CHILD PROTECTION
CHAPTER FOUR

CHILD PROTECTION

Introduction

According to the Ministry of Women, Children and Youth Affairs (MoWCYA), a vulnerable child is one ‘whose survival, care, protection or development might have been jeopardized due to a particular condition, and who is found in a situation that precludes the fulfillment of his or her rights. It is not known how many children fall into this category.

Box 4.1

**Ethiopian Constitution Article 36(5)**

The State shall accord special protection to orphans and shall encourage the establishment of institutions which ensure and promote their adoption and advance their welfare and education.

The Ethiopian Constitution, in line with international and regional conventions on the rights of the child and the elimination of all forms of discrimination against women, stresses the responsibility of the state to provide special protection for different categories of such children. This includes victims of violence, abuse, trafficking, child labour and harmful practices such as female genital mutilation and early marriage. It also encompasses children who are living with disabilities, in conflict with the law, children working and living on the street, or victims of commercial sexual exploitation. It makes specific reference to the protection needs of children in emergencies.

Over the past few years the state has taken steps to reform policy and legal instruments for the protection of children and women; guidelines have also been developed. The National Coordinating Body for Multi-Sectorial and Integrated Response to Violence against Women and Children was launched in 2009, with a view to addressing juvenile justice and violence against women; it has produced a five-year strategy and action plan. The Ministry of Justice set up units in Justice Bureaus to investigate and prosecute crimes committed against children and women in Dire Dawa and Addis Abeba. The Child Justice Project Office has undertaken a study to ensure the compatibility of domestic laws with the rights of children. In Addis Ababa and in regional capitals, special benches within the courts deal with offences committed against children and women. The Federal First Instance Court has introduced closed-circuit television monitors to protect child victims from facing the perpetrator and public at the time of testimony.

Box 4.2

**Disaggregating data by sex**

The UN CRC Committee has noted that the lack of sex-disaggregated data on several issues makes it difficult to identify problems and disparities, and design appropriate policies for the implementation of the Convention on the Rights of the Child. Such issues include domestic adoption, street children, and children involved in armed conflicts, without parental care, involved in the justice system, and sexually abused and trafficked.

**Child Labour**

The International Labour Organisation (ILO) defines child labour as (a) all economic activities undertaken by children under age 11; (b) all economic activity undertaken by children aged 12 to 14, excluding permitted ‘light work’ in the sense of Convention 138; (c) all economic activity carried out under ‘hazardous conditions’ by children aged 15 to 17; and (d) ‘the worst forms of child labour’ carried out under age 18. Ethiopia has one of the highest rates of child labour in the world. In 2001, a survey by the Ministry of Labour and Social Affairs, the Central Statistics Agency and the ILO showed that about 84 per cent of the country’s children are engaged in activities that may be regarded as child labour. The survey found that 52 per cent of children are involved in productive activities, more than 80 per cent of them (12.6 million) below the age of 15. Almost 90 per cent of them come from the rural areas. More girls than boys do housekeeping work, and more boys than girls participate in economic activity. This has also been one of the prime areas of concern for the Committee on the Rights of the Child. MoLSA is currently formulating a National Plan of Action on the Elimination of Worst Forms of Child Labour (2010-2014). The 2010/11 DHS will provide an update on trends.

Box 4.3

**The Productive Safety Net Programme and the agricultural extension programme help reduce child labour and increase time spent studying**

The Young lives research programme looked at the impact of the productive safety-nets programme (PSNP) and the agricultural extension programme on child labour. Based on research in 980 households the research found that the public works programme in rural areas increases child work for pay; reduced children’s time spent on child care, household chores and total hours spent on all kind of work combined; and increased girls’ time spent on studying. The direct support component of the PSNP reduced the time children spent on paid and unpaid work, and increases the highest grade completed by boys. The agricultural extension programme was effective in reducing child work for pay and total work, increasing time girls’ spent on schooling and the highest grade completed by girls.

**Children working and living on the street**

The term ‘street children’ refers to both children on the street and children of the street. The phrase ‘children on the street’
is employed to describe those children who work on the streets to earn money for themselves or their families. The Committee on the Rights of the Child expressed its concern at the increasing number of street children, in particular in the urban centres. On the other hand, children of the street are those children who are homeless and live on the streets.

In 2007, the Ministry of Labour and Social Affairs in a study supported by UNICEF estimated the overall number of children on or off the street at around 150,000 with about 60,000 living in the capital. In 2003, the Forum on Street Children in Ethiopia conducted a study on the situation of street children in eight towns (Addis Ababa, Shashemenie, Hawassa, Bahir Dar, Dessie, Diredawa, Makalle and Nazareth). The study revealed that poverty, family disintegration, neglect and violence at home, lack of educational opportunities, the death of parents and sexual abuse were among the factors that pushed vulnerable children onto the street. There was also evidence that children venture into street life as early as four years of age. The same study found that the interventions of government and civil society organisations have not significantly reduced the magnitude of the problem. In late four years of age. The same study found that the interventions of government and civil society organisations have not significantly reduced the magnitude of the problem. In late 2010 and early 2011 further surveys indicated that there are an estimated 12,000 street children in Addis Ababa and nearly 4,000 in Adama; the children identified in these studies are highly mobile. To help them leave the street they are being targeted for involvement in vocational training programmes.

**Box 4.4**

The Revised Criminal Code (2005) defines the following crimes in respect to children

- Harmful traditional practices; enslavement of children; trafficking of children for prostitution and forced labour; sexual abuse; corporal punishment in schools and institutions; rape, maltreatment and neglect of children.

**Child Victims of Commercial Sexual Exploitation**

In 2002, the Women’s Affairs Department in the Ministry of Labour and Social Affairs estimated that 90,000 females were involved in commercial sex work; approximately 20 per cent of them were aged between 12 and 18 years. Since then, the engagement of children in commercial sex work appears to have increased in urban centres. The UN Committee on the Rights of the Child has expressed concern at the lack of systematic data on the extent and growth of the problem, especially because available evidence suggests that children as young as 13-16 are involved as commercial sex workers.

In 2006, the Ministry formulated a National Action Plan on Sexual Abuse and Exploitation of Children (2006-2010) with the overall goal of reducing the impact of commercial sex work on children. The Plan identified four levels of intervention: prevention, protection, rehabilitation and reintegration, to be coordinated and monitored during implementation.

**Children and Women as Victims of Violence and Abuse**

There are few reliable data on the frequency and scale of violence, exploitation and abuse against children and women in Ethiopia. According to the National Plan of Action for Children (2003-2010 and beyond) a large number of Ethiopian children suffer from the ills of poverty and illiteracy. They are also victims of several harmful traditional practices such as early marriage, FGM, physical punishment and labour exploitation. Most children are engaged in productive and household activities, such as herding cattle, weeding, harvesting, cooking, taking care of siblings, and various household chores. The Child Friendly Rehabilitation/Treatment Guideline for Sexually Abused and Exploited Children by the MoWCYA (2008) states that in Ethiopia the problem of sexual abuse and exploitation of children is a growing phenomenon as it is illustrated by few indicative studies undertaken in the country. The most common types of child sexual abuse and exploitation include early marriage, abduction, female genital mutilation, rape, incest, and child trafficking.

**Orphans and Child-Headed Households**

While the adult HIV prevalence rate, estimated to be between 1.4-2.8, is lower in Ethiopia than in some other countries in Africa, the number of orphans and the proportion of AIDS-related orphaning continues to grow. A 2003 report estimated that 12 per cent of the 4.6 million orphans in Ethiopia have lost one or both parents due to AIDS-related causes. In 2009, this figure had decreased to 3.8 million, according to CSA.

A significant percentage of children affected by HIV and AIDS enjoy the protection of their extended families. However, the proportion of children living in child-headed households is above the average for sub-Saharan Africa; many of them are headed by girls. Many of the girls are between the ages of 14 and 16 years. Over 40 per cent of children who had lost one or both parents to AIDS-related causes were living in such households. They face emotional and psychological challenges, as are sometimes victims of property grabbing and are more likely than other households to have limited access to basic social services such as health care, education and housing. Their poverty may force them into commercial sex work and other harmful forms of child labour. And the girls heading the households can be victims of rape and attempted rape.
**Children in Alternative Care**

HIV and AIDS, natural disasters, severe poverty, war, internal migration and other factors, as well as the breakdown of family structures, have caused a rise in the number of children in need of alternative care. In the absence of a formal system of family-based alternatives, many such children find themselves in child care institutions. Nationally this figure is likely to be in excess of 10,000.

In 2010, two assessments of institutional child care were conducted by the Ministry of Justice, together with the Ministry of Women, Children and Youth Affairs, the Charities and Societies Agency and the six regional bureaus of justice, BoLSA, BoWA, BoFED and Regional Police Commissions. The study assessed 149 child care institutions in Amhara, Oromia, SNNPR, Dire Dawa City Administration and Harar. Almost two thirds of these assessed child care institutions lack a database on children in need of alternative care. The study found that 45 per cent of the child care centres had no operating licence or their licence had expired.

The effect of lack of financial resources and supervision, and minimal awareness of child protection strategies, mean that institutions providing alternative care to children do not always act in the best interests of the child. There is little knowledge of, and compliance with, official guidelines and standards, and minimal supervision. Children in institutional care can be exposed to physical violence and often have psychological problems. Over 4,500 children were placed in inter-country adoption in 2009, which represents a doubling since 2006. This rapid increase in the number of inter-country adoptions has raised concerns about the best interests of the child in these cases, where Ethiopia has not ratified the Hague Convention on Inter country Adoption (1993) and there is a lack of safeguards in an unregulated system.

**Child Victims of Trafficking**

The International Office of Migration estimates that at least 1.2 million children are victims of trafficking in Ethiopia every year. Children and women between the ages of 8 and 24 years are the most vulnerable to such abuse and exploitation and the violence associated with them. Research also indicates that over a quarter of nearly 50,000 women and children involved in prostitution are victims of trafficking.

The Criminal Code includes provisions criminalizing trafficking in women and children for the purposes of sexual or labour exploitation. Juridical persons (institutions) can also be liable for participation in the trafficking of children under article 645 of the Criminal Code. The Federal Police Department has formed an anti-trafficking task force, but most trafficking is clandestine and difficult to trace.

**Table 4.1: Cases of reported trafficking (2004-2007)**

<table>
<thead>
<tr>
<th>Victims of Trafficking by sex and by year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>49</td>
<td>79</td>
<td>378</td>
<td>230</td>
<td>736</td>
</tr>
<tr>
<td>Female</td>
<td>164</td>
<td>327</td>
<td>547</td>
<td>464</td>
<td>1502</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>411</td>
<td>925</td>
<td>694</td>
<td>2243</td>
</tr>
</tbody>
</table>

*Source: Addis Ababa Child Protection Unit (CPU) (2007).*

**Children with Disabilities**

Ethiopia ratified the UN Convention on the Rights of Persons with Disabilities in 2010.

The National Plan of Action for Equality of Opportunity and Full Participation of Persons with Disabilities (2010-2015) estimated that there are about 2.5 million children with disabilities in Ethiopia. The 2007 census counted 231,192 children with disabilities. The immediate causes of childhood disability include inadequate dietary intake, preventable and other diseases, birth defects, war and accidents. The underlying causes include insufficient access to food, inadequate maternal and childcare practices, poor water and sanitation and inadequate health services.

The Convention of the Rights of the Child stipulates that ‘a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate the child’s active participation in the community.’ In Ethiopia, children and women with disabilities are more likely to be abused and neglected than other children. They can also be subject to ridicule and harassment, or exposed to physical, psychological and sexual violence. In institutions, they are sometimes subjected to punishments that can often exacerbate their existing disabilities. Many unscrupulous individuals also bring disabled children to urban centres and force them to beg for a living or work for low wages.

**Children in Conflict and Contact with the Law**

The Addis Ababa Rehabilitation Centre is the only institution in the country that caters for the needs of children in conflict and contact with the law. Two other specialized rehabilitation and reintegration centres were built in Hawassa and Bahir Dar, but other departments are now using them. The Addis Ababa centre is capable of hosting only 150 children. Initially established to accommodate boys, it started admitting girls in 2000, even though it was not built to meet their special needs. In March 2010, 76 male and 20 female children had been placed in the centre. The centre suffers from acute shortages of human and financial resources. The supervision and inspection of the centre that is envisaged by Article 3(3) of the CRC is spasmodic and inadequate. The services available are far from ensuring the right of children to an adequate standard of living.
Table 4.2: Knowledge and prevalence of harmful traditional practices

<table>
<thead>
<tr>
<th></th>
<th>Knowledge</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Genital Mutilation</td>
<td>33.6</td>
<td>82.7</td>
</tr>
<tr>
<td>Uvula Cutting</td>
<td>48.6</td>
<td>87.8</td>
</tr>
<tr>
<td>Milk Teeth Extraction</td>
<td>54.8</td>
<td>81.2</td>
</tr>
<tr>
<td>Marriage less than 15 years</td>
<td>73.7</td>
<td>88.7</td>
</tr>
<tr>
<td>Marriage by Abduction</td>
<td>84.1</td>
<td>89.3</td>
</tr>
</tbody>
</table>

Source: Fisseah et al. (2008) Follow-up National Survey on the Harmful Traditional Practices in Ethiopia. EGLDAM.

Harmful Traditional Practices

The National Policy on Women notes that 60 per cent of Ethiopians, mostly women, have been subjected to ‘harmful traditional practices’. National health and social policies address this issue in the services they provide, and have attempted to change attitudes and behaviours that can be dangerous for women and girls. The 2005 Criminal Code took into account the recommendations of a study group on ‘Enabling Communities to Abandon Harmful Traditional Practices’, and devoted a separate chapter to various harmful practices in Articles 561 to 570. This legislative measure against the violations of women’s and girls’ rights during such practices as female genital mutilation played a key role in the success of several prevention measures.

There has been good progress in increasing peoples’ understanding about how harmful some traditional practices are and reducing their prevalence in Ethiopia. For instance, a 2008 survey (Table 4.2) found that awareness of the harm caused by female genital mutilation increased from 34 to 83 per cent, while prevalence fell from 73 per cent of women to 56 per cent; the chapter on gender equality goes into more detail on the situation with respect to FGM/C.

Children in Emergencies

As noted in Chapter 2, Ethiopia has experienced many humanitarian emergencies, ranging from drought and floods, to armed conflict. Somali Region in particular has seen localized instances of hostilities which could present risks for children in pockets of the region. These emergencies increase the protection needs of children.

The challenges in emergencies range from disease, displacement, lack of education and child labour. Children engage in hazardous activities with a view to obtain food. They are also forced to be engaged in harmful criminal behavior such as stealing. Girls, children with disabilities, children who lack financial support, children living with care givers, children in rural kebeles, and children in areas vulnerable to attack and conflict are particularly vulnerable and have limited access to education.

The signing of the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict by the Government in 2010 has created opportunities for training and sensitization of uniformed personnel.

Action Points

Legislative framework, policy and enforcement mechanisms

Strengthen the legislative basis for child protection services, and from there develop policies and strategies based on the accountabilities made clear in the legislation. This should include accountabilities for identifying children in need of special protection at community level, the kebele, woreda, regional and federal level. The legislation or policies and budgeted strategies to implement should including definition of standards and supervision systems for child protection.

Strengthening the office of the Ombudsperson for children

In recent years the state has put in place an ombudsperson for children along with other ombudspersons. The role of the ombudsperson for children is to serve as a trusted intermediary between the state and people concerned with issues regarding the respect for, protection of, facilitation and provision of services that help further realize children’s rights. In the coming years the office needs further support to inform people of its existence and role and to help it in its task to serve as a place where issues can be raised and actions agreed.

Service Delivery

Enhance the provision of medical, psychosocial and free legal aid support for children who are victims of violence, abuse and neglect; expand existing enforcement systems to protect children in contact with the law and those in need of care and protection from violence, exploitation and abuse;
increase children’s access to justice in accordance with Ethiopia’s international and constitutional obligations. Expand the protection service for children during criminal proceedings, including traditional, customary and religious dispute resolution mechanisms, and provide more alternatives to deprivation of liberty for children in contact with the law.

Operate a nation-wide toll-free child line or hotline for children in distress;

Finalize and operationalize childcare and protection policies that regulate the care of children in institutions, including standards for care and good practice guidelines. Introduce effective gate-keeping mechanisms, especially for vulnerable and at-risk families, to ensure that they receive the services they are entitled to and to guard against inappropriate placement of children into poor care arrangements.

Establish and scale-up one-stop gender-based violence centres and increase the institutional capacity of the courts to adjudicate cases related to juvenile sex offenders.

Increase the role of communities and key community organizations in the provision of housing, recreational facilities, day care, improving the economic situation of families whose children are vulnerable primarily as a result of poverty, and counselling for social and psychological problems; strengthen capacities to identify families that require counselling improving community support systems to prevent separation of child from family; this will require strengthening of community level capacities and responsibilities for interaction with accountable bodies at kebele level and targeted social assistance for some families. This will probably require the formation of a cadre of qualified social workers at regional and woreda level with para-social workers supporting kebele structures such as community care coalitions or kebele social welfare committees.

Develop and implement deinstitutionalization interventions that are in the best interest of the children, including alternative forms of community based care such as formal kinship care or foster care; institutional care of children should be a last resort rarely implemented.

Introduce a National Child Protection Register with a view to compiling information on reported incidents of child abuse and keeping a record of persons deemed to be unsuitable to work with children; introduce anonymous reporting of violations of the protection rights of children.

Build and strengthen federal and regional management information systems for the better tracking of children within the continuum of care system as well as better local and national reporting on alternative care and child protection progress and outcomes. This component will entail undertaking a thorough assessment of existing national databases and data collection tools, develop a national data management system located at both federal and regional levels.

Special measures for children in emergencies.

When emergencies take place for any number of reasons children are usually affected more than other parts of society. Quick action is required to help protect children. This can include reunifying children separated from their families, the creation of safe spaces for children, setting up services such as temporary schools for displacement populations and sometimes setting-up special feeding and health services. State capacity to coordinate quick action in emergencies need to be strengthened as part of the overall strengthening of child protection services. Building a social worker cadre as discussed in the chapter on social protection as part of a strategy for implementing a national social protection policy is an important potential element.

Evidence-Based Advocacy and communication for social change

Expand support to those parts of the state accountable for explaining the rights of children and the accountabilities of duty bearers using all communication tools available targeting decision makers, service providers, the justice system, the media, religious leaders and communities to reduce and prevent violence, exploitation and abuse.

To inform these actions conduct a child protection systems mapping and assessment; expand research initiatives to deepen knowledge and understanding on the scale and nature of child protection problems and evaluate the effectiveness, efficiencies and impacts of preventive and protective strategies.

Strengthening social welfare workforce

Increase professional capacity, with specific focus on social work, within key national-level structures, their regional bureaus, district and kebele levels mandated to respond to the social welfare needs of girls and boys. Strengthening the social welfare workforce includes the establishment of a multi-ministerial task force, defining the scope of work, human resource assessment, supervision and accreditation procedures for social workers (professional and para), curriculum development, training and expansion of professional and para-professional cadres dedicated to and knowledgeable in social work practice, child rights and child welfare issues. This action point links to a similar recommended action in chapter nine on social protection calling for the creation of a social worker cadre to manage state support to social protection among all vulnerable people including the disabled and the elderly as well as children.