Ethiopia’s Compliance with the Convention on the Rights of Persons with Disabilities

Submitted by The Advocates for Human Rights
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The Advocates for Human Rights (The Advocates) is a volunteer-based non-governmental organization committed to the impartial promotion and protection of international human rights standards and the rule of law. Established in 1983, The Advocates conducts a range of programs to promote human rights in the United States and around the world, including monitoring and fact finding, direct legal representation, education and training, and publications. The Advocates has worked extensively with members of the Ethiopian diaspora, both in the context of asylum and other immigration proceedings, and for purposes of documenting human rights conditions in Ethiopia.
EXECUTIVE SUMMARY

1. Restrictions on civil society organizations working on human rights in Ethiopia have impeded their ability to engage with international human rights mechanisms. The Ethiopian diaspora has therefore attempted to fill this gap by gathering information and providing it to those mechanisms. This report, while not comprehensive, contains information gathered from multiple primary sources both on the ground in Ethiopia and in the diaspora, as well as from secondary source research.

2. This report describes and offers suggested recommendations to address several problems concerning Ethiopia’s obligations under the Convention on the Rights of Persons with Disabilities. It is organized following the structure of the list of issues prepared by the Committee on the Rights of Persons with Disabilities and addresses the following points:
   - The 2009 Charities and Societies Proclamation sharply constrains civil society in Ethiopia.
   - Children with disabilities face violence, exploitation, and sexual abuse.
   - Government efforts to make physical infrastructure accessible have focused on new buildings and have largely neglected existing buildings.
   - Infanticide of children with disabilities is still practiced in some areas of Ethiopia.
   - History demonstrates that government opponents who have physical disabilities are subject to torture and cruel, inhuman, and degrading treatment while in detention.
   - Children with disabilities face substantial barriers in accessing their right to education.
   - People with disabilities face several barriers in accessing health care.
   - Gaps in the law make people with disabilities vulnerable to employment discrimination.
   - Children with disabilities who have been abandoned by a parent do not receive financial support from the government.
   - The government underreports the number of people with disabilities.

3. At the time this report was finalized, the Ethiopian Government’s response to the Committee’s list of issues had not been published on the Committee’s website.

Articles 1–4: Purpose and general obligations

4. The 2009 Charities and Societies Proclamation (CSP) constrains the legal landscape for Ethiopian NGOs—particularly human rights NGOs. The Committee requests that the Ethiopian Government explain the “effect on funding charities of the restrictions to donor funding of disability rights work in Ethiopia” and whether “the State party [funds] organizations of persons with disabilities directly.”

The CSP stifles non-governmental work, particularly by organizations seeking to provide legal aid or to work on human rights. It limits the activities of civil society

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by interfering with the exercise of freedom of association and the right to assemble freely with others and by requiring NGOs to not raise more than 10% of their funding from foreign sources. The U.S. State Department reports that the CSP continues “to affect negatively several domestic associations, such as the Ethiopian National Association of the Blind, the Ethiopian National Association of the Deaf, and the Ethiopian National Association of the Physically Handicapped, as it did other civil society organizations.”

5. Through the CSP, the Ethiopian Government prohibits foreign NGOs from working on FGM prevention and awareness efforts or even reporting the prevalence of FGM. One educator reports that “[t]he Ethiopian government has made it illegal for any outside [NGO] to work in the field of female genital mutilation. Which means that if any projects are done (or reports are made) by an NGO regarding FGM in Ethiopia [of which] the government doesn’t approve, [the Government has] the right to stop all actions of the NGO and/or force them to leave.”

6. Other UN bodies have criticized the CSP, including the Committee against Torture, the Committee on the Elimination of Racial Discrimination, the Committee on the Elimination of Discrimination against Women, the Human Rights Committee, and the Committee on Economic, Social and Cultural Rights, and the Committee on the Rights of the Child.

7. Most recently, the Committee on the Rights of the Child commented in its 2015 Concluding Observations that it “is seriously concerned at the highly restrictive environment for non-governmental organizations and civil society organizations through the imposition of administrative barriers to registration, low thresholds of foreign financial support for local non-governmental organizations, and the strict delimitation of authorized activities for international non-governmental organizations by prohibiting their involvement in numerous areas” and strongly recommended that the Ethiopian Government rescind the CSP.


3 Id., ¶¶ 64–75.
5 Email Correspondence No. 1, June 27, 2014 (on file with The Advocates for Human Rights).
6 Committee Against Torture, Concluding Observations of the Committee Against Torture: Ethiopia, UN Doc. CAT/C/ETH/CO/1, (Jan. 20, 2011), ¶ 34.
12 Ibid.
Article 7: Children with disabilities / Article 16: Freedom from exploitation, violence and abuse

8. **Children with disabilities face violence, exploitation, and sexual abuse.** The Committee asks the Ethiopian Government to elaborate on measures taken to reduce and prevent violence, exploitation, and abuse against persons with disabilities, particularly women and girls with disabilities. The Ethiopian Government’s periodic report states that the government has made efforts to decrease violence toward persons with disabilities by increasing punishment for serious offenses such as abduction. These efforts, however, do not protect people with disabilities who face violence or sexual abuse at schools or in the community. An educator who works with children with disabilities reports that “children with disabilities are often sexually abused, with the abusers not being prosecuted, despite the general community being aware of the abuse. Even when the children are brave enough to report the abuse, adults in the community (parents, teachers, health workers) do not pursue any legal action.” She reports that in one community, “a deaf man was repeatedly raping young deaf children. The local community and his wife were well aware of the abuse, but no action has been taken. They are reportedly afraid of the man since he owns a pistol and knows martial arts.” Girls with disabilities are more likely to suffer physical and sexual abuse than girls without disabilities; 33% of girls with disabilities who have sexual experience report having experienced forced sex. The 2010 Population Council Young Adult Survey shows that approximately 6% of boys with disabilities had been beaten in the three months prior to the survey, compared with 2% of boys without disabilities.

Article 9: Accessibility

9. **The Government’s efforts to promote physical accessibility to buildings have been minimal.** The Committee requests the Ethiopian Government to provide information on the development of a strategy to put into practice the laws, regulations, and directives on the accessibility of buildings. The Ethiopian Government’s report to the Committee states that practical and legislative measures have been taken to increase accessibility, resulting in the creation of various policies that came into force in 2011. These policies are not implemented effectively. The U.S. State Department reports that specific regulations that define the accessibility standards for persons with physical disabilities were not adopted. The Government of Ethiopia focuses more on ensuring new buildings are up to code than updating old ones. The State Department reports that in general, public buildings are not

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13 List of Issues, supra note 1, ¶ 17.
15 Email correspondence with person who had recently worked with children with disabilities in Ethiopia, June 25 & 26, 2014 (on file with The Advocates for Human Rights).
16 Ibid.
17 U.S. Department of State, supra note 4.
18 Ibid.
19 List of Issues, supra note 1, ¶ 10.
21 U.S. Department of State, supra note 4.
accessible to individuals with disabilities. The overwhelming majority of facilities remain inaccessible for people with disabilities. According to one educator, “Schools, police stations, [and] clinics, for example, do not have ramps for wheelchairs, handrails for those with walking impairments, accessible bathrooms, or staff who are comfortable working with people with disabilities.” In one university, there is no appropriate building or classroom access for students with physical disabilities. The university has made little effort made to make its infrastructure more accessible to students with disabilities; for example, dormitories are built far away from the school buildings.

Article 10: Right to life

10. **Infanticide of children with disabilities still occurs in Ethiopia.** The U.S. State Department reports that the practice of infanticide of children with disabilities happens in remote tribal areas of Ethiopia, particularly South Omo.

Article 15: Freedom from torture or cruel, inhuman or degrading treatment or punishment

11. **People with disabilities who criticize the government are subject to torture in prison.** Detainees who are accused of criticizing the government are sometimes subject to torture and cruel, inhuman, or degrading treatment or punishment, and in some cases they are reluctant to report such abuse. The U.S. State Department notes “reports [that] prisoners mistreated by prison guards did not have access to prison administrations to complain,” and that “[p]rison officials . . . denied access to prisoners by civil society representatives and family members, including access to individuals detained in undisclosed locations.” Occasionally, reports surface of people with disabilities being mistreated in prison. For example, a member of the Oromo ethnic group who had a paralyzed leg due to Polio and used crutches was arrested and detained for participating in student protests against the government at Addis Ababa University in 2004. He wrote several letters to a friend describing his treatment in prison. He wrote that he was electrocuted daily and his captors regularly took advantage of his disability to cause increased pain. He was denied food and drink for three days and left unconscious at times. His interrogators made a practice of taking his crutches, throwing them outside, then ordering him to retrieve them, laughing as he had to crawl to get them back. “They took my disability as a fun, mocking me,” he wrote. Guards gave him a bucket to use as a toilet, but they did not

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24 Email communication, *supra* note 15.
25 Ibid.
29 Ibid.
30 Ibid.
31 Email communication with friend of the victim, including a translation of the victim’s last two letters (Apr. 24, 2016) (on file with The Advocates for Human Rights).
32 Ibid.
collect and empty it. After the guards threatened him for not emptying the bucket, he tried to carry it hanging from his neck, but he fell and soiled himself and the room. He reported, “They forced me to clean the floor crawling like a baby.”

Through continued use of torture and humiliation they forced him to sign a confession and incriminate other protestors. Prison guards later shot him multiple times when he was in his bed, on the pretext that he had attempted to escape. He died from his injuries.

Article 24: Education

12. **Children with disabilities are denied their right to education.** The Committee requests the Ethiopian Government to describe currently existing support systems that allow children with disabilities to effectively access education in inclusive settings. The Ethiopian Government, in its report to the Committee, states that it has taken strategy and policy initiatives that have increased the number of disabled children going to school. These include a “detailed directive circulated among regional states for implementation,” affirmative action directives, and “disability-specific provisions in the higher education proclamation and the technical and vocational training draft legislation.” Yet the Committee on the Rights of the Child in its 2015 Concluding Observations expressed concern “at the fact that the vast majority of children with disabilities are deprived of education and face obstacles in accessing appropriate social and healthcare services.” The U.S. State Department, citing the 2010 Population Council Young Adult Survey, reports that “girls with disabilities are less likely than boys to be in school: 23 percent of girls with disabilities were in school, compared with 48 percent of girls and 55 percent of boys without disabilities. Overall, 48 percent of young persons with disabilities surveyed reported not going to school due to their disability.”

Figures from other sources paint an even starker picture. An educator who works with children with disabilities in Ethiopia recently observed that “children with disabilities are typically kept inside the home and do not attend school. . . . One baseline survey from an NGO found that only 2% of children with disabilities attend school.” A school of 3,000 students typically has only one or two students with disabilities, and those disabilities are typically minor physical birth defects.

13. Several factors contribute to the absence of children with disabilities in schools. First, parents “can often contribute to poor or nonexistent school attendance, as they typically share the attitude that children with disabilities cannot learn.” Second, “few teachers in the country are trained or are willing to work with students with

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33 Ibid.
34 Ibid.
35 Ibid.
36 Ibid.
37 *List of Issues, supra* note 1, ¶ 22.
41 Email communication, *supra* note 15.
42 Ibid.
43 Ibid.
disabilities,” due to the misperception that “children with disabilities [are] unable to
learn or ‘dumb,’ as they are often called.”

Third, schools that provide special accommodations for children with disabilities are few and far in between; according to an Ethiopian university student, “there is only one school for mentally [disabled] students in the country and only a few students are enrolled . . . all the remaining students are ostracized from education.” In one university, there are no teaching or learning materials to supplement mainstream education for students with different learning needs. The government provides some television programming with sign language interpretation. Yet most people in Ethiopia do not have access to television, and few deaf children receive sign language instruction. Schools that provide services for children who are deaf are not widely available, and those schools typically rely on external sources of funding.

Article 25: Health

14. **Ethiopians with disabilities do not have non-discriminatory access to healthcare.** The Committee asks the Ethiopian Government to indicate measures adopted to ensure provision of health services across the territory and conduct regular training for medical staff on the rights of persons with disabilities. Physical access to health care providers is difficult in the first place: the Ministry of Health’s standards do not apply to the needs of persons with disabilities; services are not communicated to reach those with sensory disabilities. If persons with disabilities find and access a provider, they may find it difficult to communicate with doctors about their health concerns unless they have the help of strong familial support. Participants in a survey report that doctors are not able to understand their feelings well, and they often get into disagreements over such miscommunication. They also report that health service providers do not take all types of disabilities into consideration.

15. **Persons with disabilities face healthcare discrimination based on political opinion.** The kebele is the lowest administrative organ in Ethiopia, governing districts of about three to five thousand people each. Kebele officials are political appointees, chosen to support the current government. They determine eligibility for food assistance, recommend referrals to secondary health care and schools, and help provide access to state-distributed resources such as fertilizers and other essential

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44 Ibid.
45 Electronic Communication, supra note 26.
46 Ibid.
47 Ethiopia State Party Report, supra note 14, ¶ 33.
48 Email communication, supra note 15.
49 Ibid.
50 List of Issues, supra note 1, ¶ 24.
52 Ibid.
53 Ibid.
54 Ibid.
55 Interview with Ethiopian in the diaspora (April 25, 2016) (on file with The Advocates for Human Rights).
agricultural inputs. Individuals, including people with disabilities, who are perceived by these officials to oppose the party that controls the government or to participate in opposition parties, are denied services, including referral notes for secondary health care in hospitals.

Article 27: Work and employment

16. Ethiopia’s Labor Proclamation legislation does not protect Ethiopian persons with disabilities. The legislation allows disability to be a ground for job termination; it does not allow for direct entitlement to protection against discrimination and termination. It does not impose reasonable accommodation requirements on employers who have employees in job posts that are incompatible with the nature of their disability.

17. Employment discrimination is still prevalent in private enterprises across Ethiopia. One Ethiopian source reports that the laws against discrimination based on disability in the employment sphere are “limited to civil service institutions,” and are nonexistent in private institutions. According to this source, the Government does not “take any measure against private institutions” when they discriminate against employees or job applicants with disabilities.

18. Most people with disabilities are not integrated into the workforce. According to the International Labour Organization, many people with disabilities in Ethiopia “depend on family support and begging for their livelihoods. A study in Oromia region, for instance, found that 55 per cent of the surveyed persons with disabilities depend on family, neighbours and friends for their living, while the rest generate meagre income through self-employment, begging and providing house maid services.”

Article 28: Adequate standard of living and social protection

19. Children with disabilities who face parental abandonment do not receive financial support from the Government. The Committee requested “information on the number of households containing persons with disabilities who receive either social protection cash transfers or social cash transfers, and how assessments for disability are undertaken.” Most children with disabilities live in single-parent households. Due to the stigma associated with disabilities, when a mother gives birth to a child with a disability, the father typically leaves the family, thereby placing

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57 Ibid.
59 Ibid.
60 Electronic Communication, supra note 26.
61 Ibid.
63 List of Issues, supra note 1, ¶ 27.
“an even greater economic burden on the mother.”\textsuperscript{65} One NGO survey found that 80\% of fathers were not present in families who had a child with a disability.\textsuperscript{66} The Ethiopian Government’s report fails to address these concerns or the responsibility of the government to provide services and support to children with disabilities and their families to prevent abandonment or neglect.\textsuperscript{67}

**Article 31: Statistics and data collection**

**20. The Ethiopian Government underreports the number of disabled children.** The Committee requests the Ethiopian Government to explain steps being taken to attain more realistic statistics through the next census.\textsuperscript{68} The Committee on the Rights of the Child in its 2015 Concluding Observations noted its concern about the inadequacy of data collection of the population of people with disabilities.\textsuperscript{69} The Ethiopian Government reports, based on the 2007 census as well as data from 1984 and 1995, that “the prevalence of disability in the country ranges from 1.2\% to 5.48\%,” including 232,585 children.\textsuperscript{70} The World Bank and the World Health Organization jointly estimated in 2011 that 17.6\% of people in Ethiopia have a disability.\textsuperscript{71} Moreover, government estimates of the prevalence of disabilities among children in particular are likely to be inaccurate because severe social stigma in Ethiopia is likely to result in under-reporting.\textsuperscript{72}

**Suggested Recommendations**

- Repeal the Charities and Societies Proclamation and ensure that any civil society organization may conduct work on the human rights of persons with disabilities, regardless of sources of funding for that work; reduce administrative barriers to registration; and eliminate prohibitions on the involvement of international non-governmental organizations in the sphere of human rights.
- Partner with organizations of persons with disabilities and other civil society organizations to establish and undertake measures to promote the right of children with disabilities to be consulted in all matters concerning their lives.
- Design, implement, and fully fund a strategy to protect children with disabilities from exploitation, violence, and abuse. Ensure that the strategy includes prevention, legal remedies, and accessible services for victims.
- Ensure that programs and facilities that respond to gender-based violence are accessible for women and girls with disabilities.
- Adopt a strategy to combat stereotypes against children with disabilities within families and in society.

\textsuperscript{65} Ibid.
\textsuperscript{66} Ibid.
\textsuperscript{68} List of Issues, supra note 1, ¶ 29.
\textsuperscript{69} Committee on the Rights of the Child, Concluding Observations on the Combined Fourth and Fifth Periodic Reports of Ethiopia, supra note 11, ¶ 14.
\textsuperscript{70} Committee on the Rights of the Child, Fourth and fifth periodic reports of States parties due in 2001: Ethiopia, UN Doc. CRC/C/ETH/4-5, (May 18, 2012), ¶ 151.
\textsuperscript{71} International Labour Organization, supra note 62, at 1.
\textsuperscript{72} Email communication, supra note 15.
• Promulgate regulations that define accessibility standards for buildings to accommodate persons with physical disabilities—including penalties for non-compliance—and provide funding for retrofitting existing government buildings to make them more accessible.
• Step up investigations of and prosecutions for infanticide of children with disabilities in conjunction with current educational campaigns.
• Ensure that all people with disabilities who are in detention are housed in facilities with appropriate sanitary facilities.
• Ensure that prison officials who engage in torture or cruel, inhuman, or degrading treatment or punishment are held accountable and that victims of such treatment have access to remedies without danger of reprisal.
• Establish a campaign to identify children with disabilities who are not attending school and to raise awareness among parents of children with disabilities of the importance of sending their children to school.
• Ensure that all teachers receive appropriate training in inclusive education as well as support for working with children with disabilities.
• Prioritize inclusive, quality education for people with disabilities and ensure that educational institutions have adequate budgetary, technical, and personnel resources to provide such education.
• Ensure that all health-care facilities are accessible, provide appropriate support for people with disabilities who are communicating with health care providers, and ensure that kebele officials do not discriminate on the basis of political opinion when referring individuals for secondary health care in hospitals.
• Mandate that all employers provide reasonable accommodations for workers with disabilities and provide training and assistance to employers to ensure they are aware of this requirement and how to comply with it.
• Hold employers accountable for any conduct that amounts to discrimination against employees or job applicants with disabilities.
• Create financial incentives for integrating people with disabilities into the public and private sector work forces and provide appropriate training and support to people with disabilities who seek to enter the work force.
• Ensure that single-parent families with children with disabilities receive cash transfers from the government if the absent parent does not pay child support.
• Systematically collect, analyze, and disseminate data disaggregated by sex, age, disability, ethnic group, and geographic location across all sectors.
• Collaborate with organizations of persons with disabilities to put in place concrete measures to ensure that in the next census government officials accurately enumerate people with disabilities, including children.