

Draft joint submission
UN Country Team (UNCT) in Ethiopia

Universal Periodic Review of Ethiopia –Second Cycle
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Introduction

This report was prepared by the United Nations Country Team (UNCT) in Ethiopia. It is by no means exhaustive; due to space constraints, it highlights the main issues that the UNCT wishes to bring to the attention of the Human Rights Council.

Considering that it is the second cycle of review of Ethiopia, the methodology adopted by contributing UN agencies in Ethiopia (IOM, OHCHR, UNAIDS, UNDP, UNHCR, UNICEF, UN Women, and WHO) consisted of looking at the accepted recommendations by Ethiopia during the first cycle in 2009, where the UN agencies played specific roles to support, and providing information on their implementation from a perspective that outlines progress and challenges affecting the human rights situation in the country.

UPR Recommendation: Formulate a national plan of action on human rights

A National Human Rights Action Plan was prepared, and eventually adopted by Parliament in June 2013. The Plan aspires to respond to challenges in areas of civil, political, economic, social and cultural rights. The Plan was developed in a participatory manner with Government institutions at national level and civil society groups, although national human rights NGOs were not directly engaged. While implementation of the Plan is the primary responsibility of the Ethiopian Government, the Plan calls for wider partnership premised on collective but differentiated responsibility. The Plan does not announce any new policies; rather it elaborates on concrete actions to deepen implementation of existing policies and enhance coordination amongst the various actors who have a mandate to address human rights issues.

Although the Plan does not include all treaty bodies' recommendations, OHCHR has identified important measures that should be undertaken by national implementing partners to further improve the human rights situation in areas such as: the right to security for persons in conflict with the law, including their conditions of detention; the fight against human trafficking; the promotion of freedom of expression; improving access to quality health services; enhancing the quality of elementary education with improved enrollment of girls; extending outreach of social security programmes; and the protection and promotion of rights of vulnerable groups (such as women, children, elderly people, persons with disabilities, and persons living with HIV/AIDS).

UPR recommendation: Strengthen the Ethiopian Human Rights Commission (EHRC) and the Ombudsman to bring them in line with relevant standards such as the Paris Principles.

Prior to 2008, all the human rights institutions were only physically present in Addis Ababa without branch offices in the regions. By 2013, EHRC had opened six branches in the regions and 126 legal aid centres, and the Ethiopian Institute of Ombudsman (EIO) opened five branch offices. EIO branch

offices received a total of 6,091 complaints and consider that 85 % of the cases were resolved in 2012 alone. At the same time, its head office received a total of 30,857 cases and considered it was able to resolve 70% of the cases. The number of cases received by EIO showed a 300% increase above the target which the institution set for itself in 2012. On the other hand, EHRC branch offices received a total of 143 human rights complaints in the same period and consider they were able to resolve 87 % of the cases. Similarly, its head office received 192 complaints and considered it was able to resolve 88 % cases. EHRC significantly improved its performance in resolving cases from a mere 48% in 2011 to 88% in 2013. The centres have provided their services to 13,867 beneficiaries since the EHRC opened the regional branch offices; about 50% of these beneficiaries are women.

The EHRC initiated collaboration with academic and non-governmental institutions to bring justice closer to the people, especially to the indigent population. 102 legal aid centres have been opened and now different organizations are working in collaboration with the EHRC and the legal aid centres. The centres have rendered free legal service to over 7,872 citizens who could not afford to pay for such services.

These good results have been obtained despite institutional weaknesses identified in the functioning of the EHRC. A capacity assessment of the EHRC was conducted in August 2011 at the request of the EHRC, and with the support of the UNDP Regional Centre in South Africa, the Office of the High Commissioner for Human Rights in Geneva, and with the participation of the Network of African National Human Rights Institutions. The assessment results clearly demonstrate the need for continued institutional development of the EHRC. They show the need to strengthen staff capacities and competencies in their various areas of responsibilities. The assessment also revealed a significant challenge in the area of internal accountability, policy development, and strategic planning. Since the appointment of the Chief Commissioner, the EHRC is becoming more visible and has started tackling some human rights issues that are important in Ethiopia, notably women's issues, religious conflicts, and access to justice by the poor. There is also evidence of internal efforts to strengthen the EHRC. The EHRC, however, is still in need of continued technical and financial support to address key capacity issues.

The EHRC is currently under examination by the Inter-Coordinating Committee (ICC) of National Human Rights Institutions on its accreditation under the Paris Principles. Among the issues under discussion, the need to publish annual reports on the human rights situation in the country and to monitor important human rights developments, such as the adoption of the controversial Charities and Societies Proclamation and the anti-terrorism law, were highlighted by the ICC members. The accreditation process should be finalized by the end of 2013.

UPR recommendation: Consider the ratification of outstanding optional protocols and treaties, including the Optional Protocols of the following conventions; the Convention on Rights of Persons with Disabilities, the Convention against Torture, the Convention on the Rights of the Child (CRC), the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights. Undertake specific measures to ensure implementation of international treaties and continue reporting. Cooperate fully with UN special procedures, including addressing urgent appeals and receiving special rapporteurs.

Under the five-year multi-donor funded Democratic Institutions Programme (DIP), managed by UNDP from 2008-2012, a treaty reporting project was implemented with the EHRC. With the exception of CRC and CEDAW, the Government of Ethiopia's periodical reports under the human

rights instruments were either overdue or had never been submitted prior to DIP. In total, 19 treaty reports were overdue at the start of DIP in 2008. These reports were prepared and submitted during the first two years of DIP's support to the EHRC. With the support of DIP, Ethiopia fully fulfilled its reporting obligations to all international human rights treaty bodies that it is a signatory to, and institutionalized the process and mechanism to ensure regular submission of future reports. The project was finalized in 2012, with only one pending report - to the African Commission on Human and Peoples' Rights.

UNICEF collaborated with the Ministry of Women, Children and Youth Affairs (MoWCYA) for the ratification of the two Optional Protocols to the CRC. The Optional Protocol on the involvement of the Child in Armed Conflict was signed in 2012. The signing of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography, and the ratification of both Protocols as well as the Hague Convention on Inter-country Adoption, is pending.

Together with the ratification of the International Convention on the Rights of Persons with Disabilities in 2010, a National Plan of Action of Persons with Disabilities was established for the period from 2012-2021, under the leadership of the Ministry of Labour and Social Affairs and in consultation with civil society and UN organizations.

With UN Women's support, the Government of Ethiopia has taken important steps towards domesticating international commitments to gender equality and women's empowerment. This was achieved through the support provided to MoWCYA to submit its 6th and 7th report to the CEDAW Committee in July 2011 in New York. Since then, the Government under the leadership of MoWCYA has embarked on implementation of the recommendations of the CEDAW and popularization of the Convention. Training on the CEDAW follow-up action plan was conducted for zone sector bureau planners and women's affairs bureau heads in Benishangul-Gumuz, Amhara, Afar, Gambella and Somali regions of Ethiopia. During the training, detailed information on the concluding remarks of the CEDAW Committee was provided and clearly oriented recommendations on follow up were agreed upon. This in turn has brought about increased knowledge and understanding among experts on how to domesticate CEDAW effectively in the country. This foundational work will go a long way towards embedding a more comprehensive process of addressing international commitments to gender equality in national structures and systems.

UPR recommendation: Raise awareness about SGBV. Enact specific legislation and allocate additional resources to the Ministry of Women's Affairs, police and judiciary to address this issue. Ensure adequate resources are available to investigate cases of sexual abuse and exploitation and prosecute and impose adequate sentences for such crimes. Strengthen security in refugee camps to prevent sexual exploitation. Provide safe place and assistance to victims. Enhance efforts to overcome domestic violence. Continue expanding efforts to combat Female Genital Mutilation. Implement a comprehensive strategy to reduce discrimination.

UN Women has supported the Association for Women's Sanctuary and Development to establish a safe house that provides shelter, psycho-social support, income generation and legal aid services for women and girl survivors of violence in Adama, Ethiopia. In 2012, the safe house provided shelter to 148 women and girls for a minimum of three months each, and provided them with intensive counseling and medical care. The centre has also provided skills training in cooking, computer literacy, hairdressing, or sewing and embroidery to each survivor. In addition, UN Women has supported Ethiopian Orthodox Church to set up a shelter in Addis Ababa to host survivors of gender-

based violence. These survivors are woman refugees who have been sent to Addis Ababa for medical or psychosocial support through a referral system set up in the Dolo Ado refugee camps by UNHCR. The shelter hosts up to 32 individuals. In terms of raising awareness, by working with the Ethiopian Orthodox Church, it has been possible to improve community-based mechanisms for preventing and responding to gender-based violence against women and girls and supporting behavioral change among selected communities in Amhara Region. This was achieved by adapting a holistic approach and involving religious leaders, teachers, students, local authorities, and survivors of violence in a series of training courses.

UPR recommendation: Ensure that free and universal primary education is provided, and make efforts to improve literacy rate of girls and women. Improve the quality of education services.

Over the last two decades, Ethiopia has made commendable strides in progressively improving access to primary education. There is scope, however, to address further the education needs of children out of school and to reach localities where children have special needs. More focus also needs to be given to improving the quality of education, as the majority of Grade 4 students are not competent in literacy, numeracy and life skills.

In addition, evaluations supported by UNICEF in 2009 and beyond indicated girls are not benefiting to the same extent as boys when it comes to accessing to youth facilities, vocational training and university. There is a need for a budgeted plan of action to reduce these disparities. More needs to be done to clarify the actions needed to reduce education disparities in Afar and Somali regions in particular. There is a need to design and operationalize system for monitoring progress.

Refugees have access to education in camps and UNHCR's urban programme, although this access can be limited, especially at the secondary level, due to lack of funding to construct and staff the necessary facilities. The Administration for Refugee and Returnees Affairs (ARRA) manages the primary level education programme in most refugee camps. There could be greater integration between the education programme run by the ARRA and the Ministry of Education. Positive steps have been taken in this regard, including in areas such as teacher training, but this could be reinforced. The Government generously provides refugees access to universities on financial terms on a par with Ethiopian nationals. The Government pays 75% of university costs, with UNHCR paying the remaining 25%. The program began with Eritrean refugees and expanded last year to include other refugee nationalities. In mid-2013, some 89 refugee students graduated from various universities, out of a current group of 1,284.

UPR recommendation: Take measures to achieve timely registration of all births and improve the birth registration system. Strengthen measures to prevent recruitment of children in the armed forces. Enhance efforts on child mortality. Enhance measures to ensure the right of children to food. Address the causes of street children.

The absence of appropriate laws governing the establishment and operation of a conventional system of birth registration has contributed to the very low rate of birth registration in Ethiopia. Through consistent advocacy and technical assistance rendered to the Government, the Proclamation on Registration of Vital Events and National ID was enacted on 7 July 2012. The law designates the Ministry of Justice to lead and coordinate the establishment of appropriate institutional set up and

operationalization of civil registration at national level. Important developments, such as the formation of an inter-agency coordination platform, the setting up of a civil registration agency, and development of a national strategy have taken place since the adoption of the law. There is, however, a need to raise and allocate adequate resources, to support the full operationalization of the law on civil registration. The signing of the second Optional Protocol to the CRC in 2012 reinforces the Ethiopian Government's commitment in relation to laws governing enlistment and recruitment to the Defense Force and sets the minimum age for enlistment at 18.

With regard to refugee newborns, birth certificates are not issued; rather birth notifications are provided by ARRA or the health facility. While useful, these notifications do not carry the same legal weight as birth certificates.

In terms of child mortality, according to a new report issued by UNICEF, WHO and the World Bank Group, which examines trends in child mortality since 1990, the annual number of under-five deaths has fallen from 12.6 million in 1990 to 6.6 million in 2012. This means that the country has achieved the MDG 4 ahead of the 2015 deadline. Ethiopia's Minister of Health credits the turnaround to a mixture of targeted policies and the 38,000 health extension workers the Government has deployed throughout the country, trained, equipped and supported by UNICEF.

UPR recommendation: Consider developing a policy aimed at assisting and protecting internally displaced persons and refugees.

Ethiopia is State Party to the 1951 Convention relating to the Status of Refugees and its Protocol of 1967 with reservations. Ethiopia is also State Party to the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa. Ethiopia has ratified other key international and regional human rights conventions. Effective refugee protection is provided within a framework of national laws, notably the Refugee Proclamation of 2004, and the core international human rights conventions to which Ethiopia is Party. Ethiopia has signed the 2009 AU IDP Convention, but has not ratified it. Ethiopia is not a party to the 1954 Convention Relating to the Status of Stateless Persons or to the 1961 Convention on the Reduction of Statelessness.

As a result of the continued refugee arrivals into the country, Ethiopia hosts the second most refugees in Africa after Kenya. Currently the total number of refugees in Ethiopia stands at 415,000 persons, with the largest refugee group being Somali refugees at just above 240,000 persons, comprising almost 58% of the total refugee population. They are followed by Eritrean refugees (nearly 73,000 persons, comprising 18% of the total); South Sudanese refugees (just more than 62,000 persons, and approximately 15% of the total); and the Sudanese (just over 30,000 persons, about 7% of the total). Ethiopia also hosts an additional 4,200 refugees from other nationalities. Refugees are sheltered in 25 locations across the country in 8 regions. It is foreseen that Ethiopia will be receiving more refugees in the immediate future due to the continued instability and political turmoil in the region, in particular in Somalia and South Sudan, but also as a result of the situation in Eritrea.

A particular concern has been the continuous high arrivals of Eritrean unaccompanied minors (UAM) in the northern refugee camps in Tigray Region (arriving at a rate of 800-1000 UAMs/month). There are currently 1,000 children (ages 9-17) in "group care"; some 300 in kinship care or independent living; and over 300 in temporary accommodations at the main reception centre. The needs of these children far outstrip available resources, and durable solutions remain a matter of

concern. UNHCR is prepared to facilitate the return of young children (under 13 years of age) who wish to return to Eritrea, but this has proven difficult due to the Government of Eritrea's lack of ready willingness to accept returnees and to allow for their monitoring by independent bodies such as UNHCR and ICRC.

Government of Ethiopia has made reservations to the 1951 Refugee Convention with respect to local integration of refugees, including access to work permits and employment. While many refugees will work informally (in camps or urban settings), access to the formal employment market is prohibited. Ethiopia has a very high unemployment rate and is therefore concerned about additional labour seeking employment in the country. With regard to legal integration, the Ethiopian Proclamation on Ethiopian Nationality (Proclamation No. 378/2003) allows for the naturalization of any "foreigner" (non-Ethiopian) married to an Ethiopian national, with certain conditions attached (renunciation of current nationality, residence in Ethiopia for one year, etc). UNHCR has sought to pursue the naturalization of refugees married to Ethiopian nationals, with limited success to date. Voluntary repatriation is not a realistic solution for most refugees in Ethiopia at this time.

However, since 2009, Ethiopia introduced a new policy known as the "Out of Camp Policy". While the encampment policy remains applicable for the majority of refugees, there is an exception for an urban-based caseload and those, largely Eritrean refugees, benefiting from the Out of Camp Policy, and university students.

In 2009, UNHCR commissioned a study, through the University of Addis Ababa, to obtain a better understanding on the dimensions of statelessness in Ethiopia. Although the findings did not provide a comprehensive overview of statelessness in Ethiopia, the study triggered an initial discussion on the issue of statelessness with Government and other partners. UNHCR continues to include statelessness in its capacity building activities, trainings and overall programme.

In 2012, the University of Addis Ababa, the Government (through ARRA) and UNHCR embarked on an education programme on international protection and refugee law, targeting undergraduate students at the Faculty of Law and Good Governance. The programme is meant to enhance awareness raising and advocacy and impart specific knowledge on refugee protection. It is expected such educational interventions will further strengthen international protection concepts and the well-being of refugees.

Internally Displaced Persons (IDPs)

There are estimated to be 363,141 internally displaced persons (IDPs) in Ethiopia (as of June 2013¹), resulting from natural disasters, inter-ethnic conflict, and clashes between the military and liberation groups in different parts of the country. Ethiopia is a signatory to the 2009 IDP Kampala Convention, but has not yet ratified it. UNHCR conducted two training courses on the IDP Kampala Convention, to strengthen capacity building and knowledge on the protection concepts of IDPs. This engagement would culminate into the domestication of the law on IDPs and eventual formulation of a national IDP policy.

During floods or conflicts, household food reserves and/or crops yet to be harvested will most likely be destroyed and/or abandoned by IDPs. Floods create conditions supporting the spread of water borne

¹ Internal Displacement Monitoring Report, IOM, June 2013

disease. Water purification chemicals and oral dehydration salts are some of the urgent needs of IDPs. In addition, essential household assets and scholastic materials in schools are either destroyed by or lost to the flood waters or conflicts, thus emergency shelter and non-food items are also needed.

IOM is conducting studies to identify possibilities for durable solutions amongst protracted caseloads of IDPs, by either voluntary return to areas of origin if acceptable conditions exist, local integration, or settlement in areas other than those of origin.

UNHCR continues to lead the Protection Cluster for the internally displaced. The lack of a government counterpart and a national strategic framework for the internally displaced hampers targeted protection interventions, and well-tailored technical support.

UPR recommendation: Enhance measures to combat trafficking, particularly of women and children. Incorporate international standards into domestic legislation. Provide additional training for relevant authorities to enhance their capacity to investigate cases and prosecute offenders.

Human trafficking and smuggling of people are phenomena affecting significant numbers of members of communities in Ethiopia, both Ethiopians and refugees alike. Ethiopia is both a source and transit country, with people moving through basically three corridors: the eastern corridor (to Yemen and the Gulf States), the northern corridor (to Libya/Europe and Israel) and the southern corridor (to South Africa). Many individuals employing smugglers to facilitate their travel fall victim to human rights abuses, exploitation, and torture, sometimes resulting in death. The formation of a National Council on Human Trafficking in 2012, chaired by the Deputy Prime Minister, is a welcome and important step at the country level to respond to the situation of human trafficking and smuggling. It is understood that the National Council is developing a national strategy on the issue, but this has not yet been shared with UN/NGO partners. While the focus of the National Council is on the trafficking and smuggling of Ethiopian nationals, UNHCR would encourage the Government to ensure coordination of efforts addressing trafficking/smuggling of refugees as well.

Efforts to raise awareness on the existing situation of human trafficking and the perpetration of violence against women have been ongoing. Through UN Women's support, MoWCYA held a national symposium for all regional states on human trafficking to devise mechanisms on the effective utilization of legal provisions protecting women, youth and children affected by human trafficking. The symposium was held in Adama, Oromia Region, and all sectors were urged to develop action plans in their line of work.

UPR recommendation: Better educate security and law enforcement authorities at all levels about the basic rights of the citizens and enhance citizens' possibilities to make complaints about mistreatment by the authorities.

Following UN Women's support to the Ethiopian Police University College (EPUC) and Federal Police Commission (FPC)/Women Affairs Division, a gender audit/institutional assessment focusing on capacities of FPC & EPUC to mainstream gender issues in their policies and programmes was conducted. Based on the audit report, the EPUC curriculum was revised and 34 modules were modified to include gender issues. Apart from the revision of the curriculum, a standalone short term curriculum on "Policing in prevention and response to Gender-Based Violence (GBV)" was

developed and modules to deliver in-service training for police officers were developed. A Gender Resource Centre within the main library at the EPUC has also been set up as a reference for instructors and students. Several capacity building training courses on gender mainstreaming, policing in prevention and response to GBV, responsive budgeting, gender and leadership in justice, life skill with particular relation with GBV were conducted for 237 police officers.

UPR recommendation: Continue to improve the national health system to provide access to necessary health services, including maternal and child health services and intensify efforts to tackle the spread of HIV/AIDS and malaria.

Despite the significant increase in the potential health service coverage (PHSC), which is partly attributed to the increase in the construction of health facilities, deployment of health professionals, and improved supplies, service utilization remains low. Hence the country needs to address some serious challenges that the sector has faced, including improving quality of care, insufficient funding of the health sector, weak implementation capacity, high out-of-pocket expenditures, shortages of the required workforce (particularly medical doctors, midwives and anesthesiologists) and slow implementation of the new Health Management Information System.

Maternal and child health are among the country's priority health programmes, and strategies are being implemented to reduce maternal and child mortality. As mentioned earlier, Ethiopia achieved the MDG 4 with a significant reduction of under five and infant mortality. On the other hand, there has been no improvement in the maternal mortality rate (MMR) since 2005, which stands at 676/100,000 live births in 2010/2011. Appropriate strategies and resources should be put in place to improve the utilization of skilled care, availability of emergency obstetric and newborn care, postpartum visit and other related services.

Ethiopia has achieved significant progress towards meeting the targets for HIV. The Ethiopian Demographic Health Survey in 2011 indicates that HIV prevalence rate among the adult population is 1.5%. While HIV prevalence has remained at this level since 2005, Ethiopia is among the 21 countries in sub-Saharan African which registered declines in new infections in the last ten years. Antenatal surveillance data on HIV prevalence among 15 - 24 year old pregnant women also suggests a decline in prevalence from 12.4% in 2001 to 2.6% in 2009, a proxy indicator for declining incidence.

The decline in prevalence points to a combination of the rapid expansion of HIV counselling and testing sites, prevention of mother-to-child transmission (PMTCT), antiretroviral treatment services, increased awareness about HIV/AIDS, and the increase in psychosocial, educational and nutritional services provided for people living with HIV/AIDS. 2,881 fully operational sites offered HIV/AIDS counselling and testing, 1,901 sites provided PMTCT², and 866 sites provided antiretroviral treatment by June 2012.

² PMTCT :

- PMTCT services have expanded from 1,352 2009/10 to 1,901 sites June 2012 , 15,924 of those in need accessed PMTCT services in 2012 (42.5% coverage):
- High HIV transmission rate from mother to child remains a challenge: 13% rate of transmission at 6 weeks but 25% at the end of the breastfeeding period in 2012 (EPP/Spectrum 2012)

According to the Federal HIV/AIDS Prevention and Control Office (FHAPCO) programmatic data by the end of December 2012, 288,137 people living with HIV/AIDS were on ART³ (FHAPCO, GARPR 2013). However, only 43% of the expected eligible population needing PMTCT services received care and 86% of the estimated number of adults living with HIV/AIDS in need of treatment received ART in 2012 (FHAPCO, GARPR 2013). The coverage of children on ART is low at 23% at the end of 2012. Cascading the interventions from HIV testing to treatment and care largely remains inadequate. The fact that more than 30% of patients enrolled on ART have discontinued their treatment in some regions also underlines that follow-up of people identified as HIV positive needs to be improved.

While Ethiopia has registered a decline in new infections in the last ten years, the country needs to be vigilant and ensure effective prevention programmes reaching most at risk populations and comprehensive workplace programmes are implemented in large-scale developments, including road and trade schemes and commercial farms, to ensure new infections continue to decline. The recent adoption of the WHO 2010 adult and paediatric treatment guidelines and subsequent revision of national guidelines should lead to a reduction in morbidity and mortality levels. Improving access to prophylactic treatment for newborns should help to reduce the number of new paediatric infections. It is also crucial that the Government continues the delivery of ART and PMTCT services as it rolls out the 2010 treatment guidelines and option B+ for pregnant women.

While there is increasingly improving community attitudes to people living with HIV (PLWHIV), stigma and discrimination is still prevalent. A stigma index study in 2012 showed PLWHIV feel discriminated and stigmatized at family, community, and institutional levels. Types of discrimination include verbal, physical, losing jobs, denial/dismissal from school, and denial of dental care: 69% reported experiencing gossip, and 11% physical assault, thus highlighting the need for more effective efforts in challenging stigma and discrimination.

Tuberculosis (TB) was the third leading cause of hospital admissions and a leading cause of in-patient deaths in 2008-2009. The country has made significant progress in increasing the number of detected TB cases from 71,331 in 1999 to 153,194 in 2011. The management of MDR-TB continues to pose a challenge and the pace of expansion of MDR-TB diagnostic and management capacity is not adequate. Even though the Stop TB strategy is a key approach in the country, the pace of expansion of community TB care, TB control in the congregate settings and the monitoring system are other challenges that the country faces.

Malaria prevention and control interventions, including mass distribution of long-lasting insecticide-treated bed nets, scale up of indoor residual spraying (IRS), introduction of rapid diagnostics tests at community level and adoption of artemisinin-based combination therapies, have been scaled up since 2005, leading to reduction in the burden of the disease, on average, by about 50%. The country should be vigilant in addressing the development of vector resistance to recommended insecticides

³ ART

- Expansion of ART service from 743 (2010/11) to 866 sites by end of 2012
- People ever started ART increased from 150,136 (2007/08) to 379,190 (2011/12)
- 288,137 currently on ART end of 2012
- 86% coverage rate for adults by end of 2012 (CD4 less than 200)
- 23% coverage rate for children by end of 2012

for IRS and low mosquito net utilization rate; improve the availability of appropriate and quality data information; and ensure sustainability of funding.

UPR recommendation: Upgrade land and water resources to reduce long-term vulnerability to drought. Improve access to safe drinking water.

UNICEF has been active in the areas of community water supply, community sanitation and hygiene; school WASH; capacity building; and emergency WASH. With increasing urbanization, there is a need to expand activities in urban WASH to meet growing demand in urban areas with improved access to safe drinking water. There is also a need to upgrade land and water resources to reduce long-term vulnerability to drought with improve access to safe drinking water. There is a need to use environmental impact assessments as a tool to ensure environmental sustainability and enhance the understanding of policy-makers regarding child-specific vulnerabilities to climate change.
