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A Review of Child Sensitivity in Social Policies in Ethiopia

Policy Review Report

Economic
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Policy Studies Institute

Background and Rationale

Ethiopia has witnessed significant progress across development indicators at a much more accelerated rate than other countries in the region.

The government is committed to increasing the country's recent economic growth trajectory. Simultaneously, the government has embarked on a range of socio-economic development programmes to achieve low-middle-income country status by 2025. Social protection has been at the centre of Ethiopia's development policy and has been instrumental in reducing poverty and increasing the resilience of the population.

However, despite the progress, the rate of economic growth has slowed slightly in recent years. The slow growth and the lack of public financing for children also affects the attainment of the child-sensitive Sustainable Development Goals (SDGs) which has implications for approximately 50 per cent of the population – 47.8 million – who are under the age of 19.¹

Children are particularly vulnerable to poverty.²

The poverty headcount for children in Ethiopia is 32.4 per cent, compared to 29.6 per cent for the whole population. In contrast, the extreme poverty headcount is 5.2 per cent for children, compared to 4.5 per cent for the entire population. The gap and severity of poverty/extreme poverty are also significantly higher for children than adults.³

It is imperative to monitor child-related progress for each SDG – countries, including Ethiopia, are now widely recognizing that they cannot achieve the SDG targets without the realization of child rights. Significant investments are required to achieve the SDGs, particularly in access to essential services, child nutrition, reduced child mortality, the eradication of child labour and the elimination of gender inequalities. Additionally, low rates of access to improved water and sanitation sources, electricity and health care impede efforts to achieve goals, such as reducing wasting, stunting and child mortality. Significant spatial disparities between urban and rural areas and across regions highlight the need for SDG investments to better reach excluded and marginalized groups.

Many policies and strategies across sectors have been established in Ethiopia to help tackle various development challenges, including those concerning children. However, there is little evidence on the extent to which the policies consider, reflect and comprehensively address the needs of children.



¹ (UNICEF 2016).

² (UNICEF 2016).

³ (UNICEF 2016).

This document presents a desk review of the social policies across various sectors in Ethiopia, and explores how these policies capture and respond to the needs of children based on a framework for child sensitivity developed by EPRI, as outlined below:

Table 1: Analytical Framework Summary⁴

Objective 1 Child sensitivity of social policies	Policy Development Process <ul style="list-style-type: none"> • Prioritization of children's needs • Inclusion and coordination among partners • Accountability mechanisms
	Articulation <ul style="list-style-type: none"> • Responsiveness to needs of children • Alignment of goals and standards in UNCRC • Consideration of children as rightsholders • Achievement of the objectives in the National Child Policy
	Financing <ul style="list-style-type: none"> • Adequacy and efficiency of budget usage • Extent to which child rights priorities are budgeted and implemented
Objective 2 Understanding of child sensitivity at national and regional level	Understanding of key principles of child sensitivity
	Incorporating key principles of child sensitivity
Objective 3 Translation of policy's child-sensitivity in implementation: Case study of ECCE and SP	Presence of Monitoring and Evaluation (M&E) indicators to reflect child rights
	Presence of robust horizontal and vertical communication, coordination and networking arrangements
	Presence of clearly designed strategies and action plans

⁴ See the full report for detailed questions and analytical framework.



This policy review thus responds to the first objective of the study i.e. **Analysing the extent to which existing social policies in Ethiopia are child-sensitive – in terms of the policy development process, articulation and financing.** The review presents a detailed analysis of Ethiopia’s major national social policies and strategies⁵ across the sectors detailed below. The data is analysed using framework analysis against the child sensitivity framework.

Figure 1: List of Sectors Analysed



5 A list of policies and strategies reviewed can be found in the respective sections below.



Contents

1. Education Sector	9	5. WASH Sector	39
1.1. Prioritization: Children and Child Rights	9	5.1. Prioritization: Children and Child Rights	39
1.2. Responsiveness to Needs	10	5.2. Responsiveness to Needs	39
1.3. Sectoral disaggregation	12	5.3. Stakeholders Adequate Involvement	39
1.4. Stakeholders Adequate Involvement	12	5.4. Sectoral Disaggregation	39
1.5. Costing and Financing	13	5.5. Costing and Financing	40
1.6. Monitoring Framework	13	5.6. Monitoring Framework	40
1.7. Institutional Arrangements	14	5.7. Institutional Arrangements	40
1.8. Adaptability	15	5.8. Adaptability	41
1.9. Mapping against the National Child Policy (NCP) Objectives	15	5.9. Mapping against the National Child Policy objectives	41
2. Health and Nutrition Sector	17	6. Disaster Risk Management Sector	43
2.1. Prioritization: Children and Child Rights	17	6.1. Prioritization: Children and Child Rights	43
2.2. Responsiveness to Needs	18	6.2. Responsiveness to Needs	43
2.3. Sectoral Disaggregation	19	6.3. Stakeholders Adequate Involvement	43
2.4. Stakeholders Adequate Involvement	19	6.4. Sectoral Disaggregation	43
2.5. Costing and Financing	20	6.5. Costing and Financing	43
2.6. Monitoring Framework	20	6.6. Monitoring Framework	43
2.7. Adaptability	21	6.7. Institutional Arrangements	44
2.8. Mapping against the National Child Policy (NCP) Objectives	21	6.8. Mapping against the National Child Policy objectives	44
3. Child Protection Sector	23	7. Culture and Tourism Sector	47
3.1. Prioritization: Child and Child Rights	23	7.1. Prioritization: Children and Child Rights	47
3.2. Responsiveness to Children's Needs	26	7.2. Stakeholders Adequate Involvement	47
3.3. Sectoral Disaggregation	28	7.3. Costing and Financing	47
3.4. Stakeholders Adequate Involvement	28	7.4. Monitoring Mechanism	47
3.5. Costing and Financing	30	7.5. Institutional Arrangements	47
3.6. Monitoring Framework	30	7.6. Mapping against the National Child Policy objectives	47
3.7. Institutional Arrangements	30		
3.8. Adaptability	31		
3.9. Mapping against the National Child Policy (NCP) objectives	31		
4. Social Protection Sector	33		
4.1. Prioritization: Children and Child Rights	33		
4.2. Responsiveness to Needs	34		
4.3. Sectoral Disaggregation	35		
Holistic and multisectoral	35		
4.4. Stakeholders Adequate Involvement	35		
4.5. Costing and Financing	36		
4.6. Monitoring Framework	36		
4.7. Institutional Arrangements	36		
4.8. Adaptability	37		
4.9. Mapping against the National Child Policy Objectives	37		



1. Education Sector

Education Sector Documents:

For the present policy review, the major policies and strategies that are presently operational in the country have been studied. These include:

1. National Education and Training Policy, 1994
2. Early Childhood Care and Education (ECCE) Policy Framework, 2010
3. ECCE Standard Operating Procedures (SOP) and Guidelines, 2010
4. Education Development Road Map (2018-2030)
5. Gender Strategy for the Education and Training Sector, 2014

1.1. Prioritization: Children and Child Rights Reference to international standards

Education policies and strategies in Ethiopia are mostly aligned with relevant international standards. The policy and strategy documents explicitly mention the international treaties and standards, as well as regional standards that they are based on.

The ECCE policy framework refers to its alignment with the United Nations Convention on the Rights of the Child (UNCRC); Education for All; the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; and the Millennium Development Goals (MDGs). The Sustainable Development Goals, in particular, SDG 4 ensuring inclusive and equitable quality education, has been especially highlighted.

Where no specific references have been made to any international standards, the analysis shows that even those policies, strategies and plans implicitly reveal an overall alignment with international standards and norms, especially in terms of ensuring education for all and encouraging girls and women and children with disabilities to attend school. In addition to this, and in alignment with SDG 4, the education policy and strategy documents highlight that Ethiopia is a signatory to several international agreements that promote gender equality in education, including the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979), the UNCRC, 1989), the International Conference on Population and Development Programme of Action (1994) and the Beijing Platform for Action (1995). The Gender Strategy for the Education and Training Sector mentions that special attention will be accorded to equity of learning, in line with the learning for all global and national priority.

Other than this commitment, according to the Education and Training policy, there is a pledge to develop curriculum and textbooks as per international standards, giving due attention

to concrete local conditions and gender issues. The Ethiopia Education Development Road Map (2018-2030) also highlights the international benchmarking visits that were made to two selected countries to discuss the achievements, challenges and international best practices and reform issues with stakeholders and experts. The Road Map also highlights the need to promote local journals that meet international standards so that researchers can gain the experience of publishing their research findings in peer-reviewed national and international journals.

Highlighting the ambition and urgency to protect the rights and best interests of children.

The ECCE policy framework and strategy documents demonstrate that the Government of Ethiopia recognizes the value of ECCE. It has been highlighted that the limited services available for this age cohort are not only inadequate, but also fragmentary and lacking in coordination. It has also been pointed out that, due to deprivation from appropriate care and learning, young children are exposed to different forms of abuses and to hazardous health conditions. In relation to these challenges, the policy document rationalizes the need to develop a policy framework for ECCE in Ethiopia as a matter of urgency. Other than ECCE policy documents, no policies and strategies in the education section clearly highlight, with urgency, the need for protecting the rights and best interests of the child.

Consideration of Children as Rightsholders

All policies and strategies in the education sector are child-centric by nature and therefore do recognize children and youth as rightsholders. For example, the ECCE SOP and Guidelines document mention that the environment in the kindergartens will be safe and secure, as well as receptive and child-friendly. The document specifically states: *"The programme will be child-centred and promote the child's holistic development."*

However, the references to children and youth in all the policies are gender-neutral, and thereby fail to focus attention on the gender implications of the risks to girls specifically.

Although the education sector policies and strategies are child-centric, there is no recognition of child sensitivity as a priority. Based on a review of the National Policy and Legal Framework on Child Rights, Protection and Care, the ECCE policy framework discusses the Government of Ethiopia's commitment to put in place the appropriate foundations for the promotion of children's general welfare and education. It has also been highlighted that the rights pertaining to children are provided for under Article 36 of the 1995 Federal Democratic Republic of Ethiopia Constitution, which includes the right to quality education. Apart from this, other policy documents, like the Education and Training policy, mention providing basic education for all as one of the general objectives, but no reference is made to this being a priority at the highest levels of government.

Recognition of the value of investing in children

In terms of recognizing the value of investments in children the ECCE policy framework and the ECCE SOP and Guidelines explicitly highlight the benefits of investing in the early years and in programmes for infants. These documents specifically mention the long-term improvement in the lives of children as a result of investment in ECCE. Various vulnerable groups of children, including those with special needs and with HIV/AIDS, have been mentioned as the beneficiaries of these investments. However, other than ECCE policy and guidelines, no other documents explicitly mention investments in children and their value.

1.2. Responsiveness to Needs

Understanding of and responsiveness to the risks and needs of vulnerable children.

Overall, as education sector policies are mostly child-centred, all major policies, strategies and plans address children's specific risks and vulnerabilities with regard to access to education. The education sector policies and strategies do recognize the differential needs of vulnerable children whereby there is emphasis on prioritizing equitable access to education, especially ECCE. Documents, such as the ECCE policy framework, not only address education-related vulnerabilities, but also acknowledge and address multisectoral risks and vulnerabilities, including health and nutrition.

The challenges faced by children with disabilities, children from low-income backgrounds, those from rural areas and from pastoral communities, in accessing education have specifically been acknowledged. For example, the mission of the ECCE policy framework is to provide a comprehensive,

integrated, qualitative, developmentally appropriate and culturally responsive service for the holistic development of all children.

The Gender Strategy focuses on the risks and vulnerabilities of girls, along with other intersectionalities like poverty. It addresses the issue of low enrolment and attendance, as well as alternative education and human trafficking. The Education and Training policy provides that in the preparation, distribution and use of educational support inputs, particular attention will be paid to women and students who did not get any education.

Similarly, the Education Development Road Map (2018-2030) also acknowledges the needs of vulnerable children by highlighting the requirement for flexible modes of education, reaching those children that are currently out-of-school, many of them from disadvantaged areas, groups with special needs, the physically disabled and children from pastoral areas. It considers alternative modes of education, such as alternative basic education, satellite schools, boarding schools, mobile schools, IT supported/distance and online systems, and many others.

Education policy and strategy documents mention vulnerable groups of children as a priority. However, policy documents do not clearly specify the vulnerable groups of children. While children with disabilities have been mentioned, there are no references to orphaned children, refugee children or even girls being a vulnerable group. In this regard, the Gender Education Strategy is relatively inclusive since it addresses gender issues and also acknowledges the cross-sectionality between gender, education and disabilities.

Furthermore, despite the prevalence of violence against children in the country, most education-related policies and strategies do not address the issue. Violence against children in Ethiopia is widespread, with nearly three-quarters of children aged 4 to 18 years old reported being hit with a stick or an open hand, two-thirds reported being whipped, and nearly a third reported being punched.⁶ Only the ECCE policy framework and the guidelines refer to the protection of children from any form of abuse and harmful practices. The latter documents refer to physical and psychological punishment, child labour, as well as to abuse within the school in terms of corporal and emotional punishment.

Apart from the ECCE documents, the Education Development Road Map (2018-2030) also slightly touches upon the theme through the plan for establishing a community-based parent group to advocate about child's rights and protect children from any form of abuse. Moreover, the attention accorded to the issue of gender-based violence

6 A. Pankhurst, N. Negussie and E. Mulugeta (2016), Understanding Children's Experiences of Violence in Ethiopia: Evidence from Young Lives (UNICEF, Innocenti Working Paper).



against children is quite limited in education sector policy and strategy documents. The ECCE policy framework touches upon it by recognizing that traditional practices like female genital mutilation are harmful to the child's development.

The Education Development Road Map (2018-2030) also refers to the unsafe school environment, including gender-based violence. However, both these documents do not include specific provisions to address gender-based violence against children. The Gender Strategy for the Education and Training Sector does contain a dedicated section on school-related gender-based violence (SRGBV). This includes strategies to address this phenomenon, including the implementation of a sexual and gender-based violence code of conduct and the documentation of SRGBV incidents.

In contrast, the inclusion of children with disabilities in education policy and strategy documents is significantly greater than other vulnerable groups of children. All documents reviewed contain provisions, or at least references, for the inclusion of children with disabilities. The ECCE documents acknowledge their rights and have identified them as one of the main target groups. Provisions have also been made to address their specific needs through Accessible, Equitable and Quality ECCE Services for all children. Similarly, the National Education Training policy

refers to children with disabilities in several places, including in the section that mentions enabling both the handicapped and the gifted to learn in accordance with their potential and needs.

The Education Development Road Map (2018-2030) clearly highlights its objective of making good quality primary education accessible for all children with a specific reference to children with special needs and with disabilities. It also includes plans for introducing training for instructors on gender and disability support mechanisms, as well as establishing disability and other service centres, particularly for students with disabilities that must be led by professionals who themselves have a disability. Furthermore, the Gender Strategy for the Education and Training Sector also provides for the overall school set up to be more girl and disabled friendly by providing that schools must be equitable to children with special educational needs by providing them with services, such as adaptive toilets, ramps and other services.

Overall, the education sector policies and strategies fail to address or even recognize the needs of various other groups of vulnerable children, including migrant children (apart from one reference to children from pastoral communities in the Education Development Road Map (2018-2030), sexually active children (in terms of sex education and contraception), children in trouble with the law and children as victims of crime.

1.3. Sectoral disaggregation

Holistic and multisectoral

Multisectoral approaches to education are increasingly being advocated. In large measure on account of the COVID-19 pandemic, the challenges posed by educational disparities and the importance of effective collaboration among sectors are being highlighted as never before. The pandemic has required the health, education and employment sectors to work together in unprecedented ways to address the many needs of children and young people around the world.⁷

In that regard, the Commonwealth Early Childhood Care and Education Toolkit is designed to support countries with these existing and emerging challenges. In line with the approaches of other international organizations, this Commonwealth Toolkit advocates for the adoption of a multisectoral approach to ECCE. It is built on the premise that education, health, nutrition, child and social protection are all sectors that should be involved in the planning and provision of accessible and quality early childhood care and education.⁸

Ethiopia's ECCE policy framework is based on the same concept. It aims to form a springboard from which other sector policies will be strengthened, developed or reviewed, particularly in the areas of health and nutrition, education, water, sanitation and social services. The four pillars of ECCE in Ethiopia involve multisectoral collaboration among education, health and nutrition sectors. According to this set-up, the Ministry of Health is to lead the initiatives for young children from the prenatal period up to the three+ year group, and the Ministry of Education for the four to six+ year group. The policy further encompasses child protection aspects and it has assigned the responsibility for child protection issues for all age groups to the Ministry of Women's Affairs and to the Ministry of Justice.

There are several other multisectoral interventions that are a part of the wider policy framework, such as the drafting of a proclamation on the registration of vital events, including births, a process undertaken by the Legal Research Institute under the Ministry of Capacity Building. Similarly, a committee composed of relevant ministries and chaired by the Ministry of Justice has been set up with the responsibility of developing the framework on birth registration.

Other than ECCE, none of the policies and strategies in the education sector respond to multisectoral challenges. The Education Development Road Map (2018-2030) refers to the provision of safe and child friendly facilities, such as water pipes and toilets,

however, there is no further discussion after this brief mention.

Overall, as is evident in the policy documents, the education sector goes hand-in-hand with the health sector, but their multisectoral responses, such as in child protection issues, are still limited.

1.4. Stakeholders Adequate Involvement

Engagement of stakeholders, including the perspectives of children and caregivers

The review of the documents makes evident the stakeholder engagement in the process of developing the ECCE policy framework and guidelines. The policy document clearly states that the development of the policy framework and the Strategic Operational Plan and the Guidelines was a consultative process, where the technical committee consisted of representatives of the Ministry of Education, Ministry of Health, the Ministry of Women's Affairs, UNICEF, Addis Ababa University, the Kotebe Teacher Education Institute, Save the Children Alliance and the Basic Education Network. Furthermore, the role of parents and caregivers has been emphasized, but that role is focused on the implementation of the ECCE policy rather than on its formulation. However, it is unclear whether children get a chance to participate at all.

The National Education and Training policy does not clearly define the policymaking process, and it requires further exploration. However, the policy provides for the creation of a mechanism which would allow teachers, professionals from major developmental organizations and beneficiaries to participate in the preparation, implementation and evaluation of the curriculum. The extent to which these mechanisms have been developed and are operational remain unclear. In terms of the engagement of children and caregivers, the policy has some provisions that reveal the intent to include women, children and other stakeholders in the preparation of educational support inputs. It provides that the participation of various organizations and individuals will be enhanced in the preparation, production, supply and distribution of educational support inputs, with a particular focus on the participation of women and students.

Similarly, the Education Development Road Map (2018-2030) also mentions coordination with sector miniseries, including the Ministry of Education, Ministry of Health and Ministry of Women and Children Affairs, and other stakeholders for the plan's development. In addition, the document reveals that to inform the new Education and Training Policy, key education stakeholders, who were participants of the field research, were invited to share their views

7 Meredith Gould and Francesca Walker, Education Development Trust (2021), "Harnessing multi-sector collaboration to respond to girls' educational needs."

Available at <https://www.educationdevelopmenttrust.com/our-research-and-insights/commentary/harnessing-multi-sector-collaboration-to-respond-t>

8 The Commonwealth, "Maintaining early childhood care and education." Available at <https://thecommonwealth.org/maintaining-early-childhood-care-and-education>



about the achievements and shortcomings of the Ethiopian Education and Training Policy, as related to teacher preparation and development. Several of these recommendations have been incorporated in the Education Development Road Map (2018-2030).

Overall, policies and strategies in the education sector are developed through a consultative process, using inputs from key stakeholders, such as government ministries, local government donors, development partners, NGOs and sometimes even teachers' associations. However, there is not enough evidence of children's participation in these matters.

1.5. Costing and Financing

While policy and strategy documents are silent on financing approaches, the ECCE policy framework document states that funds are limited, and there is a need for an efficient and cost-effective route to be developed for the comprehensive implementation of ECCE. Furthermore, the Education and Training policy provides for the financing of education to be just, efficient and appropriate in order to promote equity and quality of education. It also refers to the government's priority in terms of financial support, which continues up to the completion of general secondary education and related training (grade 10). The policy also explicitly highlights the scholarships and financial assistance to be provided to the needy, especially women.

1.6. Monitoring Framework M&E mechanisms

M&E frameworks have been laid out in some policy and strategy documents, and since most outcomes and indicators in the education sector are directly linked to children, all available M&E frameworks include outcome indicators linked to child-sensitive

targets. The ECCE M&E framework, for example, sets out indicators related to children's and parents' education and related to other groups' needs, including those of disadvantaged children. Other child-sensitive indicators, such as the extent to which teaching practices are child-centred and which resource centres are equipped to serve holistic child development, have also been included.

However, neither the Education and Training policy nor the Education Development Road Map mentions any M&E framework other than referring to the development of a built-in continuous M&E system. The Gender Strategy, however, lays out strategies related to M&E, including the need to institute a system of regular reporting on gender equality in education. It states that a regular federal system of reporting (monthly, quarterly, biannual and annual reports) on gender equality in enrolment, dropout, repetition, achievements, completion and graduation should be applied to track and measure the progress of planned targets at all tiers of the education system.

Furthermore, there is no legal or regulatory or policy framework in place that guides the accountability mechanisms for multisectoral policies relevant to the education sector.

Existence of Comprehensive Information Systems

The document review suggests that the Education Management Information System (EMIS) is available at decentralized levels in Ethiopia. With the support from the respective ICT offices, EMIS has been collecting and processing education performance data which can be used for enhanced service delivery. The Gender Strategy for the Education and Training Sector recognizes that while the EMIS does require sex and age-disaggregated data, it falls short of

collecting and analysing qualitative data on gender, which is also essential for measuring progress.

Multisectoral Monitoring

Finally, in terms of inclusion of the voices of all relevant stakeholders in the evaluations, including development partners, civil society organizations (CSOs) and rightsholders, the ECCE M&E framework highlights the indicators that refer to multistakeholder M&E, such as the extent to which recommendations are multisectoral. Another indicator is the level of effectiveness of the councils/kebeles coordinating structure in initiating and guiding the ECCE activities, as rated by beneficiaries and service providers. Other than the ECCE, there are no references in any documents to multiple stakeholders, including children, being involved in the evaluations.

1.7. Institutional Arrangements

All the policy and strategy documents highlight the gaps in horizontal communication and coordination among government agencies, donors and other actors involved in working on child rights. The ECCE documents in particular show that the absence of coherent government involvement has led to the implementation of fragmented activities, together with a number of gaps and overlaps. Since ministerial responsibilities are not spelt out, ministries are not clear as to which aspect of children's development they are responsible for, which has led to the inadequate provision of the rights of children. All the policies and strategies highlight provisions and plans for a mechanism of government efforts and support that is coordinated with other government agencies and with other stakeholder groups.



In terms of intersectoral collaboration in policy-making processes at the national level, all policies and strategies lay out provisions, other than the National Education and Training policy. The ECCE documents and the Education Development Road Map emphasize the intersectoral and integrated coordination among the Ministries of Education, Health and Women and Children Affairs. The Gender Strategy also provides for collaboration with the Ministry of Health and other relevant local and international stakeholders. Linkages with the family health package and the health extension programme have frequently been emphasized.

1.8. Adaptability

Provisions for adaptability in case of disasters/shocks

None of the education policy and strategy documents provide for the changing needs and vulnerabilities of children during times of disaster and crisis.

1.9. Mapping against the National Child Policy (NCP) Objectives

The education sector policies, specifically the ECCE policy framework and the Education and Training policy, demonstrate overall alignment with the main objectives of the National Children's Policy with a few exceptions. Firstly, these policies recognize and address the needs of vulnerable children while paying attention to the culture and traditions they are raised in. Community-based models, such as informal education and community-based pre-schools, have also been provided for.

Provide a comprehensive, integrated, quality, developmentally appropriate and culturally responsive service for the holistic development of all children – ECCE Policy Framework.

However, none of the policies specifically refer to orphan children, to local adoption, foster care and reunification and reintegration alternative care programmes.

Secondly, the protection of young children from any form of abuse and harmful practices has been provided for in the education policies. These include female genital mutilation, uvulectomy, child labour and certain feeding habits that have been recognized as harmful to the child's development. As per the ECCE policy framework, one of the ways to eliminate these harmful practices is through parental education.

As discussed earlier, the differential needs of children with disabilities have been acknowledged and provided for in all policies. Provisions to ensure a

conducive environment for the provision of proper care and support to children with disabilities include trained teachers, the establishment of disability and other service centres and accessible infrastructure, such as toilets with ramps.

In terms of strengthening coordination and collaboration among all stakeholders, the education policies contain objectives and provisions related to the promotion and strengthening of partnerships and of collaboration among all stakeholders required for the effective delivery of services and programmes for young children. The Education and Training policy also provides for the creation of a mechanism through which teachers, professionals from major developmental organizations and beneficiaries participate in the preparation, implementation and evaluation of the curriculum.

The fifth objective of the NCP is to pave the way for children to meaningfully contribute to matters that affect them, in accordance with their age and level of maturity. This is where the education sector policies are lacking. Although the ECCE policy framework provides for the Women Association Members playing a role in increasing the active participation of women and children, no further clarity is available on this matter and no specific provisions on, or references to, the contribution and participation of children are made.

While the ECCE policy framework ensures the best interest of the child in all its provisions, and highlights its mission as being to 'ensure all children the right to a healthy start in life, [that they] be nurtured in a safe, caring and stimulating environment and [that they] develop to their fullest potential'. However, the Education and Training policy does not sufficiently address this priority.

Apart from these objectives, other NCP aims focusing on children in difficult circumstances, children and family care, children and the environment, child abuse, child trafficking, child labour and harmful traditional practices have not been sufficiently addressed by education sector policies.

Overall, the education sector policies take most of the direction from the NCP. For example, creating school friendly, increasingly accessible schools and addressing the concerns of children with special needs are some of the directives that have been implemented from kindergarten to the preparatory levels.



2. Health and Nutrition Sector

Health and Nutrition Sector Documents:

For the present policy review, the major policies and strategies that are presently operational in the country have been studied. These include:

1. The National Health Policy – NHP (2011)
2. The National School Health and Nutrition Strategy – SHN (2012)
3. The National Nutrition Programme – NNP II (2016)
4. The National Newborn and Child Survival Strategy (2015)

2.1. Prioritization: Children and Child Rights Reference to international standards

Overall, the health sector strategies and programmes make reference, although limited in a limited way, to existing international conventions, laws, policies, guidelines and regulations, including the SDGs.

According to the National Health Policy (NHP) (2011), the Constitution of the Federal Democratic Republic of Ethiopia mentions health as one of the international human rights and states that the right of every citizen to health services needs to be considered. Within the NHP, there is reference, although in a limited fashion, to the MDGs and SDGs. The policy highlights the importance of a healthy, productive and prosperous community, with improved maternal and child health, but it makes no specific reference to international standards or targets. The policy overall mentions that multisectoral activities for the integration and implementation of health in all development policies will be strengthened, and that health partnerships with neighbouring countries and regional and international partnerships will be strengthened.

However, details of these partnerships are not referenced. The National School Health and Nutrition Strategy (SHN) (2012) refers to its alignment with the UNCRC, specifically the rights to quality health and nutrition services, safe drinking water and adequate sanitation, quality education, access to relevant health- and nutrition-related information, knowledge and skills that are appropriate, equal rights and non-discrimination and privacy and confidentiality regarding their health.

Overall, the strategy's guiding conceptual framework is the international framework Focusing Resources on Effective School Health (FRESH), which recognizes the

many facets of health. FRESH adopts a multisectoral approach to working on different aspects of human development, such as safety from violence and crime, equity, inclusion, relief and development aid, social and sustainable development⁹.

In regard to nutrition, the National Nutrition Programme (NNP II) (2016) makes clear references to global nutrition movements and to declarations, such as the Scaling Up Nutrition Movement, the Maputo Declaration, the Global Nutrition for Growth Compact, the Rome Declaration on Nutrition, Ethiopia's 2015 Seqota Declaration and others. Reference is made to the SDGs and the programme highlights how nutrition is vital for achieving 12 out of the 17 SDGs while supporting development of the remaining 5 SDGs.

The National Newborn and Child Survival Strategy does not reference updated targets. In 2014, Ethiopia was among the 194 Member States that endorsed Every Newborn,¹⁰ a road map of strategic actions to end preventable newborn mortality and stillbirths, maternal mortality and morbidity.¹¹ However, the National Newborn and Child Survival Strategy, which was published in June 2015, does not reference these updated targets and commitments in the plan and only makes reference to the MDGs.

Highlighting the ambition and urgency to protect the rights and best interests of children

The strategies and programmes highlight the ambition and urgency to protect the rights and best interests of the child. The National Newborn and Child Survival Strategy (2015/2016-2019/2020) highlights the imperative to consolidate the encouraging gains in child survival and the long-term vision of the country to end all preventable child deaths by 2035.

⁹ <https://www.fresh-partners.org/fresh-framework.html>.

¹⁰ The Every Newborn Action Plan takes forward the Global Strategy for Women's and Children's Health that includes four life-saving commodities specific to newborn survival: (i) the Scaling Up Nutrition framework for action; (ii) the Global Immunization and Vaccine Strategy; (iii) the Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea; and (iv) Countdown to Zero for Eliminating Mother-to-Child Transmission of HIV and improving the health of women with HIV, see https://www.researchgate.net/publication/271220896_Advancing_the_newborn_and_stillbirth_global_agenda_Priorities_for_the_next_decade.

¹¹ <https://www.healthynewbornnetwork.org/hnn-content/uploads/Final-Country-Progress-Report-v9-low-res.pdf>.

The SHN strategy highlights the rationale behind school-related nutritional investments, stating how despite schoolchildren being considered naturally healthy, in many areas schoolchildren are affected by health- and nutrition-related problems that constrain their ability to thrive and to benefit from education.

The NNP II, built on the lessons learnt from NNP 1, is focused on the integration and coordination of nutrition-specific interventions that address the underlying determinants of malnutrition and the creation of an enabling environment through which nutrition interventions were governed and supported by evidence enhanced decision-making. However, the NHP, which is a critical policy in the health-care sector, while mentioning the need to reduce maternal and child mortality, does not highlight with urgency the requirements to protect the best interests of children. In fact, the policy does not make adequate reference to children and their health needs.

Consideration of Rights-Based Inclusiveness

The NHP, SHN and NNP II are rights-based and inclusive in their articulation. The NHP recognizes that health-care services should be accessible to all citizens on an equal and fair basis without discrimination on the basis of location, gender, race, religion, political opinion, economy or other factors. The policy makes reference to communities, with emphasis on youth and women, acknowledging their participation in the health-care sector. However, there is no explicit mention of children as rightsholders and as key stakeholders.

On the other hand, the SHN strategy considers children and youth as important stakeholders and mentions the differential needs of vulnerable children, including orphans, children with disabilities, children with special needs, poverty-based vulnerability and those belonging to marginalized groups. Further, the strategy adopts a gender sensitive lens providing both short- and long-term solutions through a gendered perspective. The NNP II makes explicit references to children as important stakeholders and makes gender sensitive references through the strategic objectives, which specifically mention gender-sensitive nutrition implementation as a target. The programme also responds to the needs of vulnerable children and recognizes children in special circumstances, including emergency situations, refugee camps, orphanages, day care centres, children with chronic infections and others.

The National Newborn and Child Survival Strategy is not adequately inclusive in its articulation. The strategy makes references to socio-economically marginalized groups. However, the strategy overlooks

critical areas, such as references to gender-specific targets. Given that the mortality rate is affected by gender in Ethiopia,¹² this is a key factor that is unaccounted for. Further, the strategy does not reference children with disabilities who make up about 30 per cent of all disabled people in the country and 1 per cent of the severely disabled population.¹³ Given the relationship between neonatal and infant care and disability (children with disabilities often require specialized care during the neonatal phase, while, on the other hand, neonatal and infant health affect multiple measures of disability at a later phase¹⁴), this is a crucial factor that is unreferenced.

2.2. Responsiveness to Needs

Understanding of and responsiveness to the risks and needs of vulnerable children

Provisions to address violence, neglect and abuse

Overall, the health sector strategies and programmes make provisions to address critical issues related to violence, neglect and abuse faced by the most vulnerable children. The SHN strategy acknowledges some of the major problems of adolescence, such as violence, tobacco and substance abuse. The strategy also mentions that provisions will be put into place to ensure a safe and secure physical environment and a positive psychosocial environment, and to address issues such as abuse, sexual harassment, school violence, bullying and other forms of exploitation.

The NNP II acknowledges that a number of harmful traditional practices, such as food taboos for women and girls (especially pregnant and lactating women), early marriage and violence against women have contributed to the poor nutritional status of the majority of infants, young children and women in Ethiopia. The Newborn and Child Survival Strategy does not adequately emphasize the needs of vulnerable children. There is no reference made for the provision of proper care and support for children with disabilities or special needs. Further, there are no provisions made to ensure the survival and development for children in difficult circumstances, including children who are victims of natural and manmade disasters.

In terms of protecting children from harmful traditional practices, the strategy does not reference female genital mutilation (FGM) and other harmful traditions which are known to have adverse obstetric outcomes.¹⁵ When it comes to protecting children from discrimination and neglect, the strategy does not explore how neglect can contribute to infant or child mortality or make provisions to address this. Further the NHP, while acknowledging the harmful traditional practices, attitudes and lifestyles in

12 <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-019-0387-4>

13 <https://www.unicef.org/ethiopia/media/3016/file/3.Situation%20and%20access%20to%20services%20of%20persons%20with%20disabilities%20in%20Addis%20Ababa%20Briefing%20Note.pdf>

14 <https://www.nber.org/papers/w25828>

15 <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-018-1937-4>

Ethiopian society, fails to highlight how children's health (or general health and well-being) may suffer due to this. The policy only briefly alludes to the spread of infectious diseases, in particular non-communicable diseases, due to lack of hygiene caused by poor living conditions and lifestyles.

Ensuring psychosocial well-being

The health sector strategies and programmes are holistic in recognizing a broader definition of health that extends beyond physical health to include psychosocial and environmental health. The SHN strategy recognizes that the development of attitudes related to gender equity and respect between girls and boys and the development of specific skills, such as dealing with peer pressure, are central to effective skills-based health education and positive psychosocial environments. To enable this, the strategy mandates the provision of health services in schools, such as counselling and social services.

The NNP II also promotes psychosocial well-being by accompanying nutrition interventions with counselling services for caregivers, adolescents, pregnant and lactating women, communities and others, to empower and engage individuals and communities in their health and nutrition journey. With regards to the NHP, although it mentions that therapeutic and rehabilitation care, including mental health, will be strengthened, mental health seems to be more of an additional aspect that will be considered as compared to recognizing mental health as a critical part of overall health.

2.3. Sectoral Disaggregation

Holistic and multisectoral

Overall, the health sector strategies and programmes are fully responsive to multisectoral needs. The strategies recognize that nutrition is at the heart of the SDGs and is vital for achieving 12 out of the 17 SDGs; and that given the multidimensional nature of health and nutrition, a coordinated approach is required among ministries. For example, the NHP acknowledges that health requires a multifaceted development effort, including the development of policies and action plans in all sectors. The policy also recognizes the requirement of responses across multiple levels, including at the level of strategy, legal framework, design and practice.

The NNP II acknowledges that the shortcomings of NNP I highlighted the criticality of multisectoral coordination. In NNP I the existing structure was not strong enough to coordinate the implementation as it lacked clearly defined responsibilities and accountabilities. NNP II was developed to strengthen multisectoral coordination, capacity-building and implementation of nutrition-sensitive interventions

across sectors.

The National Newborn and Child Survival Strategy (2015) responds to the multisectoral approach in two ways: firstly, it emphasizes the linkage across maternal, newborn and child health service delivery points within health facilities and between the home and health facility to avoid missed opportunities and provides comprehensive service for newborns and children at community and facility levels. Secondly, the strategy also looks at multisectoral investments across malnutrition, health (feeding practices, vaccination, antenatal care, postnatal care, among others) and WASH to reduce mortality rates. The SHN strategy prioritizes the multisectoral approach indicating that one of the key objectives is to strengthen the coordination, linkage and partnership of SHN interventions by the Ministries of Education, Health and Water, communities and other stakeholders.

2.4. Stakeholders Adequate Involvement

Engagement of stakeholders

The policy development process is collaborative and includes inputs from the government, development partners, civil society, academia and other relevant stakeholders. For instance, the SHN strategy was developed with consultations from the National School Health and Nutrition Taskforce which had team members comprising of the Ministry of Health, Agriculture, Women, Youth and Children Affairs, Water and Energy, the United Nations, World Food Programme, Save the Children UK and US, United States Agency for International Development (USAID), World Health Organization, UNICEF, World Bank, other partners and the community. Within the NNP II, that the National Nutrition Coordinating Body (NNCB), consisting of 11 government sectors and a range of nutrition development partners, including civil society organizations, academia and the private sector, remain the main mechanism for leadership, policy decisions and coordination.

Inclusion of the perspectives of children and caregivers

The NHP, SHN and NNP II incorporate the perspectives of children and caregivers. The NHP strategy is extremely focused on not only community participation and consultation in the development process, but also on community ownership in implementation so that communities have sufficient knowledge and skills to identify and develop solutions to their problems and are ultimately self-sufficient. The SHN strategy included community consultations as part of the development strategy, while the NNP II is formulated on the basis of incorporating the perspectives of CSOs, apart from those of government, development partners and the private sector.

2.5. Costing and Financing

Financing mechanisms

The health sector strategies and programmes do not adequately make references to financing frameworks. For instance, the NHP mentions that financial resources from private and international sources will be managed in a robust and coordinated manner and budget allocation will be strengthened to ensure quality and equitable access to health services.

The policy mentions that to enable this, the sector will need to create effective practices and structures. However, there are no references on what the financing framework will specifically entail.

The SHN strategy makes minimal reference to the financing mechanism, only stating that the National SHN Inter-Agency Coordinating Committee (SHN-IC) will be responsible for advocacy and allocation of budgets for SHN programmes and that the resources will come from government budgets, development partners and other stakeholders. NNP II makes no mention of a financing framework, but only mentions the budget and the division of the government contribution and donor contribution.

The National Newborn and Child Survival Strategy states that that existing funding channels (from the first newborn survival strategy) will continue to be used as a financing arrangement in the implementation of interventions through direct funding by the government or by health development partners. In addition, the Ministry of Health will continue to expand the fund base of the Technical Assistance Pooled Fund. To ensure the financial sustainability of the health system, the strategy mentions that the Ministry of Health will also work with regional governments and health bureaus to scale up the Community-Based and Social Health Insurance schemes.

2.6. Monitoring Framework

M&E mechanisms

Overall, the national health sector strategies and programmes make adequate reference to the monitoring and evaluation mechanisms. The SHN strategy mentions that a National SHN Taskforce/ Technical Committee – an inter-sectoral committee comprising of technical experts from the government line Ministries of Education; Health; Women, Children and Youth Affairs; Water Resources; and other relevant ministries, as well as other stakeholders – will be responsible for monitoring and evaluation. The SHN M&E system will incorporate SHN-related data into the existing EMIS which will provide the required SHN-related information.

The National Newborn and Child Survival Strategy and NHP focuses more on the importance of monitoring and evaluation but do not explicitly highlight the mechanisms in place to achieve this. The strategy mentions that monitoring and evaluation is key to

provide an evidence-based decision for effective, efficient, and synergistic implementation of programs and that progress will be monitored annually using standard indicators. The NHP mentions that the human resource information management, planning, implementation, monitoring and control systems with be strengthened with the help of modern technology and that strategic plans will also have a monitoring and evaluation framework.

The NNP II clearly references monitoring mechanisms. The strategy mentions that one of the key lessons learnt from NNP I is that nutrition coordinating bodies and technical committees, though established, were not functional due to the lack of accountability mechanisms. Thus, NNP II will address these issues by putting in place a clear structure of accountability along with reporting mechanisms to ensure that these entities are functional and accountable. Within NNP II and clear targets are mentioned under each strategic objective.

Institutional Arrangements

Institutional arrangements for coordination

Overall, the health sector strategies and programmes outline the institutional arrangements and coordination mechanisms to varying degrees. The SHN strategy highlights the criticality of an institutional coordinating body stating that in the past in Ethiopia school-based health and nutrition programmes were fragmented and uncoordinated as they were implemented by different stakeholders, which led to inefficient programme delivery and poor results.

Thus, the SHN strategy seeks to fill the gaps, harmonize and strengthen interventions by establishing the National SHN Inter-Agency Coordinating Committee with officials from the Ministries of Education, Health, Women, Children and Youth Affairs, Water and Energy Resources and other relevant ministries and stakeholders.

The roles and responsibilities for each sector are clearly outlined in the strategy. Within the NNP II, the NNCB is the main body for leadership, policy decisions and coordination of the NNP. The strategy recommends that NNCB be placed under the office of the deputy prime minister and invested with increased and appropriate executive power and accountability. In the National Newborn and Child Survival Strategy (2015) details of arrangements and roles are not stated, presumably because they will continue from the previous National Child Survival Strategy (2005-2015). The strategy only briefly mentions strengthening the newborn and child survival partnerships and coordination platforms under the leadership of the Ministry of Health. In the NHP, although the importance of institutional coordinating mechanisms is mentioned, no actual coordinating arrangements are specified.

2.7. Adaptability

Provisions for adaptability in case of disasters/shocks

Overall, the health sector policies and strategies, apart from the NHP and NNP II, do not adequately respond to the evolving risks and vulnerabilities of children and adaptation of support in the event of shocks. The NHP references pre-warning systems strengthening and vulnerability information handling and analysis to enable the public health system to withstand and respond rapidly to public hazards and similar shocks. NNP II makes reference to nutrition sensitive interventions in disaster risk management and provides a framework for coping with the impact of hazards and related disasters to reduce malnutrition-related risks caused by disaster. The SHN and National Newborn and Child Survival Strategy make no reference to adaptation.

2.8. Mapping against the National Child Policy (NCP) Objectives

The health sector strategies and programmes, especially the SHN and NNP II, are largely aligned with NCP's main objectives in the following ways:

Firstly, by supporting the needs of vulnerable children. For example, the SHN strategy acknowledges the needs of vulnerable children, including orphans, children with disabilities, children with special needs and those belonging to marginalized groups.

Secondly, by protecting children from harmful social practices as evidenced by the NNP II which highlights a number of harmful traditional gendered practices, such as food taboos for women and girls (especially pregnant and lactating women), early marriage and violence against women.

Thirdly, by making provisions for the care and support of children with special needs. The SHN strategy explicitly highlights the needs of children with disabilities and special needs and the provisions to address them.

Fourthly, by strengthening stakeholder collaboration to ensure the welfare of children. For example, the National Newborn and Child Survival Strategy emphasizes the strengthening of multisectoral investments and multi-stakeholder collaboration across malnutrition, health (feeding practices, vaccination, ANC, PNC, among others) and WASH to reduce infant and child mortality rates.

Fifthly, by paving ways for children to contribute meaningfully, such as the SHN Strategy that aims to ensure that children are healthy and better nourished so they have an opportunity for a better life through education.

Lastly, by ensuring the best interests of the child, which is evident through all the policies that highlight a strong rationale and urgency for investments in the development of children.

However, the NHP is not aligned with the objectives of the NCP. Although the policy does make reference to equal access to health care services irrespective of location, gender, race, religion, political opinion, economy or other factors and acknowledges the needs of persons with disabilities and special needs, the policy does not explicitly acknowledge the needs of children. Overall, children are only referenced briefly mentioned in the policy and only in respect to lowering child mortality rates. The National Newborn and Child Survival Strategy needs to be updated to better align with the objectives of the NCP. Firstly, it does not adequately emphasize the needs of vulnerable children: there is no reference made for the provision of proper care and support for children with special needs.

Further, no provisions are made to ensure the survival and development for children in difficult circumstances, for example children who are victims of natural and manmade disasters. In terms of protecting children from harmful traditional practices, the strategy does not reference female genital mutilation and other harmful traditions, which are known to have adverse obstetric outcomes,¹⁶ thus affecting maternal and child health.

Finally, when it comes to protecting children from discrimination and neglect, the strategy does not explore how neglect can contribute to infant or child mortality and does not make provisions to address this. A key aspect where the National Newborn and Child Survival Strategy and SHN strategy can be updated to better align with the key objectives of the NCP is by making provisions for adaptation of support in case of shocks, disasters or emergencies. For example, while the SHN strategy empowers guardians with skills and infrastructure to address health and nutrition problems that affect children, the strategy can benefit from mentioning how support can be adapted in case of shocks, disasters or emergencies to ensure that children continue to receive the required nutritional intake.



3. Child Protection Sector

The following policies, strategies and programmes were analysed for the Child Protection policy review:

1. National Children's Policy (2018)
2. Ethiopia Code of Conduct on SRGBV Policy Enactment (2014)
3. Alternative Childcare Guidelines on Community-Based Childcare, Reunification and Reintegration Programme, Foster Care, Adoption and Institutional Care Service (2009)
4. National Case Management Framework System for Child Protection (2019)
5. National Costed Road Map to End Child Marriage and FGM/C (2020–2024)
6. National Action Plan to Eliminate the Worst Forms of Child Labour (2016– 2020)

3.1. Prioritization: Child and Child Rights Reference to international standards

Ethiopia has ratified international conventions and instruments relevant to realizing the rights of children, including the Universal Declaration of Human Rights (1948), the African Charter on Human and Peoples' Rights (1981), the UNCRC (1989), the UN CEDAW (1995) and the African Charter on Rights and Welfare of the Child (1999). These are supported by a robust legal framework provisioning a more inclusive family code and a criminal code that recognizes child protection violations to include practices, such as child marriage, as being prejudicial to the rights of children and women.

Overall, the reviewed national policies attempt to align, integrate and centre international standards related to children's rights. Across most of the documents there is significant reference to the UNCRC, with particular emphasis on the "the best interests of the child", "non-discrimination", "survival and development of the child" and a "child[']s active participation in the community".

Ethiopia's National Child Policy is aligned with the basic principles of the UNCRC. The contents of the policy cover all the relevant articles of the convention, except for the provision on ensuring postnatal health care for mothers. The NCP mentions prenatal care but does not refer to the provision of postnatal care for women. Similarly, the policy aligns with the African Charter on the Rights and Welfare of the Child except for the provision to ensure appropriate health care for nursing mothers. The NCP also reflects the government's commitment towards the SDGs. All SDGs related to children have been covered in the policy apart from SDG 5 Gender Equality. The policy document does not explicitly address this challenge.

The Alternative Childcare Guidelines on Community-Based Childcare, Reunification and Reintegration Programme, Foster Care, Adoption and Institutional Care Service (2009) makes reference to the UNCRC. The notion of survival and development is manifested through the provision of services such as education

through community-based organizations (CBOs), health services (such as health education), economic support and psychosocial support. In alignment with the UNCRC, these alternative guidelines include reunification procedures from tracing, counselling, unification, provision of material support and follow-up services.

The 'best interest of the child' also appears throughout adoption procedures, ranging from psychosocial assessments, rigorous court procedures, follow-up assessments and other measures to ensure that the adoption is beneficial to the child. The guidelines have a number of weaknesses on a number of cross-cutting issues. Firstly, there are no provisions or guidelines to deal with children engaged in child labour according to international standards. Secondly, the guidelines do not make a reference to children suffering from addiction, nor children affected by conflict, as detailed under Articles 32 and 38 of the UNCRC.

The National Case Management Framework System (NCMS) for Child Protection similarly refers to the UNCRC throughout its policy. It integrates principles related to the best interest of the child, seeking informed consent and child participation. This commitment is further concretized in the best interest assessment carried out during referrals and in seeking the consent of the child during the referral stage if they are of minimum consenting age. Although the UNCRC does not specify the degree of participation, NCMS mainly refers to limited practices of seeking consent.

Similarly, the National Road Map to End Child Marriage and FGM embeds the core principles of the best interests of the child, non-discrimination (based on faith and gender) and child's right to participation in solutions to end child marriage and FGM/C. The principle of 'survival and development' manifests itself in the priority assigned to the health, education and overall well-being of girls vulnerable to child marriage and FGM/C practices. In addition, the National Road Map integrates several elements of

the African Charter on the Rights and Welfare of the Child 1990, including the prohibition of child marriage and the establishment of a minimum marriage age requirement of 18. In addition, the National Road Map has ratified CEDAW, with specific reference to the banning of laws, regulations, customs and practices that promote women's inferiority and child marriage.

The Ethiopia Code of Conduct on SRGBV Policy Enactment emphasizes the importance of respecting the rights of equality, dignity and freedom of humanity according to the constitution of Ethiopia and international human rights agreements and declarations. However, the code excludes corporal punishment and bullying, which both have gendered dimensions.

Lastly, the National Action Plan to Eliminate the Worst Forms of Child Labour also cites the UNCRC. In addition, it identifies the ratification of two International Labour Organization conventions on child labour: the Minimum Age Convention, 1973 (No.138) and the Convention on the Worst Forms of Child Labour, 1999 (No. 182).

The child protection policies and strategies also reflect the government's commitment towards the SDGs. However, gaps remain in SDG 5 Gender Equality and SDG 10 Reduced Inequalities, as the documents do not make adequate references to the challenges faced by girls and children with disabilities.

Highlighting the ambition and urgency to protect the rights and best interests of children

In general, the strategies and policies underscore their ambition to protect the rights and best interests of children by mobilizing different sectoral capacities and levels of governance. It is evident from the policy document that the Government of Ethiopia found it necessary to formulate a comprehensive National Children's Policy to sustain its commitment to respect, protect and fulfil children's rights and enhance the family and community's role in the healthy growth and personality development of children. The NCP mentions the government's commitment to protecting children's rights and welfare, which forms the basis of the comprehensive National Children's Policy. The NCP also safeguards the best interests of the children considering this as an utmost priority. It states that all actions taken by all concerned stakeholders need to have the best interest of the child as a primary concern.

The Alternative Childcare Guidelines, originally created in 2001, underscore a commitment to child protection at multiple levels – including responsibility to provide alternative care and to provide mechanisms and provisions to effectively regulate childcare. The strategies in the Alternative Childcare Guidelines demonstrate a significant focus on and prioritization of children's interests by detailing comprehensive procedures to ensure the health, economic, educational and psychological well-being of children

at each stage. Aligned with international and regional conventions, the guidelines employ an explicitly rights-based approach that aim to reduce harm, maximize the well-being of children and include participatory mechanisms such as community based organizations.

The National Case Management System for referrals underscores the level of ambition by detailing the division of responsibilities at the national level of government, down to the lowest levels of the woreda and kebele for each sector. This is further concretised by including an memorandum of understanding to ensure various ministries and NGOs coordinate, collaborate and maintain accountability. Its ambition is highlighted by the comprehensive detail of case referral procedures – from intake, case planning and implementation, case management meetings, case review and case closures. Nevertheless, there are less explicit mechanisms to address needs and transitional services for these children as they approach the age of 18.

The National Road Map to End Child Marriage and FGM demonstrates its ambition by specifying its targets and desired outcomes. The road map aims to reduce child marriage and FGM/C by 50 per cent by 2020, and aims for the total elimination of the practice by 2025. In terms of financing, the National Road Map budget is Ethiopian Birr (ETB) 2.72 billion over its five years duration, with funding allocated to low, middle and high priorities. The National Road Map identifies outcomes, strategies, lessons learned and a monitoring framework. Nevertheless, it lacks an extensive description of roles and responsibilities among different sectoral actors in each intervention, and lacks specific information on the inputs and resources required to end child marriage and FGM for each sector.

Lastly, the child protection sector displays its ambition and sense of urgency by mobilizing laws to support the rights of children. The National Road Map demonstrates a robust commitment to ending child marriage and FGM. At the domestic level, the Road Map notes Ethiopia has revised family and criminal laws to end child marriage and FGM. In addition, several policies seek to end child marriage and FGM, such as the National Policy on Ethiopian Women and the Ethiopian Women's Development and Change Package. The National Action Plan to Eliminate the Worst Forms of Child Labour echoes efforts in the National Road Map in that several laws and regulations are identified that aim to end child labour. These include, but are not limited to, the Prohibition of Forced Labour, Prohibition of Using Children in Illicit Activities and the Prohibition of Military Recruitment by Non-state Armed Groups.

Certain policies demonstrate their ambition, by building a thorough body of evidence to improve policies for children. For example, the SRGBV is



part of the End Gender Violence in Schools (EGVS) initiative. It is a three year collaborative, action research project from 2014-2017 to build evidence and better understand, inform and strengthen the process of policy enactment on school-related gender-based violence.

Consideration of rights-based inclusiveness

The entire sector is targeted towards children, therefore children and their caregivers are considered the main rightsholders in all policy and strategy documents. For example, since the NCP is targeted towards children, children and their caregivers have been considered as the main rightsholders throughout the policy document. Similarly, in the Alternative Guidelines for Childcare, rightsholders have increased the scope to demand rights through the participatory components of community-based child protection. This includes assistance for community members to identify, develop, use skills and resources to effect changes in their communities, including participating in the development of an alternative childcare programme.

Furthermore, inclusion of participation and empowerment in the guidelines varies greatly. Community-Based childcare organizations, for example, certainly provide a forum and tool to empower communities in decision-making. However opportunities for participation are much weaker in the childcare process as they are limited merely to gaining consent in the context of fostering an adoption.

The NCMS multisectoral approach utilizes more dynamic rights-based objectives – enabling children to access their right to education, health, police and the justice system. These procedures in the referral system puts considerable emphasis on identifying and assessing their level of risk, ensuring they are referred to the necessary services, and in this way safeguarding their rights. Nevertheless, the NCMS approach does not include a gender-sensitive lens in assessing vulnerability, nor does it address how referrals may address rights related to education, health needs or livelihood.

The National Road Map to End Child Marriage and FGM explicitly recognizes child marriage and FGM as a violation of human rights through various international, regional and national human rights instruments and laws. The outcomes identified in the Road Map's theory of change emphasize the importance of empowering girls and women to exercise their choices and create an enabling environment to enhance their rights. In addition, community mobilization efforts both increase participation from local stakeholders, and provide a forum that focuses on the gender and rights-based perspective by encouraging dialogue and reflection on gender roles and social practices harmful to girls, such as child marriage.

Similarly the SRGBV code identifies gender-based violence as a violation of human rights and makes gender specific references to children and youth as

rights holders. The code states that both women and men are victims of school-related gender-based violence, with the caveat that females are more vulnerable to such violence.

The National Action Plan also adopts an explicitly rights-based approach in its adoption of laws and regulations that seek to curb the exploitation of children, while also ratifying international conventions that seek to ensure each child's well-being and protection from harm.

Recognition of the importance of investing in children

The child protection policies recognize the importance of investing in children as a mechanism to support children, although these policies are not sufficiently linked to long-term investments and they do not have a comprehensive gender framework.

The Alternative Childcare Guidelines indirectly recognize the importance of investing in children. CBOs are tasked with enrolling children in vocational education, ensuring access to educational services for vulnerable children and providing school materials and uniforms. Health investments are also specified, including health education and referral to local health services.

The NCMS takes a comprehensive, multisectoral approach to investing in children – establishing linkages between education, health and psychosocial services that foster human capital development. The emphasis, however, is primarily rehabilitative, instead of focusing on the long-term investment in children. The SRGBV code emulates this approach to improve human capital development. It aims to provide young children with improved access to health care, education, and improved nutrition. Improving these areas makes indirect and direct contributions to improving their quality of life, to their ability to contribute to society and to enhancing their right to develop as productive citizens.

Both the Alternative Childcare Guidelines and the NCMS lack a comprehensive integration of gender. The Alternative Childcare Guidelines is weaker in identifying investments for girls, with discussions held merely to ensuring access to education for girls through CBOS, and identification of female hygiene and sanitary products. In the NCMS, analysis and inclusion strategies to promote investments for girls are notably absent, with only limited services identified to tackle sexual violence that may indirectly suggest a gender lens.

In contrast, the National Road Map emphasizes the importance of investing in girls through education and health. It notes that child marriage has a negative effect on educational attainment as girls are often preoccupied with rearing children and have commitments that reduce their interest in school, or cause them to drop out. To address this, the Road Map aims to mobilize community members and girls

around the importance of education and enhance the capacity of the educator sector. The National Road Map also includes provisions to educate communities on the adverse health effects of child marriage and FGM, while supporting health workers to adopt holistic approaches and to identify those vulnerable to child marriage and FGM.

Similarly, the National Action Plan seeks to give children engaged in the worst forms of labour an education by providing free schooling.

3.2. Responsiveness to Children's Needs **Understanding of and responsiveness to the risks and needs of vulnerable children**

The child protection policies reference vulnerabilities to different degrees. However, they consistently employ a multisectoral approach to addressing education, health and psychosocial needs. Although the Alternative Childcare Guidelines briefly address vulnerabilities related to schooling, health status and psychological needs, they detail the comprehensive services required for childcare which range from improving access to education (i.e. through CBOs), health assessments, provision of economic support for guardians and counselling services for foster children and adoptees.

The NCP addresses the needs of vulnerable children, those living in difficult circumstances, children from pastoralist and semi-pastoralist areas and refugee children, and children in trouble with the law and victims of crime. It acknowledges that these children require special support and care relevant to the various challenges they face, such as addiction and crimes for children living on the streets. It also recognizes that the consequences of these problems are far worse for girls in the street. There has also been a significant focus on orphan children and children separated from their families.

The case management procedure in the NCMS provides more detail regarding assessments and subsequent referral procedures. Clear guidelines are present to ensure accurate assessment of individual risks and to conduct case conferences to identify multisectoral needs, such as education, health care and psychosocial support. For example, the NCMS tasks schools with identifying vulnerable children (i.e. through schools), ensures that childcare institutions provide alternative learning arrangements for children with learning difficulties and provide access to health services for children under their care. In comparison to the SRGBV, which does not identify specific multisectoral strategies or interventions, the NCMS provides a comprehensive policy architecture and process to link children to different sectoral services.

The National Road Map relies on similar sectoral synergies to address the risks of FGM and child marriage for girls. Sectoral interventions are child-specific – boosting girls' enrolment in school,

increasing access to education and providing school materials and uniforms. In addition, it also aims increase the overall girl-friendliness of health services by implementing menstrual health services, creating safe spaces at schools and providing psychosocial support.

The National Action Plan to Eliminate the Worst Forms of Labour clearly identifies the issues of child exploitation, trafficking and the economic factors influencing child labour. It identifies improvements in quality education as one sectoral intervention that can address these vulnerabilities. The Action Plan therefore references and seeks to align itself with the Education Sector Development Programme V (2015–2020) and the Ethiopian Education Development Road Map (2018–2030), among others.

The Alternative Childcare Guidelines are the only policy that include provisions for children with disabilities, although these references are not extensive. This includes providing specialized community-based childcare for children with disabilities, access to learning supports and accessibility appliances. The other policies do not mention or reference children with disabilities, which represents a major gap in child protection policies that may require significant policy development and articulation within strategies.

[Provisions to address violence, neglect and abuse](#)

Violence, neglect and abuse are addressed inconsistently in child protection policies, with brief and often unspecific articulation to their gendered aspects. The main efforts are drawn from the NCMS, involving multiple sectors such as the Ministry of Health, the Ministry of Education and the police services at each level of government. Facility- and community-level health services provide immediate care in the case of physical and sexual abuse, while case workers and schools are also tasked with assessing or identifying suspected cases of abuse or exploitation to the police.

As violence and abuse have notable gendered dimensions, several measures are in place to limit and eradicate these practices. The National Road Map identifies FGM and child marriage as violence against children, and subsequently acknowledges the role that psychosocial services play in dealing with these traumas. It does not, however, specify linkages between the types of abuse and the exact types of restorative, rehabilitative and referral services available to girls. The SRGBV code does include instructions on sanctioning violence after it takes place in schools. Nevertheless, this emphasis on sanctioning is not met in equal measure with preventative measures that could further contribute to a reduction in GBV, including community education or education for boys and girls alike. Lastly, the Action Plan takes notes of the Prohibition of Commercial Sexual Exploitation of Children within the Criminal Code.

Intergenerational sexual relationships between adults and children are mainly discussed in the National Road Map in terms of child marriage. The Road Map limits discussions to the traumatic nature of sex for children in child marriages, which often involve a significantly older partner. The Alternative Childcare Guidelines and National Road Map make no direct reference to intergenerational sexual relationships, but do specify the importance of psychological assessments and psychosocial support for girls exposed to FGM or child marriage.

[Gender-sensitive articulation](#)

Violence, neglect and abuse are addressed inconsistently in child protection policies, with brief articulation of their gendered aspects. Although the NCP refers to violence and abuse at various instances and addresses these risks through several provisions, there is no explicit mention of gender-based violence other than a general description of the harmful practices that exist in the country. The policy does not explicitly address the widespread violence against girls, which is evident from the current rates of child marriage, sexual abuse, intimate partner violence, non-partner physical and sexual violence and harmful traditional practices like female genital mutilation.

The Alternative Childcare Guidelines, NCMS and Action Plan to eliminate child labour demonstrate the lack of a standardized gender-sensitive approach, impedes potential gains from a comprehensive multisectoral approach to child protection and only ensuring education and access to female hygiene products.

This absence is particularly notable for NCMS, as sensitivity to gender issues is critical in assessing the state of children who are victims of sexual abuse. In order for case management to seek the best interests of these children, referral mechanisms and sectoral services require comprehensive gender sensitization to address girls' vulnerabilities.

Gender sensitive child protection policies are strongest within the National Road Map. It focuses on the vulnerabilities faced by young women and their consequences, and it is aligned with global international and regional frameworks that enshrine the importance of gender equality. Furthermore, the Road Map identifies risks and vulnerabilities that are specific to girls, from the social stigma of unmarried women, the domestic divisions of labour, vulnerability to sexual abuse, and the health risks arising from FGM.

[Sexual health and well-being](#)

Policies on contraception are briefly addressed, although not to the extent that they are a central or sufficiently articulated part of child protection. Unlike the SRGBV and NCMS, the alternative Childcare Guidelines briefly note reproductive health and contraceptives are provided to youngsters. As expected, contraceptive methods are identified in the National Road Map to End Child Marriage

and FGM as means that help young girls avoid rectovaginal fistula, unwanted pregnancies and the stigma of being pregnant and unmarried.

Provisions to address the effects of migration on children

Child protection policies are particularly weak in light of the effects of migration on children – it is notably absent from the SRGBV code, the action plans to eliminate child labour and only briefly mentioned as a vulnerability in the Alternative Childcare Guidelines. The National Road Map goes slightly further in recognizing Ethiopian child migrants fleeing pressures to marry, and who are subsequently exposed to a variety of risks in host countries. However, it fails to articulate a strategy to address these migrants or the particularities of their situation.

Provisions for children in conflict with the law

In regard to the policies for children in conflict with the law, the NCMS and Road Map only briefly acknowledge their vulnerability status without mentioning any remedial measures.

Evidence-based approaches to policy development

The ability for child protection policies to respond to children's needs is inhibited by inconsistent bodies of evidence that are used to inform various measures. Whereas the Alternative Childcare Guidelines cite little evidence, the NCMS is based on a more comprehensive evidence gathering process involving a national assessment of existing structures, case management practices and consultations with the Regional Bureaus of Women and Children Affairs.

The National Road Map relied on the Ethiopia Demographic and Health Survey 2016, a review of evidence on successful interventions at the national level and consultations with government ministries, civil society and adolescent girls.

Similarly, the SRGBV was led by the Ministry of Education and UNICEF, and stakeholder perspectives were included by involving the Ethiopian Teachers Association which channelled complaints they received from teachers.

3.3. Sectoral Disaggregation **Holistic and multisectoral**

The referral process within the child protection system adopts a comprehensive multisectoral approach. The NCMS provides a coordination framework for management that includes the Ministry of Health, the Ministry of Education, the Federal Police Commission and the Ministry of Labour and Social Affairs (MOLSA). Coordination takes place through the Technical Working Group, which also includes NGOs, INGOS, UN agencies and the Community Care Coalition) at the regional, zonal and woreda levels. Case management plans carefully assess and refer vulnerable children to health, education, court, and psychosocial services based on needs.

The Action Plan also emphasizes coordination with education services, although there are a number of policy gaps preventing more effective multisectoral coordination. These include the absence of minimum age working laws, the lack of free basic education and an absence of compulsory age for education thereby further exposing children to various forms of child labour.

The NCP contains references to and identifies issues and challenges faced by children across various sectors. It also addresses these challenges through provisions relating to health, education, WASH, civil rights and protection, crime and justice; culture, art and leisure, family care and the environment. While multisectoral challenges have been identified and provided for in the NCP, they are mostly segregated from each other. The importance of cross-sectoral issues and provisions has not been emphasized. Moreover, WASH issues have not been given much attention other than a single reference to clean water facilities, toilets and waste disposal. Further, in terms of health and WASH sectors, challenges specific to girls have not been identified, such as early pregnancies, contraception, sexual and reproductive health, menstrual hygiene management, among others.

Moreover, as specified in the Alternative Childcare Guidelines, nutritional needs are met through CBOs who provide education on breastfeeding practices, while assessments of nutritional status occur during adoption, fostering, reunification and reintegration procedures. 'Nutritious enough' food is for healthy child development, but none of the frameworks define the criteria or standard for sufficient nutrition.

The National Road Map to End Child Marriage and FGM identifies the multisectoral vulnerabilities, although it fails to articulate education, health, or psychosocial measures to address these multisectoral challenges. Rather it identifies past alliances among CSOs, donors, government actors and other stakeholders that were formed to end harmful traditional practices.

Although it encourages the development of a mechanism to coordinate and align mandates to empower girls and to strengthen various services, it does not specify how these are operationalized, nor identify an existing or potential referral system among different sectors. This limitation is echoed in the SRGBV code which does not implement measures that could, for example, harmonize indicators for child protection, or develop stronger linkages among schools, law enforcement, the federal police and other sectors.

3.4. Stakeholders Adequate Involvement **Engagement of stakeholders, including the perspectives of children and caregivers**

Stakeholders, including the Ministry of Health,



the Ministry of Education, the Federal Police Commission, the Ministry of Labour and Social Affairs, the Ministry of Justice, INGOs, NGOs and development partners are part of the policy development process in the child protection sector. Apart from these stakeholders, beneficiary communities are also consulted to different degrees across the policies. For instance, the NCP aims to set a direction to integrate the efforts of all stakeholders, including family, the community, the government, NGOs, regional and international organizations.

The NCP also emphasizes the importance of children's participation in matters affecting them. The policy document acknowledges that for the promotion and protection of child rights and child welfare, a collaborative effort and coordination must ensue among all stakeholders. The NCP development process has overall been consultative and, according to Save the Children (2018), the development of the policy has brought relevant government bodies at various levels together, including federal ministries (Ministry of Education, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Justice) and their respective subnational level bureaus, Save the Children, UNICEF and many other partners and NGOs (Save the Children, 2018). However, in the policy document itself, the role and participation of

the stakeholders, especially rightsholders, in the policymaking process at any governance level has not been discussed.

The Alternative Childcare Guidelines include consultations during the initial procedures of fostering, and ensure that the children's views are taken into account when placing them with a family. In addition, the Alternative Childcare Guidelines note the role CCOs have in designing alternative childcare and planning elements for childcare programmes.

The NCMS incorporates various government stakeholders through the technical working group structure, which includes representatives from each government sector, UN agencies, NGOs and other key actors. This platform facilitates dialogue across these actors, voices their sectoral perspective and incorporates relevant feedback to improve their roles in case management. In the development of the National Road Map to End FGM and Child Marriage, a series of consultations were conducted with different individuals, with sectors at the regional level, government ministries, civil society actors and with beneficiaries, for example adolescent girls.

The Road Map itself provides strategies to enhance participation at the community level, including

promotion of intra-communal dialogues and the participation of female development groups. Notably absent is The direct participation of girls is notably absent – particularly those who have experienced or are vulnerable to FGM and child marriage. This lack of participation, therefore, fails to adhere to the core principles of its child protection strategy and to align itself with international standards like the UNCRC.

3.5. Costing and Financing

Financing mechanisms

There is little reference to financing, budgeting and expenditure plans in the child protection sector policies. The NCP, Alternative Childcare Guidelines, NCMS, SRGBV and Action Plan do not include any significant financial information. In contrast, the National Road Map to End Child Marriage and FGM estimates the costs for ending child marriage and FGM to achieve its objectives, and identifies funding gaps. The Road Map budgets ETB 2.72 billion over its five years duration, with expenditures linked to low, middle and high priorities.

The lack of overall costing information has implications for accountability, as financing is key to actually realizing these policy commitments and ensuring these benefits reach children. Increased attention should be place on developing budgeting information tied to child-focused objectives and ensuring these are harmonized across sectors and policies.

3.6. Monitoring Framework

M&E mechanisms

Many of the child protection policies lack a clear M&E system. The Alternative Childcare Guidelines do not identify a one. Although, the NCMS mentions the presence of monitoring responsibilities, it does not identify a relevant theory of change or a results framework in order to understand the basis of an evaluation. Furthermore, monitoring frameworks are still being developed – the National Road Map states that the Ministry of Women, Children and Youth Affairs intends to develop an effective results framework with descriptions of outcomes, impact, indicators and other key information.

In contrast, the SRGBV code identifies a Violence Reporting Tool, which collects information on violence in schools. Although schools use the tool, there is inconsistency in understanding its purpose, understanding its function, and concern over alignment with the code which results in irregular and inconsistent practices.

Similarly, the National Children's Policy document has a dedicated section for M&E and references to the monitoring of child-sensitive outcomes have been made throughout the document. The Ministry of Women and Children Affairs, along with regional

bureaus, has been assigned the responsibility of monitoring the implementation of the policy and collecting data from government organizations, as well as organizing and reporting to the concerned bodies. While a formal monitoring framework has not been developed, the policy includes plans to establish and strengthen structures for monitoring and evaluation, including the establishment of a national council composed of federal and regional representatives, that will monitor the implementation of the policy, and it will be cascaded to the lowest administrative hierarchy.

In terms of participatory evaluations, the NCP has provided for an annual meeting that would bring together all executive organizations to evaluate the implementation of the policy. It also mentions that children must be participating meaningfully in the implementation and evaluation of the policy; however, no clear pathways are identified.

Management Information Systems

Holistic and multisectoral approaches are limited by the lack of information-sharing systems in the National Road Map, SRGBV code, Alternative Childcare Guidelines and action plans to eliminate the worst forms of child labour. The NCMS is the most thorough of the examined policies – case information is shared both up and down the system and reported monthly to relevant government sectors. Despite the multiple streams of data, the NCMS does not identify a shared information management mechanism that different sectors can access or utilize.

The NCP aims to create a national management information system that enables data collection and information gathering on children's well-being from the federal level to the lowest administrative units. However, there is no mention of the collection of disaggregated data. The availability and quality of disaggregated data, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics are crucial for the successful implementation and monitoring of the SDGs and to align with the SDG pledge of leaving no one behind.¹⁷

3.7. Institutional Arrangements

The NCP does not explain the institutional arrangements in detail. The NCMS employs an MoU to enhance accountability among different sectors and stakeholders. In contrast, the Alternative Childcare Guidelines embed accountability within the structures of community-based childcare mechanisms. These in turn enhance responsiveness, increase participation and ultimately increase local accountability.

The National Road Map has taken a different approach – embedding accountability mechanisms



with various legal and policy measures, and harmonizing these to meet the objectives of ending child marriage and FGM. Although these policies and legal mechanisms define roles and responsibilities, the Road Map does not clearly identify the legal provisions or the sanctions and measures in place should these responsibilities go unfulfilled.

3.8. Adaptability

Provisions for adaptability in case of disasters/shocks

Child protection policies do not articulate any measures that respond to evolving risks and vulnerabilities in relation to shocks. The NCP, however, includes a provision to create favourable conditions for children who have become victims of natural and man-made disasters and children affected by recurrent droughts to ensure they can access the necessary care, support and protection.

This general omission may be of considerable concern, considering the evolving climatic shocks, the recent health and economic impacts of pandemics and other unexpected disasters. It is therefore imperative to introduce some flexibility in the policy and to explicitly identify shock-responsive measures to safeguard the well-being of children.

3.9. Mapping against the National Child Policy (NCP) objectives

The child protection strategies and programmes are largely aligned with NCP's main objectives, although to varying degrees. The National Road Map and FGM and NCMS Both employ multisectoral strategies to address a wide variety of challenges facing children. The National Road Map clearly identifies the social, economic and emotional vulnerabilities faced by victims and those vulnerable to child marriage and FGM.

This approach is complemented by the NCMS which clearly lays out the different multisectoral referral

procedures and the case management process that would link such vulnerable persons to the education, health, psychological and professional services they might need to realize their rights. The Alternative Childcare Guidelines also align with the NCP by empowering CBOs and child sensitive programmes that prioritize the child's best interests in the childcare system.

The child protection strategies, however, provide limited measures to meet the needs of specific vulnerable groups, such as girls and children with disabilities. Although the SRGV Code and the National Road Map have an explicit child-sensitive, gender lens, the other strategies only briefly engage in measures to promote inclusion and safeguard girls from different harmful practices. This limits synergy between different policies around girls' rights and inhibits standardization around gender sensitivity in child protection overall. This does not detract from the gains of multisectoral approaches, but hampers the ability of different sectors to act in a coherent way when it comes to addressing the gendered aspects of child vulnerability.

The omission of children with disabilities is a major gap within child protection strategies. Children with disabilities are almost entirely excluded from each policy and strategy, with brief recognition of disability as a vulnerability and few mechanisms identified to address them. Although the Government of Ethiopia has ratified and enacted many international standards, the exclusion of children with disabilities fails to meet the stipulations and articles within the UNCRC and UNCRPD regarding children with disabilities. In this respect addressing children with disabilities is likely a major area that needs further policy articulation, investment and harmonization with other sectoral strategies.



4. Social Protection Sector

Social Protection Documents:

For the present policy review, the major policies and strategies that are presently operational in the country have been studied. These include:

1. National Social Protection Policy, 2014
2. National Social Protection Strategy, 2016

The Constitution, the National Social Protection Policy (2014) and the National Social Protection Strategy (2016) guide the social protection sector in Ethiopia, with integrations and cross-sectoral linkages between social protection and policy frameworks of other social sectors, such as labour, education, health care and nutrition, WASH, child protection and disaster risk management.

In Ethiopia, social protection is identified as a cross-sectoral instrument for integrating efforts for the protection of citizens from economic and social deprivations; for preventing deprivation and mitigation from the impact of adverse shocks; for promoting economic well-being through assets, human capital and income-earning capacity enhancements and transformation through legal and judicial reforms, budget analysis and policy evaluations. Furthermore, with over half the country's population under 18 years, child-sensitive social protection becomes a vital instrument to realize children's rights and to promote human capital investments that catalyse economic growth and inclusive development.

In 2014, Ethiopia's National Social Protection Policy was introduced with the aim of reducing poverty, mitigating risks pertaining to citizens and ensuring that the vulnerable and marginalized are included. The policy notes that different segments of society are vulnerable to certain social and economic problems. In particular, this policy underlines how the needs of children, women, persons with disabilities, older persons and the unemployed need to be prioritized.

The policy document has five focal regions:

- Promoting a productive safety net
- Promoting and improving employment and livelihood
- Promoting social insurance
- Increasing equitable access to basic social services
- Providing legal protection and support to those who are vulnerable to abuse and violence

While it is acknowledged that children are one of the groups that are prioritized in the policy, it is worthwhile analysing the policy's child sensitivity according to the child sensitivity framework.

4.1. Prioritization: Children and Child Rights Reference to international standards

The social protection policy framework acknowledges that Ethiopia has endorsed the African Union Social Policy Framework and has integrated it into their development agendas. However, apart from this, neither the policy nor the strategy explicitly refers to any international standards. Analysis of the policy and strategy shows that the social protection sector aligns with SDG 1, 2, 3 and 4 and with selected articles of the UNCRC related to education and health.

Furthermore, the strategy also includes the mainstreaming of gender, age, disability and HIV in the social protection sector as a key strategic, cross-cutting issue, adhering to UN CEDAW and to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Lastly, the NSPS refers to the training of social workers and to community-based networks on international conventions: *"Social workers, community care coalitions and idirs will receive training in older people's rights and international conventions."*

Highlighting the ambition and urgency to protect the rights and best interests of children.

The policy clearly states that it intends to "increase access to equitable and quality health, education, and social welfare services to build human capital." It recognizes the following groups as vulnerable: children under difficult circumstances; vulnerable pregnant and lactating women; vulnerable people with disabilities and people with mental health; victims of social problems, such as beggars, commercial sex workers, drug and medicine addicts; segments of society vulnerable to violence and abuse; and segments of the society vulnerable to natural and man-made risks.

The social protection strategy articulates the need for protection during pregnancy, early childhood and adolescence. It recognizes how unexpected shocks may lead to negative coping strategies and affect childhood experiences. However, it fails to fully articulate the extent and severity of these consequences in term of child's rights, productivity and children's ability to reach their full potential.

The policy recognizes and takes stock of efforts made in other sectors, such as health, education, children, women and youth and agriculture and rural development, to position the social protection sector squarely as an integrated strategy for addressing cross-cutting issues, but recognition of child-sensitive challenges and risks is limited. In the strategy, the first three focus on productive investments and livelihoods. Yet, the strategy refers to women's empowerment through control over cash and food, which is proven to generate more child-sensitive household expenditure patterns and closely addresses the vital importance of preventing malnutrition and family separation.

Focus area 4 primarily addresses healthcare-related deprivations with ad-hoc mention of access to education regarding rights and awareness among children. Finally, focus area 5 is most sensitive to child-protection considerations, focusing on prevention and protection of abuse, violence and neglect and enhancing children's legal protection against these crimes.

The strategy provisions access to quality education, health and other services for children and adults with special needs and services focusing on early childhood care and primary education for all. The expansion of education is prioritized for children with special needs. Although the strategy briefly mentions expanding other conditional transfers to promote human capital, including education and literacy, it contributes to this mainly through the provision of school feeding programmes.

Despite these measures highlighted, a lack of sense of urgency prevails in tackling child-sensitive outcomes more directly. Most interventions aim to addresses education and health care access indirectly by improving the overall household situation. Aside from malnutrition and references to the protection of children in vulnerable circumstances, general well-being and the realization of children's rights are implicitly addressed.

Consideration of Children as Rightsholders

The social protection policy framework recognizes children and their rights. However, the right to social protection is overshadowed by the focus on social protection as an instrument for enhancing growth and productivity. Children's rights to protection are explicitly addressed, as is their right to good health, education and nutrition. However, most of the

provisions for children in social protection are through improvements in family or household-related circumstances to improve human capital.

"..children needing special protection from dire circumstances also tend to be the ones whose rights are being most flagrantly violated. [...] children in such circumstances cannot be effectively protected by focusing only on the specific abuse they are subjected to, or by acting in isolation from the cultural and social context in which they live. Dealing with contexts brings up the issues of their rights. When the immediate concern is for child protection, a rights approach opens up the issues to a broader perspective. There are, concurrently, more possibilities for intervention, because of the requirement that children be treated holistically, with due regard for their specific circumstances, strengths and susceptibilities. [...] Such a perspective also underscores the importance of recognizing children's own agency in protecting themselves, their families and their peers. [...] children play an active role in shaping their own development and the environment in which they live and can bring their own insights, experience and creativity to bear to ameliorate their difficulties."

Source: Bissel et al. (2008) in Bosisio & Ronfani (2020)

Moreover, the policy comprehensively addresses violations of the legal rights of children because of violence, abuse, neglect, including FGM, rape and child labour. While these documents align with the UNCRC in providing these rights, identifying rights and gaps in their realization still requires adopting a top-down approach with limited space for children's perspectives. Furthermore, the policy places a far higher emphasis on the protection of children (children living in families or with guardians and caregivers for orphaned children) versus their active participation, freedom and autonomy. Therefore, the social protection policy framework does not balance the dual importance of giving children autonomy and providing them with protection.

A child's rights to survival are well established through the linkages with health and nutrition in the postnatal and neonatal periods and the early years. However, the right to development receives partial attention. Social protection programmes have an essential role in securing access to the developmental resources that children need to realize their full potential, including education, in parallel with efforts to reduce malnutrition and mortality.

4.2. Responsiveness to Needs **Responsiveness to the risks and needs of vulnerable children.**

The social protection policy framework and strategy refer to the vulnerable groups of children and their needs. The strategy document specifies the direct

beneficiaries of the NSPP, which include: (i) children in difficult circumstances (e.g. orphans, street children); (ii) vulnerable pregnant and lactating women; (iii) people/children with physical and mental disabilities; (iv) victims of social problems, such as beggars, street children, commercial sex workers, drug addicts and persons with other forms of addiction; (v) citizens affected by HIV and AIDS and other chronic diseases that constrain their ability to work; (vi) segments of the society vulnerable to violence and abuse; (vii) segments of society vulnerable to natural and manmade risks; (viii) unemployed men, women and youth; (ix) citizens engaged in the informal sector with no social insurance coverage; and (x) victims of human trafficking and repatriated emigrants. Furthermore, indirect beneficiaries include dependents of the direct beneficiaries and the guardians of orphan children who manage resources for the direct beneficiaries.

The social protection policy framework recognizes the high child and youth dependency ratios, but places disproportionately low emphasis on child poverty, multidimensional deprivations among children, or the impact of household food and income insecurity on child-sensitive development indicators, such as education. In addition, while persons with disabilities are mentioned, there is no specific mention of the needs of children with disabilities or the impact of childhood deprivations on opportunities and productivity for children with disabilities in the future.

However, the policy recognizes the impact of HIV and AIDS and malaria on children who may have been orphaned, and emphasizes the need for protecting children against violence and abuse. Nevertheless, there is no subnational or regional disaggregation of the challenges and risks to be addressed in the policy framework and no ad-hoc mention of childhood-sensitive and specific challenges and risks.

Malnutrition receives the most significant attention, followed by access to early childhood education, primary education and health-care services. However, beyond these early years, the policy and strategic framework prioritize the protection of children against practices, such as child marriage, child labour, female genital mutilation and other forms of violence, abuse and neglect. There are several references to Technical and Vocational Education and skills-building programmes for eligible young adults. These documents also make multiple references to increasing the affordability of necessary and available services to include orphans and vulnerable children, children with disabilities and those with learning difficulties who live in poor and vulnerable families.

The policy does not adequately consider or address the deprivations in middle childhood and gendered inequities in access to education at this age. There are limited references to support and assistance for children between the ages of 5 and 15 years.

The risk and vulnerability assessment shows that the transition to and uptake of secondary education is very low – dropping from a gross attendance ratio of 91.3 per cent in primary school compared with 29.7 per cent in secondary education. Dropout from education is closely linked with child labour, child marriage, gender-based violence, substance abuse and a range of other risky outcomes for children.

4.3. Sectoral Disaggregation **Holistic and multisectoral**

To the extent the country's resources permit, Ethiopia's Constitutional and legal framework mandates national policies to provide all Ethiopians access to public health and education, clean water, housing, food and social security. It also explicitly requires the social protection sector to provide rehabilitation and assistance for persons living with a disability and for orphaned children. The social protection policy framework identifies social protection as vital for addressing poverty, vulnerability and inequality.

It positions social protection as a catalyst for cross-sectoral development objectives – improving the effectiveness and efficiency of investments in agriculture, hygiene and health, education and water – thus accelerating the attainment of the national development goals; protecting against external shocks, such as aggregate income shocks, instability in the price of essential commodities and the effect of climate change; and strengthening local economies.

Through these improvements, the sector is expected to improve security, sustain peace, enhance social stability and contribute to social cohesion. The policy aligns with the African Union Social Policy Framework and prioritizes the need for development and building human capital to break the intergenerational poverty cycle and to reduce inequalities.

More specifically, the policy framework provides for the needs of children with disabilities by increasing the access of special needs education. Secondly, malnutrition is actively targeted, with pregnant women and children under two years of age prioritized. The policy recognizes the importance of coordination with communities and schools, where school feeding programmes are being rolled out to combat malnutrition. Thirdly, the policy aims to extend access of education by promoting free primary school education. However, other than in terms of nutrition, there are no specific provisions to improve children's health.

4.4. Stakeholders Adequate Involvement **Engagement of stakeholders, including the perspectives of children and caregivers**

The policy development process began with mapping and a gap analysis exercise considering evidence from survey data. The findings initiated a national dialogue on social protection and formed a basis for generating ideas for the National Social Protection Policy from all the regions. A multistakeholder

national platform was established to guide the process, including government, development partners, United Nations agencies and NGOs with considerable experience in social protection provisions in Ethiopia.

The strategy development process benefited from a comprehensive review of the literature and documented best practices in the five focus areas identified in the policy. It also benefited from a parallel design process of the rural and urban safety nets. Stakeholder consultations were organized at different strategy development stages, culminating in a national validations workshop.

The policy was created by the National Social Protection Platform, which held consultations with stakeholders. While the government leads the policy execution, implementation will be decentralized with participation from local governments, NGOs, the community, civil society and private sector enterprises. The role of stakeholders is thus acknowledged as important and they are involved in the implementation of the policy, but there is no mention of how stakeholders are involved in the design of the policies themselves prior to implementation. Moreover, children and caregivers are not explicitly mentioned in policy development.

While the voices of various government stakeholders were incorporated, the district-level officials visited for this study highlighted that their concerns were not adequately considered. Similarly, the policy and strategy are relatively silent on the perspectives of children and adolescents. The voices of women and children may have been indirectly accounted for through other evaluations and assessments. However, there is no indication of a public consultation process to finalize the policy or strategy.

4.5. Costing and Financing **Financing mechanisms**

The policy mentions the following financing sources: economic growth, expansion of the tax collection, reallocation of the budget, increasing the efficiency of existing investments, loans and grants. The budget sources include federal and regional governments, communities, the business community, development partners and others. As per the policy, the community at large, civil society organizations and the private sector are mobilized to make the source of finance sustainable and reliable. However, the financing of social protection is not particularly child-sensitive, with no targeted budgeting for children. Although the strategy refers to vulnerable groups in terms of budgeting, children have not been specifically referred to.

4.6. Monitoring Framework **M&E mechanisms**

The M&E framework for social protection is envisaged in the policy. The strategy takes the vision a step further with a computerized social protection

sector MIS to cover the woreda levels and up. The MIS is envisaged to be interoperable with different social protection programmes where they exist. Manual updating of these systems with data from the kebele is indicated. The MIS at the kebele level is expected to improve the services for vulnerable households.

Overall, the Federal Social Protection Council is appointed as monitor. The council is planned to consist of members from government organizations and departments, financial institutions, civil society and trade unions. Other stakeholders are also involved in M&E, in that providers of social protection services (government bodies, NGOs and community-based organizations) are required to present regular performance reports. The policy mentions that the stakeholders will further be involved in developing and implementing performance indicators, guidelines and monitoring systems.

The M&E framework for social protection mentions some children-specific indicators to monitor. The indicators include children under five who are stunted, children aged six months to two years fed in line with the Infant and Young Child Feeding Practices, and children of primary school age with social protection clients (individuals/households) enrolled in school (disaggregated by gender). The monitoring is expected to rely on household surveys that are carried out through national statistical agencies.

However, there is no detailed monitoring plan or strategy to track process, or short-term and mid-term progress indicators, including those related to children. The strategy recognizes the shortcoming and suggests using national surveys to track progress on these indicators and tracking social protection beneficiaries in these surveys.

4.7. Institutional Arrangements

The policy document acknowledges the importance of coordination between government, non-government and community associations to tackle the multidimensional challenges facing social protection initiatives. The policy elaborates a comprehensive and multi-level institutional set-up for coordinating social protection activities comprising a social protection council, a coordination unit and an advisory board at the federal and woreda levels. The Federal Social Protection Council, under the government, takes the lead in policy coordination and implementation.

Regional governments and city administrators will execute the responsibilities appointed to them by the council. United Nations and international organizations, charities and other entities will be involved in policy implementations. While numerous stakeholders are involved in policy implementation and there appears to be clearly established



horizontal coordination, it is unclear how well these mechanisms will function.

Furthermore, while the strategy's fifth focus area prioritizes protecting children and other vulnerable groups, grassroots level institutions have not been set up to deliver on those requirements. The lack of a child protection workforce has caused significant challenges in delivering the necessary protection for vulnerable children, including orphans and others exposed to violence, abuse and neglect. Informal support systems have been regularly filling many of these gaps.

As a result, these institutions have become a critical pillar of support for women, new mothers, persons with disabilities, orphaned children and other vulnerable children. Although the strategy mainstreams the integration of informal systems, there are no processes mentioned in the policy framework to strengthen and support these systems or to standardize their services and roles.

4.8. Adaptability

Provisions for adaptability in case of disasters/shocks

The severe drought in 2002 and the resulting food crisis in 2003 was an immediate trigger leading to the development of the Productive Safety Net Programme (PSNP) programme and Ethiopia's modern social protection system. The social protection policy framework has a strong link with adaptive and disaster risk management and response. The social protection policy outlines its intention to "protect the poor and vulnerable individuals, households, and communities from different natural and manmade adverse effects of shocks" as one of its top objectives.

It prioritizes increasing access to social services and providing alternative care and support services for those affected by economic shocks, natural and man-made calamities and those who require special support. A vital component of this response is the expansion of formal and informal social insurance systems as preventive measures to protect citizens from falling into destitution and from confronting risks because of livelihood shocks. The adaptation and mitigation objectives lay the foundation for the PSNP programme.

The strategy document discusses in detail Disaster Risk Management and Climate Resilience.

The scale-up of safety nets and early warning systems for disaster response is one of the objectives. It mentions that an effective continuum of support for vulnerable people affected by shocks will be further developed, in line with the Disaster Risk Management Policy. This would include a mechanism to enable the temporary inclusion within safety nets of malnourished children/pregnant and lactating women in order to prevent malnutrition emergencies.

Furthermore, the informal support systems, mainly, idir, are vital for support during unexpected idiosyncratic and covariant shocks in communities. However, the legal and policy framework has not detailed the roles of, and other informal systems have not, nor is there any strategy determining the minimum requirements, standards or provisions through these mechanisms.

4.9. Mapping against the National Child Policy Objectives

The social protection policy aligns with some of the objectives of the NCP, although only to a limited extent. Firstly, regarding protection of children from harmful practices, abuse and child labour, the National Social Protection Policy includes the protection of the poor and vulnerable (although not specifically children) from shocks and destitution, increasing the scope of social insurance and improving access to equitable and quality health, education and social welfare services.

Vulnerable groups, such as people with disabilities, pregnant and lactating women, persons living with or directly affected by HIV and AIDS, vulnerable children and the victims of social problems (such as drug users, beggars and victims of trafficking and commercial sex) have specifically been targeted. Furthermore, the policy also has gender considerations, clearly stating that the policy will be gender neutral and also mentioning gender parity in education.

In terms of family care, the policy refers to alternative care, however, NCP objectives regarding empowering parents and creating a conducive environment for working parents and adult education have not been addressed. Moreover, the policy also does not address the culture and art and environment-related objectives in regard to children.



unicef 

5. WASH Sector

WASH:

The National Hygiene Sanitation Strategy was reviewed.

5.1. Prioritization: Children and Child Rights

Reference to international standards

There is a reference to international standards and the need to ratify guidelines and rules to maintain standards.

Highlighting the ambition and urgency to protect the rights and best interests of children

The strategy recognizes sanitation as a basic human right and it has been developed based on the limited penetration of sanitation in Ethiopia – only 6 to 18 per cent of households have access to improved sanitation although less than 1 per cent of the health budget is dedicated to sanitation and hygiene improvement. The strategy recognizes the urgency in protecting the rights of children mentioning that the well-known negative synergy of diarrhoeal disease, malnutrition and opportunistic infections have short-term health impacts and long-term debilitating effects, such as growth retardation and diminished learning abilities among children. The strategy also makes explicit references to gender stating that girls are more likely to miss school, not only due to lack of WASH, but also in case of illnesses related to WASH where they are more likely to stay home to care for their siblings.

Consideration of rights-based/inclusiveness

The strategy considers children as rightsholders. The strategy has a separate section outlining pre-school and schoolchildren recognizing that young children must share primary stakeholder status with their mothers as they are at greatest risk from their own contamination. Further, a women's central role in family health is recognized, and the strategy focuses on the empowerment of women and communities to improve sanitation. The strategy mentions how men remain dominant in dictating domestic priorities making it difficult for women to voice their special personal hygiene needs and sanitation priorities.

Thus the strategy states that, while creating the WaSHCo, or Kebele Sanitation Committee, which will be responsible for supporting household and communal sanitation, it is recommended that more than 50 percent of the committee should be women. Further, women should hold at least one of the executive functions as chair, secretary or treasurer.

The strategy emphasizes behavioural change communication as a key pillar of change and emphasizes the criticality of self-motivation i.e. people must take individual responsibility for sanitation in their households and collective responsibility for sanitation in their communities.

5.2. Responsiveness to Needs

Responsiveness to the risks and needs of vulnerable children

The strategy is inclusive in its articulation and response to the needs of the vulnerable. For example, the strategy acknowledges that the needs of special groups, such as pastoralist and nomadic groups and of paraplegic people and HIV/AIDS patients, need to be considered in the design of the strategy.

5.3. Stakeholders Adequate Involvement

Engagement of stakeholders including the perspectives of children and caregivers

The National Hygiene Sanitation strategy is one of the most comprehensive strategies which adopts a multisectoral response and mainstreams child sensitivity. The strategy references the impact of WASH on education, health and girls. For example, lack of sanitation facilities often results in girls missing school, although WASH-related illnesses of caregivers/siblings increases the burden of work for girls and also results in girls missing school.

5.4. Sectoral Disaggregation

Holistic and multisectoral

The national hygiene and sanitation strategy, on the one hand, recognizes the multisectoral benefits of sanitation and how this benefits a wide range of key outcomes: in health, socio-economics, as well as in the educational, social, gender and political realms. On the other hand, the strategy also recognizes that to achieve sanitation outcomes, intersectoral collaboration with health, water, education and rural development sectors is required, and the strategy outlines mechanisms to achieve this.



5.5. Costing and Financing

Financing mechanisms

The National Hygiene Sanitation strategy outlines the various steps in the public financing strategy for Improved Sanitation and Hygiene (ISH) as shown in the figure below, although no reference is made to child-sensitive financing.

5.6. Monitoring Framework

M&E Mechanisms

According to the National Hygiene Sanitation strategy, at the national level, the National Coordinating Forum with representation from the Ministries of Health, Water Resources, Education and Agriculture, as well as the Environmental Protection Authority, NGOs, academic institutions, private sector sanitary suppliers and donors, will implement the policy overview and co-ordination and monitor and evaluate the national sanitation strategy. At the regional level, the Regional Improved Sanitation and Hygiene Coordinating Forum will be responsible for overseeing the sanitation and hygiene promotion work of the bureaus, thereby monitoring progress and ensuring a coordinated, complementary and linked approach is being followed.

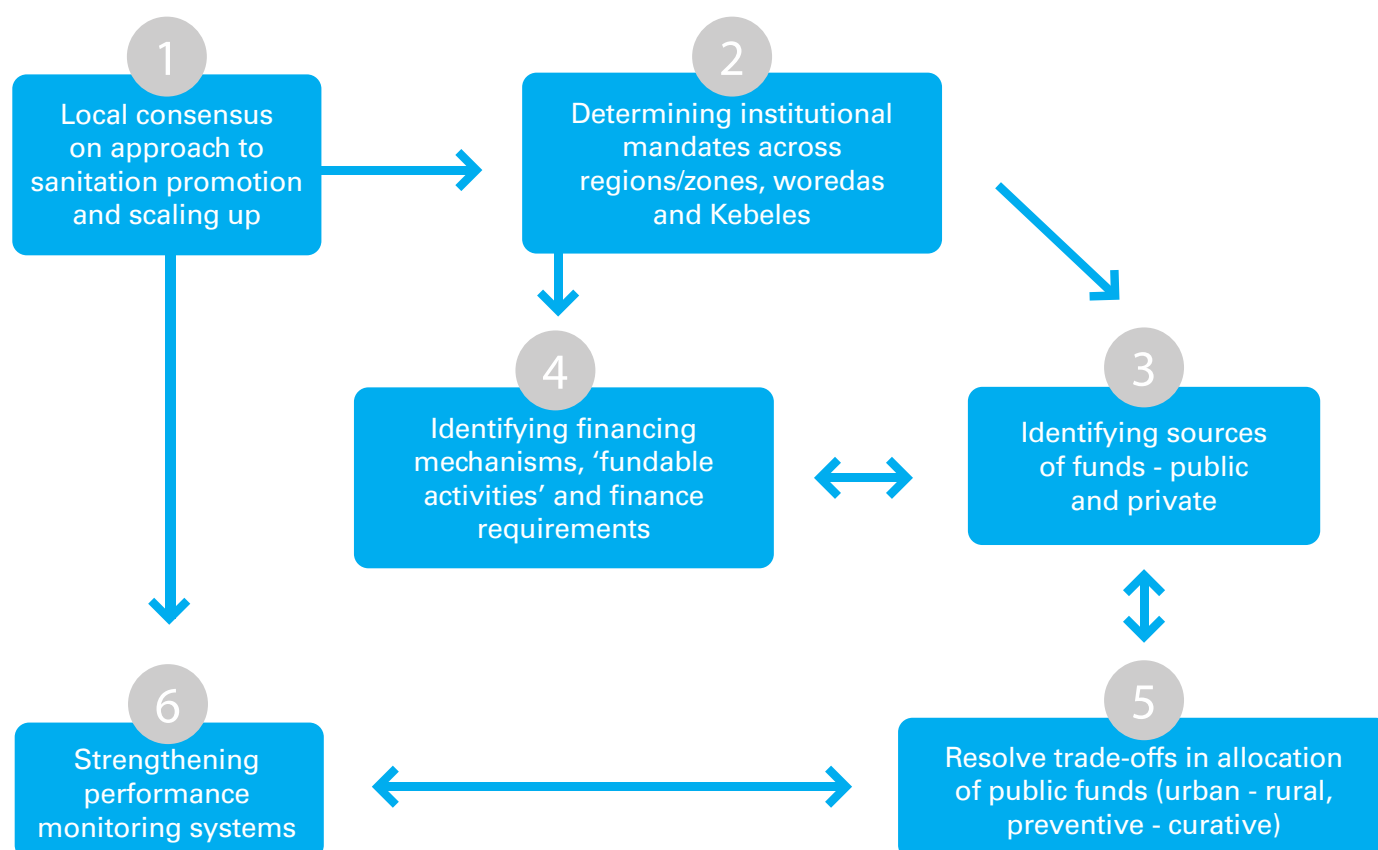
The outcome indicators mentioned in the strategy are child sensitive and gender nuanced. For example, one of the key overall indicators is reduced child infant morbidity/mortality or increased child survival. Further, the key indicators at community level include: safe dry season water access within 300 metres (women and children as primary water carriers); safe excreta management systems, particularly for young children; handwashing after contact with faeces (particularly targeting mothers and child minders). Thus, the policy maintains child-sensitive monitoring as a key priority.

5.7. Institutional Arrangements

The National Hygiene Sanitation strategy states that different line ministries will have their own special areas of focus for improved sanitation and hygiene promotion, but the primary driver will be the Environmental Health Department (EHD) of the Ministry of Health (MoH).

The region, through administration, bureaus and the Coordinating Forum, will advocate, budget, support, research, monitor and coordinate. At the national level, the National Sanitation Co-ordinating Forum and Line Ministries will continue to develop the strategy, mainstream sanitation funding, facilitate crossover learning and undertake evaluation.

Figure 2: Steps in Developing a Public Finance Strategy for Scaling Up Sanitation Access



Source: National Hygiene and Sanitation Strategy (2005)



5.8. Adaptability

Provisions for adaptability in case of disasters/shocks

One area that the strategy does not address is making provisions to ensure continued access to WASH through adaptations in case of disasters and shocks.

5.9. Mapping against the National Child Policy objectives

Overall, the strategy is aligned with the objectives of the NCP, except in the area of continued access

to WASH during and in the aftermath of a disaster. WASH principles are critical in everyday life, but tend to be heightened during an emergency or disaster. With vital water and waste management infrastructure potentially damaged, access to WASH can be limited. Additionally, sanitation is often compromised when displaced persons live in camps, which are often overcrowded. Hence, the lack of reference to WASH during emergencies is a critical gap in the National Hygiene Sanitation Strategy.



6. Disaster Risk Management Sector

DRM:

The National Disaster Risk Management Policy was reviewed.

6.1. Prioritization: Children and Child Rights

Reference to international standards

The policy mentions that international cooperation will be strengthened, in accordance with the disaster risk management direction, relevant laws and directives of the country and on the basis of international, regional and subregional laws, directives and agreements ratified by the country.

Consideration of rights-based/inclusiveness

The DRM policy recognizes that children are among the most vulnerable groups during disasters, and that historically their needs have not been prioritized adequately during disasters. The policy seeks to bridge this gap by addressing children's needs.

6.2. Responsiveness to Needs

Responsiveness to the risks and needs of vulnerable children

The policy document dedicates a section to cross-cutting issues and highlights the challenges faced by vulnerable groups, including children, recognizing that since women, children, the elderly, people with disabilities and people living with HIV/AIDS are the most vulnerable to the impact of hazards and related disasters, DRM activities need to take this into consideration during implementation. While the DRM policy touches upon child specific vulnerabilities, especially those related to health and nutrition, the policy does not explicitly acknowledge or respond to the impact of different disasters on children, or establish linkages with child protection or WASH. For example, there is no reference to WASH access for girls during emergencies. Further, the impact of disasters on migration, migrants and migrant children is missing.

6.3. Stakeholders Adequate Involvement

Engagement of stakeholders including the perspectives of children and caregivers

The National DRM policy mentions that government-led coordination forums will be established at all levels to ensure participation of stakeholders with key roles in disaster risk management. However, the extent of inclusion of children's voices in policy programming is unclear.

6.4. Sectoral Disaggregation

Holistic and multisectoral

The policy mentions that DRM will be mainstreamed into every sectoral development plan. The lead institutions and their roles are outlined in the policy

document. The responsibilities of the health and education ministries encompass child-specific needs like malnutrition and disaster response for education. For instance, the Ministry of Health "shall act as a lead institution with respect to food shortage-induced malnutrition affecting children and mothers and also other human epidemics associated with disasters".

The Ministry of Education, for its part, "shall be a lead institution with respect to measures necessary to be taken before, during and after the disaster period to prevent any hazards and related disasters from interrupting the normal teaching learning process, as well as regarding mainstreaming of disaster risk management into school curricula and integrating it into studies and research conducted by research and higher learning institutions."

6.5. Costing and Financing

Financing mechanisms

The policy recognizes sources of financing acknowledging that in the event of a disaster, resources from external aid are made available once the occurrence of the disaster has been confirmed, a process that leads to delays. In addition, the amount received is not only usually inadequate, but also has limited flexibility in utilization based on the scale and intensity of the disaster and the local context. Thus, the policy emphasizes that internal funding will be the predominant source of crisis response, while external sources will be mobilized only if there is proof that the requirement cannot be covered from internal financing.

6.6. Monitoring Framework

Monitoring and Evaluation Mechanisms

The M&E disaster risk management council will manage oversight and M&E. There are provisions for setting up monitoring frameworks and for having a lead sector government institution assigned for every hazard and related disasters. This institution will be responsible for the implementation of major disaster risk management activities ranging from disaster risk monitoring to response.

The policy document emphasizes the need for disaster M&E systems to pay attention to all vulnerable groups in the community, including women, children, the elderly, persons with disabilities and people living with HIV/AIDS. The information collected in relation to disaster risk management activities will be disaggregated by sex, age and other socio-economic and vulnerability indicators and analysed separately.

Further, the policy mentions that a mechanism will be established for organizing and keeping the disaster risk profile in a proper database format and updating it regularly so it can serve as the foundation for baseline information. It also mentions that members of the community shall have access to any disaster risk management-related information except for those deemed a threat to national security.

6.7. Institutional Arrangements

One of the key focus areas of the policy is the development of a decentralized disaster risk management system that clearly identifies and assigns the roles and responsibilities of each level of government, of concerned organizations at all levels, as well as communities and individuals,

in accordance with disaster risk management activities. The policy outlines that the disaster risk management council that includes relevant ministries, including agriculture, health, education, environment and forestry, federal affairs and federal affairs and transport, transport, will serve as the highest policy and oversight body to undertake several duties, including deciding on policy issues regarding disaster risk management.

6.8. Mapping against the National Child Policy objectives

Overall, the DRM policy does not adequately align with the objectives of the National Child Policy. While the policy does recognize that traditionally the protection of women, children, elderly and



vulnerable groups through the disaster prevention and preparedness system, has not been prioritized sufficiently and explicitly states that the needs of these groups will be given focus and consideration, several critical gaps exist:

- (1) While the policy references vulnerability and persons with disabilities, it does not make reference to persons with special needs.
- (2) The policy is seemingly at variance in terms of providing support schemes. On the one hand, the policy mentions that no human life shall be lost due to the lack or shortage of provision of relief assistance in times of disaster. On the other hand, the policy claims it creates people's 'dependency on relief aid'. It states a key objective is to reduce dependency on, and expectations for, relief aid by bringing about attitudinal change and building the resilience of vulnerable people.

Further, the policy states that the early warning and disaster assessment-based response will be provided to able bodied people only if it is linked to development activity. In these aspects, it appears that the policy needs to be clarified and worded with sensitivity.

- (3) While the policy mentions early warning systems to prevent loss or harm, it does not cover prevention/addressing risks, such as family separation due to disasters.
- (4) The policy does not reference access to WASH during and in the aftermath of a disaster. Within the intersectoral agency coordination process, the Ministry of Health's role in preventing malnutrition is mentioned (which is linked with access to WASH). However, WASH is a frequent area of compromise in the aftermath of a disaster as hazards, natural or manmade, can compromise vital water and waste management infrastructure.¹⁸ However, no reference to WASH is made.
- (5) Finally, the policy does not highlight how children are vulnerable to dropping out of school and to engaging in physical labour in the aftermath of a disaster (to make up for losses); and how these can be addressed through mechanisms, such as empowering parents or guardians through training and other support schemes on income generation.

18 https://www.who.int/hac/events/drm_fact_sheet_wash.pdf





7. Culture and Tourism Sector

Culture and Tourism:

The National Culture Policy was reviewed.

7.1. Prioritization: Children and Child Rights **Reference to international standards**

The document makes reference both to international standards and to national identities for cultural products, services and values, as well as to international cultural cooperation and solidarity to strengthen international and national partnerships.

Consideration of rights-based/inclusiveness

Children are only referenced twice in the policy. In the first reference, the policy mentions that cultural institutions focusing in particular on the intellectual development of children and youth will be established and expanded. In the second reference, the policy mentions that the school curriculum will incorporate a general education that enables children and youth to learn literature, music, dance, drama, painting, handicrafts, among other subjects.

7.2. Stakeholders Adequate Involvement **Engagement of stakeholders including the perspectives of children and caregivers**

The involvement of key stakeholders, including children, in the development of the national culture policy is unclear. However, in terms of policy implementation, the roles of the ministry, regional administration, NGOs, civil society, religious and faith institutions and the private sector are outlined.

7.3. Costing and Financing **Financing mechanisms**

The sources of financing are referenced in the policy. These include government budgetary allocations, loans and donations, a trust fund to be established in the future, public financing and other sources. No reference is made to child-sensitive budgeting.

7.4. Monitoring Mechanism **M&E mechanisms**

The policy states that an M&E system will be established. Some of the focus areas will be as follows:

- Implementing and strengthening the legal framework and the monitoring and control system for the protection of intellectual property and other related rights of professionals in the cultural industries
- Preventing the identity crisis emanating from the cultural invasion by cultural industry products brought into the country through information and communication technology

- Monitoring and providing support and protection to those sections of the community that are vulnerable to threats coming from harmful cultural practices, beliefs and outlooks

The policy also mentions the creation of a national cultural data system that will capture data on ancient cultures, cultural industry products and cultural research outputs and make these accessible for various development purposes.

7.5. Institutional Arrangements

The national culture policy states that the Culture and Tourism Ministry will be the principal implementer of the policy, while other governmental institutions and regional administrations will implement the policy, in accordance with their constitutional mandates and functions and in consultation and coordination with the Ministry. Roles are also outlined for NGOs and civil society, religious and faith institutions and the private sector.

Further, the policy states that a cultural council with representatives from key stakeholders will be established to oversee the implementation of the policy at the national level. However, it is unclear which stakeholders will be part of this council.

7.6. Mapping against the National Child Policy objectives

The culture policy mentions that cultural institutions focusing on the intellectual development of children and the youth will be established and expanded, and mentions how the school curriculum will incorporate cultural lessons, such as music, drama, dance and painting. However, certain aspects remain unreferenced: (1) The expansion of child-friendly recreational spots, playgrounds and sport fields in residential and other areas; (2) Ensuring orphanages, schools and other facilities that provide different social services to children have child-friendly playgrounds and recreational facilities; (3) Creating awareness on restrictions of entertainment and media outputs that are prohibited for children under the age of 18; and (4) Ensuring and encouraging print and electronic media to incorporate issues that help children achieve full personal, social and cultural development.

This policy review has been prepared as part of the research, entitled “Review of Child Sensitivity in Social Policies in Ethiopia”. The research was jointly initiated by UNICEF Ethiopia under the Social Policy Section and Policy Studies Institute (PSI). It was undertaken by the Economic Policy Research Institute (EPRI), in partnership with Zerihun Associates. The brief is prepared by Preksha Golchha (team lead), Michael Samson, Apoorva Shankar, Abebual Demilew and Farwa Burny from EPRI and reviewed by Martha Kibur, Samson Muradzikwa and Vincenzo Vinci from UNICEF and by Yisak Tafere from PSI.

For further details please contact: preksha@epri.org.za and mkibur@unicef.org
United Nations Children’s Fund, UNECA Compound, Zambezi Building, P.O.Box 1169 Addis Ababa,
Ethiopia Email: ethcommunication@unicef.org

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