Oromia, Amhara, Gambella, Tigray, Harar and Afar as well as by NGOs targeting women and children in the worst affected communities.

28 August - As part of a global effort to eradicate polio by 2005, the Ministry of Health, WHO and UNICEF launched a weeklong polio and measles vaccination and Vitamin A supplementation campaign in Somali Region. Ethiopia is not yet free of the scourge of polio, a crippling disease which needs three years of close surveillance without new cases before a country can be certified polio-free.



A total of 845,000 children under age five were targeted to receive oral polio vaccine during two rounds of the campaign from 29 August to 5 September and early October in all zones of Somali Region. In addition, the polio campaign provided the opportunity to vaccinate 789,000 children from 6 months through 14 years of age for measles and Vitamin A supplementation in Jijiga and Gode zones. The remaining five zones of Somali Region will be targeted in early 2004 as part of a larger measles campaign.

8 September - The Hareg Project, designed to prevent the transmission of HIV/AIDS from mother to child (PMTCT) during pregnancy, delivery and breastfeeding was launched by the Ministry of Health, HIV/AIDS Prevention and Control Office, CDC, USAID and UNICEF. PMTCT is a critical aspect of HIV/AIDS prevention. The HIV/AIDS pandemic is having an overwhelming impact on the world's children. In Ethiopia, there are an estimated 200,000 HIV-infected children under five years of age. Each day more babies are infected. The vast majority of these infections are passed from mother to child during pregnancy, delivery and breastfeeding.