



**STATUS OF VICTIM ASSISTANCE IN ETHIOPIA**

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to the  
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## STATUS OF VICTIM ASSISTANCE IN ETHIOPIA

### ***Introduction***

Ethiopia takes seriously its obligations to meet the aims of the *Nairobi Action Plan* and to assist landmine survivors and other persons with disabilities. It is clearly understood that activities to assist mine survivors should not exclude persons injured or disabled in another manner; however, to meet the aims of the *Nairobi Action Plan* special consideration should be given to survivors and other persons with disabilities living in mine-affected areas. The Ministry of Labour and Social Affairs (MoLSA) has a mandate to address issues relating to persons with disabilities, including landmine survivors, together with employment and social issues, at the Federal level. In the 9 Regions of Ethiopia and the Special Administration area, there is a Bureau for Labour and Social Affairs (BoLSA) responsible for employment and social issues at a regional level. BoLSAs are also responsible for mobilizing public and private services to promote the integration of persons with disabilities. Other relevant ministries also have disability departments. Since November 2006, three workshops have been convened which focused on the issue of victim assistance.

Challenges in providing adequate services for persons with disabilities in Ethiopia include a lack of resources, a lack of trained personnel, and inadequate enforcement of existing legislation, which perpetuates negative attitudes and stereotypes, and poor communication between national and international organizations. Many organizations are working in the disability sector but the approach is uncoordinated and lacks direction.

While some progress has been made on the disability issue, reasons for Ethiopia's slow progress in developing a comprehensive plan of action to address obligations under the AP Mine Ban Convention in relation to victim assistance include the lack of human resources to coordinate the inter-ministerial process. Therefore, MoLSA is investigating opportunities to secure funds for recruiting a specialist to coordinate the efforts of relevant ministries and other key actors.

### ***Part 1: Understanding the extent of the challenge faced***

According to the 1994 National Population and Housing Census, there were 988,849 persons with disabilities in Ethiopia. However, it was acknowledged that this figure underestimates the total number of persons with disabilities. Locomotor disabilities account for the most common form of disability. Of the total reported population of persons with disabilities, 83 percent live in rural areas where services are limited. The Third National Population and Housing Census started on 29 May 2007.

The exact number of landmine survivors is not known. Verification and update of the 2004 Ethiopia Landmine Impact Survey (ELIS) is required. The ELIS recorded 1,295 recent mine/UXO casualties and 15,321 less recent casualties, including 7,275 survivors. The information will be enhanced in the future through the implementation of a surveillance system.

Casualties of all age groups and sex are distributed throughout the country. Afar, Somalia and Tigray are the top three mine-affected regions, with the highest proportion of casualties. Most casualties were herders and farmers.

Limited mine casualty data is being collected by different health organizations and Associations (Ministry of Health (MoH), Landmine Survivors Network-Ethiopia (LSN), Rehabilitation and Development Organization (RaDO), etc).

The Emergency Demobilization and Reintegration Project (EDRP) identified around 17,000 ex-combatants with disabilities, including some landmine survivors.

Since September 2004, the MoH in collaboration with the World Health Organization (WHO) has been implementing a project in six Addis Ababa Hospitals to improve and computerize information from emergency rooms in each hospital to provide more accurate data on injuries. Once the injury surveillance system is functioning well in Addis Ababa, it will be expanded to other regions. However, there is a lack of equipment and trained staff.

The Central Statistics Authority has data on persons with disabilities, NGOs also have data on landmine survivors and other persons with disabilities but there is no uniform format for collecting or storing data

and there is limited sharing of data between stakeholders in the disability sector.

**Objectives @ November 2005:**

- Conduct a needs assessment of mine survivors and set up a continuous surveillance system for accurate mine casualty data collection.

***Part 2: Emergency and continuing medical care***

Ethiopia's Ministry of Health has been implementing Health Sector Development Programme (HSDP) since 1997/98. The first phase of the HSDP was completed in 2002 and the second phase in June 2005. The third phase of the HSDP (HSDP-III), covers a five-year period from July 2005 to June 2010. HSDP-III is meant to serve as a comprehensive national plan and as a guiding framework for further Regional and Woreda detailed planning and implementation of the Health Sector development activities for the coming five years with the ultimate aim of improving the health status of the Ethiopian people and achieving the Millennium Development Goals (MDGs).

With an area of 1.1 million sq. km. and an estimated total population of 72.5 million in 2004, Ethiopia is the second most populous country in Sub-Saharan Africa. A very large proportion of the population (85 percent) lives in the rural areas. Though potential health service coverage had reached 64 percent by 2004, the utilization rate remains low at 0.36 outpatient visits per capita. Challenges in providing healthcare include a shortage and high turnover of health human resources, and inadequacy of essential drugs and supplies.

Through implementation of the HSDPs, the number of Health Centres has increased from 243 in 1996 to 412 in 2001 and to 600 in 2004. The number of Health Posts increased from 76 in 1996/97 to 1,193 in 2001 and to 4,211 in 2004. Moreover, the number of Hospitals has increased from 87 in 1996 to 110 in 2001 and to 131 in 2004. In terms of human resource development, the number of graduating health workers and their availability has improved over time, the most remarkable improvement being in Health Officers and Nurses. For example, the total number of health workers has increased from 16,782 to 37,233 during the period of HSDP-I. This figure

further increased to 45,860 by the year 2004 (a year before completion of HSDP-II). Moreover, around 2,800 Health Extension Workers (HEWs) were trained and deployed and 7,138 were admitted for training in 2004/5.

The pre-hospital care system in Ethiopia is inadequate to address the needs of people with traumatic injuries. There are not enough doctors and nurses trained in emergency care. The MoH has established an emergency unit within the ministry to coordinate and guide the health emergency preparedness and response efforts in the country.

The MoH in collaboration with WHO renovated and upgraded a training centre for pre-hospital and emergency care at the Menelik II Clinical Nursing School in Addis Ababa. Training is provided for both healthcare professionals and laypersons with the potential to be first responders to injuries. The first Training of Trainers course took place in August 2004.

In early 2007, the ICRC conducted a war surgery seminar for specialized medical personnel in eastern Ethiopia. Topics included trauma surgery.

Very few hospitals have rehabilitation facilities; however, the MoH has plans to improve facilities and training.

**Objectives @ November 2005:**

- Make medical treatment and emergency support available on time by providing proper awareness to the affected communities and local medical centres.

***Part 3: Physical rehabilitation***

There are several centers providing physical rehabilitation and orthopedic devices; some are government run and others are operated by NGOs or international agencies. The Rehabilitation Affairs Department of MoLSA is responsible for coordinating rehabilitation services for persons with disabilities. MoLSA oversees six orthopedic workshops in different parts of the country. Outreach programmes are also conducted to reach people who cannot access the centers.

The ICRC provides financial, technical, material and educational support to eight prosthetic/orthotic centers.

The Addis Ababa Prosthetic Orthotic Centre (POC) has seven qualified technicians; however, another five are needed to meet the demands. The

POC is also a training centre on orthopaedic technology and physiotherapy, conducted in partnership with MoLSA and the ICRC, and is the largest centre in the country.

The Emergency Demobilization and Reintegration Project (EDRP) included a component for the strengthening of regional prosthetic and orthotic centres and the establishment of a National Rehabilitation Centre in the grounds of the Addis Ababa University Medical Faculty at Tikur Anbesse Hospital, with funding provided by a World Bank loan. The project supported the capacity building at six prosthetic/orthotic centres (Addis Ababa, Mekele, Harar, Arbaminch, Dessie and Assela) to expand and strengthen the provision of physical rehabilitation and supported three workshops (Jigjiga, Awassa and Dire Dawa) with machinery and raw materials.

In March 2003, as part of the EDRP and at the request of MoLSA, the ICRC began teaching Ethiopia's first prosthetics/orthotics diploma course at a new training centre in Addis Ababa.

The Ethiopian Prosthetics-Orthopedic National Professional Association advocates for a high standard of prosthetic/orthotic care for landmine survivors and other persons with disabilities through research, education and practice.

The Ethiopian National Disability Action Network has been established to enhance provision of rehabilitation services.

**Objectives @ November 2005:**

- Create opportunities to improve access to physical rehabilitation of known landmine/ UXO survivors by 2009.
- Establish victim assistance clinics and strength the existing war victim support centers.

***Part 4: Psychological support and social reintegration***

Psychological support services are limited in Ethiopia and are mostly provided by non-governmental organizations.

Consultative forums to address the issue of accessibility for people with disabilities have been conducted together with disability-focused sensitization programmes on national radio.

There are several organisations of and for persons with disabilities including the Ethiopian Federation of Persons with Disabilities, the Ethiopian National Association of the Blind, the Ethiopian National Association of the Deaf, and the Ethiopian National Association of the Physically Handicapped.

The capacity of Disabled Person's Organizations (DPOs) to be a voice for persons with disabilities is weak.

The existing special needs education services for children with disabilities are provided by the government or non-governmental organisations. However, it is estimated that less than one percent of children with disabilities have access to education. In 2006, there were 17 special needs education schools, including 11 run by NGOs. All are under-resourced. There are over 30 organizations promoting inclusive education or supporting students with disabilities to study in ordinary schools. Coordination of a needs assessment, data collection and cooperation is needed to obtain a comprehensive picture of special needs and inclusive education development in Ethiopia.

In May 2006, the Ministry of Education (MoE) launched the "Special Needs Education Program Strategy" which aims at ensuring access and quality for all students including marginalized children and children with special educational needs. Aims of the strategy include: develop and implement guidelines for curriculum modification and support system development; facilitate the participation of learners with special needs in technical and vocational education and other higher education institutions; strengthen special needs education programmes in teacher education institutions; and improve the supply of trained manpower and appropriate materials to schools and other learning institutions. The strategy was developed in collaboration with representatives of associations of people with disabilities, teachers working in special classes and schools, regional education bureau heads, and special needs education experts.

The MoE works closely with the Ethiopian Federation of Persons with Disabilities on implementation of the strategy. All teachers receive an introductory course on the special needs of children with disabilities.

In April 2007, the MoE released the “Directory of Special Needs Education services, equipment and materials” to provide information specific to services available for children with disabilities throughout the countries, including education, rehabilitation and other support services.

**Objectives @ November 2005:**

- Improve access to psychosocial counselling for landmine/UXO survivors.

***Part 5: Economic reintegration***

In 2004, it was estimated that 39.3 percent of the population in rural areas and 35.1 percent in urban areas lives below the poverty line. A 1995 survey on disability in the country reported that 60 percent of persons with disabilities were unemployed or self-employed in rural areas in occupations such as agriculture, animal husbandry or forest activities.

MoLSA and the Ministry of Trade and Industry are working in collaboration with the International Labour Organisation (ILO) to strengthen the implementation of legislation to provide equal opportunities for persons with disabilities. ILO is supporting programmes through DPOs and women’s associations to enable persons with disabilities, particularly women, to become economically sustainable through entrepreneurship. The ILO programme includes six components: entrepreneurship development; facilitation of access to finance; strengthening access to markets; skills development for women; strengthening the capacity of implementing partners; and support to MoLSA for policy development.

**Objectives @ November 2005:**

- Improve access to economic assistance, formal education and vocation training for landmine/UXO survivors.
- Establish and strengthen vocational training centers for mine survivors and other persons with disabilities.



## ***Part 6: Laws and public policies***

The constitution of the Federal Democratic Republic of Ethiopia, Proclamation No. 1/1995, guarantees the rights of persons with disabilities in a manner compatible with the rights of all citizens.

Article 25 guarantees the equality of all persons before the law without discrimination. Article 41.2 gives every citizen the right to choose their vocation, work and profession. Article 41.3 gives the right to equal access to state funded social services. Article 41.4 requires that the State shall allocate progressively increasing funds for access to health, education and other social services. Article 41.5 asserts that the State shall, “within available means”, provide resources to care for and rehabilitate people with physical and intellectual disabilities. Article 41.6 and 41.7 requires that the State formulate policies to create employment for the poor and unemployed and expand the opportunities for employment.

The principal disability law that relates to landmine survivors is Proclamation No. 101/1994, the Right of Persons with Disabilities to Employment. The Proclamation aims to protect and promote the rights of persons with disabilities to appropriate training, employment opportunities and salary, and to prevent any workplace discrimination. Although quotas on the employment of persons with disabilities exist under the legislation, these regulations have not been implemented. Proclamation No. 101/1994 was revised in 2008 under Proclamation 568/2008.

Directives and circulars are distributed to alert employers and civil service institutes to react positively to job seekers and professionals with a disability.

Civil servants with a disability receive a pension. To qualify for the disability pension applicants must be incapable of normal gainful employment and have previously had a minimum of 10 years of service and contributions. Permanent disability benefits are based on 30 percent of the average monthly salary during the last 3 years.

Ethiopia ratified the 1983 International Labour Organization (ILO) Convention 159 on Vocational Rehabilitation and Employment (Disabled Persons) on 28 January 1991.

The November 1996 Developmental Social Welfare Policy recognizes the rights and dignity of people with disabilities. The policy aims to facilitate the means and conditions, which will enable persons with disabilities to become full participants and beneficiaries of equal opportunities in the socioeconomic development of the country and become self-supportive and self-reliant members of the society. The policy aims to create mechanisms by which persons with disabilities will receive appropriate health care, social services, assistive devices, other rehabilitation services, education, skill training, and other support services.

The existing Developmental Social Welfare Policy is under review to more adequately address issues of disability and rehabilitation.

The June 1999 National Programme of Action Concerning Rehabilitation of Persons with Disabilities was prepared on the basis of the Developmental Social Welfare Policy and the UN Standard Rules for Equalization of Opportunities for Persons with Disabilities. The Programme focuses on promoting equalization of opportunities including through physical and vocational rehabilitation and the promotion of community based rehabilitation services.

The WHO is collaborating with all relevant stakeholders in the field of disability and rehabilitation with the aim of strengthening efforts to expand Community Based Rehabilitation (CBR) implementation in Ethiopia. A national ad-hoc committee has been set up to coordinate CBR programmes.

Ethiopia also adheres to the Continental Plan of Action for the African Decade of Persons with Disabilities (1999-2009) which focuses on the empowerment and equalization of opportunities for people with disabilities.

Messages that develop the self reliance of survivors and that create behavioural change in the attitudes of the public are continuously disseminated in the public media including for those with hearing problem.

Ethiopia's Plan for Accelerated and Sustained Development to End Poverty (PASDEP) is the guiding strategic framework for the five-year period 2005/06-2009/10 and includes the provision of a safety net for persons in vulnerable situations who cannot work, including persons with disabilities.

Ethiopia signed the Convention on the Rights of Persons with Disabilities in March 2007. An inter-ministerial committee has been established to

coordinate implementation of the Convention. However, the Federal Government has to work more closely with regional counterparts to ensure a true national implementation of the Convention after it is ratified.

UNICEF has commissioned a study to review national disability policy, legislative frameworks, and programmes versus the reality on the ground. The project will also assess the extent of inclusion of disability in international and national conventions, legislation, policies, strategies and national plans of action in Ethiopia.

**Objectives @ November 2005:**

- Protect and promote the rights of landmine survivors and other people with disabilities.
- Update and enforce existing laws and regulations in favour of mine survivors and other people with disabilities.
- Develop new rules and regulations insuring better access to education, health services, job opportunities, buildings, residential areas, transportation services, and media services for mine survivors and other persons with disabilities.
- Protect the disabled against any discrimination and stigmatization.
- Develop a strategic plan for mine victim assistance with interagency/organizational cooperation.

- ***Major Challenges***

- Lack of Human resource to coordinate an inter-ministerial initiative
- Disability is Not getting due attention. (Not in the list of priority Agenda)
- Disability is Not mainstreamed
- Lack of capacity in the Regional Labour and Social Affairs Bureaux.