|  |  |  |  |
| --- | --- | --- | --- |
|  | United Nations | E/C.12/ETH/1-3 | |
|  | **Economic and Social Council** | | Distr.: General  25 March 2011  Original: English |

**Committee on Economic, Social and Cultural Rights**

Implementation of the International Covenant on Economic, Social and Cultural Rights

Combined initial, second and third periodic reports submitted by States parties under articles 16 and 17 of the Covenant

Ethiopia[[1]](#footnote-2)\*

[28 July 2009]

Contents

*Paragraphs Page*

List of acronyms 3

I. Introduction 1-3 5

II. Information on the implementation of the Convention 4-401 5

Article 1: The right to self-determination 4–9 5

Article 2: Obligations of the State party 10–34 7

Article 3: Equal rights for men and women 35–43 10

Article 6: The right to work 44–72 11

Article 7: The right to just and favourable conditions of work 73–98 16

Article 8: The right to form and join trade unions 99–115 19

Article 9: The right to social security and social insurance 116–160 21

Article 10: Protection and assistance for the family 161–199 28

Article 11: The right to an adequate standard of living 200–269 33

Article 12: The right to the highest attainable standard of physical and mental health 270–334 44

Articles 13 and 14: The right to education 335–370 54

Article 15: The right to culture and to benefit from scientific progress 371–401 60

Annex

65

List of acronyms

ACRWC African Charter on the Rights and Welfare of the Child

ADLI Agricultural Development Led Industrialization

ADB African Development Bank

ANPPCAN African Network for the Prevention and Protection against Child Abuse and Neglect

BoLSA Bureau of Labor and Social Affairs

BPR Business Process Re-Engineering

CPU Child Protection Units

EIB European Investment Bank

EMS Environmental Management System

ESDP Education Sector Development Program

FDRE Federal Democratic Republic of Ethiopia

FSP Food Security Program

GDP Gross Domestic Product

GER Gross Enrollment Rate

HICES Household Income Consumption Expenditure Survey

HIV/AIDS Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

HOF House of Federation

HPR House of Peoples Representatives

HSDP Health Service Development Program

HSEP Health Sector Extension Program

ICESCR International Covenant on Economic, Social and Cultural Rights

ICT Information and Communication Technology

IDA International Development Association

IDSR Integrated Disease Surveillance and Response

IFAD International Fund for Agricultural Development

IHDP Integrated Housing Development Program

ILO International Labor Organization

IMNCI Integrated Management of Neonatal and Childhood Illnesses

MDGs Millennium Development Goals

MoLSA Ministry of Labor and Social Affairs

MSE Micro Small-scale Enterprises

NER Net Enrollment Rate

NGO Non-Governmental Organizations

NPEW National Policy on Ethiopian Women

ODA Official Development Assistance

PASDEP Plan for Accelerated and Sustainable Development to End Poverty

PHC Primary Health Care

PRS Poverty Reduction Strategy

R&D Research and Development

RDT Rapid Diagnostic Test

SNNPRS Southern Nations, Nationalities and Peoples Regional State

TB Tuberculosis

TGE Transitional Government of Ethiopia

TVET Technical Vocational Educational Training

UAP Universal Access Plan

UNDP United Nations Development Programme

UNESCO United Nations Educational, Scientific and Cultural Organization

UNFPA United Nations Population Fund

UNICEF United Nations Children’s Fund

UNIDO United Nation’s Industrial Development Organization

WFP World Food Programme

WHO World Health Organization

I. Introduction

1. The present report, prepared in accordance with articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), constitutes the initial and combined report of the Federal Democratic Republic of Ethiopia. It shows the different measures taken by Ethiopia to implement economic, social, and cultural rights provided in ICESCR. This report, which follows the harmonized guidelines on reporting to treaty bodies (HRI/GEN/2/Rev.4) and the ICESCR-specific guidelines included therein, should be considered with the common core document (HRI/CORE/ETH/2008) submitted in September 2008.
2. The Government developed and implemented a project in collaboration with the Ethiopian Human Rights Commission, with the technical assistance of the Office of the United Nations High Commissioner for Human Rights (OHCHR) East Africa Regional Office aimed at the submission of all Ethiopia’s overdue reports under the international human rights instruments. The Government has successfully finalized the project and submitted a common core document and all overdue report treaty-specific reports including this report.
3. Together with the common core document, the Government believes, the present report would provide adequate information on the extent of the implementation of ICESCR in the country. The Government would like to express its satisfaction in submitting this report and hopes for constructive dialogue with a view to further enhance the protection and promotion of economic, social and cultural rights in Ethiopia.

II. Information on the implementation of the Convention

Article 1: The right to self-determination

1. The Constitution of the Federal Democratic Republic of Ethiopia (FDRE Constitution) guarantees the right to self-determination of Nations, Nationalities, and Peoples which could be expressed through different ways.
2. First, Nations, Nationalities, and Peoples have the right to speak, write and develop their own languages, to express, develop and preserve their culture and their history (Article 39.2). A nation or nationality which believes that its right to identity is denied, or the rights to the promotion of its culture, language and history are not respected, may present its application to the House of Federation (HOF) demanding respect for its rights. The House has recognized this right of self-determination in many of its decisions and allowed referendums to be undertaken to determine the right to have a distinct identity. For instance, a referendum was held to determine the distinct identity of the *Selte* people who live in Southern Nations Nationalities and Peoples’ Regional State (SNNPRS). The referendum has determined the distinct identity of the *Seltes* whohave now established their own administrative unit and are entitled to develop their own culture, language and history distinct from other ethnic groups. The decision was based on the wishes and aspirations of the people to be identified as distinct from the *Gurage* under which the *Seltes* were historically identified. The *Selte’s* case was a typical example of the exercise by a group of the right of self-determination in terms of preserving a distinct identity and through that to preserve culture and language.
3. Second, Nations, Nationalities, and Peoples have the right to a full measure of self-government which includes the right to establish institutions of government in the territory in which they inhabit. Under Article 88 of the FDRE Constitution, the Government shall promote and support the people’s self-rule at all levels guided by democratic principles (the FDRE Constitution and House of Federation Consolidation Proclamation). Exercising their right to self-determination, Nations and Nationalities and Peoples have the right to establish their own local governments such as Zones or *Woredas* or their own national regional states. Hence, currently all Regional States, Zones, and *Woredas* have their own government structure allowing them to administer their day to day affairs by themselves. Furthermore this right of self-administration extends to forming a regional state that would become a member of the federation. The question of any Nation, Nationality, or People to form its own State is carried out through the approval by a two-thirds majority vote of the members of the Council of the Nation, Nationality, or People in question and a majority vote in a referendum. If this right is violated, the concerned Nation, Nationality or People may lodge an appeal to HOF.
4. Third, Nations, Nationalities, and Peoples have also the right to secession. The procedure of secession, which is carried out under the direction of HOF, is set out in the FDRE Constitution and House of Federation Consolidation Proclamation. The principal requirements are two-thirds support by the legislative council of the concerned Nation, Nationality, or People and a referendum. Ethiopia is one of the few countries to openly recognize the right to secession in its Constitution. While secession is a constitutional entitlement, no Nation, Nationality or People has ever demanded secession.
5. Fourth, self-determination could also be manifested through representation of peoples at all levels of the government structure. According to the FDRE Constitution, every Nation, Nationality, or People have the right to be represented in State and Federal Governments. This representation embraces the right to be represented in the legislative organs, government offices and law enforcement offices both at federal and state levels. Hence, Nations, Nationalities and Peoples are represented in the two houses of the federal parliament. The members of the House of Peoples’ Representatives (HPR), who shall not exceed 550, are representatives of the Ethiopian people as a whole. While the seats are allocated on the basis of the number of people (belonging to Nations, Nationalities and Peoples), nationalities and peoples that do not meet the number requirement shall have special representation in HPR. Accordingly, at least 20 seats are reserved for such nationalities and peoples. This is a special representation established by the Constitution. The criteria for deciding on who shall fall within this category are to be established by the decision of HOF. The HOF, i.e. the other house, is composed of representatives of all Nations, Nationalities and Peoples of Ethiopia. HOF currently has 112 members represented from 69 Nations, Nationalities and Peoples across the country (see HRI/CORE/ETH/2008, annex 1, table 9).
6. An attempt has been made to maintain a fair representation of Nations, Nationalities and Peoples of Ethiopia in other government institutions. In all law enforcement offices such as the police, prosecutors, and judges, efforts are exerted to ensure the proportional representation of all Nations, Nationalities, and Peoples. Although complete data is not available regarding their representation, laws require fair representation of Nations and Nationalities. Hence, the recruitment for police officers shall be based on the equitable representation of the Nation, Nationalities and Peoples of Ethiopia. Under the law, the composition of the Defense Forces shall ensure equitable representation of Nations, Nationalities and Peoples of Ethiopia. Special measures are adopted in all government institutions to ensure the fair representation of all peoples of the country. The common measure is to give priority at the time of recruitment or promotion to candidates from a Nation, Nationality, or People with relatively less representation from among candidates with equal results. The institution of the Police also makes special effort to enable members of a Nation, Nationality, or People with less representation to become members of the Police. In the judiciary as well, Nations and Nationalities are fairly represented. At the federal level for instance, 39.2% of the judges are from Amhara, 15.5% from Oromia, 22.4% from Tigray and 22.9% from the remaining ethnic groups of the country.

Article 2: Obligations of the State party

1. Constitutional guarantee

1. The FDRE Constitution recognizes economic, social and cultural rights (Article 41), rights of labor (Article 42), and the right to development (Article 43). Guiding economic, social and cultural principles and objectives of the Federal and State Governments have been provided under Chapter Ten of the Constitution. These guarantees and guiding principles are believed to ensure the progressive realization of the rights incorporated in the Covenant.

2. Legislative measures

1. There are numerous legislations that are promulgated to protect and enforce the rights incorporated under the Covenant. The labor legislation has been amended to ensure the protection of workers rights. Civil servants and pension laws have been revised, among other things, to give civil servants better protection and to provide women civil servants equal rights with men. Condominium legislation has been issued to address the housing problems that prevail in urban areas. Public health proclamation provides for effective utilization of health rights. The introduction of revised family law codes at Federal and State level promotes the protection of the family by ensuring equality of spouses. Laws on copyright (with neighboring rights) and patent have been promulgated to protect creativity and innovation. These and other legislations passed by the parliament to progressively realize the rights encompassed by ICESCR are discussed in sufficient length under each Article below.

3. Incorporation and enforceability of economic, social and cultural rights under domestic legal system

1. With respect to the discussion on incorporation of the Covenant into domestic legal system, reference has to be made to paras. 121–123 of the common core document of Ethiopia (HRI/CORE/ETH/2008).
2. The Government is cognizant of the nature of obligations under ICESCR. These obligations can appropriately be categorized into the obligation to respect, to protect, and to fulfil.
3. So far as the obligation ‘to respect’ is concerned, the Government is duty bound not to interfere with the enjoyment of the rights under the Covenant. These obligations could be illustrated by the Government’s obligations not to interfere in the rights of workers to form trade unions and their right to strike, not to reject admission of primary school students based on discriminatory considerations, and not to prohibit access to the benefits of scientific advancement.
4. To observe the obligation ‘to protect’, the Government has to ensure that third parties do not interfere with the enjoyment of the rights under ICESCR. This duty implies the obligations of third parties to respect ICESCR, hence requiring the Government to ensure that those third parties complied with ICESCR. For example, the Government must protect the accessibility of education to girls by ensuring that parents do not stop girls from going to school.
5. Economic and social rights impose on the Government an obligation ‘to fulfil’. The obligation to fulfil may further be subdivided into obligations ‘to facilitate’ and ‘to provide’. The Government has to facilitate the provision of economic, social and cultural services, for instance, by creating conditions in which the market can supply health and education services. The obligation ‘to provide’ goes to the extent of direct provision of those services that cannot be realized otherwise. These obligations are to be progressively realized with the available resources of the Government.
6. The nature of obligations arising from economic, social and cultural rights determines their enforceability before courts and tribunals. In most cases, a justiciable cause of action exists against violations of obligations to respect and to protect; hence a legal suit can be brought before a competent judicial body for enforcement.
7. Generally, obligations ‘to fulfil’ (both to facilitate and provide) may not be a subject matter of judicial or quasi-judicial power. However, there are several instances where the Government is explicitly bound ‘to fulfil’ some obligations of ICESCR, hence allowing judicial enforcement. For example, the right to social security, which involves the Government’s obligation to provide, can be enforced before the Social Security Appeal Tribunal.
8. It is the conviction of the Government that three of its branches should operate within their respective mandates ensuring the exercise of accountability and transparency. The executive branch is constitutionally bound to direct development objectives in a manner that ensures the full realization of economic, social and cultural rights using an appropriate budgetary allocation.
9. Overall, the Government acknowledges the justiciable dimension of economic, social and cultural rights as well as the weight ICESCR exerts on framing and implementing development activities.

4. Policy measures

1. The Government has designed various policies, strategies, packages plans of action to ensure smooth social, economic and cultural development for its citizens. A framework Poverty Reduction Strategy (PRS) has been formulated to coordinate and facilitate the implementation of those various policy measures and achieve the Government goal of poverty reduction.
2. To date, two PRSs have been formulated; the Sustainable Development and Poverty Reduction Program (SDPRP) and the Plan for Accelerated and Sustained Development to End Poverty (PASDEP). The SDPRP was launched in 2002 and expired at 2005, while the PASDEP is a five year plan extending from 2005/06-2009/10.
3. Detailed policy measures taken to ensure the progressive realization of each economic, social and cultural right are discussed under specific Articles of the report.

5. Allocation of resources

1. The Government is duty bound under the FDRE Constitution to allocate ever increasing resources towards the provision of social services. The Constitution also demands the allocation of resources for the rehabilitation and assistance of people with disability, the aged, and of children left without parents or guardians.
2. The amount of resources allocated to provide economic and social services are dealt with in the substantive part of the report.

6. Role of international assistance and cooperation

1. Increased, well-coordinated and harmonized inflows of external finances and technical cooperation are critical for the realization of economic, social and cultural rights. Ethiopia has benefited from Official Development Assistance (ODA) from bilateral and multilateral donors. Multilateral institutions include international financial institutions (IDA, ADB, EIB, IFAD, etc.), European Union and United Nations organizations (UNICEF, UNDP, UNFPA, WFP, etc.)
2. *ODA Disbursement*: Ethiopia currently receives about US$ 1.1 billion per annum in aid, including emergency aid and technical assistance. On per capita terms, this is equivalent to US$14.8 in 2005/06. The amounts have risen sharply from an average of US$500 million per annum in the mid-1990s to over US$1 billion per annum recently. Over five years (2001/02–2005/06), ODA averaged at US$932.5 million per year. The contribution of bilateral donors to ODA over the five years period was, on average, US$270.9 million per year (30%). Multilateral donors were the principal providers of external assistance; on average they contributed USD $661.6 million (70%) of total ODA to Ethiopia. Details are presented in Table I below. The figures presented hereunder include technical assistance as well as emergency relief.

# Table I

**ODA disbursement**(In millions of USD)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Source* | *2001/02* | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *5-year average* |
| Multilateral | 734.5 | 552.4 | 652.5 | 736.0 | 632.8 | 661.6 |
| Bilateral | 133.8 | 141.1 | 285.0 | 320.1 | 474.5 | 270.9 |
| **Total** | **868.3** | **693.5** | **937.5** | **1 056.1** | **1 107.3** | **932.5** |
| ODA per capita (USD) | 12.96 | 10.05 | 13.37 | 14.64 | 14.87 | 13.18 |

*Since the full amount of aid is not reflected in the government budget, either because donors spend it directly or do not report it through government systems, the figures indicate rough estimates.*

1. Notable improvement has not been observed in disbursement during the period under consideration. Besides, there has been tremendous volatility in aid flows. The level of funding needed to significantly realize economic, social and cultural rights implies a significant push over the coming years, with a sizeable increase in support from the international community. Furthermore, the level of official development assistance that Ethiopia currently receives in terms of per capita assistance (US$14.8) is considerably lower than that of other low-income countries in the SSA, including many with higher average per capita incomes and with better indicators of human development. For example, ODA per capita for Ethiopia has been on average a quarter of that of Mozambique and half of that of Uganda (Country Economic Memorandum (CEM), World Bank 2005).
2. Despite the debt relief and debt cancellation that Ethiopia has benefited from, additional ODA has not been forthcoming in the spirit of the global call for scaling up to meet the MDGs such as the United Nations Millennium Declaration, the Monterrey Consensus of the International Conference on Financing for Development, the Paris Declaration on Aid Effectiveness: Ownership, Harmonisation, Alignment, Results and Mutual Accountability, Blair’s Commission Report as well as the Gleneagles Agreement.
3. There is already a strong partnership between the Government and development partners within the framework of the SDPRP and now the PASDEP that focuses on poverty reduction. Nonetheless, the country faces challenges such as unpredictability, lack of aid flows information as well as lack of commitment in harmonization and alignment among development partners.
4. Notwithstanding these challenges, External Aid is still an important source of financing capital expenditure (accounting on average for 30 to 40 per cent of overall capital expenditure) to sustain the accelerated growth witnessed during the last five years.
5. The wide range of institutional and structural reforms that have been taking place will help enhance the transparency of government expenditure management and accountability of the public sector. These efforts are expected to encourage all development actors including our development partners to mobilize their resources towards the common goal of poverty reduction and its ultimate eradication.

7. Non-discrimination

1. See para. 262–264 of the common core document of Ethiopia (HRI/CORE/ETH/2008) for the discussion on the enjoyment of human rights including economic, social and cultural rights without discrimination of any kind as to race, colour, sex, language, religion, political or other political opinion, national or social origin, property, birth or other status.

8. Differential treatment of foreign nationals

1. Reference has to be made as to differential treatment of foreigners in the enjoyment of economic rights to paras. 14–21 of Ethiopia’s combined seventh to sixteenth report on the implementation of the International Convention on the Elimination of All Forms of Racial Discrimination (CERD/C/ETH/7-16).

Article 3: Equal rights for men and women

1. Despite the multifaceted and significant role women play in the society, they have not been enjoying the fruits of their contribution and lag behind men due to political, economic, social and cultural bias against them in the past. Women have often been considered inferior to men and were subjected to discrimination.
2. To rectify this, the National Policy on Ethiopian Women (NPEW) was adopted by the Transitional Government of Ethiopia (TGE) in 1993. The NPEW was the first policy document showing the intention of the government to promote and protect the rights of women in Ethiopia (see para. 275 of the core document).
3. The FDRE Constitution provides for the right to equality of women in the enjoyment of rights and protections provided by the Constitution which includes economic, social and cultural rights. Each governmental institution has a responsibility to enable the implementation of the provisions of the Constitution and has a responsibility to eradicate institutional discrimination against women. In addition, the FDRE Constitution provides for the elimination of customs harmful to women and prohibits laws, customs and practices that oppress or cause bodily or mental harm to women.
4. The positive achievement that should be mentioned in this respect is the inclusion of provisions on affirmative action in various laws. Taking into account the historical legacy of inequality and discrimination suffered by women in Ethiopia, the FDRE Constitution stresses the need for affirmative measures with a view to remedy the legacy. These measures shall provide special attention to women so as to enable them compete and participate on an equal basis with men in the political, economic, social and cultural life of society as well as in public and private institutions. The Constitution also guarantees women the right to be consulted in the formulation of national development policies, the designing and execution of projects, particularly to cases that affect the interest of women (see HRI/CORE/ETH/2008, paras. 268 and the following).
5. Specific policies and strategies are adopted; for instance the National Action Plan on Gender Equality, the Women’s Development Package, the Ethiopian Women Development and Change Programme Implementation Plan are among the policies and strategies that are directly focused on women; and are aimed at facilitating conditions conducive to speeding up equality between men and women in the enjoyment of their political, economic, social and cultural rights. The Government has also taken various measures to improve the condition of women, including passing laws to protect women’s rights. The Constitutional provisions dealing with the rights of women have further been enacted in detail in the specific laws of the country. The legislature takes into consideration gender mainstreaming when enacting new laws. New laws and amendments are being made in order to mainstream gender into the laws of the State.
6. The Government has placed a strong emphasis on the participation of women in the development process. Accordingly, polices and strategies have been formulated to integrate and mainstream the gender dimensions in economic, social, and political decisions. Hence, the Government has taken strong measures in placing gender responsive goals and targets to reduce the workload of women with a view to enabling them to participate in political and socio-economic decision-making. Protective legislations have been passed in connection with women’s access to land, credit facilities, and productive resources as well.
7. The issue of women is also comprehensively addressed within the context of implementing the National Action Plan for Gender. The Government will continue to emphasize gender equality in the process of decentralization and empowerment.
8. There are institutional mechanisms provided by the State in order to enable women to enjoy economic, social and cultural rights in equal terms with men. Institutions established to ensure the equality of women include: the Ministry of Women’s Affairs at the federal level, a Women’s Affairs Department within each ministry of the federal government, Women’s Affairs Bureaus at regional level, Women’s Affairs Offices at Woreda and Zonal levels, and the establishment of the Women’s and Children’s Ombudsman at the Institution of the Ombudsman, and the office of the Commissioner for Women’s and Children’s Affairs at the Ethiopian Human Rights Commission.
9. Despite these measures, it cannot be said that women are able to exercise economic, social and cultural rights fully and that discrimination and inequality are totally eliminated. The government is heedful of this and is resolute to introduce the necessary changes in every sector by ensuring the participation of women in every sector in equal terms with men. The situation of women with regard to each right will be discussed in the report under each article.

Article 6: The right to work

1. Legal framework

1. The right to work is a constitutionally guaranteed right of every Ethiopian. The Constitution provides that every Ethiopian has the right to engage freely in any economic activity. Furthermore, the Constitution stipulates the right of every Ethiopian to freely choose his or her means of livelihood, occupation or profession. There can be no compulsion of any kind in the choice of employment. This guarantee partly emanates from the fundamental principle of contract law, i.e., contracts shall be entered with free and full consent. Employment law is one specific type of contract which respects the general principles of contract law.
2. The Constitution imposes a duty on the Government of Ethiopia to pursue policies that aim to expand job opportunities for the unemployed and the poor. To that effect, it is provided that the Government shall undertake programs and public works projects. The Government is constitutionally bound to strive, by all necessary measures, to increase opportunities for citizens to find gainful employment.
3. Equal protection of the law without any discrimination based on grounds of race, ethnic, or other social origin, colour, sex, language, religion, political or other opinion, property, birth or other status is a cross-sectional notion applicable to effective implementation of all rights incorporated in the Constitution. According to the economic objectives provided under the FDRE Constitution, assurance for any Ethiopian to get equal opportunities for improving economic conditions is one of the fundamental considerations in framing economic policies. Opportunities of employment cannot be denied to an individual on prohibited discriminatory grounds.
4. Legislation for effective implementation of the right to work has been promulgated. The Labor Proclamation, Civil Servants Proclamation, Public Servants’ Pensions Proclamation, Private Employment Agency Proclamation, and the Right to Employment of Persons with Disability Proclamation make up the legislation which has laid the bases for protecting the rights of workers in different economic activities and service-providing institutions. Collective agreements in so far as they do not detract from the minimal protection provided by the law for workers, are considered as valid legal instruments governing the relation between employer and employee. There are also regulations and directives that provide for the rights of civil servants.

2. Policy directions to ensure full employment

1. Various policies for the achievement of steady economic, social and cultural development and full productive employment have been formulated, which safeguard the fundamental political and economic freedom of individuals.
2. The development direction Ethiopia pursues is known as Agricultural Development Led Industrialization (ADLI), a strategy that places agriculture and rural areas at its core. The policy has, among other things, the objective of ensuring fast economic growth. Currently, there is acute scarcity of capital needed for development, but Ethiopia has a hard working people as well as ample land. The policy is therefore highly focused on labor and land to ensure economic prosperity and the realization of high employment in the agriculture sector.
3. The free market economic policy through ADLI promotes private investment. It allows the flow of capital from inside and outside sources. This has been playing a crucial role in creating job opportunities for millions of Ethiopians in different sectors of the economy.
4. The Industrial Development Strategy upholds the basic principle of encouraging industry to focus on labor intensiveness. The labor intensive industrial development strategy stems from the availability of an affordable and hardworking labor force in the domestic market which gives local companies comparative advantage and the opportunity to be competitive. The Strategy is a way to achieve full employment by absorbing the unemployed in larger amount.
5. The National Population Policy was framed in 1993, taking into account the negative implications of rapid population growth on the smooth economic and social development of the country in general and on increasing unemployment rate in particular. Accordingly, the policy provides for effective strategies to control rapid population growth. Slow population growth would ease the pressure on the supply side of labor market.
6. The Urban Development Policy has also been approved in March 2005, among other things, to help build accelerated economic opportunities to create jobs. The core components of the policy are support for micro and small scale enterprises (MSEs) and integrated housing development, both of which are very important in addressing unemployment problems in urban areas.
7. As the country’s development goal is to fight and eradicate poverty, Poverty Reduction Strategy (PRS) has been formulated to serve as a framework to implement these and other developmental policies. To date, two PRSs have been formulated: the Sustainable Development and Poverty Reduction Program (SDPRP), which covered the years from 2002/03–2004/05 and the Plan for Accelerated and Sustained Development to End Poverty (PASDEP), which covers the years 2005/06–2009/10. One of eight pillars of PASDEP is creating employment opportunities.
8. Based on urban development policy and PASDEP, the Urban and Industrial Development Package has been designed which incorporates two programs relevant for addressing the unemployment problem: Integrated Housing Development Program and Small and Micro Enterprises Development Program. One of the major contributions of implementing these programs is the creation of job opportunities for millions of unemployed. Regional States have also adopted their own urban and industrial development packages and component programs in light of their local context.
9. The Urban Youth Development Package was issued in June 2006 primarily to address the problems of youth unemployment. The package provides for promoting the economic benefit of the youth through MSEs, promoting job opportunity, creating job opportunity through promoting urban agriculture, creating credit system suitable for the need of the youth, providing the youth with vocational and technical training, and facilitating market access to in-puts for MSEs and their products.
10. In June 2006, the Women Development and Change Package was introduced to address multi-faceted challenges facing women including unemployment problems of urban women. The package provides that any measures to combat unemployment should take gender into consideration.

3. Technical and vocational training programs

1. The Education Policy of the country provides for the expansion of technical and vocational education and training with the objectives of providing skilled manpower for the developmental programs the country is undertaking and to encourage the trainees to create jobs themselves and contribute to the national development effort. Currently, technical and vocational training is divided into training for agricultural, health and teacher training. Considerable attention is also given to industrial, commercial, and service trainings. The National Technical and Vocational Education and Training Strategy has also been developed by the Ministry of Education. The Strategy provides that entrepreneurship skill and business administration courses should be an integral part of any technical and vocational education and training. This enables the trainee to be a successful entrepreneur who knows the contemporary market environment, the challenges the market poses and the mechanisms of overcoming such challenges.
2. The Federal Micro and Small Enterprises Development Agency has been established, among other things, to conduct study regarding trainings required to speed up the development of MSEs and to centrally conduct appropriate training of trainers programs for same. Accordingly, the Agency provides management training (grass root level management, start your business/SYB, improve your business/IYB, creation of economies through the formation of enterprises/CEFE), technical skill training (general metal work and machining, wood working, carpentry and machining, tailoring and pattern making, foundry technology and pattern making, electricity housing installation, electroplating) and handicrafts skill training (carpet making, weaving, tie dyeing and silk screen printing, ploughshare, pottery, and bamboo).

4. Employment profile of Ethiopia

1. See common core document (HRI/CORE/ETH/2008) annex 2, table 18 on Employment to Population Ratio.

(a) Unemployment rate

1. Survey results reveal that in March 2005 there were 1,653,685 unemployed persons, out of whom 427,915 were male and 1,225,770 were female. The rate of unemployment in the current statistics of unemployment for urban areas of the country is 20.6%. Unemployment rate for rural areas is only 2.6%. Unemployment rates for men and women are 13.7% and 27.2% respectively, indicating that unemployment is significantly greater for women than men.
2. Unemployment rate by age group is found to be relatively higher for the age groups 15–49 years, ranging from 1.8 per cent to 7.7 percent. The youth population aged 15–24 years recorded the highest unemployment rate (7.7 per cent) during the reference period. The unemployment rates for females are higher than that of males at all age groups.
3. The results show that the unemployment rate is highest in Addis Ababa City Administration (31.2%) followed by Gambella Region (25.6%) and Dire Dawa Administrative Council (23.9%). The lowest unemployment figures are found in the SNNP, Amhara and Oromia regions. The highest discrepancy between female unemployment rates (22.8 and 18.0 percentage point) are observed in Gambella Region and Dire Dawa Administrative Council.
4. In the 1994 Population and Housing Census, the urban unemployment rate was 22%; it increased to 26.4% by 1999. The unemployment rate as registered in the Urban Biannual Employment and Unemployment surveys of October 2003 and April 2004 were 26.2% and 22.9%, respectively. In the March 2005 NLFS (National Labor Force Survey, 2005), the rate declined to 20.6%, either due to the creation of jobs or to a shift from unemployment to inactive status.

# Table II

**Unemployment rate**

| *Variables* | *Total unemployed population* | | | *Unemployment rate* | | |
| --- | --- | --- | --- | --- | --- | --- |
| ***Total*** | *Male* | *Female* | ***Total*** | *Male* | *Female* |
| National | **1 653 685** | 427 915 | 1 225 770 | **5.0** | 2.5 | 7.8 |
| Urban | **894 177** | 292 709 | 601 468 | **20.6** | 13.7 | 27.2 |
| Rural | **759 508** | 135 206 | 624 302 | **2.6** | 0.9 | 4.6 |
| *Broad age group* |  |  |  |  |  |  |
| 10–14 | **134 373** | 40 184 | 94 189 | **2.8** | 1.4 | 4.6 |
| 15–24 | **713 484** | 183 924 | 529 560 | **7.7** | 4.1 | 11.2 |
| 25–34 | **437 515** | 106 575 | 330 940 | **5.8** | 2.9 | 8.7 |
| 35–49 | **253 090** | 54 057 | 199 033 | **3.6** | 1.5 | 5.9 |
| 50–64 | **93 353** | 30 956 | 62 397 | **2.8** | 1.7 | 4.3 |
| 65+ | **21 871** | 12 220 | 9 651 | **1.8** | 1.4 | 2.6 |
| *Regions* |  |  |  |  |  |  |
| Tigray | **110 711** | 34 220 | 76 491 | **5.3** | 3.3 | 7.4 |
| Afar | **12 003** | 3 104 | 8 899 | **11.4** | 5.2 | 19.5 |
| Amhara | **293 367** | 71 496 | 221 871 | **3.2** | 1.5 | 5.2 |
| Oromia | **533 502** | 114 889 | 418 613 | **4.1** | 1.7 | 6.9 |
| Somalia | **32 080** | 11 128 | 20 952 | **11.1** | 7.1 | 15.9 |
| Benishangul-Gumuz | **15 734** | 4 135 | 11 599 | **4.4** | 2.2 | 6.6 |
| S.N.N.P | **241 031** | 42 933 | 198 098 | **3.5** | 1.2 | 5.9 |
| Gambella | **2 480** | 688 | 1 792 | **25.6** | 14.2 | 37.0 |
| Harari | **12 899** | 4 021 | 8 878 | **16.8** | 10.2 | 23.8 |
| Addis Ababa City Admi. | **361 964** | 130 021 | 231 736 | **31.2** | 22.5 | 39.8 |
| Dire Dawa Council | **37 915** | 11 073 | 26 842 | **23.9** | 14.6 | 32.8 |

*Source:* Report on the 2005 National Labor Force Survey, CSA May 2006.

(b) Employment trends

1. About 85% of the population in Ethiopia is engaged in agricultural activity, the main source of employment. But recent developments have shown that the prospects for employment generation in other sectors are promising and many new jobs have been created. There is a conducive investment environment brought by appropriate policies and strategies designed and put in place by the Government.
2. There is a focus on strengthening Micro Small-scale Enterprises (MSEs) as a source for creating employment generation for those not engaged in the agricultural sector. In 2005/06, a total of up to 124,711 new employment opportunities were created in different sectors. Many of these were in the areas of textile and garment production, metal and woodwork, food processing, construction, municipality services and low cost housing. This has greatly contributed towards reducing the unemployment rate in Addis Ababa and other urban areas.
3. During the year 2006/07, it was planned to create 300,395 job opportunities by promoting the development of MSEs. In addition, it was planned to promote the development of 21,028 micro and small businesses during the fiscal year under review. Accordingly, a total of 22, 273 enterprises (excluding Addis Ababa) have been organized and 198,458 permanent and temporary job opportunities have been created in various sectors through the supports provided to micro and small businesses.

5. Institutional mechanisms

1. The Ministry of Labor and Social Affairs is responsible for creating conducive conditions for the provision of efficient and equitable employment services.
2. The Federal Micro and Small Enterprises Development Agency (FeMSEDA), established by the Council of Ministers of Ethiopia Regulation No. 33/1998 on April 3/1998, which is accountable to the Ministry of Trade and Industry, is playing a crucial role in creating job opportunities through MSEs. The major objective of FeMSEDA is to encourage, coordinate and assist institutions engaged in service provision to the development and expansion of MSEs in the country at large. In order to promote Micro and Small Enterprises, the agency has established a coordinated working relationship with regional government organs, regional agencies responsible for MSE development, NGOs and the private sector.
3. The Ministry of Works and Urban Development is responsible for undertaking studies for the integration of urban development with poverty reduction activities, and supporting the implementation of same. To this effect, the Ministry has developed the Integrated Housing Development Program and Small and Micro Enterprises Development Program which integrate urban development with creation of employment opportunities to urban unemployed section of the society, which in turn is a poverty reduction activity.
4. The Ministry of Women’s Affairs is responsible for ensuring that opportunities are created for women to actively participate in economic and social activities. In this regard, the Ministry is exerting efforts to mainstream gender issues into all policies, strategies, packages and programs that are designed for economic development of the country.

Challenges

1. Despite efforts by the Government to reduce unemployment and underemployment in Ethiopia, especially in urban areas and among the youth, they remain serious challenges. In 2004/05 the working age population (labor force) made up 54% of the population. It is growing by about 1.2 million people per year. The pressure on the labor market comes directly from the supply of labor, which in turn is induced by the growth rate of the population.

Article 7: The right to just and favourable conditions of work

1. Remuneration

1. The remuneration for civil servants is determined based on studies conducted by the Civil Service Agency which takes into consideration the amount needed to lead a decent living, the amount of wage paid by other organizations to similar positions and the capacity of the Government.
2. The labor law provides that wages should be determined by the contract of employment. The wage may be either fixed by the employer in accordance with the organization’s scale or be agreed upon by negotiation between employer and employee. It may also be determined by collective bargaining. The scale provided by the government is meant to be a de facto minimum on which the private sector has to employ as a basis for determining its wage scale.
3. The Government has been raising the minimum wages for civil servants. For instance, within the last ten years, the minimum monthly wage for civil servants has been raised from 105 Birr to 200 Birr, from 200 to 235, and from 236 to 320 Birr. The average increments for the three instances of increment have been Birr 630, Birr 760 and Birr 1068 during the same period. The private sector has also been raising salary scale especially following salary increments made by the Government.

2. Remuneration other than wages

1. Workers may receive other payments in addition to standard wages. The labor law allows for such payments to include over-time pay, amounts received by way of per diem, hardship allowance, transport allowance, transfer expenses, and allowances payable to workers on the occasion of travel or change of his residence, bonuses, commissions, other incentives paid for additional work results, and service charges received from customers. The civil service law also provides for different allowances to be paid to workers.

3. Equal pay for equal work

1. The civil service law provides that all positions of equal value deserve an equal base salary. Even if this principle is not directly incorporated in the labor law, it is also reflected in the system of employment in the private sector.
2. Women workers have a constitutional guarantee of equal pay for equal work. The Constitution further stipulates that working conditions for women may not be inferior to conditions of work for men.

4. Safe and healthy working conditions

1. Ensuring a safe and healthy working environment has been given due attention by the government. The health policy provides that the safety of working conditions and the health of workers are areas of concern and attention. The labor law and civil service law have provisions for ensuring occupational safety and health. The preventive measures required from the employer are enumerated together with the employee’s obligations. Employer’s liability for occupational injury (either occupational accident or occupational disease), irrespective of fault, has been established.
2. Ethiopia has ratified International Labour Organization Occupational Health and Safety Convention No. 155 (1981). A national occupational health, safety and working environment protection policy is being drawn up and will be issued for effective implementation of the Convention.
3. The Ministry of Labor and Social Affairs has prepared the National Work Place HIV/AIDS Prevention and Controlling Guidelines which enables organizations to prevent HIV/AIDS in combination with their daily business. The Federal Civil Service Agency also issued Government Organizations Workplace HIV/AIDS Prevention and Control Guideline in December 2005.
4. In June 2006, about 96 public enterprises and government institutions, 89 private organizations, and 28 non-governmental organizations (a total of 213 institutions) formulated directives on HIV/AIDS prevention and control in the work place and designed programmes for their implementation.
5. Each organization is legally bound to establish an occupational health and safety bilateral committee consisting of at least 10 workers. MoLSA has issued detailed directives for the operation and smooth functioning of such committees. These have been sent to all stakeholders. The core element of the directive is vesting the task of prevention and control of occupational injury and disease to the organization on a permanent basis.
6. A directive on occupational health, safety and working environment protection has been issued following a series of consultations among stakeholders. In addition, directives determining the working conditions for young and women workers have been issued.
7. Tripartite consultations among employers, employees and government on labor administration and occupational health, safety and working environment protection are gaining momentum. These are pivotal to ensure smooth industrial relations and productivity.
8. With financial assistance from the ILO, a country profile of occupational safety and health has been prepared. The Ministry of Labor and Social Affairs, through its supervisory services, undertakes control, training and advisory activities.

5. Equal opportunity for promotion

1. Any civil servant is eligible to compete for promotion. As part of an affirmative action package, however, preference is given to female candidates, candidates with disabilities, and members of nationalities comparatively less represented in government offices provided they have equal or closest scores to other candidates. Adequate and effective complaint lodging mechanisms are also in place for anyone alleging denial of promotion without legal cause.

6. Weekly rest, leisure, limitation of working hours, periodic holidays with pay and holiday with pay

1. Workers have Constitutional rights to reasonable working hours, to rest, to leisure, to periodic leave with pay, and to remuneration for public holidays.
2. A worker is entitled to a weekly rest period consisting of not less than twenty four non-interrupted hours in the course of each period of seven days. Unless otherwise determined by a collective agreement, the weekly rest period, whenever possible, has to fall on Sunday and is given simultaneously to all the workers of the undertaking.
3. Where the nature of the work or the service performed by the employer is such that the weekly rest cannot fall on a Sunday, another day may be made a weekly rest as a substitute. A worker may be required to work on any weekly rest day only where it is necessary to avoid serious interference with the ordinary working of the undertaking in the case of accident (actual or threatened), force majeure or urgent work to be done. In such cases, a worker is entitled to overtime payment and a compensatory rest period (which shall be replaced with money if a worker’s contract of employment is terminated before he is granted the compensatory rest period).
4. Any civil servant is entitled to a weekly rest day. A civil servant ordered to work on a weekly rest day due to compelling circumstances is entitled to overtime payment and compensatory leave during working days of the next week.
5. Under the labor law, normal hours of work may not exceed eight hours (8) a day or forty-eight (48) hours a week. Regular working hours of civil servants is determined on the basis of the conditions of their work and does not exceed 39 hours a week.
6. Work done in excess of the normal daily hours of work fixed in accordance with the provisions of the labor law is considered to be ‘overtime’. A worker may not be compelled to work overtime. However, overtime may be permissible, whenever the employer cannot be expected to resort to other measures and where there is an accident (actual or threatened), force majeure, urgent work or substitution of absent workers assigned to work that runs continuously without interruption.
7. In addition to normal wage, a worker who works overtime is entitled to overtime payments calculated at different rates depending on whether the work is done in day time, night time, weekly rest day or on a public holiday. Any civil servant who has worked overtime is entitled to compensatory leave or overtime pay based on his preference.
8. Under the labor law, a worker is entitled to uninterrupted annual leave with pay which may not be less than fourteen (14) working days for the first one year of service and additional one working day for every additional year of service. This being the case, additional annual leave with pay may be fixed in a collective agreement for workers engaged in a work which is particularly arduous or the condition in which it is done is unhealthy. The wage a worker receives during his annual leave shall be equal to what he would have received if he had continued to work. A worker whose contract of employment is terminated under the labor law is entitled to his pay for the leave he has not taken.
9. A worker who is on leave may be recalled only where unforeseen circumstances require his presence at his post. A worker who is recalled from leave shall be entitled to a payment covering the remainder of his leave, excluding the time lost for the trip. The employer shall defray the transport expenses incurred by the worker as direct consequences of his being recalled and provide per-diem.
10. Any civil servant who serves for eleven months is entitled to annual leave of 20 working days for the first year of service. A civil servant having the service of more than a year is entitled to additional leave of one working day for every additional year of service. However, the duration of annual leave may not exceed 30 working days.
11. Public holidays, religious or other national holidays, provided by law are paid holidays. There are eleven public holidays provided by law, six of which are religious holidays for either Christians or Muslims, three victory holidays, one new year holiday and one workers day (on May 2).

Article 8: The right to form and join trade unions

1. Trade union rights

1. The right to form and join trade unions is constitutionally guaranteed for factory and service workers, farm laborers, other rural workers and government employees whose work compatibility allows it and who are below a certain level of responsibility. The labor law provides the procedures for exercising it.
2. A trade union may be established in an undertaking where the number of workers is ten or more. Workers who work in undertakings which have less than ten workers may form a general trade union, provided, however, that the number of the members of the union shall not be less than ten.
3. Any trade union shall be registered by either the Ministry of Labor and Social Affairs (MoLSA) or its Regional counterpart (BoLSA). Upon its establishment, a trade union has to submit some documents (constitution of the union, a document containing the names, address and signatures of its leaders and, in case of a general union, the names of undertakings where members are working, name and emblem of the organization) for MoLSA or BoLSA.
4. The MoLSA or BoLSA shall, after examining the documents and ascertaining that they are duly completed, issue a certificate of registration within fifteen days of receiving the application. Where the MoLSA or BoLSA does not notify its decision within this period, the union shall be deemed registered. If the union is not registered in accordance with these legal provisions, it may not perform activities provided by the labor law.
5. The MoLSA or BoLSA may refuse to register a trade union where the union does not fulfil the requirements of the labor law, or regulations and directives issued in accordance with the labor law. Grounds for refusal are: where the objectives and the constitution of the union are illegal; where the name of the organization is similar to another organization established prior to it or so closely similar as to confuse its members and general public in any manner; or where one or more than one of those elected leaders of the organization have been convicted and punished, within the last ten years, of serious nonpolitical offences and the organization is not willing to substitute them by others.
6. There is no special provision regarding the establishment of trade unions by certain categories of workers. With the exception of Government employees, the police and the armed forces, all categories of workers can form a trade union.
7. No worker may belong to more than one trade union at any given time in the same employment. Where this provision is not observed, the latest membership shall cancel any previous membership; where the formalities of membership were simultaneous, they shall be without effect. There are no other restrictions on the exercise of the right to join and form a trade union.
8. Trade unions may jointly form federations and federations may jointly form confederations. No trade union may form a confederation without forming federations. Any federation or confederation of trade unions may join international organizations of trade unions.
9. The right of trade unions to function freely is constitutionally guaranteed. There is no limitation imposed on trade unions that may hamper them from achieving their cause. However, a trade union may not engage in activities which are prohibited under the labor law or perform acts which are contrary to its purposes and constitution (or at least be willing to cease or remedy such prohibited acts). Otherwise the MoLSA or BoLSA may apply to the competent court to cancel the certificate of registration.
10. The Government has taken measures to promote free collective bargaining. Various educational seminars have been organized to sensitize workers and employers about the importance of collective agreement and to raise their awareness of bargaining procedures. The Government is playing a mediator’s role in resolving disagreements in collective bargaining. Indeed, issues of disagreements in collective bargaining can be brought to a labor dispute settlement tribunal.
11. As of June 2008, there were 588 trade unions registered at BoLSA and MoLSA. For the past two decades, nine employees’ federations and one employees’ confederation are registered at the MoLSA.

2. The right to strike

1. The Constitution provides that factory and service workers, farm laborers, other rural workers and government employees whose work compatibility allows for it and who are below a certain level of responsibility have the right to express grievances, including the right to strike.
2. There are conditions to be fulfilled for exercising the right to strike. Giving advance notice to employers and concerned government offices, exhausting conciliatory efforts, and securing 2/3 support of the members of trade unions are itemized under the labor law. Workers should also take measures to ensure the observance of safety regulations and accident prevention procedures in the undertaking.
3. There are situations where exercising the right to strike is prohibited. These include a situation where the disputed matter is pending before a Labor Relations Board or a court, where the strike is made in refusal against the final order or decision of the Board or the court, or where the purpose of the strike is to delay unwarrantedly in obeying the final Board or court order or decisions. In the exercise of the right to strike, the use of violence, threats of physical force or any act which is clearly and officially unlawful is prohibited.
4. Workers in essential public services undertakings cannot exercise the right to strike. Those undertakings are listed exhaustively under the labor law, which are: air transport, undertakings supplying electric power, undertakings supplying water and carrying out city cleaning and sanitation services, urban bus services, hospitals, clinics, dispensaries and pharmacies, fire brigade services and telecommunication services.
5. The Constitution provides that a law which identifies the Government employees who would enjoy the right to join and form trade unions and the right to strike would be enacted. To date, legislation of such kind is not promulgated and there is no single trade union of civil servants.
6. The law provides that the right to join and form trade unions and the right to strike do not extend to the armed forces and the police.

Article 9: The right to social security and social insurance

1. Provision of social security by government within the limit of available resources is one of the social objectives enshrined in the Constitution (Article 90). It stipulates that Policies shall aim to provide all Ethiopians access to social security to the extent the country’s resources permit. The Constitution imposes obligation on the State to allocate resources, within available means, to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian.
2. Several laws have been passed to provide social security. One of the laws providing social security is the Social Security Agency Re-establishment Proclamation No. 495/2006 which established the Social Security Agency with an objective to strengthen and expand social security programs. Its principal powers are implementation of social security laws, regulations and directives and the administration of social security funds, mainly collected from the government and its employees.
3. The Public Servants’ Pensions Proclamation No. 345/2003 provides for old age benefits, invalidity benefits, employment injury benefits, and survivor’s benefits for public servants. A public servant is a person permanently employed in any public office, and includes a government appointee, member of the Defense Force and the Police. Public Servants’ Pensions also covers elected members of the parliament and employees of privatized public enterprises. Cash sickness benefits, medical care benefits, employment injury benefits, survivor’s benefits and maternity benefits are covered in the Federal Civil Servants Proclamation 515/2006 and Labor Proclamation 377/2003. However unemployment benefit and family benefits are not yet covered in the Ethiopian Social Security System mainly due to financial constraints.

1. Social security for public servants

1. The principal document providing for social security benefits for public servants is the Public Servants’ Pensions Proclamation No. 345/2003, which provides for various types of social security benefits.

2. Old age benefits/retirement pension

1. A Public Servant who has completed 10 years of service and retires upon attaining retirement age is entitled to a retirement pension for life. The retirement age of public servants other than members of the Defence Forces and the Police is sixty (60) years. The age of retirement for any member of the federal police is 55 years. The age limits for termination of service shall also be deemed to be retirement age-limits for members of the Defense Forces for purposes of the application of Pension Laws.
2. On the basis of studies submitted to it by the Social Security Agency, the Council of Ministers may determine a higher or earlier retirement age for professional fields which may need special consideration or in the case of public servants working on hazardous jobs involving risk to health and life.
3. A public servant who has completed twenty (20) years of service and separates from the service by voluntary resignation or for causes other than those provided by law is entitled to receive retirement pension for life upon attaining retirement age. A public servant other than member of the Defense Forces who resigns after completing at least twenty five (25) years of service is entitled to receive retirement pension for life starting five years prior to retirement age. A member of Defense Force who resigns after completing at least twenty five (25) years of service shall receive retirement pension for life starting three (3) years prior to retirement age. Where it is ascertained that a public servant who has separated from service as discussed in this paragraph becomes incapable of fulfilling the medical conditions of service due to failure in health prior to attaining retirement age, he shall receive invalidity pension for life as of the month following such ascertainment; in case he dies, his survivors shall be paid benefits as of the month following such death.
4. The amount of entitlement, which is to be paid monthly, ranges from 30% to 70% of the salary of the employee, depending on the number of years of service. The retirement pension due to any civil servant amounts to thirty per cent (30%) of the average salary for the last three years preceding retirement, increased for each year of service beyond ten (10) years as follows: for a public servant other than members of the Defense Forces or the Police by one point one two five per cent (1.125%); for a member of the Defense Forces or the Police by one point five per cent (1.5%). However the retirement pension to be paid shall not exceed seventy per cent (70%).
5. A public servant who has not completed ten (10) years of service and retires on attaining retirement age is entitled to receive gratuity. The gratuity payable to public servants other than members of the Defense Forces or the Police is the salary of the month preceding retirement multiplied by the number of years of service. The gratuity payable for members of the Defence Forces, or the Police is the salary of one and half month preceding retirement multiplied by the number of years of service.

3. Invalidity benefits

1. A public servant who has completed at least ten (10) years of service and has retired because of inability to fulfil the medical condition of service shall receive invalidity pension for life. The pension shall be discontinued when a beneficiary receiving invalidity pension engages in any gainful employment and receives salary from the latter. The invalidity pension payable to public servants is calculated in the same way as retirement pension discussed above. A public servant who has not completed ten (10) years of service and retires because of inability to fulfil the medical condition of service receives invalidity gratuity. The amount of invalidity gratuity is calculated in the same way as gratuity payable to a public servant who has not completed ten (10) years of service as discussed above.
2. A public servant who resigns from work after completing ten (10) years, but prior to completing twenty (20) years of service, or who leaves work for any cause other than those specified by law prior to twenty (20) years of service shall be paid an amount equal to the total of the personal contribution he/she made for pension which is four per cent (4%) of her monthly salary. A public servant who resigns prior to completing ten (10) years of service shall be entitled to no benefit.

4. Employment injury benefits

1. Employment injury includes employment accident and occupational disease. Incapacity pension for life or incapacity gratuity is paid as the case may be, for injury sustained from employment. A public servant who sustains employment injury of not less than ten per cent (10%) and separates from work due to absolute incapacitation is entitled to receive an incapacity pension for life.
2. A public servant who sustains employment injury is entitled to receive an incapacity pension for life amounting to forty five per cent (45%) of his basic monthly salary which he was receiving during the month prior to the occurrence of the injury. If the amount of the incapacity pension is less than or equal to the amount of the retirement pension to which the beneficiary is entitled, he shall receive the retirement pension.
3. A public servant who sustains employment injury of not less than ten per cent (10%) without loss of capacity to work shall receive incapacity gratuity in the form of a lump sum. The amount of incapacity gratuity payable is equal to forty five per cent (45%) of the basic monthly salary which he was receiving during the month preceding the occurrence of the injury times five years times the amount of percentage of injury sustained.
4. For employees working for private institutions and others not covered under the Pension Proclamation, employment injury benefits are regulated principally by the Labor Proclamation 377/2003. Where a worker sustains an employment injury, the employer shall cover general and specialized medical and surgical care, hospital and pharmaceutical care, and any necessary prosthetic or orthopedic appliances. Medical benefits shall be withdrawn in accordance with the decisions of the Medical Board.
5. A worker who has sustained employment injury shall be entitled to periodical payment while he is temporarily disabled, disablement pension or gratuity or compensation where he sustains permanent disablement, survivors’ pension gratuity or compensation to his dependants where he dies.
6. The employer shall pay for one year the periodical payment to the injured worker. The Periodical payments shall be paid at the following rates: full wage of the worker’s previous average yearly wages for the first three months following the date of injury; not less than 75% (seventy five per cent) of the worker’s previous average yearly wages for the next three months; and not less than 50% (fifty per cent) of his previous average yearly wages for the remaining six months. Periodical payments shall cease when one of the following takes place first:

(a) When the worker is medically certified to be no longer disabled;

(b) On the day the worker becomes entitled to disablement pension or gratuity;

(c) Twelve months from the date the worker stopped work.

1. Disablement benefits payable to workers of state enterprises covered under Labor Proclamation shall be in accordance with the insurance scheme arranged by the undertaking or pension law, unless otherwise provided for in a collective agreement. Where the undertaking does not have any insurance arrangement, the pension law shall apply to workers covered under public pension law. An employer shall pay a lump sum of disablement compensation to workers who are not covered by the pension law. The amount of the disablement compensation to be paid by the employer shall be a sum equal to five times his annual wages where the injury sustained by the worker is permanent total disablement, or a sum proportionate to the degree of disablement where the injury sustained by the worker is below permanent total disablement. Where a worker who has sustained permanent disablement was at the date of the injury an apprentice, his disablement compensation shall be calculated by reference to the wages which he would probably have been receiving as a qualified workman after the end of his studies.
2. Where a worker or an apprentice dies as a result of an employment injury the worker’s widow or widower, children of the deceased worker who are under eighteen years of age and any parent who was being supported by the deceased worker are entitled to dependant’s compensation.
3. The amount of the dependants’ compensation for workers not covered by the Public servants pension law shall be a lump sum equal to five times the annual salary of the deceased. The compensation shall be disbursed among the dependants as follows: 50% (fifty percent) for the deceased worker’s lawful husband or wife; 10% (ten percent) each for the deceased worker’s children who are below the age of fifteen years and; 10% (ten percent) each for the deceased worker’s parents who were being supported by him.

5. Survivors’ benefit

1. When a public servant who is entitled to retirement or invalidity or incapacity pension, or who has completed at least ten (10) years or service, but not separated from the service or who sustained employment injury dies pension shall be paid to his survivors. When a public servant who has not completed ten (10) years of service dies before he separates from the service, the survivors (a widow or widower, children of the deceased who are under eighteen (18) years of age) shall receive gratuity. The following shall be considered as survivors: a widow or widower, children of the deceased who are under eighteen (18) years of age, parents who were wholly or mainly supported by the deceased.
2. The amount of pension payable to a widow or widower is fifty per cent (50%) of the pension to which the deceased was or would have been entitled. Widow’s or widower’s pension is discontinued from the beginning of the month following remarriage.
3. The amount of pension payable to each surviving child is twenty per cent (20%) of the pension to which the deceased was or would have been entitled. If both parents are dead, the amount of pension payable to each surviving child is thirty per cent (30%). If both parents of an orphan who were or would have been entitled to a pension are dead, he/she is entitled to receive twenty per cent (20%) of each of their pension. The amount of pension payable to each parent is fifteen per cent (15%) of the pension to which the deceased was or would have been entitled. If there are no other survivors the amount is twenty per cent (20%). The amount of gratuity payable to any survivor is the amount of gratuity to which the deceased would have been entitled. If the total benefits payable to survivors is in excess of hundred per cent (100%) of the benefit to which the deceased was or would have been entitled, each survivor’s share is proportionately reduced until the total comes down to hundred per cent (100%).

6. Pension funds and contributions

1. Civil Service Fund, Military and Police Service Fund andCivil Service Fund Contributions are established as Public Servants’ Pension Funds by Public Servants’ Pensions Proclamation No. 345/2003. The amount of the contribution payable to the Civil Service Fund is 10 % (ten percent) of the monthly salary of each civil servant, and the six per cent (6%) is contributed by the employer and the four per cent (4%) by the civil servant. The amount of the contribution payable to the Military and Police Service Fund is 20% (twenty percent) of the salary of the member of the Defense Forces or the Police, and the sixteen per cent (16%) is contributed by the employer and the four per cent (4%) by the public servant.
2. In 1998–1999, 385 million Birr was allocated for the payment of pension from the national budget of the fiscal year. In 2007–2008, 1.1 billion Birr was spent for the payment of pension. Compared to 1998–1999 pension expenditure increased by 286%. Close to one per cent (0.9%) of GDP was used for the payment of pension in 1998–1999 whereas in 2007–2008, 0.7% of GDP was allocated for the payment of pension. This shows that even though the Country’s GDP had been increased, the GDP for pension had not correspondingly increased. This is mainly attributed to the limited number and coverage of the social security scheme.

7. Maternity benefits

1. The right of women to maternity leave with full pay, including prenatal leave with full pay, is constitutionally guaranteed. This right of working women is further elaborated in the Labor and Federal Civil Servants Proclamations. The Labor Proclamation provides that no pregnant women can be assigned to night work between 10 p.m. and 6 a.m. or be employed overtime. Except transfer on medical grounds, it is prohibited to assign pregnant women outside their permanent place of work. Unless for exceptional circumstances, termination of employment of a woman during pregnancy and within four months of confinement is prohibited.
2. An employer shall grant leave with pay to a pregnant woman worker for medical examination connected with her pregnancy. A pregnant woman worker shall, upon the recommendation of a medical doctor, be entitled to a leave with pay. A woman worker shall be granted a period of 30 consecutive days of leave with pay preceding the presumed date of her confinement and a period of 60 consecutive days of leave after her confinement. Where a pregnant woman worker does not deliver within the 30 days of her prenatal leave she is entitled to an additional leave until her confinement. If delivery takes place before the lapse of the 30 days period, the post-natal leave shall commence at the date of delivery. The Civil Servant Proclamation provides for similar period for maternity leave. A civil servant is entitled to a paternity leave with pay for five working days at the time of his wife’s delivery.

8. Cash sickness benefits

1. Any civil servant is entitled to sick leave where he is unable to work due to sickness. The duration of sick leave to be granted to a permanent civil servant shall not exceed eight months in a year or twelve months in four years, whether counted consecutively or separately starting from the first day of his sickness. Sick leave to be granted shall be with full pay for the first three months, with half pay for the next three months and without pay for the last two months.
2. The Labor Proclamation also provides for sick leave where a worker, after having completed his probation, is rendered incapable of work owing to sickness other than resulting from employment injury. Sick leave shall, in no case, be granted for more than six months counted consecutively or separately in the course of any twelve months period starting from the first day of his sickness. The period of sick leave shall be granted in the following manner:

(a) The first one month with full pay of his wage;

(b) The next two months with pay of 50% of his wage;

(c) The next three months without pay.

9. Medical benefits

1. The right to obtain medical benefits including medical services in government medical institutions free of charge and at half cost for a spouse and children is also provided. Leave with pay is also provided for medical treatment. Medical expenses associated with employment injuries including expenses of general and special medical treatment or surgical care, hospital and pharmaceutical expenses, and any necessary prosthetic or orthopedic appliances are also covered by the relevant government institution.
2. Each Regional State has issued health service delivery, administration and management proclamations to provide standardized health services to the people and to strengthen the quality of service and capacity of health institutions. The proclamations stipulate that no person shall be denied of medical service in public health institutions due to incapacity to pay fees. Any person who produces a fee waiver certificate issued by the relevant organ is entitled to medical services free of charge.
3. The proclamations impose responsibility on all health institutions, public or private, of providing emergency health services without requesting advance payment. Moreover, the proclamations enumerate services the public can use for free or which are exempted from payment of fee. Accordingly, every citizen gets the following services free of charge:

Family planning service in primary health care units

Prenatal, delivery and post natal services in primary health care services in primary health care units

Immunization of mothers and children against six childhood illnesses

Diagnosis, treatment and follow-up of tuberculosis

Voluntary counseling and testing for HIV/AIDS and prevention of HIV/AIDS transmission from mother to child

Leprosy management

Epidemic follow up and control

Fistula management

10. People living with disability

1. The Constitution imposes an obligation on the State to allocate resources in order to provide rehabilitation and assistance for the physically and mentally disabled. The Government has adopted policies and laws and established appropriate institutions in order to carry out this obligation. Particular rules have been adopted by a Proclamation on The Right of Disabled Persons to Employment with the aim of deterring discrimination and ensuring the protection of disabled persons to enable them to compete for employment on the basis of qualification. (Proclamation No. 568/2008, the Right to Employment of Persons with Disability.) In order to widen the framework under which people living with disability can exercise their rights, the government is on the way to ratify the Convention on the Rights of Persons with Disabilities, adopted in 2006.
2. Welfare of persons with physical and mental impairment is one area of focus for the Developmental Social Welfare policy. The policy calls for conditions to be facilitated to enable persons with disability to use their abilities as individuals, or in association with others to contribute to the development of society as well as become self-supporting through participation in the political, economic and social activities of the country. It demands the creation of mechanisms by which persons with physical and mental impairment can receive appropriate medical/health services and supportive appliances.
3. The policy requires all efforts to be made to establish special centers where persons with physical and mental impairment and without any family or other support, will be cared for. It further calls for appropriate and sustainable educational programs to be launched to significantly raise the level of public awareness concerning the determinants and consequences of the problems of physical and mental disability as well as change prevailing harmful traditional attitudes, norms and practices in respect to persons with physical and mental impairment.
4. MoLSA has the duty to undertake and facilitate the implementation of studies on ensuring and improving the social well-being of citizens and in particular, the creation of equal opportunities for persons with disabilities.
5. The Ministry is charged with implementation of the national plan of action for the rehabilitation of peoples living with disability, adopted in order to implement international conventions, and Constitutional provisions regarding people living with disability. In order to facilitate these, it has carried out promotional activities and the organization of implementation strategies in all parts of the country. The Ministry has given the necessary technical and professional assistance to strengthen the coalition forum and community bound rehabilitation network (CBR Network) to help stakeholders in the sector work together.
6. Buildings have been constructed in order to strengthen the capacity of six artificial and supportive body part manufacturing institutions in cooperation with the World Bank and the International Committee of the Red Cross. For the same purpose the provision of equipment and the training of professionals for physiotherapy and orthopedics, have been undertaken.
7. The Ministry is conducting research in order to establish similar institutions in regional states. The construction of a special national rehabilitation center in the compound of the Black Lion Hospital of Addis Ababa University has been finalized. The center will provide medical services and training for orthopedics professionals. In order to implement the 10-year African action plan for persons living with disability at national level, and in cooperation with the Secretariat of the African Decade, training is being given to participants selected from all stakeholders in the sector and in regional bureaus of labor and social affairs, on the execution and supervision of the project, and for advocacy and lobbying.
8. In order to avert the negative impact that HIV/AIDS has on peoples living with disability, educational forums have been created to promote awareness. Research has been undertaken on the needs of persons living with disability and those engaged in begging, in order to provide them with artificial body parts and fulfil sign language educational needs.
9. The National Association of Persons with Disabilities, the members of which include persons affected by leprosy, visually impaired, hearing impaired, persons with physical disabilities, mentally retarded children and youth, and autistic children, has been established. These associations render services for adults as well as children with disabilities. The programs undertaken so far for persons with disabilities include:

Awareness raising

Information and education on HIV/AIDS

Production of orthopedic appliances, including provision of new equipment and maintenance especially for children

1. Traditional mechanisms play significant role in the provision of social security. “*Idir*” and “*Ikub*” are common forms of traditional social security schemes. Idir provides financial and moral assistance to the family of a deceased. The government is giving support to transform these institutions into cooperatives and to expand their coverage.
2. The Government provides most social security schemes. However some private and international institutions establish provident fund for their employees. The social security coverage is limited. The social security provided for citizens in the formal and non-formal sectors of the economy is not adequate. Coverage by public pension is limited to public servants. The issue of limited coverage and exclusion of a growing private sector employment and labor force has given rise to growing demand for wider coverage.
3. In order to rectify this situation a research on policy and strategy for extension of social security coverage to the formal sector was prepared and submitted to the government in cooperation with the ILO. The need and objectives of the policy initiatives for the extension of social security coverage to the private sector could be a response to the inequality created by limited coverage, the growing demand for wider coverage and the implementation of decent work strategies, the requirement of good working conditions and the human rights and poverty issues. Thus the objectives of the extension policy and strategy are aimed at bringing about equity, social and economic effects and creating risk management capacities. More specifically the extension policy and strategy is to provide income maintenance and support, in cases of old age, invalidity injury and death of breadwinner, to workers and their families in the formal private sector, and to create enabling conditions for the expansion of similar coverage to the informal sector in the long run.
4. The government in principle has accepted and committed for the implementation of the Policy and Strategy Designed for Extension of Social Security Coverage to the Formal Sector. The government has empowered the Social Security Agency to build its capacity, undertake a study and arrange discussion for the implementation of the policy with private sector employees and employers prior to the execution of the same. The agency is facilitating conditions for the implementation of the policy. The agency has requested the technical assistance of the ILO experts to undertake research on how to expand the coverage of public pension to other sectors. The country has received technical assistance from ILO and ISSA to enhance the full realization of the provision of social security.

Article 10: Protection and assistance for the family

1. The FDRE Constitution enunciates that the family is the natural and fundamental unit of the society. Family is entitled to protection by the society and the State. The government has taken several measures such as enacting legislation, the adoption of policies and establishing institution to grant appropriate protection to the family. The measures taken to ensure the protection of the family include regulating and governing family relations by law and revising previous laws inconsistent with the Constitution. The major legislative measures that have been undertaken are the revision and promulgation of family codes at federal and state levels.
2. The Labor Proclamation provides that a worker shall be entitled to leave with pay for three working days for wedding. The Criminal Code affords special protection to the family. It criminalizes acts against the institution of marriage such as Fraud and Deceit in Marriage, Solemnizing or Contracting an Unlawful Marriage, Early Marriage, Bigamy and Adultery.
3. In order to broaden the framework under which the family is protected, the Developmental Social Welfare Policy considers the family as a segment of society whose social welfare is a priority concern. In light of conditions prevalent in Ethiopian families, the policy has set objectives to be achieved regarding the welfare of the family, demanding formulation and implementation of programs and services designed to promote family welfare.
4. Taking into account the existence of disintegrated families due to natural and man made disasters, poverty and other related social and economic problems, the policy calls for the development of strategies and the establishment of mechanisms to facilitate the extension of economic and social assistance to families in difficult circumstances. The policy further calls for the enactment of laws to ensure the social welfare of the family as an institution and strengthen matrimonial bonds, and for the revision of existing laws to this effect.
5. The health policy provides for special attention to be given to the health needs of the family. It sets central strategies for the promotion of family health, giving especial focus to maternal and child health care. In order to achieve this objective, the policy requires the expansion, optimization of access and utilization of immunization services, and the encouragement of early utilization of available health care facilities for the management of common childhood diseases particularly diarrhea related diseases and acute respiratory infections.
6. The policy also addresses the special health problems and needs of adolescents, identifying and discouraging harmful traditional practices while encouraging beneficial aspects towards the development of the family as part of its promotion of family health.
7. The Ministry of Labor and Social Affairs is the organ vested with the duty of undertaking the facilitation and implementation of studies that ensure and improve the social well being of citizens and in particular the protection of family and marriage. The Ministry has undertaken many activities towards promoting the welfare of the family, and has been conducting numerous studies on the problems of Ethiopian families.
8. The right of men and women, who have attained marriageable age as defined by law, to marry and found a family is guaranteed under the Constitution. The Constitution enshrines that marriage may be entered into only with the free and full consent of the intending spouses. Since the Constitution is the supreme law of the land, any law or customary practice that contravenes this provision has no legal effect.
9. The Revised Family Code which is applicable in the two federal Cities (Addis Ababa and Dire Dawa) makes free and full consent of spouses’ one of the essential conditions for a valid marriage. This principle is reiterated in all state family codes.
10. Marriage concluded as a result of error in consent shall not be valid. Consent is deemed to be vitiated as a result of error where such error is a fundamental error such as (a) error on the identity of the spouse (b) error on the state of health of the spouse who is affected by a disease that does not heal or that can be genetically transmitted to descendants; (c) error on the bodily conformation of the spouse who does not have the requisite sexual organs for the consummation of the marriage; (d) error on the behavior of the spouse who has the habit of performing sexual acts with person of the same sex.
11. Marriage concluded as a result of consent which is extorted by violence shall not be valid. Consent is deemed to be extorted by violence where it is given by a spouse to protect himself or one of his ascendants or descendants, or any other close relative from a serious and imminent danger or threat of danger. Opposition may be made when marriage is to be concluded in violation of one of the essential conditions of marriage such as the absence free and full consent of spouses.
12. *Maternity protection*: Please see the paragraphs on social security.
13. The FDRE Constitution provides the umbrella articles for the protection of the rights of the child. The constitution enumerates various rights of children. International agreements on child rights such the African Charter on the Rights and Welfare of the Child and the Convention on the Rights of the Child are also part of the law of the country.
14. The Constitution calls upon public and private welfare institutions, courts of law, administrative authorities or legislative bodies to make the primary consideration the best interests of the child in their undertakings concerning children. The Constitution enshrines that children born out of wedlock have the same right as children born of wedlock.
15. A minor is a person of either sex who has not attained the full age of eighteen years. A minor, as regards the proper care of his person, shall be placed under the authority of a guardian. In matters concerning his pecuniary interests and the administration of his property, a minor shall be represented by his tutor. The minor shall not perform juridical acts except in the cases provided by law. The juridical acts performed by the minor in excess of his powers shall be of no effect. The incapacity of a minor shall cease where he/she attains majority; or he is emancipated.
16. The minimum age requirement to conclude marriage is eighteen years for both sexes. However, the Minister of Justice may, on the application of the future spouses, or the parents or guardian of one of them, for serious cause, grant dispensation of not more than two years. Where a minor is married in accordance with this dispensation, he shall be emancipated by the sole fact of such marriage.
17. Where a minor has attained the age of fourteen years, his guardian or tutor or any interested person may apply to the court for his emancipation. The court may decide to emancipate the minor after considering his conditions, the reasons applied for, and where it finds that the emancipation is in the best interest of the minor. An emancipated minor shall be deemed under the law to have attained majority.
18. The Labor Proclamation stipulates that the minimum age to engage in gainful employment is fourteen years. Where a minor is above fourteen years of age, he shall receive the income deriving from his work. He shall freely dispose of such income in accordance with the law, after making contribution to his own maintenance. The tutor shall consult the minor in all important acts concerning him, unless the latter is less than fourteen years of age.
19. The Developmental Social Welfare Policy makes the social welfare of children a priority. Accordingly, the policy calls for appropriate and comprehensive care and services to be extended to children to ensure their all-rounded and harmonious development.
20. The obligation of the State to allocate resources within available means to provide assistance to children who are left without parents or guardian is provided in the Constitution. The Constitution imposes duty on the State to accord special protection for orphans and encourages the establishment of institutions which ensure and promote their adoption and advance their welfare.
21. In addition to the Constitution, the Developmental Social Welfare Policy sets detailed activities to be undertaken for the protection of orphaned or abandoned children. It calls for the facilitation of conditions that will enable orphaned and abandoned children to get the assistance they need and to eventually become self-sufficient. The policy states that any efforts that are being made towards the establishment and operation of child welfare and development organizations and services by appropriate organs of government, the community, non-governmental agencies, voluntary association and individuals should be supported.
22. The Central Statistical Agency has identified three categories of children in especially difficult circumstances. These are orphans bereft of both parents, children who do not live with their biological mothers and children who reside in single adult households. The government has taken several measures ranging from the adopting polices to establishing institutions to facilitate the care of children found in such especially difficult circumstances.
23. The government in collaboration with NGOs has been implementing child-focused intervention in basic health-care, education and protection services for children orphaned by HIV/AIDS. In line with the Developmental Social Welfare Policy, the Ministry of Labor and Social Affairs has formulated five guidelines to improve the quality of services delivered to orphaned and vulnerable children. The five guidelines dwell on institutional childcare, community based child care, reunification, foster family care and adoption.

1. Children in conflict with the law

1. The Constitution states that juvenile offenders admitted to corrective or rehabilitative institutions should be kept separate from adults. Child Protection Units (CPUs) have been established in most police stations at the federal and regional levels. CPUs have yet to be set up in all major urban centers, but they have been inserted into police structures and are operational in several towns. Community-based centers have been established as a subcomponent of the child protection program to serve as an alternative to the protection of petty and first-time offenders reported to the CPU. Children convicted of petty offences are protected from detention with adults at police stations and with hardened criminals in remand homes. Children in fact are transferred to community-based correction centers, which focus on educational support to motivate children in their schooling and prevent them from becoming involved in delinquent activities and truancy.
2. Community-based correction centers provide reading materials, apprenticeship and skills training programs, and recreational facilities as well as guidance and counseling services. The child can be rehabilitated without interruption to schooling and while staying with his family. A Juvenile Delinquents Rehabilitation Institute has been constructed to house suspected female offenders.
3. The Federal Supreme Court has established a Juvenile Justice Project Office (JJPO) in 1999 with financial and technical support from donor organizations. The main objective of the office is to propose ideas towards reforming the juvenile justice system of the country to protect adequately the rights of children in line with international child rights standards.
4. The Office has undertaken many activities since its establishment, including reviewing existing laws pertaining to child rights and assessing the structural framework of the judiciary and the police with regard to the protection of children. In addition, workshops on juvenile justice system reform in the country and administration of juvenile justice have been repeatedly conducted. Training of trainers for the handling of young offenders has been given to judges, police officers and prison personnel at all levels.

2. Measures to protect children from all kind of exploitation, neglect and abuse

1. The Constitution guarantees the right of children not to be subject to exploitative practices. They have the right to be free from corporal punishment or cruel and inhumane treatment in schools and other institutions responsible for their care. The Developmental Social Welfare Policy also calls all efforts to be made in order to provide children protection against abuse and neglect.
2. Maltreatment of minors is punishable under the criminal code. Whosoever, while having the custody or charge of a minor, ill treats, neglects, over tasks or beats him or her, for any reason or in any manner, can be punished. If the crime causes grave injury to the health, wellbeing, education or physical or psychological development of the minor, the punishment will be increased.
3. Sexual exploitation of children is a growing concern in the country. The major factors contributing to the increase in sexual abuse and child prostitution are poverty, rural-urban migration, family breakdown, early marriage and displacement.
4. The Criminal Code provides for rigorous prison terms for those engaged in the sexual abuse of children. A national steering committee against sexual exploitation of children comprised of representatives from relevant stakeholders, the Ministry of Labor and Social Affairs, the Ministry of Finance and Economic Development, Ministry of Health, the Ministry of Education, the Ministry of Justice, Ministry of Youth and Culture, UNICEF, Radda Barnen and ANPPCAN-Ethiopia has been established with the objective of implementing policies, laws and programs pertinent to the abolition of sexual exploitation of children. The steering committee has so far accomplished the following tasks:

(a) Conducted a study on sexual exploitation of children;

(b) Translated the concept of the English term “sexual exploitation” into the local national language in order to create a clear understanding of the term by officials and the population at large;

(c) Convoked a workshop to discuss the situation of sexual abuse and exploitation of children, identifying research areas for further analysis on the magnitude of the problem in the country;

(d) Conducted research in two regional towns regarding sexual abuse and exploitation;

(e) Developed a national action plan on sexual abuse and exploitation.

1. A number of NGOs in the country have formulated programs with a view to tackling the problem of sexual exploitation and have begun implementing them. The services provided by the NGOs include the delivery of professional assistance, community counseling, and providing medical, legal and financial support.
2. The pediatrics section of Yekatiti 12 Government Hospital has a special unit called the Child Abuse and Neglect Unit which provides comprehensive medical and psychological treatment for sexually abused children. The Unit is run by the government with financial and technical assistance from NGOs.
3. Trafficking in human beings for whatever purpose is prohibited under the Constitution. Furthermore, trafficking in children is a punishable act under the criminal code. Despite this, child trafficking is reported to be widely practiced in Ethiopia. In response the government has intervened to control such activities.

3. Child labor

1. The Constitution guarantees the right of children neither to be required nor permitted to perform work that may be hazardous or harmful to his or her education, health or well being. The Labor Proclamation also provides for a separate chapter to govern the working conditions of young workers. It explicitly prohibits the employment of persons less than 14 years of age. The Proclamation defines a young worker as a person who has attained the age of 14 but is not over the age of 18.
2. Reiterating the constitutional guarantee, the law also prohibits the employment of young workers in any job which endangers the life or health of those involved. The Proclamation sets maximum hours of work for young workers at seven hours a day. It prohibits young workers from night work between 10 p.m. and 6 a.m., from overtime work, and from working on weekly rest days or public holidays.
3. The government has ratified international instruments on child labor, including the ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms Of Child Labour No. 182 (1999), the ILO Convention No. 182 and the ILO Minimum Age Convention, No. 138 (1973). Following their ratification, a National Strategy has been drafted for implementation of the provisions of these conventions.
4. The exploitation of child labor, owing mostly to the poverty level of the country, is a long-standing problem. Many children are engaged in activities in which safety and working conditions are below international standards. The following are the commonest forms of child labor:

(a) Child shepherds working for long hours contracted or subcontracted to owners;

(b) Children working in numerous small industrial workshops and service establishments;

(c) Children in street trades.

1. According to the survey carried out by the CSA in 2001, 83 per cent of Ethiopian children in the age group of 5–14 are engaged in either a productive activity or the performance of household chores. When the age group is pushed to 15–17, the proportion rises to 97 per cent. More appalling is the fact that 62 per cent of children aged 10–14 and 39 per cent of children aged 5–9 are engaged in at least one type of employment besides household chores. The survey revealed that all in all, 15.5 million of the 18.13 million children are working either in the household or outside. In other words, only 14 per cent of the Ethiopian children in the age group of 5–17 are not working.

Article 11: The right to an adequate standard of living

1. The right of the peoples of Ethiopia as a whole, and of each nation, nationality and people in particular to improved living standards and to sustainable development is set out in the Constitution. The government has also been taking several measures in order to achieve an adequate standard of living and continuous improvement of living conditions of the Ethiopian people. To ensure the progressive realization of the rights, the government has adopted and implemented development policies and strategies to the maximum extent of available resources. The overarching national objective of Ethiopia’s development policy goal is the eradication of poverty and raising the living standard and conditions of the people.

1. Standard of living and living conditions for the population as a whole

1. In recent years, the Ethiopian economy has experienced encouraging development in its economic performance. It has witnessed an annual average real GDP growth rate of 11.8 % during four years ending in 2006/07. During this period (2003/04–2006/07), agriculture, industry and service sectors registered an average annual growth rate of 12.7%, 10.6% and 11.5%, respectively. The agricultural sector has continued to contribute the lion’s share to economic growth. In 2006/07, agriculture, including allied activities, contributed 46.3% to the total GDP and is still the major source of growth. However, the recent expansion has been broad based with significant contributions from manufacturing, construction and service sectors (see HRI/CORE/ETH/2008, annex 2, table 19, macroeconomic performance indicators).
2. As a result of the economic growth registered in the country, real per capita GDP reached 181 USD in 2006/07 thereby increasing household economic standards. The average yearly growth rate of real per capita GDP over the last four years averaged 8.8%, which is double the growth rate of real per capita GDP for Sub-Saharan Africa (HRI/CORE/ETH/2008, table 19).
3. *Inequality*:As indicated by the Gini-Coefficient, income/consumption inequality has increased consistently over time in urban areas from 0.34 in 1995/96 to 0.38 in 1999/00 and further to 0.44 in 2004/05 while inequality has not changed in rural areas over the period (HRI/CORE/ETH/2008, table 15 and annex to the present document).
4. *Total Poverty Indices*: According to the 2004/05 HICES, the proportion of poor people (poverty head count index) in the country is estimated to be 38.7% in 2004/05. In 2004/05, while the proportion of the population below the poverty line stood at 39.3% in rural areas, it is estimated to be 35.1% in urban areas. The poverty gap index is estimated to be 8.3% while it is 8.5% for rural areas and 7.7% for urban areas. Similarly, the national level poverty severity index stood at 0.027 with the rural poverty severity index (0.027) being slightly higher than that of urban areas (0.026). For all indices (head count, poverty gap and poverty severity indices), urban areas have lower poverty than that of rural areas indicating that poverty is still more of a rural phenomenon. However, over time the gap in poverty between rural and urban areas is narrowing. Poverty head count, poverty gap, and poverty severity indices have declined substantially for at least the last ten years indicating substantial decline in poverty (see annex).
5. *Trends in Rural and Urban Poverty*:Much of the decline in national poverty is attributed to a decline in poverty in rural areas. The decline in rural poverty is substantial. The head count, poverty gap, and poverty severity indices in 2004/05 for rural areas are lower by 13%, 31%, and 41%, respectively than the levels in 1999/00.
6. *Trends in Absolute Number of Poor Population*:Overall, at national level, the absolute number of poor people declined from 28,063,909 in 1999/00 to 27,523,414 in 2004/05. In other words, the number of poor people has declined by about 2% from 1999/00 to 2004/05.
7. *Gender versus Poverty Head Count Index*: According to the 2004/05 HICE and Welfare Monitoring Survey results, national poverty was lower for female headed households (33.9%) while poverty for male headed households was estimated at 39.9%. Rural poverty was also lower for female headed households (32.7%) than male headed households (40.6%). However, in urban areas, poverty was higher among female headed households (37.2 %) than male headed households (34.1%) (see Fig. 2.7).
8. *Vulnerability*:Vulnerability here refers to the probability or the risk of being in poverty or the risk of falling into deep poverty in the future. Overall, shocks increase the likelihood of being poor by 3.2%. Asset ownership reduces poverty. Holding all other factors constant, ownership of a plough animal and cattle by a rural household reduces the likelihood of being poor by 20.3%. In rural areas, crop damage, drought, and severe illness increase the likelihood that a household is poor. The profile of shocks affecting households in both rural and urban areas and their relative impact are provided in Table 9 below.
9. *Distance to drinking water source*:Based on source of drinking water during the dry season, about 92% of rural households are less than 5 km away from the closest source of drinking water, while around 6% need to travel 5 to 9 km to fetch water for daily uses. The corresponding accessibility in urban areas is much better. More than 82% can access drinking water within a distance of 1 km. The availability of sources of drinking water within five km radius has not shown much change over time.
10. *Telephone services*:About 45% of the total households need to travel for 15 or more km to reach the nearest telephone service unit. Although access has been improving over time, only 44% of households can get telephone service within less than 10 km, and about 29% are at least 20 km away from such service. About 94% of urban households have telephone within a distance of less than 5 km compared to 17% of rural households (2004 Survey).
11. *Roads*:About 42% of rural households are now less than 5 km away from the closest all-weather road, while around 58% still need to travel five or more kilometers to reach the nearest all-weather road. The trend over time also indicates that the situation has been improving, with the share of the rural population within 5 km rising from 37% in 2000 to about 42% in 2004.
12. *Transport services*:More than 43% of rural households have to travel over 15 km to access publicly available transport services. The gap is even wider (comparing urban and rural areas) in accessing transport services in shorter distances. About 97% of urban households against 28% of rural households have access to transport services within a distance of less than 5 km (2004 survey).
13. *Micro finance*: Thirty-three per cent of households need to travel 20 or more kilometers to reach the nearest micro finance services. The proportion with financial services within 5 km is 77% in urban areas and only 17% in the rural areas (2004 survey).
14. *Sources of drinking water*:64% use drinking water from sources that are not safe. Of the households that have access to safe water, about 13% of the households use water from a protected well or spring, 19% from a public tap, and 4% have their own tap. The problem is much more severe among rural households than urban households. Only 25% of rural households have access to clean water, as opposed to more than 90% of urban households. In urban areas, 64% of households use a public tap, and 23% use their own tap – either because they are connected to a water supply system, or have their own source (2004 survey).
15. *Source of energy for lighting*:71% of households use kerosene for lighting, followed by firewood (16%) and electricity (13%). Electricity use is concentrated almost entirely in urban areas – only 0.4% of the rural population reports using a private electricity connection for lighting, and another 0.8% have access to a shared connections. About 75% of the urban residents use electricity (2004 survey).

2. Measures to improve standard of living by Government

1. The Government has taken several measures to improve the living standards of the people. In its development policies, strategies and programs, the Government has taken poverty reduction as its priority. Some of these measures include the increase in pro-poor spending, the expansion of the infrastructure, and the food-security programs.
2. *Poverty-oriented spending*: The share of total spending on poverty-targeted sectors increased from about 42% of total expenditure in 2002/03 to over 62.9% by the end of 2006/07. Increases have been witnessed in spending across all poverty-oriented sectors in the past year, with recurrent poverty-targeted spending increasing by 20.1%, over the previous year, and capital by 31.3%, largely due to the steady increase in spending on most poverty-oriented sectors in particular the on-going Federal food security program (See HRI/CORE/ETH/2008, Annex 2, Table 21).
3. *Expansion of infrastructure*: Priority has been given to new road construction and major rehabilitation/upgrading/maintenance work. The main challenges are the need to ensure adequate financing for the major investments required, ensuring continued maintenance, and the limited domestic construction capacity. A major effort is now being undertaken to develop the domestic construction industry.

3. The right to adequate food

1. One of the social objectives of the FDRE Constitution is the provision to all Ethiopians of access to food. Given the level of economic development of the State, achievement of this objective has been a daunting task. But the Government, with limited resources, has exerted the utmost effort to ensure the right to food of all Ethiopians. Food security has been the primary agenda in the development policies of SDPRP and PASDEP. The Government has emphasized the importance of agriculture to ensure food security and eradicate hunger owing to the fact that the economy of the country is to a larger extent dependent on agriculture and most food-poor people reside in agricultural (rural) areas.
2. *Food poverty*: The food poverty index measures the proportion of food-poor people that fall below the food poverty line. Accordingly, the national food poverty index declined from 42% in 1999/00 to 38% in 2004/05. This showed that the food poverty index declined by 9% from 1999/00 to 2004/05. On-going programs/interventions in particular, since the onset of the SDPRP in pro-poor sectors such as rural development, food security, water, health and education, appear to have contributed to the decline in food poverty. When food poverty is disaggregated in terms of rural and urban areas, it is found that both rural and urban food poverty head count index has declined by 7% and 25%, respectively although the decline in the food poverty head count index for rural areas is not statistically significant.
3. Despite the 7% decline in the rural food poverty head count index and the 25% decline in urban food poverty index from 1999/00 to 2004/05, no decline has been observed in the depth and severity of food poverty during the period. Given the substantial increase in food prices during the survey period, it is not surprising to witness stagnation in the depth and severity of food poverty. As many rural poor households are net buyers of food, it is likely that rising food prices may have negatively affected the food poverty situation of people in rural areas. In terms of physical calorie in-take, national food poverty index showed an 8% decline over the period (53% decline in urban calorie-based food poverty head count index versus 7.6% rural calorie-based head count index).
4. *Wasting*:According to the findings of the survey, the prevalence of wasting at country level is about 8%. Wasting is higher among rural children (8%) than urban (7%), and the prevalence of wasting for boys is higher by about 1% than girls in both urban and rural areas.
5. *Stunting*: At country level, the share of children aged 3 to 59 months that suffer from chronic malnutrition declined from 57% in 1999 to 47% in 2004. The prevalence is much higher among rural children (40%) than urban (30%). Distribution of stunted children by gender also suggests that at country level and in rural areas male children are slightly more malnourished on average than female children.
6. *Underweight*:The prevalence of underweight children in the country was 37% in 2004. This considerable proportion of underweight children, which reflects both wasting and stunting, signals the extensive distribution of malnutrition among young children of the country.
7. *Prevalence of malnutrition over time*:All four consecutive WMS show a consistent decline in malnutrition over time, with a tremendous decrease in stunting in both urban and rural areas (see WMS Report: 2004).The rate of stunting in urban areas fell from 58% in 1996 to 30% in 2004; and fell from 67% to 48% in rural areas.
8. Records show that in the worst crop year, up to fifteen million people in the drought-prone areas of the country could face food shortages, which are either chronic or transitoryin nature. The cause for the former is structural, while the later is usually triggered by short term emergency situations. Cognizant of the degree of vulnerability people have faced, the Government has developed the FSP within the framework of the wider five-year plan in close collaboration with its development partners. The core objectives of the program are twofold. One is to enable the 8.29 million ‘chronically’ food insecure population to attain food security within a five year period, and the other is to improve significantly the food security situation of the remaining 6.71 million facing ‘transitory’ food insecurity problems. The key interventions designed to attain household food security over the five-year plan period are: (a) building household assets through on-farm activities; (b) supporting voluntary resettlement to more productive areas; (c) a Safety Net Program, which helps bridge food gaps while building community assets and; (c) introducing non-farm activities.
9. *Household asset building*: Drought has been a major factor causing loss of crops and livestock. Repeated food shortages have also forced many to sell their assets particularly livestock to meet immediate needs. Building sustainable household assets is therefore a major part of the solution to the problem of food insecurity, for which appropriate technologies have to be identified and needed resources have to be made available. Different menus of technological packages have been prepared and disseminated to these households through the extension services. The packages include provision of improved inputs to enhance livestock and crop productivity, moisture conservation and utilization, natural resource development, training, support for additional income-generating activities, and provision of market information. This effort will be expanded and refined over the coming five years, supported by a credit facility for targeted households.
10. *Voluntary resettlement program*: Over the years, a large portion of the country’s population has lost the capacity to be productive mainly due to land degradation and high population pressure, while at the same time Ethiopia has a considerable amount of land currently under-utilized but still suitable for farm activities. To rationalize resource use, and thereby help the food insecure households, the Government is supporting voluntary resettlement as part of its food security program. Accordingly, it has targeted to help resettle 440,000 households or 2.2 million people and by the end of 2004/05, 50% have been settled and the remaining 50% will be settled during the period of the PASDEP (details are given in Table 7.12).
11. Resettlement is on a purely voluntary basis, and each settler household is guaranteed a package of assistance that includes provision of up to 2 hectares of fertile land, seed, oxen, hand tools, utensils, and food rations for the first eight months. Settlers are also provided with access to essential social infrastructures (clean water, health post, feeder road), and logistics support. To ensure the efficient and effective implementation of the program, an implementation manual has been prepared, and extensive training and awareness creation activities have been carried out at federal, regional, *woreda* and *kebele* levels. Recent assessments have shown that the majority of the settlers have attained food self-sufficiency and their livelihoods have improved considerably.
12. *The Productive Safety Net Program*: The Safety Net Program is intended to serve the dual purpose of helping bridge the income gap for chronically food insecure households, and engaging such households in community asset building efforts to earn income, especially during the lean season and times of drought. The program is designed to address the income gap faced by chronically food insecure people in 287 *woredas*. It has two components: labor-intensive public works and direct support for labor-poor households. The able-bodied will be engaged in public works for which they are paid a minimum amount, while the labor-poor are provided the same amount for free. A program implementation manual has been prepared, and training and awareness creation activities have been undertaken at different levels. The supported communities have identified target groups for public works, and direct support and capacity-building measures have been undertaken. Training and capacity building efforts will continue where required.
13. The Government and donors have shown strong commitment to the success of the program, which commenced in February 2005. A key feature of the Safety Net Program is its household focus. It is linked to the household asset-building efforts of the FSP in that the priority for household asset-building interventions is assigned to those covered by the Safety Net Program, as they are the chronically food insecure. The Safety Net Program through its predictable transfer of resources will help ‘prevent asset depletion’, which is an important factor for the attainment of food security at household level. This is in addition to the community assets (public works) it helps build. The support given through this program to the chronically food insecure 8.29 million people will continue until 2009/10. As the development component of the food security program succeeds, the population covered under the program will be reduced.
14. *Non-agricultural income*: As the food insecure households are resource poor, living in drought-prone and degraded areas, focusing on crop and livestock production alone may not entirely solve the problem of food insecurity in some areas. For such areas, income diversification through promoting non-agricultural activities is of paramount importance. The proposed interventions in this regard include:

Strengthened market effectiveness, credit services through micro-finance institutions.

Establishment of marketing cooperatives to be able to sell products at a good price.

Provision of training, and organization of cooperatives.

Activities involving water resource development (people and livestock), development of irrigation, development of forage and grazing land development.

Due attention will also be given to nutritional issues, and the maintenance of emergency capabilities. Nutritional issues encompass three components – food, health, and caring practices.

1. *Agricultural extension*: Improved extension package services that are geared towards addressing problems of production and productivity and that respond better to farmers’ needs have been implemented in accordance with the existing environmental and market conditions. The transformation of Ethiopian agriculture from its current subsistence orientation into a market oriented commercial production system forms the basis of the agricultural development strategy of the Government. To help achieve this, extension services are currently being strengthened through various means. In a situation where many farmers are illiterate, acquiring competence in production, adding value and marketing presents challenges.
2. The Government’s response includes increasing the number and enhancing the education level of Development Agents through providing extensive Technical and Vocational Education and Training (TVET) in agriculture and through the establishment of Farmers Training Centers (FTCs) to transfer improved agricultural technologies and give adequate services at a closer reach. To date, 25 agricultural TVET colleges have been established and a total of 23,378 Development Agents (DAs) have graduated and been assigned to FTCs in all regions. In terms of the household training package which is a type of agricultural activity carried out by farmers that earlier acquired experience by participating in various extension (minimum) packages, 233,108 farmers were trained in 2005/06. In addition, in minimum package training, where farmers were trained on packages they have chosen from technology menus made available to them, and where the duration of the training ranges from 5 to 15 days, 3,065,927 farmers were trained during the year 2005/06. The results are mainly attributed to extra efforts made by the regional states. Extension and training programs are also designed to pay particular attention to enhancing farmers’ capacity to use water resources efficiently, and help build community-level institutional structures necessary for effective irrigation and water resource management. It is envisioned that all farmers will have access to agricultural extension services during the period of the PASDEP.
3. *Agricultural research*: Effective agricultural research is also at the core of improving productivity and is central for making progress under the PASDEP. The major outputs of the public research system are varieties with improved agronomic and protection practices that can be used in crop diversification and specialization, for both traditional food crops, as well as high value crops such as vegetables, spices and other horticultural crops. Research is also conducted on food science, socioeconomic and post harvest technology as well as farm implements. The research centers maintain improved varieties and multiply breeder and pre-basic seeds and seedlings of released varieties of crops, and distribute them to different stakeholders as well. Concerted efforts will be made to improve the research coverage of dry land and pastoral agro-ecologies in the next five years, which has not been adequate in the past. Emphasis will also be given to introduction and adaptation of high value crops to support specialization and diversification programs.
4. *Agricultural extension services*: To increase agricultural production and productivity improving farmers’ capacity through training is very essential which subsequently ensures food self-sufficiency and thereby helps transform smallholder farmers from subsistence form of agriculture system to marketable agricultural commodity producers. In response to this, agriculture extension services have been provided through development agents (DAs) assigned in each rural *kebele*. The training has been provided in packages that have been developed at the Federal and regional levels. During 2006/07, 4 million farmers were trained against the planned target of 1 million. The focus areas of the training programs have been on crop production and protection, livestock development, livestock health and natural resource management.
5. Household package has been carried out by farmers who previously acquired know-how through participating in extension (minimum) packages. Household package training differs from minimum package in that it requires a socio-economic baseline survey and setting of household income targets for a specific period of time, usually three years. In household packages beneficiary farmers implement agricultural packages of their own choice in an integrated manner. In 2006/07, 337,634 farmers were trained against the planned target of 328,560 farmers. Accordingly performance stood at 102.8% of the planned target. In modular training, DAs provide theoretical and practical training for farmers for a period of at least three months. Farmers or pastoralists have been trained on areas of their choice based on their own will. In 2006/07, it was planned to train 335,580 farmers whereas only 32,128 (28,036 men and 4,092 women headed households) were trained. The reason for low achievement is the failure in supply of training equipment.
6. *Control of inflation*: In recent years, the global price increase in basic commodities created a difficulty to the poor population of the country. To prevent negative consequences on the poor, the Government has taken a number of price stabilizing measures. These measures included massive importation of wheat and distribution to the urban poor at a subsidized price; eliminating or reducing taxes on commodities such as edible oil; and consultation with producers, distributors and retailers in order to reach mutual understandings on the increase on the price of commodities and its consequences on the poor and the economy of the country as a whole.

4. The right to water

1. Access to water supply in urban areas is better compared to that of rural areas. Access to clean water supply at national level reached 52.46% during 2006/07 (i.e., 82.02% for urban area and 46.39% for rural areas).
2. The Government formulated and implemented a set of interconnected policies, legislations, and strategies with a view to reverse the situation and to ensure adequate, accessible, clean, and affordable water for all. These legislative and policy measures include the National Water Resources Management Policy, the Ethiopian Water Resources Management Proclamation No. 197/2000, the Council of Ministers Ethiopian Water Resources Management Regulations No. 115/2005 and River Basin Councils and Authorities Proclamation No. 534/2007. Moreover, the Water Sector Strategy, and the Water Sector Development Program were adopted with the objective of enhancing and promoting efforts towards an efficient, equitable and optimum utilization of available water resources.
3. In accordance with the UAP, sanitation and clean water shall cover 98% in rural areas and 100% in urban areas by 2012. The UAP coordination unit under the Water Resources Ministry provides strategic assistance through regional coordination units to *woredas*. Accordingly, capacity building trainings have been provided to drinking water, sanitation and hygiene committees at *woreda* and *kebele* level.
4. *Ethiopian Water Resources Management (WRM) Policy*: The overall goal of the Water Resources Policy is to enhance and promote all national efforts towards the efficient, equitable and optimum utilization of the available water resources of Ethiopia for significant socioeconomic development on a sustainable basis.
5. Although there are unprecedented government efforts to implement the right to water by formulating policy, strategy, and a 15-year program, the acute problems/challenges facing the Government include:

Limited implementation capacity: both in rural and urban areas, there is high limitation on implementation capacity; this has impaired the efficient and timely utilization of assistance and loan funds from development partners

Financial shortage: due to inability to provide clean water and sanitation in sufficient numbers and quality in recent years, there is urgent and growing need for clean water and sanitation in urban areas; a high number of development work in towns could not be matched with the services; the number of town residents has increased restraining the limited resources available for clean water and sanitation; although the policy envisages the coverage of cost and loan, more than 50 towns’ water and sanitation organizations requested loans, to which loans could not be extended because of financial shortage

1. *Remedies for right to water*: The Constitution requires access to clean water to all Ethiopians to the extent the country’s resources permit. People may complain of their right to water to administrative organs authorized at varied levels. Complaints of violations of rights of water use by users of water for economic benefit may be presented to the Ministry of Waters Resources pursuant to Proclamation No. 197/2000. Those who are not satisfied with the decision of the Ministry may appeal to ordinary courts within 60 days. If dispute arises among National Regional States, the River Basin High Council is empowered to decide on such matters (Proclamation No. 534/1999).

5. Irrigation development

1. Irrigation development plays a significant role in achieving the objectives set out in the national strategy: poverty reduction and achieving food security and accelerated and sustained development. The irrigation development activity ranges from pond construction at household level to river diversion for communal or commercial users through medium and large scale irrigation.

Major challenges

1. Major problems and challenges that have been encountered in the Water Sector development program implementation include:

Shortage of skilled manpower

Shortage of skilled, experienced and well equipped national consultants and contractors in the water sector

Lack of heavy duty machineries

Very high cost of industrial raw materials used for construction and maintenance purposes in the water sector

Prolonged process in loan and grant program implementation and delay in their financial and procurement processes

Lack of experience in project management at all levels

Lack of and under developed infrastructural facilities

Insufficient investments in water supply and sanitation development programs especially at *woreda* levels

Delay of external financial assistance

Depletion or exhaustion of ground water potentials

Most urban water utilities do not fulfil the requirement or the principle of cost recovery and self-reliance, which has undermined the interests of the external borrower

Currently the majority of the existing urban water supply and sanitation systems designs have been phased out, however, on the other hand the rate of rehabilitation and expansion has been lagging behind, and

Longer time period required for construction of urban water supply and sanitation

1. Mitigation measures have been undertaken at all levels of water sector management to address these challenges. Among other things, training of technicians and medium level professionals in areas of water supply and sanitation as well as irrigation development have been carried out in nine regional training institutions, and graduates are being assigned at *woreda* and lower levels of water sector management. Besides, procurement of necessary machineries and equipments are being carried out at Federal, regional and *woreda* levels of management to enhance their implementation capacity. Moreover, measures are being taken to strengthen the water committees and water boards for sustainable water services management. Strategies have been identified and are being implemented to increase investments for the water sector development programs.

6. The right to adequate housing

1. The Constitution provides for the right to property including immovable property on land. Although the Constitution does not contain an explicit article guaranteeing the right to housing, it contains provisions under which the right is included. The Constitution states that the state has the obligation to allocate increasing resources to public social services including education and health. It is no doubt that the right to housing falls under this open ended provision. Moreover, the Constitution, under the social objectives set to be followed by the Government, demands the framing of policies, as far as resources allow, including the provision of access to housing, among other social services for all.
2. According to the survey of 2005/06, housing shortage among the major cities in Ethiopia at the national level is estimated to be 900,000. At the regional level trends in housing shortage are as follows: Tirgray region (Mekelle, Adigrat, Axum) 56,000; Amhara Region, 132,000; Oromia (Adama, Beshoftu, Shashemene), 37,000; SNNPRS (Awassa, Arba Minch, Welayta-Sodo, Dilla, Hosena and Butajera), 51,000. In Somali, Afar and Benishangul – Gumuz and Gambella regional states the housing shortage is estimated to be over 14,000. In Addis Ababa there is an estimated shortage of over 300,000 houses.
3. The percentage of people who live in slum areas, without adequate basic amenities (water, water disposal and sanitation) in 2005/06 is over 70 per cent at the national level.
4. The Government has taken measures towards addressing the lack of adequate housing prevalent in the country, particularly in urban areas. The Urban Sector and Construction Industry have been given due emphasis and incorporated in the Plan for Accelerated and Sustained Development to End Poverty (PASDEP), which is the guiding strategic framework to eradicate poverty. In addition, the National Urban Development Policy was approved in March 2005. The second pillar of the urban development strategy is Integrated Housing Development.
5. The PASDEP aims to achieve the goals stated under the National Urban Development Policy until the year 2009/10. One of the objectives of this urban development strategy is reducing slums in Ethiopian main cities by 50%. The Government also launched a National Integrated Housing Development program with the objective of reduction of slums, integrated urban upgrading and regeneration, achieving high density development, reduction of urban sprawl and reducing the cost of infrastructure. The program includes:

Developing a national Integrated Housing Development Program that involves a combination of government financing and construction of housing in large and medium-sized cities targeted at middle and low-income households, combined with development by private property developers, private home builders, employers, and housing cooperatives for which the Government will provide serviced land, public infrastructure and services

Creating a new instrument for revolving finance; the Housing Development Fund, which will receive a percentage of the house purchase price from buyers at the point of transfer, and subsequently long-term repayment of capital and interest

Ensuring that the private sector has adequate access to land, building materials, and finance

Developing low-cost housing technologies

1. The Ministry of Works and Urban Development was established in October 2005 by virtue of Proclamation No. 471/2005 indicating the increased importance given to the right to adequate housing and urban development. Moreover, each of the regional states have established Works and Urban Development Bureaus to oversee the implementation of the right to adequate housing at the federal and regional levels respectively. The Urban and Industrial Development Package which incorporated Integrated Housing Development Program as a component is also adopted.
2. The Government has adopted a number of laws meant to give effect to the right to adequate housing. Some of these include Condominium Proclamation (Proclamation No. 370/2003), Expropriation of Land for Public Purposes and Payment of Compensation Proclamation (Proclamation No. 455/2005). Moreover proclamations and regulations that would enable the implementation of the Housing Development Program were prepared, endorsed and implemented in a transparent and accountable manner in the regions in 2005/06. The enactment of the Regional Government Condominium Proclamation, the Proclamation that Defines the Duties and Responsibilities of Regional Government in Transferring Houses constructed and the Proclamation for Establishing the Regional Government Housing Development Project Office are also legislative measures taken at the regional level.
3. Under IHDP out of the total 396,000 housing units planned to be constructed within four years (2006/07–2009/10), 61,036 housing units were planned to be constructed in 36 towns during 2006/07. Accordingly, construction has been commenced in all the 36 towns. Of the 2,736 blocks, construction has been under way for 1,616 blocks. It is worth noting that out of the total housing units planned to be constructed during the fiscal year, more than half of the houses have been in Addis Ababa (i.e. 33,000 housing units in 1,100 blocks). However, for a number of reasons, the implementation of the housing program has not been executed as originally planned. Consequently, the performance of the overall housing program in the country fell short of the plan. In Addis Ababa, of the 30,719 houses whose construction commenced before 2006/07, 9,594 houses have been completed.
4. The housing construction has also continued to include new towns and has integrated over 72 towns in general under the project and has planned to construct 400,000 blocks over the coming four years. In general, housing construction has been under way in all the 72 towns across the country.
5. The houses built under the IHDP are distributed in two rounds among the communities without discrimination. From these houses 30% is designed to be allocated for women and this is implemented in keeping with this plan.
6. The Government has facilitated the active fulfilment of the conditions for the implementation of the right to adequate housing. In order to benefit low income groups, the Government has established a credit system for house beneficiaries to effect payment over long-term. For the implementation of the IHDP, the state established government offices to undertake administrative works and gave direct assistance by providing land free of charge, and tax exemption until the houses are completed.
7. Land preparation for construction of houses has been undertaken in all the urban centers where the program is being implemented as per the prepared guideline. In 2006/07, 442 hectares of land was planned to be prepared for the housing development program. About 456.4 hectares (103.3%) was prepared during the 2006/07 fiscal year land and design preparation was finalized and was made available for construction.
8. Regarding housing development finance, all regions have obtained the first round of loans for the implementation of the program from the Commercial Bank of Ethiopia (CBE). All regions have borrowed a total of 505 million Birr during 2006/07 which is 40% of the finance planned for disbursement for the budget year. The Addis Ababa City Administration allocated 1.7 billion Birr from its own source to implement the program. Of this, only 588.8 million Birr (34.6%) was utilized during 2006/07.
9. Until 2007/08 the regional states of Tigray, Amhara, Oromia, SNNPRS and Harari including Addis Ababa and Dire Dawa administrative cities have taken loans for the implementation of the program from the Commercial Bank of Ethiopia (CBE). These regions have borrowed over Birr 3,235,320,000.00 and of this they have utilized Birr 3,040,075,976.24.
10. The Government has also encouraged privately owned and community-based organizations engaged in building houses. In this regard, assistance on the part of the Government takes different forms including the provision of land and other construction materials at affordable prices. This has significantly contributed to the alleviation of housing problems.
11. In order to make use of unutilized, underutilized and mis-utilized land, measures have been taken to use those lands for, among others, the implementation of IHDP, for investment and development.
12. The other important pillar of the National Urban Development Policy is to promote rural-urban linkage that includes a Small-Towns Development Program, which will provide support services, such as development plans, basic services, and digital mapping to 600 small towns; preparing and providing management support resources for provision of basic services; and market infrastructure development in smaller towns.
13. The Government has the power to expropriate rural or urban landholdings for public purpose where it believes that it should be used for a better development project to be carried out by public entities, private investors, cooperative societies or other organs, or where such expropriation has been decided by the appropriate higher regional or federal government organ for the same purpose. In such cases the Government is duty bound to pay in advance compensation in accordance with the Proclamation on Expropriation of Landholdings for Public Purposes and Payment of Compensation (Proclamation No. 455/2005).
14. There were various challenges faced during the undertaking of the housing development program. Challenges faced in the course of undertaking the Housing Development Program include the following:

Lack of adequate and competent professionals particularly, site engineers and foremen

Lack of coordination and integration among different actors (technical and vocational with MSEs, housing development with municipalities and city administrations; Federal institutions and housing development, etc)

Limited design capacity

Shortages of and increasing prices of reinforcement bars and cement

Escalation of construction costs, and

Shortages of and limited capacities of contractors

1. These challenges are also faced by the privately owned and community-based organizations engaged in house building.
2. The Government has taken short term and long term measures to alleviate the problems. With regard to the shortage of construction materials, a mechanism to import construction materials, particularly cement, was laid down and implemented. This has only helped to address the problems in the short term; and efforts are underway to promote private investment and small scale enterprises to engage in the production of construction materials and encourage the production of alternative construction materials.
3. International assistance has been playing and will continue to play a major role in the realization of the right. In order to alleviate the problems of shortage of construction materials, international assistance in the form of loans and aid has been given to the State. Efforts are underway to use the assistance efficiently and effectively in the coming year.

Article 12: The right to the highest attainable standard of physical and mental health

1. Ethiopia experiences a heavy burden of diseases with a growing prevalence of communicable infections. Many Ethiopians face high disease morbidity and mortality largely attributed to potentially preventable infectious diseases and nutritional deficiencies. According to a survey made in the year 2005, infectious and communicable diseases account for about 60–80% of the health problems in the country. Widespread poverty along with general low income levels of the population, low level of education, especially among women, inadequate access to clean water and sanitation facilities and poor access to health services have contributed to the high burden of ill-health in the country.
2. The Government has been striving to change the situation by putting several mechanisms in place to improve the condition and attain an improved health and life standard for the people. Though not adequate, the different policies and strategies adopted to modify the situation have brought about immense change towards the economic and social situation in the country including the health situation.
3. Under its social objectives provision, the Constitution imposes an obligation on the Government to frame policies with a view to providing all Ethiopians with access to public health facilities to the extent the country’s resources permit. The Health Policy of the Transitional Government adopted in September 1993 was the result of a critical examination of the nature, magnitude and root causes of the prevailing and newly emerging health problems in the country. After the adoption of the policy, the Government has developed a National Health Sector Strategy and established mechanisms necessary for its implementation.
4. In response to prevailing and newly emerging health problems the Ethiopian Government has developed a 20-year rolling health sector development program which proposes long-term goals for the sector, and the means to attain them by way of a series of phases. Currently, HSDP III covering the period of 2005/06–2009/10 is being implemented. The program is in line with the wider policy frameworks such as PASDEP and MDGs.

1. Measures taken to reduce infant and child mortality

1. The Health Service Extension Program (HSEP) is the flagship program for the Government to achieve the MDG to reduce child mortality and improving maternal health. One of the four main areas the HSEP embodies is Family Health Service. This part contains five packages including:

Maternal and child health

Family planning

Immunization

Adolescent reproductive health, and

Nutrition

1. Almost all under-five deaths occur due to preventable diseases, namely pneumonia, diarrhea, malaria, measles and HIV/AIDS. Malnutrition remains the underlying cause of death in about 54% of the cases. Currently, Ethiopia has made encouraging progress in reducing child and infant mortality rate, which has reached about 77/1,000 live births, remaining still high. In addition to reducing mortality rate, improving child health has always been on top of the priorities of the health sector.
2. Accordingly, the country is exerting considerable efforts to meet the objective of reducing the under-five and infant mortality rate by increasing immunization coverage and expanding health care facilities. The national policy framework that guides programming in the health sector includes the National Child Survival Strategy which sets out the overall objective of reducing under-five mortality to 67/1,000 by 2015 and to achieve the Millennium Development Goals. The strategy addresses the major causes of child mortality that account for 90% of under-five deaths i.e. pneumonia, neonatal conditions, malaria, diarrhea, measles, malnutrition and HIV/AIDS. The Government has taken several measures in order to achieve the above stated objectives ranging from framing strategies and programmes to their implementation (refer to the Implementation Report Ethiopia Submitted on the MDGs).

2. Measures taken for the healthy development of children

(a) Immunization

1. Immunization of children against six childhood illnesses is provided free of charge in public health institutions. Improving child health is one of the priorities of HSDP III. It has set an explicit target for the reduction of under-five mortality rate from 123 to 85 per 1,000 live births and infant mortality rate from 77 to 45 per 1,000 live births. One of the indicators used to monitor progress towards these targets is coverage of immunization.
2. Child immunization is one of the most cost-effective public health interventions for reducing child morbidity and mortality. The goal of immunization programs is to reduce the incidence of vaccine-preventable diseases in children through high coverage of immunization with potent vaccines. The target set for the year 2006/07 was to increase DPT3 coverage from 70% to 80% by vaccinating 2.5 million children. Accordingly, 76% coverage has been achieved, yet the subsequent year 2007/08 has showed a slight decline due to different problems. This decline shown in immunization coverage in 2007/08 has been stabilized and in all areas the coverage has been augmented in the year 2008/09; and the national pentavalent immunization coverage has reached 81% which is about 8% higher than the coverage of the previous year.

(b) The Integrated Management of Neonatal and Childhood Illnesses (IMNCI)

1. IMNCI is a strategy adopted by Ethiopia to improve the quality of the management of childhood illnesses. It has 3 components i.e. improving the skills of health workers, health system, family and community practices. It links preventive and curative services. Programs such as immunization, nutrition, malaria, and infectious diseases are implemented in an integrated manner.
2. In the Ethiopian fiscal year 1999 (2006/07), it was planned to expand IMNCI to 96 health centers. It has been reported that expansion to 83 (87%) health centers has been achieved. As part of this activity, training was offered to 322 health professionals to provide IMNCI services to 1.5 million children under-five years of age. In order to ensure the sustainability of the program through integrating the training of pre-service trainings, 46 teachers from higher institutes attended the IMNCI case management training. In addition to this, 45 audiovisual materials and teaching aids are distributed to 13 teaching institutions.

(c) Nutrition

1. Poor diet, coupled with workload and frequent pregnancies, has an adverse impact on nutritional status of women. This in turn results in low birth weight which is a key factor in both under-five and infant mortality. Measures aimed at enhancing good nutritional practice have been undertaken through health education and treatment of severely malnourished children. Accordingly, nutrition has been viewed as a cross-cutting issue in the HSDP. A National Nutrition Program has been adopted to mitigate the problems caused as a result of unbalanced diet.
2. A national strategy on infant and young child feeding, micronutrient deficiency control and management of severe malnutrition guidelines has been prepared and distributed for utilization to support the program. The Enhanced Outreach Strategy for Nutrition, which is believed to be an essential bridge for the HSEP, has been launched in 325 drought-affected *woredas* in 2005. This strategy incorporates vitamin A supplementation and nutritional screening for therapeutic feeding of the severely malnourished children as its component and is implemented in cases where drought occurs.

(d) Maternal health

1. The National Health Policy attaches special attention to the health needs of women. Assuring adequate maternal health care and referral facilities for high-risk pregnancies and intensifying family planning for the optimal health of mothers are among the general strategies by which the policy aims to promote maternal health. The National Policy on Women is the other policy document, which emphasizes on women’s health and their access to basic health care facilities. Based on these policies many strategies and programmes have been framed to promote women’s health including:

The National Reproductive Health Strategy

National Adolescent and Youth Reproductive Health Strategy

Health Sector Development Program

(e) Environmental and industrial hygiene

1. The improvement of environmental health is one of the priority areas of the health policy. The policy calls for the development of safe disposal of human, household, agricultural and industrial waste, and encouragement of recycling in order to prevent pollution. Prevention of environmental pollution by hazardous chemical waste is one of the activities addressed in this policy. Many policy documents and legislation adopted after the policy have elaborated on this subject.
2. One of the major components of the 1995 Health Sector Strategy for strengthening the prevention and the promotion of health services is environmental health and safety. Accordingly, agricultural schemes and industries are expected to have a strong health prevention and promotion program, by seeking appropriate health advice from their inception and incorporating it into projects relevant to such activities. The Government has prepared standards and legislation in order to assist the community, planners, builders, agricultural schemes and industries on the safe disposal of waste and minimizing environmental pollution.
3. Major achievements in this area so far include the establishment of environmental agencies or the assignment of environmental responsibilities to existing agencies in all regional states. Several proclamations, strategies, standards and guidelines have been prepared. Various environmental awareness activities have been undertaken. 47 technical guidelines, leaflets, and posters and related teaching aids on various issues of hygiene and environmental health were also produced and distributed to health facilities. Environmental audit has been conducted in 36 industrial enterprises at federal and regional levels, 11 of which have subsequently prepared their respective Environmental Management System.
4. The preparations of waste management and pollution reduction to provide for healthy life and ecological integrity have been undertaken. National economic development programs and national environmental regulatory systems have been harmonized in order to optimize the initiatives of the Government to reduce air pollution and degradation of resources.
5. The Public Health Proclamation has been issued in 2000 and regions have endorsed Environmental Health Regulations based on the Proclamation. Moreover, a national sanitation strategy that supports the implementation of the MDGs has been prepared in collaboration with the World Bank. Hygiene and environmental health is a subcomponent of the HSDP III (2005/06–2009/10). The objective of the sub-component is to increase the coverage of hygiene and environmental health services to the population. Some of the targets include increased access to toilet facilities, safe water and sanitation.

(f) Disease prevention, control and treatment

1. The control of communicable diseases, epidemics and the promotion of occupational health and safety are matters duly emphasized by the health policy. In addition, the Health Sector Strategy aims to focus on prevention of common infectious and communicable diseases and the control of outbreaks of major epidemics by enhancing information, education and communication about health and well-being, through the provision of basic immunizations and promotion of environmental and personal hygiene.
2. This approach was chosen because most of the epidemic diseases occur in populated areas such as irrigated agricultural schemes. This indicates the potential to prevent such diseases and the fact that it is cost-effective to spend the limited resources on preventive and promotional action. Moreover, disease prevention and control is among the priorities of the current HSDP and one of the main areas of HSEP, which the Government is implementing currently.

3. Prevention and control of communicable diseases

(a) Prevention and control of HIV/AIDS

1. HIV/AIDS is a major health and development challenge for Ethiopia, not only because of its direct effects, but also because it places extra strain on health services. Cognizant of this fact, the Government is committed to confront and overcome this challenge. Pursuant to this objective, it has put into effect a Multi-Sectoral HIV/AIDS Plan, key elements of which include expansion of service delivery facilities and introduction of prevention programs along with a Social Mobilization Strategy against HIV/AIDS and a clear policy for supplying Anti Retroviral Treatment (ART) to people living with HIV/AIDS.
2. Furthermore, the Government launched the National HIV/AIDS Forum to deal with coordination issues. Similar structures have been formed in the regional states, extending to the lowest administrative unit, the *kebeles.* In addition, at the federal level, 15 government institutions have established HIV/AIDS revolving funds. There is evidence that the plan is beginning to bear fruit. Trend analysis of HIV/AIDS prevalence rates show that the urban epidemic appears to have leveled off in recent years. The rural epidemic is still increasing but with a reduced rate of progression, resulting in a slowly growing overall prevalence.
3. The original SDPRP target was to keep the prevalence rate at 7.3% (2001/02); by 2005/06, the rate had decreased to 3.5%. A careful assessment of data gathered over the last four years show that the epidemic in Ethiopia has stabilized with adult HIV prevalence estimated at 2.2% in 2003/04 and 2.1% in 2006/07 and 2007/2008. The prevalence rate between the ages of 15 and 24 declined to 8.6% in 2004/05 from 12% at the beginning of the SDPRP period. Owing to the expansion in the number of health centers, the rate of HIV-positive pregnant women from Antenatal Care (ANC) receiving complete course of ART has reached 42%. This is significantly better than the planned target of 15% by the end of the SDPRP period. About 35,000 orphans and vulnerable children (OVC) had received support by the end of 2004/05 (see HRI/CORE/ETH/2008, annex 2, tables 32, 33, and 34).
4. With respect to the provision of ART, 45,595 patients received treatment in 2005/06. Successes have been attributed to the provision of treatment at no cost to 94% of patients. The encouraging results with respect to stemming and reversing the spread of HIV/AIDS are due to Voluntary Counseling and Testing (VCT) before marriage, reducing early marriage, avoiding harmful traditional practices, provision of support to HIV/AIDS orphans and vulnerable children, and community mobilization for HIV/AIDS prevention and provision of support for people with the disease.
5. Additional explanations for the success include the launching of new programs to control mother-to-child transmission, improved blood safety, the control and treatment of sexually transmitted diseases, the adoption of rules to protect those who are infected or living with AIDS and efforts to stamp out the stigma. However, HIV/AIDS remains of particular concern to the country with serious social and economic consequences.
6. The results achieved are susceptible to reversal given that about 85% of the population lives in rural areas where the epidemic is still on the increase. The high turnover of medical staff, and the imbalance between services demanded and service delivery capacity, continue to be major challenges in this cross-cutting area. Hence, the Government believes that it is very important to scale up efforts significantly to contain the spread of the epidemic on a national scale.

(b) Malaria prevention and control

1. Malaria is a serious public health problem in Ethiopia. About 75% of the total land mass and 68 % (53 million people) of total population live at risk of malaria. The epidemic has consistently figured among the top ten leading causes of morbidity and mortality in Ethiopia.
2. The National Strategic Plan for Control of Malaria in Ethiopia is developed based on the framework of the Roll Back Malaria Global Strategic Plan 2005-2015. The strategy is guided by a five-year strategic plan that has been developed in the context of the Health Sector Development Plan (HSDP). Malaria prevention and control is also an integral part of the PASDEP and feeds into the MDGs. The Government has adopted a Special Malaria Programme, encompassing spraying houses with insecticide, distributing bed nets, and involving communities in prevention and control of malaria, and providing early diagnosis and treatment mechanisms. Ethiopia has effectively been implementing the three main malaria prevention and control strategies contained in the HSDP.
3. *Early diagnosis and treatment of malaria cases*: Malaria diagnosis and treatment has been scaled-up to reach population in endemic areas mainly through the service provided by health extension workers (HEW) who provide diagnosis and treatment services at the most peripheral health facilities. Malaria RDTs have been in use since 2005 in peripheral facilities where a microscope is available. In health facilities where RDTs and microscopes are not available treatment is based on clinical diagnosis for the rapid investigation of epidemics.
4. *Use of insecticide treated mosquito nets*: The distribution of LLNS was rapidly scaled – up to cover 100% of all malaria risk households in the country. A total of 20.4 million LLNS were procured and distributed to all beneficiaries free of charge since 2005 in order to protect more than 53 million people from malaria.
5. *Indoor residual spraying of houses with insecticide*: This approach includes selective vector controlling, the use of long lasting insecticide treated nets, indoor residual spraying with insecticides (DDT) and environmental management. The coverage of indoor residual spraying (IRS) of house with insecticide currently covers about 30% of the districts prone to the epidemic. Every year government allocates more than $5 million to procure menthane and 800 tons of DDT. Coverage remains low mainly because of the shortage of insecticide spraying equipment and operational funds. More than 1600 tons of DDT has been procured for 2008 spray season through the support of partners, which enabled coverage to double.

(c) Tuberculosis and leprosy prevention and control

1. With the aim of strengthening the prevention and control of TB and Leprosy, the Government has launched a TB and Leprosy Control Programme, to diagnose TB and leprosy patients at the early stages of the diseases, and achieve a success rate of 85% in treating new cases. Under the HSDP III, drugs estimated to be sufficient to provide treatment for 130,000 patients have been purchased and distributed in 2006/07 alone.
2. Information, education and communication materials have been developed for the Health Extension Program in the pastoral regions of the country. A taskforce with Training of Trainers to design a five-year social mobilization strategy for the prevention and control of TB has been established. Moreover, regular media spots in different languages have been aired to raise public awareness on how to prevent and control these health problems. The diagnosis, treatment and follow-up of tuberculosis and leprosy management are among the health services rendered free of charge under the public health proclamation.

(d) Blindness prevention and control

1. Blindness is one of the major health problems of the country. More than 80% of all blindness in Ethiopia is preventable or curable. The major areas of achievement in this sector include the launching of the global initiative Vision 2020: the right to sight; establishment of National and Regional Committees for the prevention of blindness; development of National Five-Year Strategic VISION 2020 plans on eye care.
2. Major challenges encountered in this area include lack of an up to date national survey on blindness and low vision, shortage of human resources and infrastructure for eye care, inadequate budget for eye care. Though under the ongoing HSDP III major works are being undertaken to curb these problems, a lot more remains to be done to achieve the goals of Vision 2020.

(e) Epidemic prevention and control

1. The Ministry of Health has been addressing health emergency issues through the Integrated Disease Surveillance and Response (IDSR) team. An Emergency Operation Center was established in order to specifically deal with the international threat of human avian influenza and other emergency situations. Moreover reduction of the occurrence of epidemics has been identified as one of the selected seven core processes for Business Process Re-Engineering (BPR). Epidemic follow up and control is one of the health services given free of charge in public health institutions. Moreover in order to put epidemic outbreaks under control, the Government uses different approaches including the following:

Raise public awareness through various channels of communication

Ensure sustainable availability of drugs and medical supplies

Provide technical assistance

Enhance surveillance and preventive activities

Plan for epidemic prevention and control

1. In addition the Government has established Health Emergency Preparedness and Response Units in different areas and developed an Epidemic Preparedness and Response Action Plan. The Government program also includes mobilization of resources and the strengthening of an information communication system in order to achieve its plan regarding controlling epidemics.

4. Prevention and control of non-communicable diseases

1. In order to decrease the occurrence of non-communicable diseases such as diabetes, hypertension, all forms of malignancies, etc., a taskforce consisting of representatives from Addis Ababa University, responsible governmental and non-governmental organizations, and individual experts has been established. The taskforce is designing strategies on ways and means of protecting the community from predisposition to risk factors and on improvements in the treatment and care of sick individuals.
2. Similarly, to minimize health problems associated with accidents, a taskforce comprising members of governmental and non-governmental organizations, Addis Ababa University and individual experts has been set up. This taskforce is now working on the designing of strategies to help assess the severity and prevalence of the problem.

(a) Healthcare service delivery and health care facilities

1. As has been enunciated in the health policy, one of the basic components of the health service delivery system is the distribution of basic health care service to every member of the community. Moreover, development of the preventive and promotive components of health care and assurance of accessibility of health care for all segments of the population are among the general policy frameworks integrated in the health policy concerning health care service delivery. Accordingly, to provide for the care and treatment of common diseases and accidents and to increase the availability of other health care services there has been a vigorous movement to increase the number of trained health professionals and to construct health facilities.

(b) Health Sector Extension Program

1. Developing a health service system that will reach to all segments of the population is one of the main objectives of the health policy. The HSEP, which is part and parcel of the HSDP, has served as the main vehicle for translating this objective into action. The HSEP is an innovative community based health care delivery system aimed at creating a healthy environment as well as healthy living and improving access and equity to provide essential health interventions.
2. It is a program that targets households in the provision of promotive, preventive and basic curative and rehabilitative services. Services are provided in 16 packages under 4 major program areas: – prevention and control of communicable diseases, environmental sanitation, family health, and IEC/BCC. The FMOH has put in place a national plan for the expansion of HEP that would involve the accelerated training of 30,000 HEWs in order to reach universal coverage in all rural *kebeles* of Ethiopia with the assignment of two HEWs per *kebele*. The implementation of the program is also supported by the construction and equipping of health posts (one per *kebele*) through the accelerated expansion of PHC facilities.
3. The national implementation of the HEP is supported by the rapid training of health extension workers, two per *kebele*, and the construction and equipping of health posts (one per *kebele*) through the accelerated expansion of PHC facilities. These health extension workers are trained to offer key health services such as personal and environmental hygiene, child immunization and family planning at each *kebele* for an average population of 5,000 inhabitants. (Please refer to figures 5 and 6 of the Annex, on the construction of health posts and deployment of health extension worker*.*)
4. Expansion and equipping of health centers has been considered a crucial component for achieving the Universal Primary Health Care Coverage. In the health care system of the country, Health Centers play an important role both in terms of supporting HEP and providing basic curative health care services. Accordingly the Government has given due attention to this task.
5. The Government has been working on the expansion and construction of health posts with a view to increasing public access to health facilities. Steps have been taken to improve the provision of medicines and basic medical equipment in order to improve the quality of service given in the health posts. Reform on service provision and the organization of hospitals is underway. Capacity building and strong follow up work has been undertaken. Minimum performance standards have been made operational following the Civil Service Reform Program that has been implemented for public service providers including health service.
6. A Public Health Emergency Management Core Process has also been designed in order to effectively respond to emergencies. This focuses on preparedness, rapid detection and prompt responses, capacity enhancement, information and communications systems, structures and jobs needed to handle health hazards which are issues of national importance.

(c) The Public Health Proclamation

1. Each regional state in the country has issued a Public Health Proclamation to provide standardized health services to the people and to strengthen the quality of service and capacity of health institutions. The proclamations contain a principle of medical service rendition, which stipulates that the government health institutions shall render service upon payment; but no person shall be denied medical treatment in public health institutions due to inability to pay fees. Any person who produces a fee waiver certificate issued by the relevant organ is entitled to medical services free of charge.
2. The proclamation imposes a responsibility on all health institutions, public or private, to provide emergency health services without requesting advance payment. Moreover, the proclamation enumerates services the public can get free of charge. These include:

Family planning service in primary health care units

Prenatal, delivery and postnatal services in primary health care services in primary health care units

Immunization of mothers and children against six childhood illnesses

Diagnosis, treatment and follow-up of tuberculosis

Voluntary counseling and testing for HIV/AIDS and prevention of HIV/AIDS transmission from mother to child

Leprosy management

Epidemic follow up and control

Fistula management

5. Vulnerable groups

1. The National Health Policy demands special attention be given to most neglected regions and segments of the population including the majority of the rural population, pastoralists, the urban poor and national minorities. Regardless of the fact that the rural population constitutes 85% of the total population, the health care service coverage remains at a low level in rural parts of the country.
2. Considering the fact that there is a very high unmet health care need in rural Ethiopia that needs to be addressed through rapid expansion of Primary Health Care Services[[2]](#footnote-3) the Accelerated Expansion of PHC Coverage Strategy has been developed and endorsed by the Government with a view to achieving Universal Primary Health Care for the rural population. The program proposes a faster rate of establishment of primary health care facilities, as an essential institutional framework to scale up PHC and for the successful implementation of HSEP, to reach the target of one low-level health facility within 10 km for almost the entire population by 2010.
3. Expansion in terms of physical availability of essential health services will reduce distance between facilities and users. The Health Centers which increased in number during the previous years have improved the accessibility as well as the availability of health services in the country.
4. One of the primary goals of the Ministry of Health in its 5-year strategic plan was to achieve 100% coverage of Primary Health Care. To achieve this goal the Ministry has effected the construction of health centers in each *woreda* in the country and health stations in every rural *kebele*. Currently, primary health coverage has reached above 88% percent. The chart below illustrates the stage of growth of the expansion of primary health care coverage (see figure 5 of Annex: primary health care coverage).
5. Pastoralists constitute about 10% of the total population of Ethiopia. Even though they are among the most economically important groups in the country, they have a relatively poor socioeconomic condition. The conventional health service delivery system that existed previously in the country did not take into account their particular requirements. Low levels of education, strong cultural influences, shortage of infrastructure and hard climatic conditions make it difficult to provide basic health service through the conventional health service delivery, which is static. This has led to poor access and utilization of health services by this group of people.
6. The Government has given due attention to improvement of the living conditions of pastoralists and has developed a Programme for the Accelerated Development of Pastoralist Areas. The Ministry of Federal Affairs has handled the issue of providing multi-sectoral support to this group of people. As part of developing appropriate health service delivery for the pastoralist population, the HSEP has been modified to suit their context with the objective of establishing an appropriate health service delivery for the community and increasing coverage and utilization of health services in pastoralist population who mainly reside in disadvantaged National Regional States, namely Afar, Somali, Gambella, and Benshanguel-Gumez.

6. Measures taken to maximize community participation

1. Ensuring full community participation in the planning, implementation, monitoring and evaluation of health care has been set as a fundamental principle on which the achievement of the goals and strategies of the HSDP is based. Though the progress that has been achieved at the time of launching the program has been limited, measures have been taken to improve the situation, especially after the beginning of implementation of HSDP III (2005/06–2009/10).
2. For the purpose of alleviating the ownership feeling of the public and to involve the community in decision-making activities, discussion forums are frequently held whenever new programs and strategies are framed and implemented. These forums enable the Government to get feedback from the public and act on it.

7. Promotion of awareness concerning prevailing health problems

1. The health policy has given top priority to information, education and communication in order to enhance health awareness. Accordingly, Information, Education and Communication (I.E.C.) is one of the seven components of the HSDP. The objective of this component is to support the development and implementation of a National IEC Plan and Strategy whose goals include the improvement of Knowledge, Attitude and Practice (KAP) on personal and environmental hygiene and common illnesses and their causes. The components aim at increasing the knowledge, attitude and practice of the population on HIV/AIDS, malaria and TB and increasing adolescent awareness and knowledge on sexually transmitted infections, among others. Implementation of the strategy has shown to be encouraging in changing the community’s understanding and attitude on safe environment and healthy life.
2. In line with the plan to transmit health messages in different languages that could bring sustained behavioral changes, messages focused on programs of HIV/AIDS, TB, malaria, acute watery diarrhea, family planning, personal and environmental health, reproductive health, regional level mobilization and health related issues, have been transmitted using Federal and Regional mass media as well as other means of communication. In addition, educational films on Acute Watery Diarrhea have been screened in many *kebeles* through the use of mobile vans.
3. Creating awareness of the risks and negative health consequences of early marriage, FGC, and the feasibility of alternative options is one of the key actions set out in the national reproductive health strategy. Extensive awareness campaigns have been undertaken based on the strategy.
4. The national television has been availed for the dissemination of fundamental health education. Moreover, preparation is also underway to disseminate health education using plasma televisions in schools throughout the country in collaboration with the Ministry Of Education. Regular health education rendering service is offered in most health centers. Peer education and community initiatives to prevent common diseases and discussion forums are undertaken with the support of health care institutions in each *kebele*.

8. Medical researches

1. One of the objectives of HSDP is strengthening operational research. According to the program frequent researches have been undertaken to identify and study priority public health concerns. Operational researches have been undertaken on the areas of maternal and child health as well as on the surveillance of major public health problems like HIV/AIDS mainly on the prevalence among pregnant women, malaria and TB.
2. Improving the status of maternal and child health are priority health intervention areas in the HSDP-III. In addition, both are given due attention for operational research. Recently, assessment has been made on the causes of maternal mortality (maternal death audit) and on choice of family planning. The national HIV/AIDS prevalence survey among pregnant women is regularly carried out every other year. The ones mentioned above are among the many researches undertaken to support health decision makers in their efforts to improve the quality of health care in terms of maintaining acceptable clinical standards.

9. The role of international assistance

1. International assistance plays a major role in filling the prevailing resource gap that exists in the health sector. Though development partners of the country around the world contribute a notable share to the sector, under-funding has remained a major constraint in the implementation process of health programmes due to significant shortage of disbursement. This problem was witnessed in the significant resource gaps shown to meet the targets of HSDP-III.
2. In addition to domestic plans and strategies framed by the Government the country regularly adopts recommendations of international organization like that of the World Health Organization working on health issues. Implementing these recommendations is a difficult task for the country due to limited resources. Accordingly assistance is most of the time sought from international NGOs and donors.

Articles 13 and 14: The right to education

1. Recognizing education as a fundamental human right in line with International Declarations and Conventions, the Constitution of the FDRE establishes a universal right to education and emphasizes the need to allocate resources to provide education for all. It also lays down the policy objectives to provide for all Ethiopians to have access to education to the extent the country’s resources permit. The Constitution also provides that education should be free of any religious influences, political partisanship or cultural prejudices.
2. Previously, the country’s education system had faced numerous challenges in terms of access, quality and content. In order to address these challenges, the then-Transitional Government of Ethiopia issued the National Education and Training Policy in 1994. The policy essentially aims at ensuring equity and fair distribution of educational opportunities across all regional, religious, gender, social class and other considerations. With that objective in mind, the whole process of its formulation and adoption was transparent and participatory.
3. The Government has been taking measures to integrate Civics and Ethical Education into the National Education System as well as to promote and incorporate the ideals of human rights, democracy and constitutionalism into the school curricula. Measures have also been taken to introduce ideals of respect for the identity and equality of all nations, nationalities and peoples with a view to promoting understanding, tolerance and friendship among all racial, ethnic or religious groups. (For further information see HRI/CORE/ETH/2008, paras. 243–246.)
4. As a signatory to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child (ACRWC), Ethiopia accepts primary education to be compulsory and to be available to all persons free of charge without discrimination. When it comes to the domestic law, the Family Codes at the Federal and Regional levels also provide for parents or other legal guardians to ensure that a minor be given general education and professional training commensurate with his/her age. To that effect, a wide range of awareness-creation programs were launched by the Government in order to sensitize parents to the need to send their children to the nearby school.
5. Under the country’s Education and Training Policy, the Government has made primary and general secondary education and related training (up to grade ten) free of charge. It has exerted considerable effort to increase primary school enrollment at the national level as part of its promotion of universal free primary education. This might be better explained by the fact that it has increased public spending on education, both in terms of construction of schools and the provision of textbooks and other inputs. The Government also doubled spending on primary education from 35 Birr per child in 2001/02 to 72 Birr in 2004/2005. Currently, the proportion of public budget for education is 19 to 24 per cent at the Federal and 35 to 50 per cent at the Regional levels. Consequently, the budget allocation for education shows quite an increase over time.
6. The Ministry of Education and the Regional Bureaus of the sector are statutorily mandated to oversee the implementation of the right to education at their respective levels of jurisdiction. In line with the Education and Training Policy, the Federal Government has launched a series of Education Sector Development Programs (ESDP I, ESDP II and ESDP III). These programs are designed to improve the quality, relevance, efficiency and equity of education on a national scale. The implementation of these programs has, of course, enabled the Government to expand access to education with special emphasis on primary education in rural and underserved areas, as well as the promotion of education for girls, as a first step to achieving universal primary education by 2015.
7. A Special Needs Education Program Strategy has also been enacted by the Government in 2006 to make education ever inclusive regardless of poverty, gender, ethnic background, language, learning difficulties and impairments. The program emphasizes that all children of age should learn irrespective of their differences.
8. Implementation of the specified programs has substantially increased the rate of primary enrollment, improved access to education for girls and reduced the levels of school dropout and repetition rate. In addition, they have minimized the gender gap and thus enrollment in rural neighborhoods has brought a significant change.
9. Academic freedom is also one of the main elements of the education system which has been afforded a special protection as per the provisions of the country’s Higher Education Proclamation No. 351/2003. The salary of teachers is one scale higher compared to other civil servants.
10. Everyone has the right to learn in a school of his choice; and the Government has established a favourable environment for those who want to open schools at various levels. In line with such a favourable policy environment, the number of non-governmental and private schools stands as follows: 1590 primary level, 195 secondary level, 194 TVET and 52 higher level.

1. Primary education

1. The Government has vigorously campaigned to increase primary school enrollment, including the promotion of universal, free primary education. The gross enrollment rate (GER) and the net enrollment rate (NER) of primary education at the national level has been growing continuously. To put it in plain terms, it has reached 91.6% and 78.6% in 2006/07 respectively (see HRI/CORE/ETH/2008, table 46). In effect, the gender gap by GER has been decreasing with the exception of the 2006/07 academic year (see table 20). The dropout rate for children at primary school level has also been going down nationwide at the same rate for both sexes over the last five years with the exception of 2005/06. However, high dropout rate still remains a crucial challenge in primary education (see HRI/CORE/ETH/2008, table 52 and figure 7). The number of graduates from primary schools (grade 8) stands at 239,647 and went up in 2006/07 reaching 434,843 with an average growth rate of 16.1%.
2. The enrolment rate in the Somali and Afar Regional States is less than that of other regions because of the social and economic realities of the said states (see HRI/CORE/ETH/2008, table 46). In order to alleviate this difficulty, the Government has taken effective measures such as Alternative Basic Education Program.

Alternative Basic Education Program

1. The Alternative Basic Education Program (ABEP) designed under ESDP, aims at providing basic education through alternative modes of delivery. This program is critically important as an emergency short term intervention measure to achieve universal primary education by 2015 by reaching out to the more remote and dispersed communities, pastoralist and semi-pastoralist societies throughout the country, including in Somali and Afar Regional States. To that effect, several alternative basic education centers have been established in various areas where such communities exist.
2. In order to increase primary school enrollment for pastoralist and semi-pastoralist peoples, the Government has designed mechanisms including boarding schools and school-feeding programs for the chronically food insecure and vulnerable children. As a result, over half a million primary school children were fed in 2004/05 alone.
3. This positive intervention has succeeded in increasing the enrollment rate of children, and has minimized the dropout rate of school children, especially in pastoralist and semi-agriculturalist regions. It has also enhanced the children’s ability to learn and helped in narrowing the gender gap.
4. As has been indicated earlier, the focal areas for the implementation of this special measure have been Afar, Somali, Oromia, Amhara, Tigray and the SNNPR Regional States. Additional centers for alternative basic education are still being built. Moreover, the alternative mode of delivery is properly devised as to suit the socio-economic and cultural realities of the regions benefiting from the implementation of the program. In light of the effort exerted by the Federal and Regional Governments concerned, the GER in alternative basic education for first cycle primary education was 10.5% for both sexes, 9.7% for female and 11.6% for males in the year 2006/07 (see table 28).

2. Secondary education

1. The education system is also successful in providing for a substantial expansion of secondary education. Secondary first cycle (9–10) education is expanding inline with the high coverage in the area of primary education from below. Similarly, the secondary second cycle is expanding on the basis of the required intake of the country’s higher educational institutions. Hence, the NER in the secondary education first cycle has increased from 8.4 to 14.7 from 2002/03 to 2006/07. The enrollment rate for secondary second cycle school (11–12) has also increased by 22% between the year 2002/03 and 2006/07 (see HRI/CORE/ETH/2008, table 48). The number of graduates in secondary first cycle (grade ten) and second cycle (grade 12) was 216,822 in 2006/07 and 70,393 showing an average growth rate of 31.0% and 25.5% respectively (see table 25).

3. Technical and Vocational Education and Training (TVET)

1. Technical and Vocational Education Training (TVET) was perhaps the most neglected area in the history of the Ethiopian education system. Currently, however, it has massively been expanding throughout the country. The latest education and training policy gives special attention to TVET, producing broad and multi-level foundations. This program is essential to meet the middle-level qualification demands for industry, the service sector and for commercial agriculture. Thus, it is the most important prerequisite for social and economic development.
2. The number of TVET institutions, both governmental and non-governmental, has grown from 17 in 1996/97 to 388 in 2006/07. The total enrollment rate in TVET in the year 2002/03 was 72,162. It had increased to 191,151 in 2006/07. In this program, gender balance is 43.9%; but a real imbalance can still be observed in those fields of specialization (see HRI/CORE/ETH/2008, table 50).

4. Tertiary education

1. With the increasing demand for highly skilled labor in the country, a rapid expansion of higher education has been undertaken and its intake has increased over the years. The intensified expansion of the educational infrastructure in this regard has taken account of the need for equitable distribution of higher-learning institutions among different regions and peoples of the country. To that effect, the Government has established 13 new higher educational institutions in addition to the previously existing eight universities and upgraded the existing ones. It has also finalized all the necessary and preliminary preparations in order to build 10 additional higher educational institutions in various places across the nation.
2. Higher education is accessible on the basis of capacity for all. Moreover, affirmative measures are taken to increase the enrollment of female students and those students from the least-advantaged regions.
3. Available records indicate that the GER in higher education (undergraduate degree enrollment) shows a systematic increase from 54,285 in 2002/03 to 203,399 in 2006/07. Female enrollment has been increasing over the last five years, jumping from 8,659 to 52,869 for the years 2002/03 and 2006/07 respectively. However, female enrollment rate still remains relatively low when compared with that of their male counterparts (see HRI/CORE/ETH/2008, table 51). The number of higher education graduates at an undergraduate level was 6,294 in 2002/03 and has increased to 29,845 in the year 2006/07. At the postgraduate level, too, the number of graduates was 474 in 2002/03 and reached 2,671 in 2006/07. Hence, the average growth rate at the undergraduate and postgraduate levels is 47.6% and 54.1% respectively.

5. Affirmative measures for disadvantaged groups

1. In order to further augment the participation of female students in higher education, the Government has introduced a policy of positive discrimination at the point of entry pursuant to the Higher Education Proclamation No. 351/2003. As a result, the enrollment of female students in higher education is increasing (see HRI/CORE/ETH/2008, Table 51). Furthermore, 20% of space in each department of a given institution of higher learning is reserved for female students; 30% quota of foreign education opportunities is allotted for women while they can still compete for the other 70%; and women who have equal grades with men are given preference in scholarship awards. Special treatment is also given for women from historically marginalized and disadvantaged regions.
2. The Higher Education Proclamation also provides for special support to be rendered for girls and boys from emerging regions of the country. Accordingly, the entrance requirement is lowered by two points for students applying from those less-developed regions such as Benishangul-Gumuz, Gambella, Afar and Somali as well as from pockets of pastoralist and semi-pastoralist areas of Southern and Oromia States. This has, in turn, resulted in an increase in enrollment from these regions.
3. With regard to the disadvantaged groups, both the Constitution and the Education and Training Policy provide for the need to allocate resources to extend rehabilitation and assistance to persons living with disabilities. In line with the Special Needs Education Program, the Government assures for the disadvantaged groups to receive special support as with regard to their education. According to the 2006/07 data, the number of students with Special Educational Needs in primary education was around 33,300 and in secondary education (9–10) and (11–12) around 3,127. Despite these efforts, problems of access, repetition, high dropout rate and shortage of experts of special needs education are the prevailing difficulties in this area and much remains to be done in order to improve the situation.
4. Schools have also been established for refugees. All refugee centers in Ethiopia have primary schools (from Grade 1 to Grade 8), with the necessary books, educational materials, and teachers. Thus, child refugees are allowed to pursue their education in these schools. In addition, refugee children who have passed the national examination administered at the level of Grade 8 have the opportunity to attend secondary education in nearby public schools.

6. Adult and non formal education

1. Adult and non formal education programs include a range of education and training components for children and adults whose age exceeds the primary school attendance ages (7–14). These programs are primarily aimed at literacy and consciousness-building in order to enhance the skills and develop problem-solving abilities of those who might be enrolled. The Adult Education Program proper has three sub components: a scheme for out-of-school children between the ages of 7–14; a literacy program for youth and adults who are older than 15; and basic skill training for youth and adults in community skill training centers. The community skill training centers offer training programs related to the specific needs of the rural community. Enrollment in this sector is high in Oromia Regional State and Addis Ababa. Unfortunately, this is a sector in which problems of inadequate budget, trained manpower and equipment, and poor organization of programs are prevalent.

7. Literacy rate

1. Currently, of the total population in the country, only 37.95% are literate. The literacy rate at the national level has increased from 26% in 1996 to 38% in 2004 with a large discrepancy between rural and urban dwellers. The proportion of the population that has been increasing at all levels, irrespective of gender, over the survey years. Yet, the findings show higher literacy rate for males than for females in all regional states.

8. Education in rural areas

1. In order to alleviate the problems related with the length of travel to schools, the Government launched a program for construction of schools, 80% of which are in rural areas, with the objective of bringing schools closer to the children.
2. Given these favourable conditions, the numbers of governmental and non-governmental schools is increasing at an average annual growth rate of 13.5% for primary, 18.0% for secondary, 26.2% for TVET, and 23.4% for higher levels of education. This trend shows that the enrollment rate at all levels of education is increasing. A comparison of urban and rural enrollment indicates that 78.0% of primary enrollment is in rural areas and 22.0% in urban areas (see HRI/CORE/ETH/2008, annex 2, table 49).

9. Text books and ICT in education and training

1. With regard to the teaching materials, much has been done to improve the pupil/textbook ratio. So far, six regional states have achieved the level of one text book for each student and efforts are being made to extend this benefit nationwide. The standard set for the pupil/teacher ratio is 50 pupils per teacher at primary level (1–8). Despite substantial growth in enrollment, Ethiopia has managed to reduce PTR in all but one year. The current (2006/07) PTR is still above the national standard of 50 pupils per teacher (see HRI/CORE/ETH/2008, annex 2, figure 8).
2. In order to strengthen the quality and accessibility of education, a system of Information and Communication Technology (ICT) has been introduced in schools. Measures have been taken to use electronic media such as the radio and Plasma TV for the effective transmission of regular education both orally and in images.

10. Medium of instruction in schools

1. At present the teaching-learning process in primary school education is conducted in the local mother tongue. From formative evaluations of the mother tongue as medium of instruction, the measures taken have significantly raised the quality of the teaching-learning process and increased classroom participation by students. However, the full realization of this policy has been delayed due to the shortage of qualified professionals. Furthermore, the limited development of some languages has, to some extent, affected the preparation of textbooks in the various vernaculars. Of course, efforts have been made to mitigate the problem by providing short-term training for writers.
2. Since the new curriculum became operational, over 25 languages have been used as mediums of instruction up to grades 4, 6, or 8 depending on the factual conditions in each region. Education in mother tongue is given up to grade 8 in those Regional States and even Zonal Administrations where the local language is relatively well developed and where sufficient number of teachers trained in the local language is available. This is situation in Oromia, Amhara and Tigrai Regional States. The medium of instruction in higher and tertiary education is principally English. The study of one additional language is, nonetheless, encouraged.

11. Challenges and constraints

1. Although there has been a significant breakthrough, the levels of net enrollment and disparities between male and female enrollment are still visible and thus need to be critically addressed. Raising the quality of education and reducing the drop out rate are outstanding challenges that are being addressed through a combination of upgraded teacher training, better student-teacher ratios as well as textbook and curricular reform which are currently underway. Some of these formidable challenges definitely arise from institutions with inadequate human resources or the lack of an effective and functional working system. Lack of qualified teachers is another problem which is being addressed by increasing the number of teachers and their professional capacity by providing for the expansion of higher institutions to produce the necessary manpower.
2. Realizing that the multi-faceted goal of the education sector cannot be accomplished through the limited amount of national resource alone, the Government has been working in close cooperation with international organizations like UNESCO, WFP and UNICEF as well as bilateral donors. Non-governmental organizations, the private sector and the community at large have also a pivotal role in the provision of support at all levels of the educational strata, in addition to their financial, material and technical supplies to ESDP. Moreover, the community provides direct financial assistance in the construction of additional class rooms and labor support necessary for school maintenance at local levels.

Article 15: The right to culture and to benefit from scientific progress

1. The FDRE Constitution provides for the responsibility of the state to promote the equal development of customs and cultures in so far as they are not inconsistent with fundamental rights, human dignity, democracy as well as the rights and freedoms of others. It also stipulates that the state has the responsibility to protect and preserve historical and cultural legacies.
2. Under the basic law, equality of languages and preservation of historical and cultural attributes is guaranteed without any distinction. Amharic is the working language of the Federal Government while regional and local governments are entitled to determine their respective working languages. It is also constitutionally provided that all Ethiopian languages shall enjoy equal state recognition and protection. Providing for the rights of nation-nationalities, the Constitution categorically states that “Every nation, nationality and people in Ethiopia has the right to speak, to write and to develop its own language”. They also have the right to express, to develop and to promote their culture and preserve their historical heritages. Furthermore, nations, nationalities and peoples in present-day Ethiopia are entitled to practice their language in regional governmental and educational institutions.
3. The Cultural Policy adopted in 2004 reflects the above-described entitlements of the peoples. The policy aims to ensure that all languages, historical and cultural heritages, fine arts, oral literatures and other features of nations, nationalities and peoples receive equal recognition, respect, preservation and conservation. It also has ensured conditions to carry out scientific research on these features and their prosperity and promotes the culture of the different nations, nationalities and peoples. The specific strategies for its implementation include taking a scientific inventory of cultures along with the languages and dialects of the country, developing alphabets for those languages that do not have a script and putting these into service taking into account the psychological attitude of the speakers.
4. The Ministry of Culture and Tourism, together with its regional counterparts is responsible for the realization of the Cultural Policy at the national level. The statutory powers and duties of the said ministry include:

(a) To engage in the study and preservation of history, cultural heritages and values of the nations, nationalities and peoples of Ethiopia; and

(b) Expansion of cultural institutions to institutionalize public participation in the field of culture.

1. The Ministry, in collaboration with regional organs, has been organizing cultural festivals representing the nations and nationalities with one of the declared objectives being “introducing the arts and crafts of the nations, nationalities and peoples of Ethiopia on equal basis thereby nurturing equality, tolerance and togetherness among them with a view to encouraging the building of a democratic system in Ethiopia.” The Regional Bureaus have also been organizing their own similar festivals at regional levels.
2. The Institute of History, Culture and Language was established under the Council of Nationalities in the SNNPR Region, where more than 60% of the total nations and nationalities of the country co-existence peacefully. The main objective of the council is to respect and protect the rights of nations, nationalities and peoples of the region and to maintain their history, culture and language. The Institute, composed of different experts, envisions the scientific study and promotion of the identities of the nations, nationalities and people, such as culture, language, history and other historical heritages and values thereby consolidating their unity and harmonious co-existence among the peoples. Studies are also being conducted on how to rescue languages which are on the verge of extinction.
3. The provision of broadcasting services overseen by the Ethiopian Broadcasting Authority is another dimension which has been contributing to accelerate the development and promotion of the cultures and artistic values belonging to the Ethiopian people. Community broadcasting which shall, among others, promote and develop the language, culture and artistic values of the community is allowed for those interested in the promotion of cultures. The broadcasting directives also require that 50% of musical programs be allotted to the cultures and musical programs of nations and nationalities.
4. In addition to the establishing proclamation, the Ethiopian Broadcasting Agency has endorsed a directive to guide the broadcasting service program and method of functioning. According to the directive any broadcasting program should promote the culture of all nations, nationalities and peoples as well as tolerance of differences among them. Furthermore, any program should be free from partiality and the language used should not offend any culture and should not be against public morality.
5. The Radio and Television channels owned by the Federal and Regional governments have also programs exclusively intended to promote and preserve the cultural, linguistic, historical and natural heritages of nations and nationalities. Every effort is being exerted to make peoples aware of each others cultures and languages. Currently, such programs include *exploring Ethiopia, our towns,* and *my country,* which present to the public well researched and documented films featuring nations and nationalities. In entertainment programs such as *our music, arts* *and culture,* practices of marriage, dressing, mourning and others of nations and nationalities are introduced.
6. The national programs use languages widely spoken such as Amharic, Oromifa, Tigriana, Somali and Afar. In areas where there are local transmission stations, other languages such as *Hadari*, *Agnwak* and *Nuwer* are also used to serve as media of transmission. Both in the national and local programs broadcast over the electronic media, people are encouraged to express their opinions in native languages while translations are made to the audience. In case of need, technical assistance by the Government is frequently extended to those interested in making programs that promote culture and language of nations and nationalities.
7. In addition to the Ministry of Culture and Tourism, The Federal Government has established several institutions to ensure the exercise of cultural rights by individuals and peoples. Some of these institutions are:

(a) The Authority for Research and Cultural Heritage established by Proc. No. 209/2002;

(b) The Ethiopian Conference Center (Proclamation No. 23/97); and

(c) The National Archives and Library Agency established by Proc. No. 179/1999.

1. One more key institution is the Information and Cultural Affairs Standing Committee of the House of People’s Representatives which has been established to formulate and put in place working mechanisms that could facilitate ways for the preservation of cultural and historical heritages so that they would pass to the succeeding generations.
2. At present, the Government and higher educational institutions are producing a number of professionals in the field of culture and art. The Ministry of Culture and Tourism, in cooperation with other stakeholders, has designed a curriculum which helps to produce professionals in culture and art.
3. Freedom of literary and artistic creativity is guaranteed under the Constitution. The Copyright and Neighboring Rights Protection Proclamation No. 410/2004 was enacted with the objective of ensuring literary, artistic and similar creative works play a major role to enhance the cultural, social, economic, scientific and technological development of the country. The author of a creative work shall, irrespective of the quality of the work and purpose for which the work may have been created, be entitled to protection, for his work without any formality and upon creation where it is original and fixed.
4. The author or owner of work has an exclusive right to carry out or authorize the reproduction, translation adaptation, arrangement or any other transformation of his work; distribution of the original or a copy of the work to the public by sale or rental; importation of original or copies of the work; public display of the original or a copy of the work; performance of the work; broadcasting and other communication of the work to the public.
5. The author of an artistic or literary work, irrespective of whether or not he is owner of the economic rights, has the moral rights to claim authorship of his work, except where the works are included, incidentally or accidentally, in reporting current events by means of broadcasting media; to remain anonymous; or to use a pseudonym; to make objections against any distortion, mutilation or other alteration of his work, where such an act is or would be prejudicial to his honor or reputation as well as to publish his work.
6. There are two principal pieces of legislation protecting the rights to intellectual property: one is the Copyright and Neighboring Rights Protection Proclamation No. 410/2004. According to this law, the author of a work shall, irrespective of the quality of the work and the purpose for which the work may have been created, be entitled to protection, for his work without any formality. The other is Inventions, Minor Inventions, and Industrial Design Proclamation No. 123/1995 which is designed to protect inventions of individuals. Thus, persons that are involved in such kinds of intellectual creations and technological innovations are protected by law.
7. The Ethiopian Science and Technology Agency (now the Ministry of Science and Technology) has taken various measures to ensure the application of scientific progress for the benefit of every one. The agency prepared a national science and technology policy in 1993 which had been adopted by the Government. Once again, this policy has been revised and submitted for adoption in 2007 with the view to making it compatible with the new development policies and strategies of the country and the current international development in the fields of science and technology.
8. The formulation of the policy is based on the assessment of the situation of the country using the national system of innovation (NSI) approach that emphasizes the application and diffusion of technology as the major factors of technical changes. The assessment revealed that the previous national science and technology policy and its implementation were focusing mainly on the supply of scientific and technological knowledge with inadequate emphasis to support innovative activities of small and medium scale enterprises (SMEs). The analysis of the situation of the R&D and its environment showed that there are full-fledged institutions to undertake R&D only in agricultural and health sectors. It was also noted that even the existing R&D institutions have gaps in terms of research planning, coordination, human and financial resources, research program coverage and organizational structure.
9. Vertical and horizontal expansion of undergraduate and graduate studies in various fields of science and technology is believed to provide the qualified scientists, engineers, managers and technicians that are required to achieve knowledge-based socioeconomic development. Assuring the desired quality of education at a time of extraordinary expansion in the enrollment rate and engaging universities in R&D undertakings that are capable of linking knowledge generation and application with enterprise development are the outstanding challenges in the higher education sector of Ethiopia at present. Lack of qualified researchers, inadequate research facilities including infrastructure and consumables, limited financial resources, absence of linkage with industry and lack of appropriate incentive mechanisms for researchers are the major constraints in many of the higher educational institutions. Hence, the revised policy is geared towards creating a dynamic national system of innovation by addressing the identified shortcomings of the previous policy and providing for the essential instruments to fill the implementation gaps observed.
10. The Government has further established the Ethiopian Radiation Protection Agency, Ethiopian Scientific Equipment Center, Ethiopian Intellectual Property Office and the former Information and Computer Center to realize the right of every one to enjoy the benefits of scientific progress and its applications. In particular, the benefits of scientific progress and its applications in agricultural, health and to some extent in industrial sectors have been obtained.
11. In connection with this development, a nationwide health research ethics evaluation directive has been issued to prevent the use of scientific and technical progress for purposes contrary to the enjoyment of all human and fundamental rights. A surveillance program has been set up to minimize the damage caused by radiation technologies on human health and environment safety. Moreover, training, advisory and maintenance services have been rendered to the users of scientific equipment and facilities to raise their knowledge and efficient utilization.
12. The Agency, in collaboration with the United Nations Industrial Development Organization, (UNIDO) has established Ethiopia’s Cleaner Production Center to prevent environmental pollution by the industrial sectors and the Center has delivered educational briefings, trainings and workshops to improve the safety of working environment. Teaching and training on cleaner production techniques have also been offered for 15 factories to promote healthy and clean environment.
13. So far, science and technology information was compiled and handled in a very fragmented and disorganized manner which did not help much in showing the country’s status in the sector. The revised Science, Technology and Innovation policy, therefore, aims at the establishment of information systems emphasizing the production of national and regional science and technology information in the form of statistics, databases, indicators, biographies, etc for an effective provision of the required services.
14. The Agency has the responsibility to assist scientists and researchers to participate in national, regional and international conferences to guarantee the freedom of exchange of scientific, technical and cultural information, views and experiences. It also has the obligation to provide financial assistance to the learned society, academies of science, professional associations, unions of workers and other organizations and institutions engaged in scientific research and creative activities.
15. The ongoing provision of technical, financial and administrative support to young graduates to develop and run their own small businesses and continued government R&D grants to encourage young researchers and promote problem solving applied research also represent positive strides to tap the innovative potential of the youth for development. Coupled with this, the establishment of a national intellectual property system with the necessary legal, organizational, and operational framework and creation of a favourable business environment that encouraged foreign and local investors to establish business enterprises with concomitant rapid expansion of ICT use across the country are also positive achievements to count on.
16. The Agency’s supportive role in the evolution, establishment and consolidation of the science and technology professional associations is increasing to an appreciable degree. More than 65 science and technology professional associations have been established in engineering, health, agriculture and basic science and information technology sectors. These associations have been offered with financial assistance for the preparation of conferences, workshops, symposiums and seminars as well as to participate in international gatherings of a similar nature. The Agency has also established a professional journal project in collaboration with a Swedish international NGO designed to assist the professional associations to produce materials on science and technology issues. In addition, it has awarded prizes to inventors and outstanding researchers in order to encourage research in science and technology.
17. Apart from this, the Ethiopian Science and Technology Agency has taken numerous measures to promote the diffusion of information on scientific progress through various means. In collaboration with the Ethiopian Radio and Television Agency, it transmits programs on science and technology once in a week in Amharic, Tigrigna, Afan Oromo, Somali and Afar languages. The Agency has also published and distributed different types of materials on the issues relating to science and technology.
18. Another key institution which also plays a significant role in the development of the country’s science and technology is the Ethiopian Intellectual Property Office established by Proclamation No. 320/2003. The major objectives of this Office include: to facilitate the provision of adequate legal protection for and exploitation of intellectual property in the country and to collect, organize and disseminate technological information contained in patent documents and encourage its utilization.
19. The Government has been taking a wide rage of measures to encourage and develop international contacts and cooperation in the scientific and cultural fields. The Government has concluded numerous regional and international agreements in scientific and cultural fields. The Agency has also established cooperation with aid providing countries and institutions such as UNESCO. It has also been working in close collaboration with the Ethiopian Ministry of Foreign Affairs and the Ethiopian diplomatic mission in Vienna to facilitate scientific and cultural cooperation.
20. It needs to be underlined here that Ethiopia, as a developing nation, has a limited resource to make scientific knowledge and output accessible for the society. Thus, international assistance, in all its forms and dimensions, is essential for conducting training, buying equipments and building the capacity of research centers throughout the country.

Annex

# Table 1

**Changes in per capita consumption expenditure at 1995/96 constant prices (%)**

| *Item* | *1999/00 / 1995/96* | | | *2004/05 / 1999/2000* | | | *2004/05 / 1995/96* | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Rural* | *Urban* | *Total* | *Rural* | *Urban* | *Total* | *Rural* | *Urban* | *Total* |
| Real total expenditure per capita | -3.86 | 2.98 | -2.85 | 15.32 | 31.38 | 18.78 | 10.87 | 35.29 | 15.40 |
| Real total expenditure per adult | 0.88 | 3.43 | 1.14 | 12.74 | 29.05 | 16.10 | 13.74 | 33.47 | 17.42 |
| Kcal consumed per day per adult | 40.51 | -9.22 | 33.37 | 3.04 | 28.24 | 5.39 | 44.78 | 16.42 | 40.55 |
| Share of food in total expenditure | 11.67 | -5.36 | 8.33 | -14.4 | -5.9 | -13.6 | -4.37 | -10.9 | -6.37 |
| Household size | -3.9 | -2.1 | -2 | 0.5 | -6.7 | -1.6 | -3.4 | -8.7 | -3.5 |
| Adult equivalent household size | -7.14 | -2.56 | -7.14 | 2.11 | -4.99 | 0.59 | -5.19 | -7.43 | -6.60 |
| **Gini coefficient (consumption)** | **-3.7** | **11.7** | **-3.45** | **0.06** | **14.80** | **8.41** | **-3.6** | **28.3** | **4.7** |

*Source:* PASDEP.

# Table 2

**Trends in the performance of the macroeconomy, growth rates (%)**

| *Sector/indicator* | *2000/01* | *2001/02* | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *2006/07* | *2007/08 (forecast)* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GDP in 1999/2000 prices** | **7.4** | **1.6** | **(2.2)** | **11.7** | **12.6** | **11.6** | **11.4** | **11.3** |
| Agriculture | 9.6 | (1.9) | (10.5) | 16.9 | 13.5 | 10.9 | 9.4 | 8.9 |
| Industry | 5.1 | 8.3 | 6.5 | 11.6 | 9.4 | 10.2 | 11.0 | 12.0 |
| O/w: Manufacturing | 3.6 | 1.3 | 0.8 | 6.6 | 12.8 | 10.6 | 10.5 | 12.2 |
| O/w: Construction | 8.0 | 16.2 | 13.6 | 19.5 | 7.5 | 10.5 | 10.9 | 12.0 |
| **Services (total)** | **5.2** | **3.3** | **6.0** | **6.3** | **12.8** | **13.4** | **13.5** | **14.0** |
| Distribution services | 5.6 | 4.2 | 5.5 | 6.4 | 14.7 | 14.2 | 15.7 | 12.3 |
| O/w: Whole sale and retail trade | (4.0) | (4.0) | 18.6 | 14.1 | 20.8 | 31.9 | 38.8 | 14.0 |
| Other services | 2.3 | 2.4 | 6.5 | 6.1 | 10.9 | 12.5 | 11.2 | 15.9 |
| O/w: Banking and insurance | 11.8 | (25.0) | 10.8 | 19.7 | 24.2 | 33.5 | 2.5 | 15.8 |
| Per capita GDP (real) | 5.2 | (1.3) | (4.9) | 10.5 | 8.8 | 7.9 | 8.1 | 8.0 |
| **Inflation** | **(7.2)** |  | **15.1** | **8.6** | **6.8** | **12.3** | **17.8** | **19.0 (March, 2008)** |

*Source:* PASDEP Progress Report, 2006/07.

# Table 3

**Annual regional resettlement targets of the food security programme**

|  |  | *2005/06* | *2006/07* | *2007/08* | *2008/09* | *2009/10* | ***5-year total*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Amhara region | No. of resettled families | 10 000 | 15 000 | 15 000 |  |  | **40 000** |
| No. of food secured families | 100 000 | 104 875 | 110 578 | 76 696 | 57 273 | **449 422** |
| South region | No. of resettled families | 17 600 | 7 600 | 20 000 | 20 000 | 52 400 | **177 600** |
| No. of food secured families | 10 000 | 36 000 | 70 000 | 140 000 |  | **256 000** |
| Tigray | No. of resettled families |  |  |  |  |  |  |
|  | No. of food secured families | 49 427 | 127 130 | 167 751 | 149 021 | 149 021 | **642 350** |
| Oromiya | No. of resettled families | 3 508 |  |  |  |  | **3 508** |
|  | No. of food secured families | 37 838 | 52 969 | 26 485 | 26 485 | 27 068 | **170 845** |
| **Total** | **No. of resettled families** | **31 108** | **22 600** | **35 000** | **20 000** | **52 400** | **161 108** |
|  | **No. of food secured families** | **197 265** | **320 974** | **374 814** | **392 202** | **233 362** | **1 518 617** |
| **Grand total** | | **228 373** | **343 574** | **409 814** | **412 202** | **285 762** | **1 679 725** |

*Source:* PASDEP.

# Table 4

**Allocation of poverty targeted spending: 2007/08 budget versus 2006/07**

(Values in Million Birr)

| *Item* | *2006/07 budget* | *2006/07  pre. actual* | *2007/08  budget* | *PASDEP target for 2007/08* | *Change in 2007/08 budget over 2006/07 budget* | *Change in 2007/08 budget over PASDEP target for 2007/08* |
| --- | --- | --- | --- | --- | --- | --- |
| Education | 8 163 | 8 424.5 | 10 055 | 7 166 | 23.2 | 40.3 |
| Health and HIV/AIDS | 2 855 | 2 352 | 3 774 | 3 465 | 32.2 | 08.9 |
| Agriculture and food security including irrigation | 5 123 | 4 442 | 6 208 | 6 417 | 21.2 | -3.3 |
| Road | 6 091 | 5 007 | 8 091 | 8 761 | 32.8 | -7.6 |
| Water and sanitation | 2 746 | 2 144 | 3 457 | 2 811 | 25.9 | 23.0 |
| Urban housing development | - | - | - | 4 200 | - | - |
| Rural electrification | - | - | - | 2 023 | - | - |
| Others2 | - | - | - | 1 206 | - | - |
| **Total poverty-oriented expenditures** | **24 977** | **22 371** | **31 585** | **36 049** | **26.5** | **-12.4** |
| **Total expenditure** | **41 836** | **35 567** | **52 459** | **47 218** | **25.4** | **11.1** |
| Recurrent | 19 269 | 17 125 | 24 844 | 19 584 | 28.9 | 26.9 |
| Capital | 22 567 | 18 398 | 27 615 | 27 634 | 22.4 | 0 |
| Poverty-oriented spending as % of total spending | 59.7 | 62.9 | 60.2 | 76.3 | - | - |

*Source:* Progress Report, 2006/07.

# Table 5

**Trends in total poverty indices at national level and by rural and urban areas**

| *Level* | *Indices* | | | *Changes in the indices (%)* | | |
| --- | --- | --- | --- | --- | --- | --- |
| *1995/96* | *1999/2000* | *2004/05* | *1999/2000 over 1995/96* | *2004/05 over 1995/96* | *2004/05 over 1999/2000* |
| *National* |  |  |  |  |  |  |
| Head count index (P0) | 0.455 | 0.442 | 0.387 | -2.7 | -14.8 | -12.4 |
| Poverty gap index (P1) | 0.129 | 0.119 | 0.083 | -7.7 | -35.4 | -30.0 |
| Poverty severity index (P2) | 0.051 | 0.045 | 0.027 | -12.2 | -47.1 | -39.8 |
| *Rural* |  |  |  |  |  |  |
| Head count index (P0) | 0.475 | 0.454 | 0.393 | -4.4 | -17.1 | -13.4 |
| Poverty gap index (P1) | 0.134 | 0.122 | 0.085 | -8.9 | -37.0 | -30.8 |
| Poverty severity index (P2) | 0.053 | 0.046 | 0.027 | -12.9 | -48.3 | -40.6 |
| *Urban* |  |  |  |  |  |  |
| Head count index (P0) | 0.332 | 0.369 | 0.351 | 11.1 | 5.9 | -4.7 |
| Poverty gap index (P1) | 0.099 | 0.101 | 0.077 | 2.0 | -22.1 | -23.6 |
| Poverty severity index (P2) | 0.041 | 0.039 | 0.026 | -7.1 | -38.2 | -33.5 |

*Source:* PASDEP.

# Table 6

**Decomposition of the change in the poverty severity index (P2) between 1996 and 2005**

| *Items* | *Poverty severity* | | | *Growth component* | *Redistribution component* |
| --- | --- | --- | --- | --- | --- |
| *1996* | *2005* | ***Total change*** |
| **All households** | **0.051** | **0.027** | **-0.024** | **-0.022** | **-0.002** |
| Rural households | 0.052 | 0.027 | **-0.025** | -0.018 | -0.007 |
| Urban households | 0.042 | 0.026 | **-0.016** | -0.033 | 0.017 |

*Source:* PASDEP Progress Report, 2006/07.

# Table 7

**Trends in food poverty indices at national level and by rural and urban areas**

| *Level* | *Indices* | | | *Changes in the indices (%)* | | |
| --- | --- | --- | --- | --- | --- | --- |
| *1995/96* | *1999/2000* | *2004/05* | *1999/2000 over 1995/96* | *2004/05 over 1995/96* | *2004/05 over 1990/2000* |
| *National* |  |  |  |  |  |  |
| Head count index (P0) | 0.495 | 0.419 | 0.380 | -15.5 | -23.3 | -9.2 |
| Poverty gap index (P1) | 0.146 | 0.107 | 0.120 | -26.8 | -17.5 | 12.8 |
| Poverty severity index (P2) | 0.060 | 0.039 | 0.049 | -34.494 | -18.4 | 24.5 |
| *Rural* |  |  |  |  |  |  |
| Head count index (P0) | 0.516 | 0.411 | 0.385 | -20.4 | -25.5 | -6.5 |
| Poverty gap index (P1) | 0.152 | 0.103 | 0.121 | -31.9 | -20.5 | 16.8 |
| Poverty severity index (P2) | 0.062 | 0.038 | 0.049 | -39.2 | -21.5 | 29.0 |
| *Urban* |  |  |  |  |  |  |
| Head count index (P0) | 0.365 | 0.467 | 0.353 | 28.0 | -3.3 | -24.5 |
| Poverty gap index (P1) | 0.107 | 0.127 | 0.117 | 18.4 | 9.0 | -8.0 |
| Poverty severity index (P2) | 0.044 | 0.047 | 0.048 | 6.8 | 8.4 | 1.5 |

*Source:* PASDEP.

# Table 8

**Poverty lines used in poverty analysis between 1995/96 and 2004/05 all measured at 1995/96 national average prices**

| *Item* | *Food poverty line in Birr per adult per year* | *Kcal per adult* | *Total poverty line in Birr per adult per year* |
| --- | --- | --- | --- |
| Poverty line | 647.81 | 2 200 | 1 075.03 |
| Moderate poverty line | 809.76 | 2 750 | 1 343.78 |
| Extreme poverty line | 485.86 | 1 650 | 806.27 |

*Source:* PASDEP.

# Table 9

**Profile of shocks affecting households by rural and urban areas (%)**

| *Types of shocks* | *National* | *Rural households* | *Urban households* |
| --- | --- | --- | --- |
| Illness of household member | 23.2 | 23.8 | 19.8 |
| Drought | 10.6 | 12.3 | 1.5 |
| Loss or death of livestock | 7.8 | 8.9 | 2.1 |
| Crop damage | 8.1 | 9.5 | 0.8 |
| Death of household member | 7.5 | 7.4 | 8.1 |
| Flood | 3.0 | 3.4 | 0.5 |
| Price shock | 2.0 | 2.0 | 1.6 |
| Loss of job | 1.2 | 0.7 | 3.6 |
| Food shortage | 24.3 | 26.9 | 10.0 |

*Source:* PASDEP Progress Report, 2006/07.

# Table 10

**Percentage of people with access to safe drinking water source**

| *Year* | *1996* | *1998* | *2000* | *2004* |
| --- | --- | --- | --- | --- |
| Rural | 10 | 14 | 17 | 25 |
| Urban | 72 | 84 | 92 | 92 |
| National | 19 | 24 | 28 | 36 |

*Source:* Ministry of Water Resources.

# Table 11

**Type of rural water supply schemes built in 2006/07**

| *Rural water supply schemes* | *2006/07 plan (number)* | *Performance 2006/07 (number)* |
| --- | --- | --- |
| Deep bore holes | 427 | 236 |
| Shallow bore holes | 2 982 | 1 240 |
| Hand dug wells | 15 474 | 2 325 |
| Haffir dams (“Kure”) | 81 | 9 (under construction) |
| Spring development | 2 780 | 2 001 |
| Roof catchments | 82 | 21 (under construction) |
| Multivillage water supply systems | 3 | 4 (under construction) |

*Source:* PASDEP Progress Report, 2006/07.

# Table 12

**Improved water supply and sanitation coverage to strengthen community livelihoods**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Outcome/ Output* | *Formulation of indicator* | *2003/04 (base year)* | *2004/05* | *2005/06* | *2006/07* | *2007/08* | *2008/09* | *2009/10* | *2010/11* | *2011/12* | *Source of verification* | *Remarks* |
| Increased access to potable water | % of rural population with access to potable water within 1.5 km | 32.9% | 35% | 44% | 53% | 62% | 71% | 80% | 89% | 98% | Progress report from regions | Increasing |
| Improved operation and maintenance of water supply schemes | % of the dysfunctional water facilities | 34% | 30% | 26% | 22% | 18% | 14% | 10% | 7% | 5% | Progress report from regions | Declining |
| Increased access to latrines | % of rural population with access to latrines |  | 17.5% | 29% | 41% | 53% | 65% | 76% | 88% | 100% | Progress report from regions | Increasing |

*Source:* Ministry of Water Resources.

# Table 13

**Regional and national water supply access targets from year 2005/06–2011/12**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Year* | *Amhara* | *B/Gmuz* | *Gambella* | *Harari* | *Tigray* | *Oromya* | *SNNP* | *Afar* | *Somali* | *Diredawa* | *National* |
| 2004/05 | 34% | 38% | 29% | 22% | 33% | 38% | 34% | 23% | 19% | 41% | 35% |
| 2005/06 | 43% | 46% | 39% | 33% | 43% | 47% | 44% | 30% | 26% | 49% | 44% |
| 2006/07 | 53% | 55% | 49% | 44% | 52% | 56% | 53% | 37% | 34% | 58% | 53% |
| 2007/08 | 62% | 64% | 59% | 55% | 62% | 65% | 62% | 43% | 41% | 66% | 62% |
| 2008/09 | 72% | 73% | 70% | 67% | 71% | 73% | 72% | 50% | 48% | 75% | 71% |
| 2009/10 | 81% | 82% | 80% | 78% | 81% | 82% | 81% | 57% | 55% | 83% | 80% |
| 2010/11 | 91% | 91% | 90% | 89% | 90% | 91% | 91% | 63% | 63% | 92% | 89% |
| 2011/12 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 70% | 70% | 100% | 98% |

*Source:* Ministry of Water Resources.

# Table 14

**New rural water supply schemes to be constructed**

| *I/No.* | *Scheme types* | *1998/89 E.C* | *1999/ 2000 E.C* | *2000/01 E.C* | *2001/02 E.C* | *2002/03 E.C* | *2003/04 E.C* | *2004/05 E.C* | *To be constructed from 2005/06 – 2011/12 (7 years universal access plan)* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *2005/06* | *2006/07* | *2007/08* | *2008/09* | *2009/10* | *2010/11* | *2011/12* |
| 1 | Unlined improved community dug wells (Avg. depth 10 mts.) | 9 964 | 9 964 | 9 964 | 9 964 | 9 964 | 9 964 | 9 964 | 69 745 |
| 2 | Line standard dug wells (Avg. depth 15 mts.) | 5 510 | 5 510 | 5 510 | 5 510 | 5 510 | 5 510 | 5 510 | 38 568 |
| 3 | On spot spring development | 2 061 | 2 061 | 2 061 | 2 061 | 2 061 | 2 061 | 2 061 | 14 426 |
| 4 | Small scheme spring development | 89 | 89 | 89 | 89 | 89 | 89 | 89 | 625 |
| 5 | Medium scheme spring development | 63 | 63 | 63 | 63 | 63 | 63 | 63 | 438 |
| 6 | Large scheme spring development | 0.67 | 0.67 | 0.67 |  |  |  |  | 2 |
| 7 | Shallow boreholes | 2 982 | 2 892 | 2 892 | 2 892 | 2 892 | 2 892 | 2 892 | 20 871 |
| 8 | Deep boreholes | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 2 986 |
| 9 | Others (surface water source, etc.) | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 20 |
| 10 | Cisterns | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 778 |
| 11 | Ponds | 81 | 81 | 81 | 81 | 81 | 81 | 81 | 565 |
| **Total** | |  |  |  |  |  |  |  | **149 024** |

*Source:* Ministry of Water Resources.

# Table 15

**Rural water supply schemes to be rehabilitated**

| *I/No.* | *Type of schemes to be rehabilitated* | *1998/89 E.C* | *1999/2000 E.C* | *2000/01 E.C* | *Total No. of schemes to be rehabilitated* |
| --- | --- | --- | --- | --- | --- |
| *2005/06* | *2006/07* | *2007/08* |
| 1 | Hand dug wells | 10 644 | 10 644 | 10 644 | 31 932 |
| 2 | Spring development | 3 220 | 3 220 | 3 220 | 9 660 |
| 3 | Shallow boreholes | 1 942 | 1 942 | 1 942 | 5 826 |
| 4 | Deep boreholes | 240 | 240 | 240 | 720 |
| 5 | Ponds | 59 | 59 | 59 | 177 |
| 6 | Cisterns | 59 | 59 | 59 | 176 |
| 7 | Others | 6 | 6 | 6 | 19 |
|  | **Total** | **16 170** | **16 170** | **16 170** | **48 510** |

*Source:* Ministry of Water Resources.

# Table 16

**Comparison of Ethiopian demographic data with that of the world and sub-Saharan African countries in year 2005**

|  | *Population mid-2003 (millions)* | *Births  per 1,000 pop.* | *Deaths per 1,000 pop.* | *Rate of natural increase (%)* | *Infant mortality rate* | *Total fertility rate* | *Per cent of population of age* | | *Life expectancy at birth (years)* | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *<15* | *65+* | ***Total*** | *Male* | *Female* |
| World | 6 477 | 21 | 9 | 1.2 | 54 | 2.7 | 29 | 7 | **67** | 65 | 69 |
| Ethiopia | 73 | 39.9 | 12.6 | 2.7 | 77 | 5.9 | 44 | 3 | **48** | 47 | 49 |
| Sub-Saharan Africa | 752 | 41 | 17 | 2.4 | 94 | 5.6 | 44 | 3 | **48** | 47 | 49 |

*Source:* Health sector strategic plan 2005/06–2009/10.

# Figure 1

**Trend in/pentavalent, measles and fully immunization coverage,   
Ethiopia 2003/04–2008/09**



*Source:* Annual Performance Report HSDP III.

# Figure 2

**Number of children who got access to professional health care**

**

*Source:* Annual Performance Report HSDP III.

# Figure 3

**Trench in ANC coverage, percentage of deliveries attended by skilled health personnel and PNC coverage, Ethiopia, 2001-2008**

****

*Source:* Annual Performance Report of HSDP III.

# Table 17

**Health indicators 1999**

| *Indicators* | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *2006/07* |
| --- | --- | --- | --- | --- | --- |
| **Total population** | **67 220 000** | **69 127 021** | **73 043 510** | **75 067 000** | **77 127 000** |
| PHS coverage | 61.3 | 64.0 | 72.1 | 76.9 | 86.7 |
| PHS\* coverage | 70.7 | 70.2 | 82.9 | 92.0 | 98.1 |
| EPI coverage | 50.4 | 60.8 | 70.1 | 75.6 | 72.6 |
| Health service utilization | 0.29 | 0.36 | 0.3 | 0.33 | 0.32 |
| Contraceptive acceptance rate | 21.5 | 23.0 | 25.2 | 35.8 | 33.6 |
| Antenatal coverage | 27.4 | 40.8 | 42.1 | 50.4 | 52.1 |
| *No. of facilities* |  |  |  |  |  |
| Hospital | 119 | 126 | 131 | 138 | 143 |
| Health center | 451 | 519 | 600 | 635 | 690 |
| Health stations+ NHC | 2 396 | 1 797 | 1 662 | 1 206 | 1 376 |
| Private clinic not for profit | 383 | 359 | 379 | 480 | 397 |
| Private clinic for profit | 1 229 | 1 299 | 1 578 | 1 784 | 1 756 |
| Health posts | 1 432 | 2 899 | 4 211 | 5 955 | 9 914 |
| Pharmacies | 302 | 275 | 276 | 246 | 320 |
| Drug shop | 299 | 375 | 381 | 476 | 577 |
| Rural drug vendors | 1 888 | 1 783 | 1 787 | 1 754 | 2 121 |
| *Human resource in service* |  |  |  |  |  |
| Physicians | 2 032 | 1 996 | 2 453 | 2 115 | 1 806 |
| Health officers | 631 | 683 | 776 | 715 | 1 151 |
| Nurses | 14 160 | 15 544 | 18 809 | 17 845 | 18 146 |
| Health assistant | 6 856 | 6 628 | 6 363 | 4 800 | 3 184 |
| Para medical | 4 641 | 5 215 | 6 259 | 5 431 | 3 863 |
| Health extension workers |  |  | 2 773 | 8 901 | 17 653 |
| *Human resource graduates* |  |  |  |  |  |
| Specialists | 103 | 96 | 183 | 57 | 207 |
| General practitioners | 182 | 193 | 309 | 188 | 161 |
| Health officers | 181 | 249 | 333 | 247 | 789 |
| Nurses | 1 465 | 2 384 | 4 536 | 1 618 | 1 846 |
| Para medicals | 1 054 | 999 | 803 | 791 | 789 |
| Health extension workers |  | 2 737 | 7 090 | 7 136 | 8 560 |

*Source:* Health and Health Indicator MOFH.

*\** PHS coverage includes service provided by private facilities.

# Table 18

**PASDEP health targets and progress**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Indicators* | *Baseline 2004/05* | *Achievement of 2005/06* | *Plan for 2006/07* | *Achievement for 2006/07* |
| Reduce infant mortality rate out of 1,000 | 77 | 77 | 62 | - |
| Reduce under five mortality rate out of 1,000 | 123 | 123 | 106 | - |
| Reduce maternal mortality rate out of 100,000 | 871 | 673 | 750 | - |
| TB treatment success rate | 76% | 78% | 79% | 85% |
| DPT3 coverage | 10% | 79% | 74% | 73% |
| Contraceptive prevalence rate | 15% | 36% | 26% | 33% |
| Proportion of births attended by skilled health personnel | 9% | 16% | 14% | 16% |
| OPD (out-patient) visit per capita. | 0.3 | 0.32 | 0.4 | 0.32 |
| Percentage of households in malarious areas with two ITNs | 1% | 43% | 6% | 91% |
| Potential health service coverage | 70% | 76.9% | 81% | 89% |
| Doctors to population ration | 1:26 527 | 1:42 783 | 1:24 000 | 1:42 600 |
| Nurses to population ration | 1:4 572 | 1:4 100 | 1:4 100 | 1:4 480 |
| Health extension workers to population ratio | - | 1:7 800 | 1:19 000 | 1:4 369 |

*Source:* Federal Ministry of Health (Input for PASDEP Annual Progress Report).

# Figure 4

**Trends in number of health posts constructed 2001–2008**



*Source:* Annual performance report of HSDP III 2006/2007.

# Figure 5

**Primary health service coverage**



*Source:* Annual performance report of HSDP III 2007/2008.

According to the definition given to it in HSDP III Primary Health Service Coverage means proportion of population living within walking distance (10 km) from a health facility (HC and HP). This indicator estimates the proportion of population with geographical access to health services. In terms of time needed to reach the health facility, 10 km can be equated to two hours of travelling time.

# Figure 6

**Trends in number of health extension workers deployed in health posts   
(2004/05–2007/08)**



# *Source:* Annual performance report of HSDP III 2007/2008.

# Table 19

**Statistics on health facilities** **Distribution of health infrastructure, 2006/07**

| *Regions* | *Hospital* | | | | *Health Center* | | | | | *Health Post* | *Private clinic not for profit* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *MOH* | *Others*\*\* | ***Total*** | *Beds* | *MOH* | *Other\** | ***Total*** | *Beds* | *NHC+HS* |
| Tigray | 13 | 3 | **16** | 1 417 | 41 | 1 | **42** | 380 | 113 | 529 | 16 |
| Afar | 2 | 0 | **2** | 122 | 14 | 0 | **14** | 0 | 45 | 154 | 6 |
| Amhara | 16 | 3 | **3** | 1 615 | 169 | 0 | **169** | 369 | 122 | 2 590 | 69 |
| Oromia | 22 | 8 | **8** | 3 513 | 197 | 5 | **202** | NA | 701 | 1 985 | 195 |
| Somali | 6 | 0 | **0** | 436 | 20 | 0 | **20** | 276 | 95 | 149 | 0 |
| Ben-Gumuz | 2 | 0 | **0** | 205 | 15 | 0 | **15** | 150 | 94 | 88 | 8 |
| SNNPR | 14 | 6 | **6** | 1 897 | 176 | 4 | **180** | NA | 167 | 4 258 | 77 |
| Gambella | 1 | 0 | **0** | 100 | 5 | 4 | **9** | 50 | 26 | 64 | 0 |
| Hararie | 2 | 2 | **2** | 710 | 3 | 0 | **3** | 30 | 3 | 22 | 10 |
| Addis Ababa | 5 | 25 | **25** | 927 | 24 | 5 | **29** | 180 | 7 | 37 | 8 |
| Dire Dawa | 1 | 3 | **3** | 232 | 7 | 0 | **7** | 60 | 3 | 38 | 8 |
| Central | 4 | 5 | **5** | 2 460 | 0 | 0 | **0** | 0 | 0 | 0 | 0 |
| National | 88 | 55 | **55** | 13 677 | 671 | 19 | **690** | 1 495 | 1 376 | 9 914 | 397 |

*Source:* Health and health indicators 2006/07MOH.

*Note:* No. of beds from Addis Ababa & Dire Dawa does not include private and other hospitals.

*Abbreviations:* NHC = nucleus health center.

\* Facilities owned by OGA & NGO.

\*\* Private, Other Governmental Organizations and NGO hospital.

# Figure 7

**National health % share to GDP at current market price**



*Source:* February 2008 Ministry Of Finance and Economic Development.

# Figure 8

**Regional budget allocation for the health sector**



*Source:* Ministry of Health 2008.

# Table 20

**Gross enrollment rate primary education**

|  | *Primary 1st cycle (1–4)%* | | | *Primary 2nd cycle (5–8)%* | | | *Primary (1–8)%* | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Year* | *Boys* | *Girls* | ***Total*** | *Boy* | *Girls* | ***Total*** | *Boys* | *Girls* | ***Total*** |
| 2002/03 | 94.6 | 73.5 | **84.2** | 52.5 | 31.9 | **42.4** | 74.6 | 53.8 | **64.4** |
| 2003/04 | 95.2 | 78.3 | **86.9** | 57.0 | 36.9 | **47.1** | 77.4 | 59.1 | **68.4** |
| 2004/05 | 109.8 | 95.5 | **102.7** | 62.0 | 42.6 | **52.5** | 88.0 | 71.5 | **79.8** |
| 2005/06 | 123.9 | 111.2 | **117.6** | 67.4 | 49.8 | **58.8** | 98.6 | 83.9 | **91.3** |
| 2006/07 | 122.9 | 111.2 | **117.1** | 63.3 | 53.7 | **61.1** | 98.0 | 85.1 | **91.7** |

# Table 21

**Gross enrollment in secondary education**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Cycle*  *Year* | *Secondary 1st Cycle (9–10)* | | | | | | *Secondary 2nd Cycle (11–2F)* | | | | | |
| *Enrolment* | | | *GER %* | | | *Enrolment* | | | *GER %* | | |
| *Boys* | *Girls* | ***Total*** | *Boys* | *Girls* | ***Total*** | *Boys* | *Girls* | ***Total*** | *Boys* | *Girls* | ***Total*** |
| 2002/03 | 371 549 | 214 760 | **586 309** | 24.0 | 14.3 | **19.3** | 56 680 | 22 475 | **79 155** | 3.8 | 1.6 | **2.7** |
| 2003/04 | 443 779 | 242 197 | **685 976** | 28.2 | 15.9 | **22.1** | 69 189 | 25 471 | **94 660** | 4.5 | 1.7 | **3.2** |
| 2004/05 | 553 914 | 306 820 | **860 734** | 34.6 | 19.8 | **27.3** | 67 413 | 25 070 | **92 483** | 4.3 | 1.7 | **3.0** |
| 2005/06 | 678 716 | 387 707 | **1 066 423** | 41.6 | 24.5 | **33.2** | 91 889 | 31 794 | **123 683** | 5.7 | 2.0 | **3.9** |
| 2006/07 | 760 674 | 462 988 | **1 223 988** | 45.7 | 28.6 | **37.3** | 117 000 | 58 219 | **175 219** | 7.3 | 3.7 | **5.5** |
| Average annual growth rate | 19.6% | 21.2% | **20.2%** |  |  |  | 19.9% | 26.9% | **22.0%** |  |  |  |

# Table 22

**Secondary gross enrollment by Region (9–10)**

|  | *Gross enrollment ratio for secondary school (9–10)* | | | | |
| --- | --- | --- | --- | --- | --- |
|  | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *2006/07* |
| Tigray | 26.2 | 30.5 | 34.8 | 40.8 | 45.4 |
| Afar | 5.1 | 5.0 | 4.6 | 6.6 | 6.8 |
| Amhara | 12.6 | 15.7 | 22.4 | 33.3 | 38.1 |
| Oromiya | 19.1 | 22.9 | 28.9 | 35.6 | 37.6 |
| Somali | 3.3 | 3.3 | 3.8 | 3.8 | 4.9 |
| Benishangul-Gumuz | 19.5 | 28.4 | 35.6 | 43.4 | 47.1 |
| SNNP | 18.7 | 20.0 | 24.1 | 29.1 | 32.4 |
| Gambella | 33.7 | 28.9 | 36.8 | 67.7 | 54.7 |
| Harari | 56.1 | 72.5 | 73.2 | 20.5 | 86.4 |
| Addis Ababa | 78.1 | 86.6 | 93.9 | 101.9 | 108.2 |
| Dire Dawa | 50.3 | 47.2 | 57.1 | 47.8 | 66.3 |
| National | 19.3 | 22.1 | 27.3 | 33.2 | 37.3 |

*Source:* Education Statistics Annual Abstract.

# Table 23

**Enrollment of children with special educational needs (2006/07)**

|  | *Primary education* | | |
| --- | --- | --- | --- |
| *Disability* | *Male* | *Female* | ***Total*** |
| Visually impaired | 2 690 | 1 706 | **4 396** |
| Physically impaired | 7 253 | 5 289 | **12 542** |
| Hearing impaired | 4 047 | 2 807 | **6 854** |
| Mentally impaired | 4 366 | 2 946 | **7 312** |
| Other | 1 205 | 911 | **2 196** |
| **Total** | **19 561** | **13 739** | **33 300** |

*Source:* Education Statistics Annual Abstract.

# Table 24

**Enrollment of children with special educational needs (2006/07) (secondary education)**

|  | *Secondary (9–10)* | | | *Secondary (11–12)* | | |
| --- | --- | --- | --- | --- | --- | --- |
| *Disability* | *Male* | *Female* | ***Total*** | *Male* | *Female* | ***Total*** |
| Visually impaired | 311 | 178 | **489** | 81 | 44 | **125** |
| Physically impaired | 995 | 688 | **1 683** | 79 | 39 | **118** |
| Hearing impaired | 358 | 216 | **574** | 41 | 17 | **58** |
| Mentally impaired | 142 | 63 | **205** | 5 |  | **5** |
| Other | 109 | 67 | **176** | 28 | 21 | **49** |
| **Total** | **1 915** | **1 212** | **3 127** | **234** | **121** | **355** |

*Source: Education Statistics Annual Abstract.*

# Table 25

**Graduates from Ethiopian schools**

| *School level* | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *2006/07* | *AAGR* |
| --- | --- | --- | --- | --- | --- | --- |
| Primary grade 8 | 239 647 | 279 140 | 339 359 | 407 549 | 434 843 | 16.1% |
| Secondary |  |  |  |  |  |  |
| Grade 10 passing GSECE | 73 720 | 95 587 | 123 637 | 186 757 | 216 822 | 31.0% |
| Grade 12 students sitting EHEECE | 28 419 | 47 675 | 42 568 | 42 202 | 70 393 | 26.5% |
| TVET |  |  | NA |  |  |  |
| Higher education |  |  |  |  |  |  |
| Undergraduate | 6 294 | 7 600 | 11 535 | 25 335 | 29 845 | 47.6% |
| Postgraduate | 474 | 736 | 1 126 | 1 388 | 2 671 | 54.1% |

*Source:* Education Statistics Annual Abstract.

*Abbreviations:* AAGR = Average Growth Rate.

NA = not available.

# Table 26

**Education budget and expenditure (Federal)**

| *Category* | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *2006/07* | *Average annual growth rate* |
| --- | --- | --- | --- | --- | --- | --- |
| Education expenditure (million Birr) | 3 293.1 | 4 146.0 | 4 638.9 | 5 990.0 | 7 632.5 | 23.4% |
| **Total Government expenditure (million Birr)** | **19 840.4** | **20 096.8** | **27 803.8** | **33 615.9** | **30 998.2** | **11.8%** |
| Per cent of education of total Government | 16.6% | 20.6% | 16.7% | 17.8% | 24.6% |  |

*Source:* Education Statistics Annual Abstract.

# Table 27

**Schools for all levels of education (Government and Non-Government)**

| *Schools* | *2002/03* | *2003/04* | *2004/05* | *2005/06* | *2006/07* | *Average annual growth rate* |
| --- | --- | --- | --- | --- | --- | --- |
| Kindergarten | 1 067 | 1 244 | 1 497 | 1 794 | 2 313 | 21.3% |
| Primary | 12 471 | 13 181 | 16 513 | 19 412 | 20 660 | 13.5% |
| Secondary | 491 | 595 | 706 | 835 | 952 | 18.0% |
| TVET | 153 | 158 | 199 | 264 | 388 | 26.2% |
| Higher education | 13 | 21 | 23 | 40 | 55 | 43.4% |

*Source:* Education Statistics Annual Abstract.

# Table 28

**Enrollment in alternative basic education**

| *Year* | *2003/04* | *2004/05* | *2005/06* | *2006/07* | *AAGR* |
| --- | --- | --- | --- | --- | --- |
| Male | 215 315 | 250 243 | 426 036 | 311 427 | 9.75% |
| Female | 175 120 | 491 525 | 391 296 | 271 339 | 11.6% |
| **Total** | **390 435** | **741 758** | **817 332** | **582 766** | **10.5%** |

*Source:* Education Statistics Annual Abstract.

# Table 29

**Number of centers for alternative basic education**

|  | *Number of centers* | |
| --- | --- | --- |
| *Regions* | *2005/06* | *2006/07* |
| Tigray | 54 | 98 |
| Afar | - | 113 |
| Amhara | 1 883 | 3 745 |
| Oromiya\* | 4 147 | 3 498 |
| Somali | - | - |
| Benishangul Gumuz | 184 | 292 |
| SNNP | 1 026 | 1 115 |
| Gambela | - | 16 |
| Harari | - | - |
| Addis Ababa\* | 211 | 193 |
| Dire Dawa | - | - |
| **Total** | **6 425** | **9 070** |

*Source:* Education Statistics Annual Abstract.

\* Under reporting.

# Table 30

**Characteristics of adult and non-formal basic education**

|  | *Enrollment* | | | *Number of facilitators* | | | *Number of centers* |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Region* | *Male* | *Female* | ***Total*** | *Male* | *Female* | ***Total*** |
| Tigray | 1 769 | 867 | **2 636** | 22 | 10 | **32** | 25 |
| Amhara | 468 | 384 | **852** | 37 | 16 | **53** | 37 |
| Oromiya | 45 969 | 22 318 | **68 287** | 1 151 | 322 | **1 473** | 441 |
| Beni-Gumuz | 401 | 223 | **624** | 12 | 2 | **14** | 11 |
| SNNP | 2 658 | 3 283 | **5 941** | 178 | 50 | **228** | 164 |
| Gambela | 365 | 294 | **659** | 26 | 1 | **27** | 13 |
| Addis Ababa | 9 186 | 18 643 | **27 829** | 301 | 485 | **786** | 264 |
| **Total** | **60 816** | **46 012** | **106 828** | **1 727** | **886** | **2 613** | **955** |

*Source:* Education Statistics Annual Abstract.

\* No data for Afar, Harari, and Somalia regional states.

1. \* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services. [↑](#footnote-ref-2)
2. Proportion of population living within walking distance (10 km) from a health facility (HC & HP). [↑](#footnote-ref-3)