SITUATION ANALYSIS OF CHILDREN AND WOMEN:
Gambella Region

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This briefing note covers several issues related to child well-being in Gambella Regional State. It builds on existing research and the inputs of UNICEF Ethiopia sections and partners.[1] It follows the structure of the Template Outline for Regional Situation Analyses.

[1] Most of the data included in this briefing note comes from the Ethiopia Demographic and Health Survey (EDHS), Household Consumption and Expenditure Survey (HCES), Education Statistics Annual Abstract (ESAA) and Welfare Monitoring Survey (WMS) so that a valid comparison can be made with the other regions of Ethiopia.

1 THE DEVELOPMENT CONTEXT

Western situated Gambella makes up a small region in terms of land mass and population. The region is sparsely populated, making up only 0.5 per cent of the total Ethiopian population (463,000 people). [2] The Gambella population is young: 12 per cent is between 0 and 4 years of age and 39 per cent is between 0 and 17 years of age. [3] The fertility rate is one of the lowest in the country, with a total fertility rate of 3.5 (women, aged 15-49) but it is rising. In 2014, it stood at 3. [4] The region is divided into three administrative zones (Anuak, Nuer and Majang), 12 woredas (districts) and one special woreda (Itang). The rural-urban divide is distinctive compared to the other regions of Ethiopia: 64 per cent of the population live in rural areas and 36 per cent live in urban areas. [5] Other regions have a much smaller urban population. The regional capital is also called Gambella, and is situated in the central part of the region. The federal government of Ethiopia has classified Gambella region as a Developing Regional State. [6]

> **“The federal government of Ethiopia has classified Gambella region as a Developing Regional State”**

Table 1: Total population and population of children under 5 years, Ethiopia and Gambella, 2019

Demographics	National	Gambella
Total population (2019 projection based on the 2007 Census, CSA)	98663,000	463,000
Total under-18 population (2019 projection based on 2007 Census, CSA)	44,714,454	181,084
Total under-5 population (2019 projection based on the 2007 Census, CSA)	13,605,728	53,779

A large part of the territory is made up of the protected Gambella national park, which is home to the Nuer and Anuak people. The Anuak mostly depend on agricultural production, while the Nuer are predominantly agro-pastoralists. There is historical tension between the Anuak and the Nuer. [7] There is a large presence of refugees from South Sudan in Gambella, almost equal in number to the host population. According to data from the UNHCR-Operational Portal on the 31 Dec 2019, there were 308,978 refugees in the region .[8]

2. 2019 projection based on the 2007 Census, Central Statistical Agency (CSA). The total fertility rate in Tigray region was 4.7 in 2016 (EDHS 2016).
3. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 16. See also World Bank World Development Indicators (WDI).
4. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, pp. 6 and 24.
5. Ibid., p. 3.
6. The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 3.
7. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 6.
8. The National Regional State of Tigrai, GTP II 2015/16–2019/20, pp. 4 and 5.

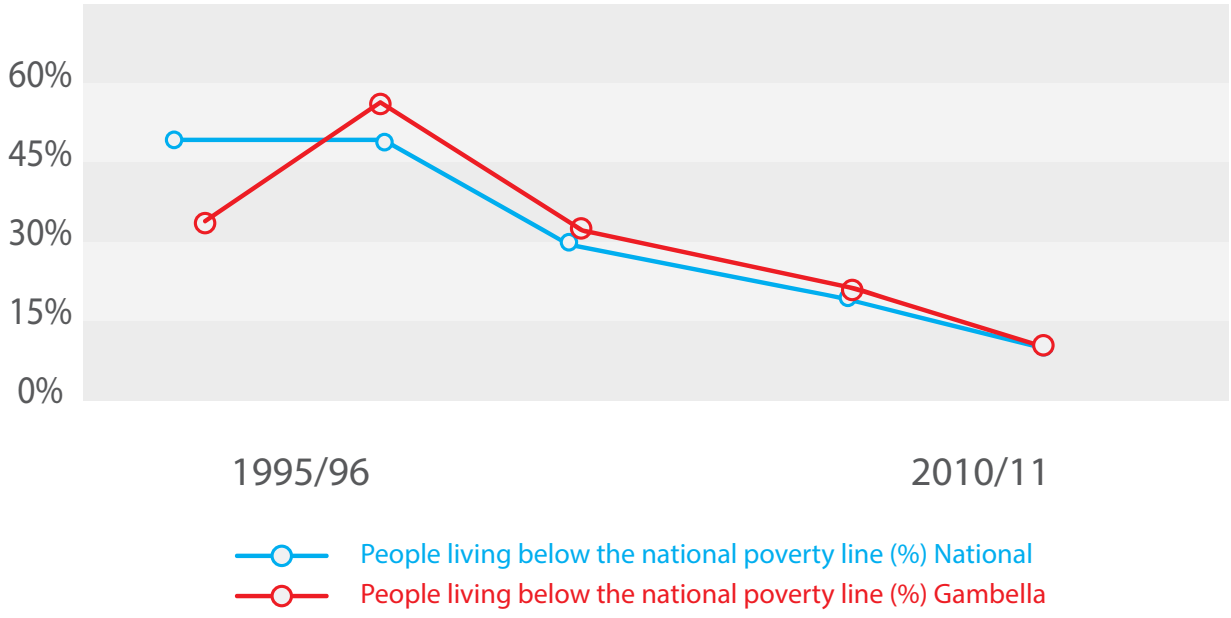
Gambella region is rich in resources and arable land. People mostly depend on subsistent farming, pasture, beekeeping and hunting. The products that are grown include cotton, coffee and mango, and fishing is an important source of income for many people. There are three major rivers (Akobo, Baro and Gilo) and various lakes, which provide the region with significant potential for irrigation-based agriculture, including both commercial and small-scale farming. There are also mineral fields, such as gold mines in the Dima woreda. The arable land makes Gambella region attractive to (foreign) investments in irrigation-based agriculture. These investments have resulted in the upgrading of traditional farming techniques and local employment. However, this has put pressure on water resources and nature preservation, and created competition for fertile land. Infrastructure, such as transport, communication and energy networks, remains poor.

2 POVERTY, DEPRIVATION AND VULNERABILITY

Since 1999/00, Gambella has demonstrated a consistent decline in monetary poverty, with an impressive 28-percentage-point decline (Figure 1 and Table 2). [9] The poverty headcount rate is 23 per cent, which is just below the national average. Like in other regions, rural poverty is higher than urban poverty: 26 per cent versus 17 per cent, respectively. [10] Between 2010/11 and 2015/16, Gambella has almost halved its urban poverty, from 31 per cent to 17 per cent. Gambella's urban population is relatively large, at 34 per cent.

There has been a very steep decrease in people living below the food poverty line, from 57 per cent in 1999/00 to 17 per cent in 2015/16. Gambella has the third lowest food poverty rate in the country, ranking third after Addis Ababa and Harar. [11] Rural food poverty is 19.4 per cent compared to an urban food poverty rate of 12.7 per cent. [12] Similar to monetary poverty, food poverty in urban areas saw an impressive decline of 18 percentage points between 2010/11 and 2015/16.

Figure 1: Trends in poverty headcount from 1995/96 to 2015/16, Ethiopia and Gambella. Source: HCES 1995/96, 1999/00 and 2004/05, HCES 2010/11 and 2015/16



9. Federal Democratic Republic of Ethiopia (FDRE), National Planning Commission, Ethiopia's Progress Towards Eradicating Poverty: An interim report on 2015/16 poverty analysis study, 2017, p. 21.
10. Ibid.
11. These regions are mostly urban.
12. FDRE, National Planning Commission, Ethiopia's Progress Towards Eradicating Poverty: An interim report on 2015/16 poverty analysis study, 2017, p. 22.

Table 2: Trends in monetary and food poverty, Ethiopia and Gambella, 1995/96–2015/16

Poverty	HCES	1995/96	1999/00	2004/05	2010/11	2015/16	SDG target (2030)
People living below the national poverty line (%)	National	45.5	44.2	38.7	29.6	23.5	11.8
	Gambella	34.3	50.5	*	32	23	11.5
People living below the food poverty line (%)	National	49.5	41.9	38	33.6	24.8	12.4
	Gambella	28.3	57.2	*	26	17.2	8.6

** The region was not included in the analysis of poverty data in 2004/05*

Gambella is ranked among the regions with lower multi-dimensional child deprivation (MCD) incidence, which is also below the national rate of 88 per cent. Nonetheless, the MCD rate is very high: 81 per cent of children under 18 years, or 138,090 in absolute numbers, are deprived of fulfilment of an average of four basic needs, services and rights (Figure 2). Given that MCD incidence and average deprivation intensity are below the national average, and that its population is smaller than other regions in Ethiopia, Gambella accounts for only 0.2 per cent of the total adjusted MCD index (M0) in Ethiopia, the second smallest contributor after Harar. The MCD rate among children under 5 years (80 per cent) is lower than the national average (89 per cent), as is that of children aged 5 to 17 years (81 per cent compared to 87 per cent, respectively) in 2016. Between 2011 and 2016, the MCD rate decreased by 6 percentage points, deprivation intensity decreased from the average of 4.4 to 4 out of 6 dimensions, and the adjusted MCD index decreased from 0.64 to 0.54 (Table 3).

Figure 2: Rate of MCD (3 to 6 deprivations) in Ethiopia by region, 2016. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

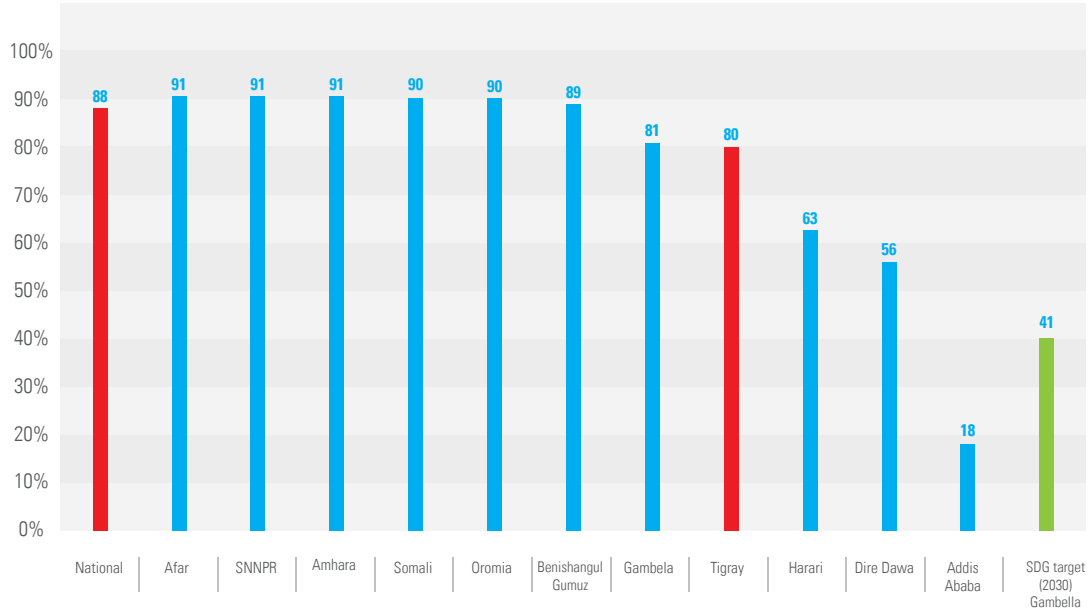


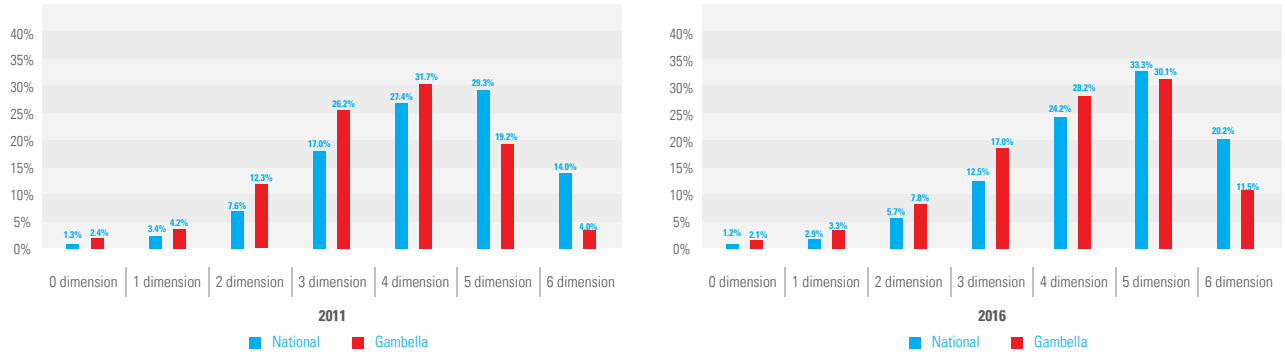
Figure 2: Rate of MCD (3 to 6 deprivations) in Ethiopia by region, 2016. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

MCD estimates in Ethiopia and Gambella using EDHS 2016 and 2011	MCD indices	MCD rate (H)		Average deprivation intensity		Adjusted MCD Index (M0)	
	EDHS (year)	2011	2016 (%)	2011	2016	2011	2016
Children under 5 years deprived in 3-6 dimensions	National	94	89	4.7	4.5	0.73	0.66
	Gambella	91	80	4.3	3.9	0.65	0.52
Children aged 5-17 years deprived in 3-6 dimensions	National	89	87	4.7	4.5	0.69	0.65
	Gambella	85	81	4.5	4	0.64	0.55
Children under 18 years deprived in 3-6 dimensions	National	90	88	4.7	4.5	0.7	0.65
	Gambella	87	81	4.4	4	0.64	0.54

Children residing in Gambella are less likely to be deprived of a higher number of deprivations than the national average, and this likelihood has decreased significantly since 2011. More than 2 per cent are not deprived in any of the six dimensions analysed, compared to 1.3 per cent of children across Ethiopia on average. In Gambella, 23 per cent of children under 18 are deprived of at least five basic needs or services, compared to 43 per cent of children across Ethiopia on average (Figure 3).

> **....23 per cent of children under 18 are deprived of at least five basic needs or services, compared to 43 per cent of children across Ethiopia on average**

Figure 3: Deprivation count and distribution, children under 18, Ethiopia and Gambella region, 2016 (left) and 2011 (right). Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

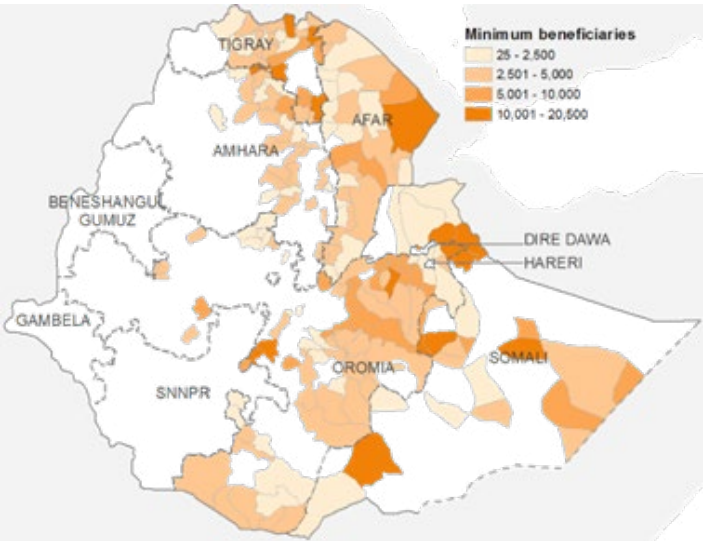


The largest contributors to MCD in Gambella among all children are deprivation in sanitation (87 per cent) and housing (86 per cent). Among children under 5 years, deprivation in nutrition (66 per cent) is the third largest driver of MCD incidence, while among 5- to 17-year-olds it is deprivation in information and participation, at 73 per cent (Table 4).

Table 4: Deprivation rates across dimensions of deprivation, by age groups. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

MCD	Single dimension deprivation in Gambella and Ethiopia, EDHS 2016 estimates						
Children under 5 years (%)	**Dimensions**	**Development (stunting)**	**Health**	**Nutrition**	**Water**	**Sanitation**	**Housing**
	National	38	68	73	59	90	90
	Gambella	23	59	66	27	87	85
Children aged 5-17 years (%)	**Dimensions**	**Education**	**Health-related knowledge**	**Information and participation**	**Water**	**Sanitation**	**Housing**
	National	50	69	66	56	89	88
	Gambella	33	66	73	27	89	85
Children under 18 years (%)	**Dimensions**	**Water**	**Sanitation**	**Housing**			
	National	57	90	89			
	Gambella	27	89	85			

Figure 4: Woredas with relief food needs at least nine times between 2013 and 2018. Source: UNOCHA, HRD Relief Food Beneficiary Analysis (2013-2018)



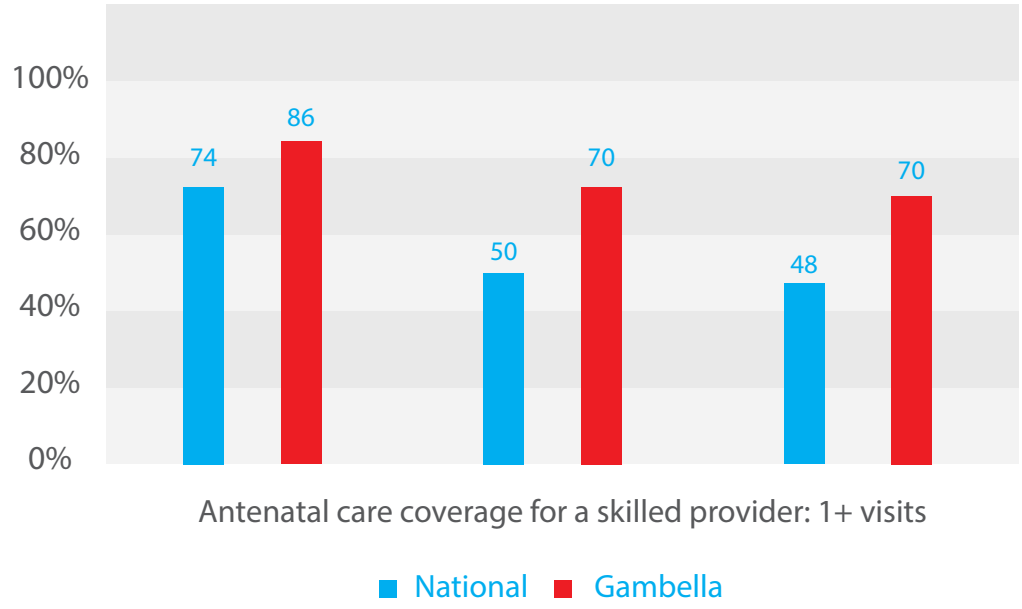
UNOCHA assessed that between 2016 and 2018, people in Gambella were food insecure (Figure 4), and a minimum of 28,966 people were relief food beneficiaries. [13] These people were either agro-pastoralists or crop farmers. [14] In this period, a severe El Niño-induced drought followed by an Indian Ocean Dipole-induced drought hit the Horn of Africa.

13. UNOCHA, HRD Relief Food Beneficiary Analysis (2013-2018).
14. Ibid.

3 NUTRITION, HEALTH AND SURVIVAL

The EDHS 2016 found that Gambella had made tremendous progress in maternal health indicators between 2011 and 2019. For example, the rate of pregnant women in Gambella who gave birth in the five years preceding the survey and received antenatal care during their pregnancy from a skilled health provider increased from 54 per cent in 2011 to 86 per cent in 2019, and now stands far above the national average of 74 per cent (Figure 5). The rate of skilled attendance during delivery increased from 27 per cent in 2011 to 70 per cent in 2019. [15] In 2016, 12 per cent of women in Gambella did not have any assistance during delivery. [16] The rate of women who delivered in a health facility increased from 28 per cent in 2011 to 70 per cent in 2019. [17] This rate is also well above the national average. [18]

Figure 5: Maternal health care in Ethiopia and Gambella region. Source: EDHS 2016



15. EDHS 2011, pp. 120-128 and EDHS 2019, p.14.
16. EDHS 2016, p. 150.
17. According to the EDHS 2016 and EDHS 2019, skilled providers include doctors, nurses, midwives, health officers and health extension workers. The EDHS 2000, 2005 and 2011 defined skilled providers as "doctors, nurses and midwives".
18. The EDHS did not publish MMR figures at the regional level.

Figure 6: Trends in early childhood mortality rates in Gambella, Ethiopia (deaths per 1,000 births in the 10 years preceding the survey). Source: EDHS 2000, 2005, 2011 and

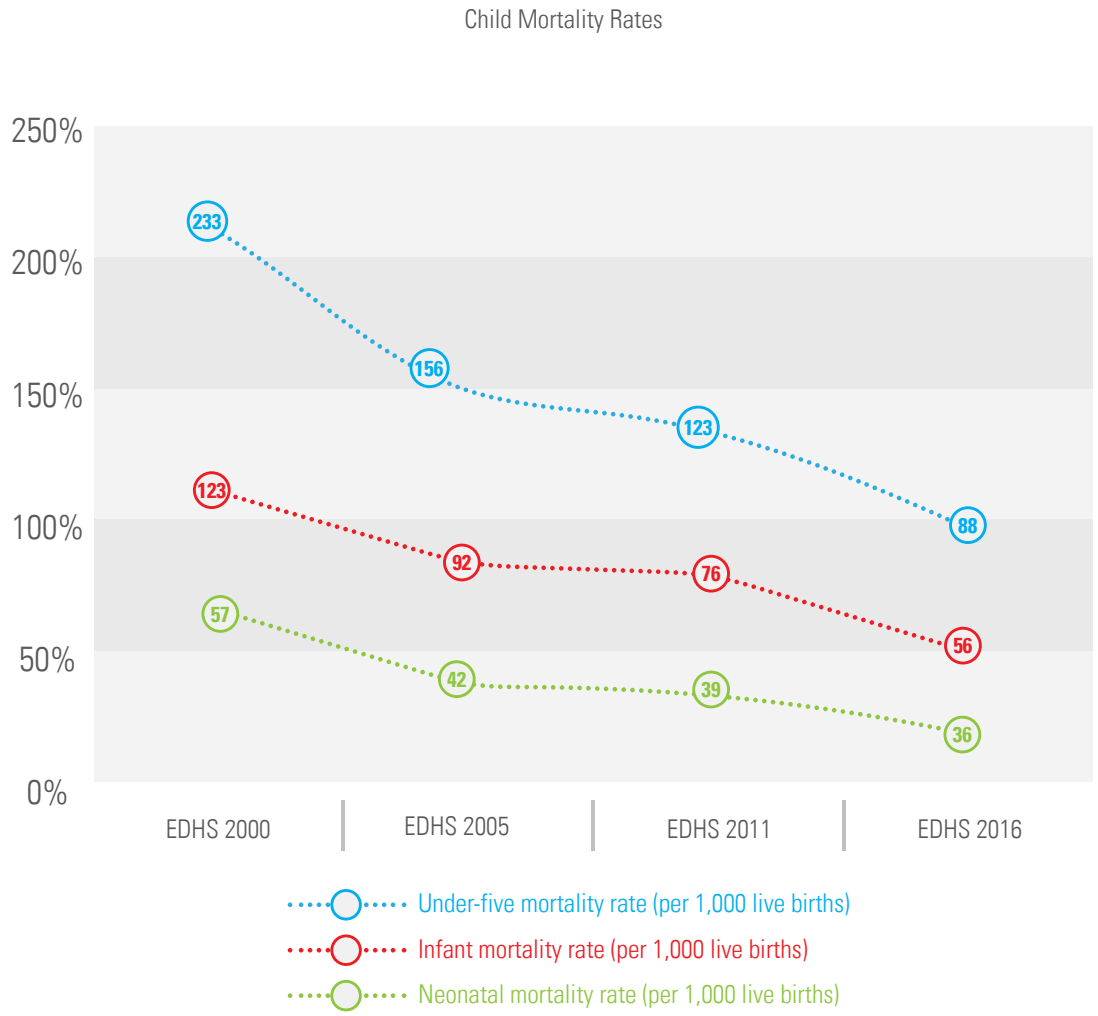


Table 5: Trends in child survival and maternal health, Ethiopia and Benishangul-Gumuz, 2000-2016

Figure 6 shows that the under-five mortality rate in Gambella has declined consistently over the years. In 2000, there were 233 deaths of children under 5 years children per 1,000 births. The region has managed to reduce this ratio to 88 deaths per 1,000 births, although it is still high. It must be highlighted however that despite this notable progress, the under-five mortality rate is still very high and above the national average. The infant mortality rate declined from 76 to 56 deaths per 1,000 births between 2011 and 2016, respectively. This is one of the lowest ratios in the country, albeit above the national average. Like most other regions, the neonatal mortality rate has not declined at the same pace. It declined from 39 to 36 deaths per 1,000 births between 2011 and 2016. For future improvement of the under-five mortality rate the focus should be on improving neonatal health. The full immunization rate stands at 41 per cent, slightly above the national average, but denotes remarkable progress since 2011 (Table 6).

The high rates of child mortality are partly caused by harmful living conditions and a high incidence of child morbidity. The rate of children under 5 years with diarrhoea is the highest in the country. Diarrhoea is a major cause of death of children under 5 years in Gambella, even though the rate reduced from 27 per cent in 2000 to 15 per cent in 2016. [19] The prevalence of acute respiratory infection used to be a highly concerning issue, however it declined from 21 per cent in 2000 to 4 per cent in 2016. The region is highly susceptible to malaria, which also leads to many child deaths. Gambella has managed to increase the rate of children with all basic vaccinations from 16 per cent in 2011 to 38 per cent in 2019. [20] Despite progress in maternal and child health in Gambella, health outcomes in the region are continuously threatened by recurrent emergencies. Factors such as the hot climate, poor hygiene and shortages of safe water during the dry season amplify the risk of epidemic diseases, such as acute respiratory infection, malaria and measles, relapsing fever, and water-borne diseases, for example acute watery diarrhoea.

Gambella faces a health problem with HIV, particularly in Dima and Abobo (awareness raising is necessary in these communities). The percentage of people (aged 15-49) who are infected with HIV is the highest in the country, at 4.8 per cent compared to a national average of 0.9 per cent. This rate is much lower among the younger population, at 1.3 per cent, however it is the highest rate in the country. Between 2011 and 2016, the HIV prevalence of girls/women has fallen from 9 per cent to 1.7 per cent. In contrast, the HIV prevalence of their male counterparts has increased from 0.2 per cent to 0.9 per cent. About 32 per cent of pregnant women are tested for HIV during antenatal care and receive results and post-test counselling, [21] while 11 per cent of children (aged 0-14) are tested for HIV. [22]

19. EDHS 2016, p. 180.
20. EDHS 2019, p. 18
21. EDHS 2016, p. 240
22. EDHS 2016, p 247

One major problem is the low rate of children receiving antiretroviral therapy (ART). Most children living with HIV are not receiving treatment and these children are left behind. Ethiopia is a long way from its target of 85 per cent of children (aged 0-14) living with HIV on ART by 2020. [23] The issue was flagged by the government in the mid-term review of the HIV/AIDS Strategic Plan (2015-2020). [24] The Ministry of Health states that, "self-medication, shortage of money, perceived poor quality of health care are main reasons for not seeking health care services during illness". [25] In addition, stigma and discrimination, a lack of information on treatment, and the distance to health facilities may form barriers to parents seeking treatment for their children. There is an HIV/AIDS Strategic Plan and Prevention Roadmap, however its implementation in the region fails due to a lack of commitment, human resources and financial scarcity.

> **"...Stigma and discrimination, a lack of information on treatment, and the distance to health facilities may form barriers to parents seeking treatment for their children."**

Table 5: Trends in child survival and maternal health indicators, Ethiopia and Gambella region, 2000-2019

Maternal health	EDHS	2000	2005	2011	2016	2019	SDG target 2030
Antenatal care coverage from a skilled provider*: 1+ visits (%)	National	26.7	27.6	33.9	62.4	73.6	100
	Gambella	49.8	36.6	54.4	72.3	85.7	100
Skilled attendance during delivery (%)*	National	5.6	5.7	10	27.7	49.8	100
	Gambella	23.8	15.3	27.4	46.9	69.9	100
Child mortality	EDHS	2000	2005	2011	2016		SDG target 2030
Under-five mortality rate (per 1,000 live births)**	National	166	123	88	67		<25
	Gambella	233	156	123	88		<25
Infant mortality rate (per 1,000 live births)**	National	97	77	59	48		N/A
	Gambella	123	92	76	56		N/A

**Among women who had a live birth in the five years preceding the survey. According to the EDHS 2016, skilled providers include doctors, nurses, midwives, health officers and health extension workers. The EDHS 2000, 2005 and 2011 define skilled providers as "doctors, nurses and midwives".*
*** National figure is 5 years average, and regional figure is 10 years average.*

23. FDRE, HIV/AIDS Strategic Plan 2015-2020 in an Investment Case Approach, 2014, p. 47.
24. Ministry of Health and HIV/AIDS Prevention and Control Office (FHAPCO), Draft Report, Mid-Term Review of the HIV/AIDS Strategic Plan, "2015 – 2020 in an Investment Case Approach", and Baseline Assessment of Viral Hepatitis, 2018, pp. x and xi.
25. Ministry of Health, Health Service Utilization and Expenditure Survey among People Living with HIV (PLHIV) 2015/16, 2017, p. 43.
26. The wasting rate in 2005 and 2011 was 12 per cent and 13 per cent, respectively (EDHS 2005 and 2011).

Reducing stunting incidence has been relatively successful in Gambella. The stunting rate for children under 5 years of age in the region stands at 18 per cent, and is far below the national average (Figure 7). With the exception of Addis Ababa, Gambella has the lowest stunting rate in Ethiopia. The indicators on nutrition show that wasting and underweight in children under 5 remain a challenge in Gambella (Figure 7). The rate of children under 5 who are wasted is 13 per cent, which is the highest rate after Afar and Somali regions. The wasting rate has been increasing since 2005. [26] According to EDHS 2016, Children between 9 and 12 months of age are most likely to be wasted (48 per cent). Boys have a greater chance of being wasted than girls (18 per cent versus 10 per cent). Wealth is influential, with the rate of child wasting at 19 per cent in the poorest wealth quintiles and 11 per cent in the richest wealth quintiles. A mother's educational attainment also plays a role in the prevalence of child wasting. Incidence of wasting among children of mothers with no education is 19 per cent compared to 10 per cent for children of mothers who completed higher education. The prevalence of underweight in children under 5 years is 18 per cent IN 2019, and it is concerning that this rate has increased quickly, from 13 per cent in 2011. [27] The prevalence of anaemia a proxy indicator for iron deficiency among children under 5 years is 56 per cent. [28]

According to the 2016 EDHS, 95 per cent of children are ever breastfed (among last-born children born in the two years before the survey) and 67 per cent started breastfeeding within one hour of birth. Only 11 per cent of children aged 6-23 months in Gambella met the minimum acceptable dietary standards, and 14 per cent of children had an adequately diverse diet. About 57 per cent of children (aged 6-59 months) receive supplementation with Vitamin A, and 7 per cent are given iron supplements. [29] Poor availability of and access to diversified food, lack of access to fortified food and poor awareness on the importance of a diversified diet (cultural/knowledge) are among the major contributors to the high malnutrition rates. Limited access to basic sanitation and poor hygienic practices lead to childhood diseases, such as diarrhoea, which contributes to malnutrition. Other socio-economic and administrative factors contributing to under-nutrition include widespread poverty, limited employment opportunities, poor infrastructure, low education levels and inadequate access to clean water and sanitation. [30] Existing multi-sectoral coordination to reduce stunting is still inadequate. Coordination is weak due to a lack of awareness, frequent turnover of focal persons and management, lack of accountability and responsibility, and lack of nutrition structure in each of the signatory sectors. The nutrition management information system is also too weak to capture and analyse data and use it for decision-making.

27. EDHS 2011 and EDHS 2019.
28. Ibid., p. 210.
29. EDHS 2016, p. 211. Vitamin A supplements in the six months before the EDHS. Iron supplements in the seven days before the survey.
30. Ethiopia Situation Analysis for Transform Nutrition, Getahun 2001; Bhutta 2008.

Figure 7: Under-five child under-nutrition in Ethiopia

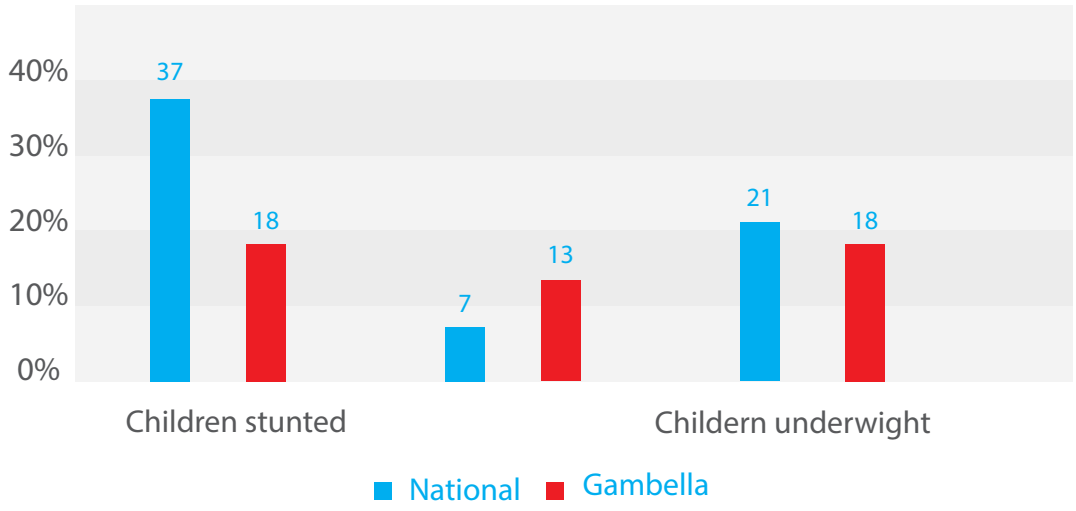


Table 6: Trends in child health and nutrition indicators, Ethiopia and Gambella, 2000-2016

Child health and nutrition	EDHS	2000 (%)	2005 (%)	2011 (%)	2016 (%)	2019 (%)	SDG target 2030/Global targets 2025 (%)
Full immunization (12-23 months)	National	14.3	20.4	24.3	38.5	43.1	100
	Gambella	10.8	15.9	15.5	41.1	38.3	100
Stunting prevalence ***	National	57.8	51.5	44.4	38.4	36.8	22.1
	Gambella	42.1	39.6	27.3	23.5	17.6	10.6
Wasting prevalence ***	National	12.9	12.4	9.7	9.9	7.2	<5
	Gambella	20.4	11.7	12.5	14.1	12.5	<5
Underweight prevalence ***	National	42.1	34.9	28.7	23.6	21.1	N/A
	Gambella	20.4	11.7	12.5	19.4	18.1	N/A
Prevalence of anaemia (6-59 months)	National	N/A	53.5	44.2	56.9		N/A
	Gambella	N/A	61.8	50.9	56.2		N/A

**** Converted to WHO standards*

Table 6: Trends in child health and nutrition indicators, Ethiopia and Gambella, 2000-2016

Improvements in nutritional and health outcomes among children under 5 years to increase their survival chances require a multi-sectoral approach and interventions. Analysis shows that 37 per cent of children under 5 years in Gambella are simultaneously deprived of nutrition, basic health services, and adequate sanitation. An additional 20 per cent are deprived of both nutrition and sanitation at the same time, while 14 per cent are deprived in health and sanitation. Only 3 per cent of children under 5 years in Gambella are not deprived in any of these three dimensions (Figure 8).

Overlap between physical development (stunting), health and nutrition shows that deprivation across sectors is interrelated: 11 per cent of children under 5 in Gambella are stunted and deprived of health and nutrition simultaneously. An additional 31 per cent are simultaneously deprived in health and nutrition, while 16 per cent of these children are not deprived in any of the three dimensions (Figure 9).

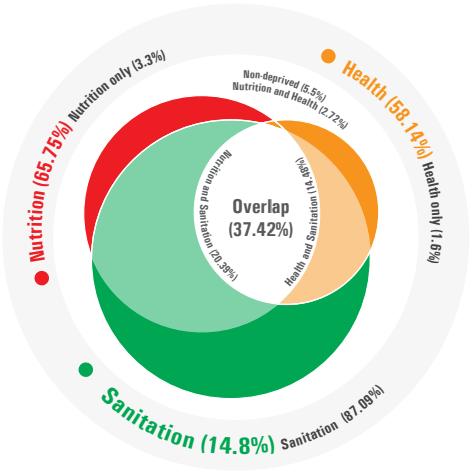
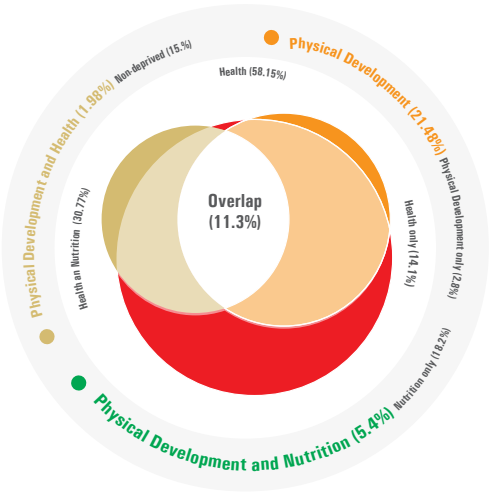


Figure 8: Deprivation overlap between nutrition, health and sanitation, children under 5 years. Source: Calculations using MCD analysis and EDHS 2016 data

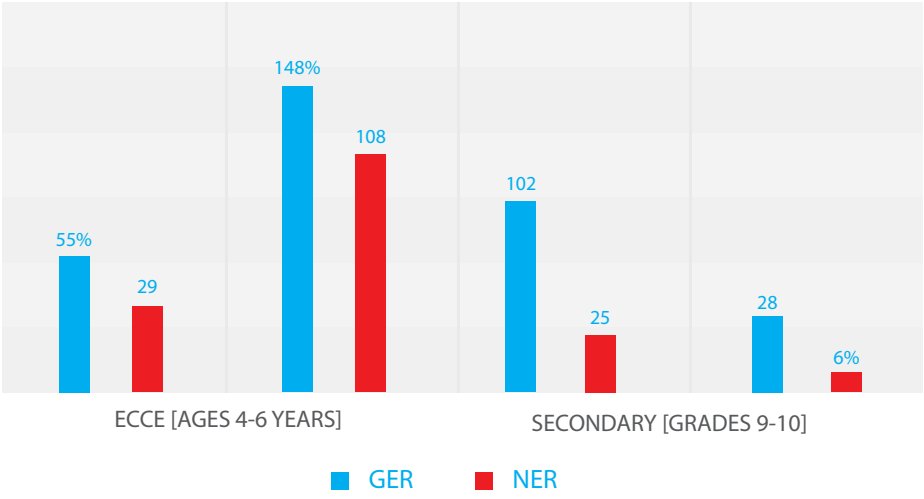
Figure 9: Deprivation overlap between development (stunting), health and nutrition, children under 5 years. Source: Calculations using MCD analysis and EDHS 2016 data



4 EARLY CHILDHOOD DEVELOPMENT AND EDUCATION

According to the Education Statistics Annual Abstract (ESAA) 2018/19, the gross enrolment ratio (GER) and net enrolment ratio (NER) for pre-primary education (ages 4-6) in Gambella is very low, at 55 per cent and 29 per cent, respectively. In comparison, the national average for pre-primary GER is 41 per cent and NER is 24 per cent. [31] The rates in Gambella are far from the national GER target of 80 per cent by 2020, and Sustainable Development Goal (SDG) 4.2., which reads, "ensure that all children have access to quality early childhood development, care and pre-primary education so that they are ready for primary education by 2030". [32] With access to any form of early learning experience restricted to 26 per cent of children (aged 4-6), most children enter Grade 1 in formal schools with little or no preparation. In 2018/19, the GER and NER for Gambella primary education stood at 148 per cent and 108 per cent, respectively. [33] The very high GER shows that there are more children in primary grades than there are children between 7 and 14 years. It indicates that children younger than 7 years and older than 14 years are enrolled in primary schools.. The Gender Parity Index (GPI) for Gambella primary education is 0.94, compared to a national average of 0.9, meaning there are more boys enrolled in primary education than girls. In 2012/13, the GPI for primary education in Gambella was 0.92. [34] On the other hand, GPI for secondary is the third lowest at 0.73 after Afar ND Somali in 2018/19. [35]

Figure 10: GER and NER for early childhood care and education, primary and secondary education, Gambella, 2017/18. Source: ESAA 2018/19



31. Ministry of Education (MoE), ESAA 2011 E.C. (2018/19), pp.9-11.
32. See ESDP V for all national targets on education.
33. Ministry of Education (MoE), ESAA 2011 E.C. (2018/19). An NER higher than 100 per cent is strange, because it would mean that more 7- to 14-year-old students are enrolled than there are in Gambella.
34. Ibid.
35. Ministry of Education (MoE), ESAA 2011 E.C. (2018/19), p.50.

Table 7: Trends in GER and NER for primary education, Ethiopia and Gambella, 2008/09-2017/18

Indicator	Region	ESAA 2008/09	ESAA 2010/11 (%)	ESAA 2012/13 (%)	ESAA 2017/18 (%)	SDG target 2030 (%)
Primary school gross enrolment rate (Grades 1-8)	National	94.4	96.4	95.3	109.3	100
	Gambella	112.5	-	126.6	145.7	100
Primary school net enrolment rate (Grades 1-8)	National	83	85.3	85.9	108.9	100
	Gambella	75.2	97.6	98	100.1	100
Indicator	**MCD report**			**EDHS 2011**	**ESAA 2016 (%)**	**SDG target 2030 (%)**
Delay in schooling (age 9-17 years) [36]	National			37.3	33.6	N/A
	Gambella			32.6	23.9	N/A
Illiteracy rate (age 15-17 years) [37]	National			45.2	45.5	0
	Gambella			51.2	51.6	0

> **Many children who attend school fail to acquire basic skills, such as literacy and numeracy, which indicates that there are major issues with education quality in the region.**

Many children who attend school fail to acquire basic skills, such as literacy and numeracy, which implies that there are major issues with the quality of education in the region. More than half (52 per cent) of 15- to 17-year-olds are illiterate, which is above the national average of 46 per cent, and no progress has been made in the indicator since 2011. The Education Sector Development Programme (ESDP V) recognizes the challenge of the low quality of the Ethiopian education system, including unskilled teachers, irrelevant teaching, and inadequate learning materials, etc. [38] In Gambella, there are also challenges regarding the quality of education, student achievement and dropout. Some 24 per cent of children aged 7-17 years are attending school with two or more years of delay, which is a result of dropout and grade repetition/retention. Underlying causes relate to family and community issues. Many families push their girls to get married, so they do not have to support them anymore. Girls also feel like they should get married to alleviate any financial burden they put on their parents. Lack of access is a challenge: school is too far away and there is no transport to reach school. Some areas in Gambella are often affected by flooding, which causes schools to begin late and affects the teaching process. Courses cannot be completed, and students end up doing poorly in exams. Other root causes of high dropout or repetition rates are internal and cross-border conflicts (see Section 10). Many children drop out because it is unsafe to travel to school and they eventually have to repeat a grade. There is often no family support for education, especially for girls. Children are commonly pushed to work or get married. There is also limited family support to buy school materials. School is not a priority and comes after food and clothing for families. [39]

36. For children of primary school age (9-14 years), measured as a percentage of children attending school with 2+ years of delay. For children aged 15-17 years, measured as a percentage of children attending school with 3+ years of delay.
37. Child could not read or could read only parts of a sentence provided during the survey.
38. ESDP V, p. 17.
39. Gambella SitAn 2016.

The percentage of appropriately qualified teachers in primary education stands at 91 per cent for Grades 1 to 4 and 93 per cent for Grades 5 to 8. The rates in secondary education are 83 per cent qualified teachers in Grades 9 and 10 and 86 per cent qualified teachers in Grades 11 and 12 (Figure 11). [40]

The pupil-teacher ratio is relatively good (Figure 12), at 29 students per teacher in Grades 1 to 8 and 26 students per teacher in Grades 9 to 12. [41] In 2016/17, the survival rate to Grade 5 - the percentage of students who completed the first cycle of primary education - was only 49 per cent, which signals wastage in the system in Gambella. In 2015/16, 17 per cent of Grade 8 students failed their final exam (17 per cent girls and 17 per cent boys), which is above the national average of 12 per cent. [42] In 2017/18, Gambella had a primary school dropout rate of 6.4 per cent . [43]

In 2018/19, the GER in secondary education in Gambella was 102 per cent for Grades 9 and 10 and 28 per cent for Grades 11 and 12. Both rates are far above the national rates of 49 per cent and 15 per cent, respectively. [44] The NER was 25 per cent for Grades 9 and 10 and 6 per cent for Grades 11 and 12. Gender parity in Gambella secondary education stood at 0.73 in 2018/19 and was far below the ESDP V target of 0.98 for the year. This rate makes clear that girls are left behind in secondary education. The number of secondary schools in Gambella increased from 32 in 2012/13 to 62 in 2018/19. [45]

The main challenges in Gambella are low enrolment rates in pre-primary education and the high rates of under- and over-aged students in primary and secondary school. This shows that many children are not progressing through the education system. Girls are left behind in primary, and especially in secondary education.

40. MoE, ESAA 2011 E.C. (2018/19).
41. Ibid.
42. MoE, ESAA 2009 E.C. (2016/17), p. 70. The ESAA 2010 E.C. (2017/18) does not provide disaggregated data on survival rates and Grade 8 examinations.
43. MoE, ESAA 2011 E.C. (2018/19), p. 33.
44. MoE, ESAA 2011 E.C. (2018/19), p. 46.
45. Ibid., and MoE, ESAA 2005 E.C. (2012/2013), p. 46.

Figure 11: Teacher qualification in Gambella region, 2018/19 Source: ESAA 2018/19

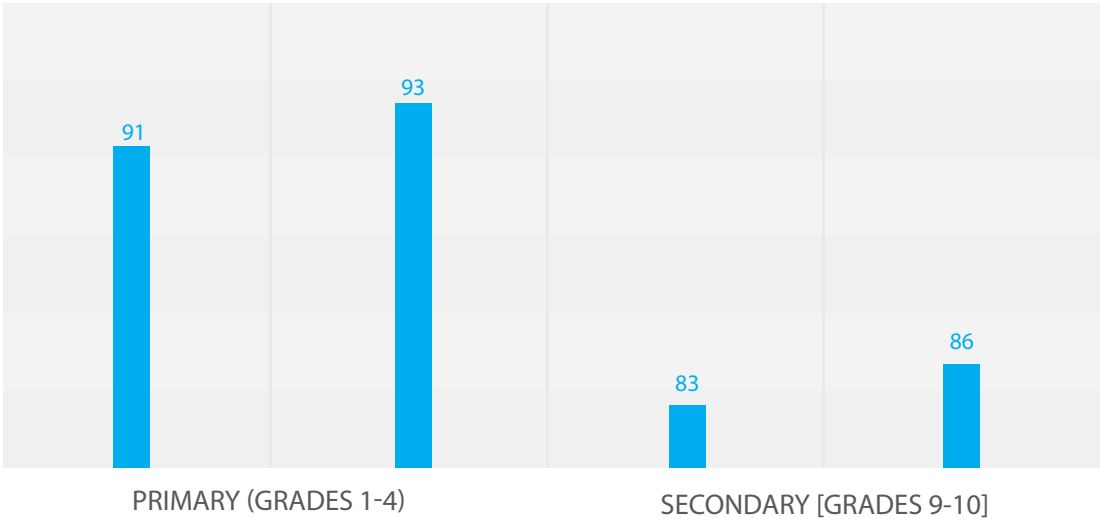
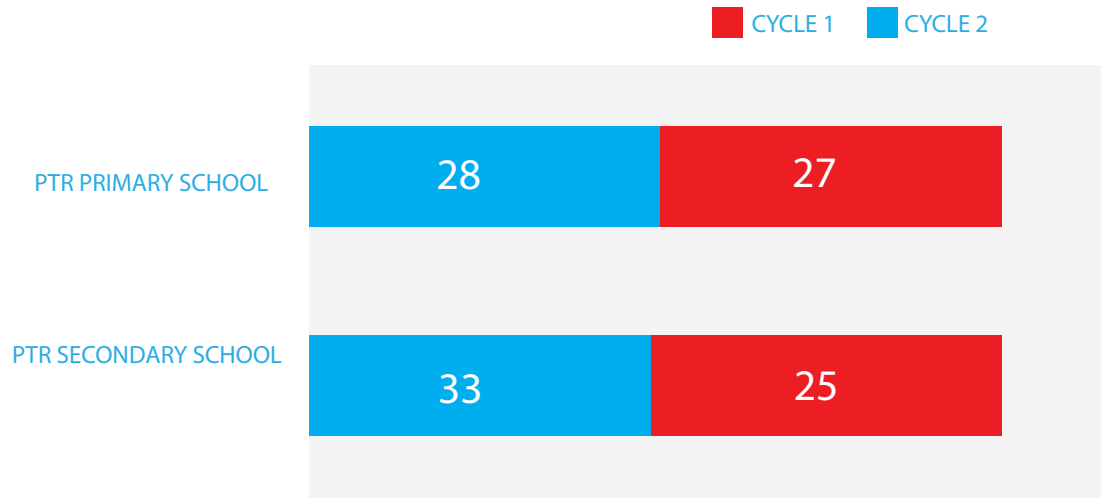


Figure 12: Pupil-teacher ratio in Gambella region, 2018/19. Source: ESAA 2018/19



5 5. WATER, SANITATION, HYGIENE (WASH) AND HOUSING

According to the 2016 EDHS, 84 per cent of households use improved drinking water sources in Gambella compared to a national average of 65 per cent. [46] There has been impressive progress since the 2011 EDHS, which found that 68 per cent of households used improved drinking water sources. Gambella has the highest coverage rate in the country. [47] The difference between rural and urban areas is not as large as one would expect, with 80 per cent of rural and 90 per cent of urban households having improved drinking water sources. The sustainability of water schemes is a challenge in Gambella. The non-functionality of water supply is high due to technical problems, low quality of water schemes, lack of spare parts, lack of skilled technicians, and lack of ownership of water schemes by communities.

Table 8: Trends in improved drinking water sources, sanitation facilities and housing, Ethiopia and Gambella, 2005-2016

Indicator	Region	DHS 2005 (%)	DHS 2011 (%)	DHS 2014 (%)	DHS 2016 (%)	SDG targets 2030 (%)
Households using improved drinking water sources	National	61.4	53.7	56.9	64.8	100
	Gambella	56.5	67.8	67.5	83.8	100
Time to water source 30+ minutes from the dwelling [48]	National		41.1		32.3	N/A
	Gambella		22.3		13.2	N/A
Households using improved sanitation facilities	National	6.8	8.3	4.2	6.3	100
	Gambella	3.3	12.2	8.6	8.2	100
Households with adequate housing [49]	National		2.9		12	100
	Gambella		10.8		14.8	100
Households exposed to indoor pollution from using solid fuels for cooking inside the dwelling where there is no separate room used as a kitchen	National		49.2		31.4	0
	Gambella		10		20.6	0

46. EDHS 2016.
47. With the exception of Addis Ababa and Dire Dawa, which are urban areas.
48. Necessary to reach the water source, fetch water and return to the dwelling.
49. Floor, exterior walls and roof of the dwelling where the child resides are made of durable and sustainable structures.

EDHS data shows that the percentage of households in Gambella using improved sanitation facilities declined from 12 per cent in 2011 to 8 per cent in 2016

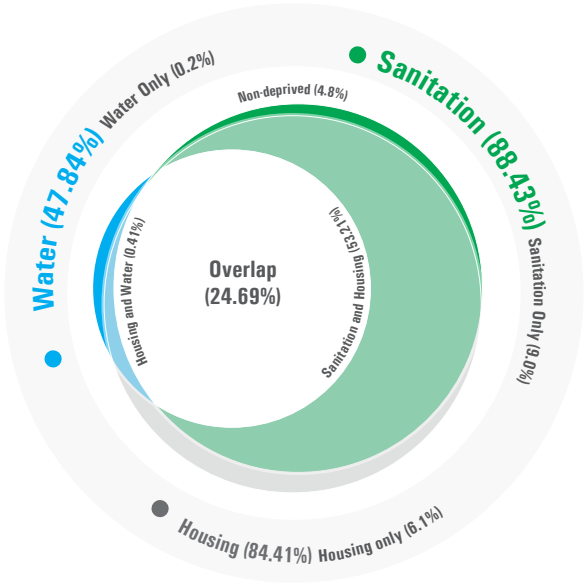
EDHS data shows that the percentage of households in Gambella using improved sanitation facilities declined from 12 per cent in 2011 to 8 per cent in 2016 (Table 8). While the rate is very low, the region still has one of the higher rates in the country. The rate of households with an improved but not shared toilet facility is 8 per cent. In 2016, 23 per cent of households practiced open defecation. Findings of the qualitative research for the 2017 UNICEF knowledge, attitudes and practices (KAP) study found that even families who have toilets practice open defecation during times when their toilets are not fully functional. Unavailability of public latrines aggravates open defecation, and in areas where they are available, poor maintenance discourages people from using them. [50] Hand washing with soap can significantly reduce the risk of diarrhoea, which is a concerning issue in Gambella (see Section 3). According to the 2016 EDHS, 61 per cent of households in Gambella have a place for washing hands (4 per cent fixed and 57 per cent mobile), which is just above the national average of 60 per cent. Only 13 per cent of these households have water and soap. [51] Another factor limiting hand washing is the limited knowledge of critical moments when it should be done. Only 7 per cent of women and 4 per cent of men in Gambella know that hands should be washed before breastfeeding/feeding a child, and that hands need to be washed after cleaning a child's bottom who has defecated (UNCIEF & DAB, 2017, pp.34-45).

Children and adults are susceptible to other health risks in their dwellings, including from inadequate housing conditions and indoor pollution caused by using solid fuel for cooking inside the house. Only 15 per cent of households in Gambella, compared to the national average of 12 per cent, live in dwellings constructed with adequate material necessary to protect them from adverse weather conditions and health and structural hazards. The proportion of households exposed to health risks from indoor pollution from using solid fuels to cook inside the house is slightly lower than the national average, at 21 per cent and 31 per cent, respectively. Even though Gambella fares better than many regions in this indicator, trend analysis shows an exacerbation in the situation since 2011 (Table 9).

50. UNICEF, KAP Baseline Survey on Water, Sanitation and Hygiene in Eight Regions of Ethiopia, 2017, p. 61.
51. Ibid., p. 23.

Any interventions aimed at improving the well-being of children in Gambella region should use a multi-sectoral approach. They should include all components of WASH, and improvements in housing conditions, and should raise awareness about the importance of each. Analysis shows that there is a high overlap in deprivation between water, sanitation and housing for all children under 18 years. One quarter of children under 18 in Gambella are deprived of adequate water, sanitation and housing conditions simultaneously. An additional 53 per cent are deprived in both sanitation and housing at the same time, while 27 per cent are deprived in water and sanitation. Less than 5 per cent of children in the region are not deprived in any of the three dimensions analysed (Figure 13).

Figure 13: Overlap between water, sanitation and housing, children under 18. Source: Calculations using MCD analysis and EDHS 2016



6 CHILD PROTECTION

The EDHS 2016 shows a median age at first marriage of 17.3 years among women aged 20-49 years in Gambella (Figure 14). While the median age has increased significantly from 15.8 years in 2005, it has stagnated at 17.4 years since 2011. In 1991, Gambella region had the highest prevalence of child marriage among women in the age group 20-24 years. Since then the rate has declined significantly and now stands at 47 per cent, slightly above the national average of 40 per cent. [52] Progress needs to be 11 times faster to eliminate child marriage by 2030 and achieve SDG 5.3. [53]

The practice of female genital mutilation/cutting (FGM/C) is less widespread in Gambella than other regions in Ethiopia. FGM/C incidence among women (15-49 years) in 2016 was 33 per cent, nearly half the national average (65 per cent). In 2016, 3 per cent of girls under 14 were circumcised compared to the national rate of 16 per cent (Table 9).

> **...Gambella region had the highest prevalence of child marriage among women in the age group 20-24 years.**

Table 9: Trends in indicators on child marriage and female genital mutilation/cutting (FGM/C) Ethiopia and Gambella, 2000-2016

Child marriage and FGM/C	Region	DHS 2000	DHS 2005	DHS 2011	WMS 2011	DHS 2016	SDG 2030 targets
Women married by age 15 among women currently aged 15-19 (%)	National	14.4	12.7	8	-	-	0
	Gambella	-	16.3	10.5	-	-	0
Women married by age 18 among women currently aged 20-24 (%)	National	49	49	41	-	40	0
	Gambella	-	-	-	-	47*	0
Median age at first marriage (women, aged 20-49)	National	16.4	16.5	17.1	-	17.5	N/A
	Gambella	16.4	15.8	17.4	-	17.3	N/A
Female genital mutilation/cutting (aged 0-14) (%)	National	-	-	-	23	15.7	0
	Gambella	-	-	-	8	3.4	0
Female genital mutilation/cutting (aged 15-49) (%)	National	79.9	74.3	-	-	65.2	0
	Gambella	-	27.1	-	-	33	0

**Data provided by UNICEF, Ending Child Marriage: A profile of progress in Ethiopia, 2018*

52. The EDHS 2016 does not include data on child and early marriage across regions in Ethiopia. This data is
53. provided by UNICEF, Ending Child Marriage: A profile of progress in Ethiopia, 2018, p. 8.

Noteworthy is the relatively low percentage of children engaged in child labour. The EDHS 2011 showed that 14 per cent of children between 5 and 14 years were involved in child labour. [54] A 2015 study by CSA and the International Labour Organization (ILO) found 5 per cent of children (5-17 years) were involved in child labour, compared to a national rate of 24 per cent.[55]

In 2016, the rate of children under 5 years who had their birth registered with civil authorities in Gambella was 2.5 per cent, of whom 1.6 per cent had a birth certificate. [56] Until recently, Ethiopia did not have a conventional system of civil registration. Since August 2016, a national registration system for vital events has been operating. As of August 2018, 263 registration centres in Gambella were providing vital events registration services. Coverage/availability of civil registration services is 84 per cent compared to the national average at 89 per cent. In 2010 E.C. (2017/18), 1,324 births were registered in Gambella, of which 53 per cent were registered within 90 days, 36 per cent were registered after 90 days but within one year, and 11 per cent were registered after one year (backlog). [57] In Gambella, 8 per cent of registers have quality issues. [58] Awareness about civil registration in rural communities in Gambella is still very low.

Table 10: Trends in knowledge about HIV/AIDS and participation in community events or conversations, adolescents aged 15-17 years, Ethiopia and Gambella, 2016 and 2011

Health-related knowledge and community participation among adolescents (15-17 years)	Region	EDHS 2011	EDHS 2016	SDG 2030 targets
Adolescents aged 15-17 years (%)	National	27.4	29.8	100
	Gambella	18.4	30.6	100
Participation in community events or conversations where family planning is discussed (%)	National	31	23.7	100
	Gambella	27	19.2	100

54. Note that the EDHS 2016 is silent on child labour.
55. CSA and ILO, Ethiopia National Child Labour Survey 2015, p. 79.
56. The percentage of de jure children under age 5 whose births are registered with the civil authorities, Ethiopia EDHS, 2016.
57. UNICEF Ethiopia Country Office, Birth Registration Graphs and Tables, 2018, based on FVERA's August 2018 administrative data.
58. Ibid

16 per cent of children aged 5-17 years are deprived in education, health-related knowledge, and information and participation, simultaneously.

Comprehensive knowledge of adolescents (15-17 years) about HIV/AIDS transmission and prevention is above the national average, at 31 per cent versus 30 per cent, respectively, and shows great improvement since 2011. A worrying finding is the declining trend in participation in community events and conversations where adolescents can obtain information about various topics related to their well-being, such as family planning. This suggests issues with sustainability of existing programmes. Only 19 per cent of adolescents aged 15-17 years participated in a community event or conversation in the few months preceding the survey where family planning was discussed, compared to the national average of 24 per cent (Table 10). Considering the importance of knowledge on reproductive health and rights, family planning, health- and nutrition-related knowledge for children's and women's outcomes, and reducing gender inequality, investments in improving educational outcomes should include revisions to the curriculum to include health- and nutrition-related knowledge. In Gambella, 16 per cent of children aged 5-17 years are deprived in education, health-related knowledge, and information and participation, simultaneously. An additional 33 per cent are deprived in both health-related knowledge and information and participation at the same time (Figure 15).

7 SOCIAL PROTECTION

Gambella faces several opportunities, or challenges, including urbanization and population growth (4.1 per cent) due to migration. For example, highlanders migrate to Gambella to pursue economic opportunities, the refugee influx from South Sudan, and natural increases. As mentioned in Section 1, Gambella's population is young. The under-5 population constitutes 12 per cent of the total population in Gambella, and 56 per cent of the population is between 0 and 19 years of age. [59] An investment in basic services for children is an investment in the future. Children will become socially and economically empowered and will bring well-

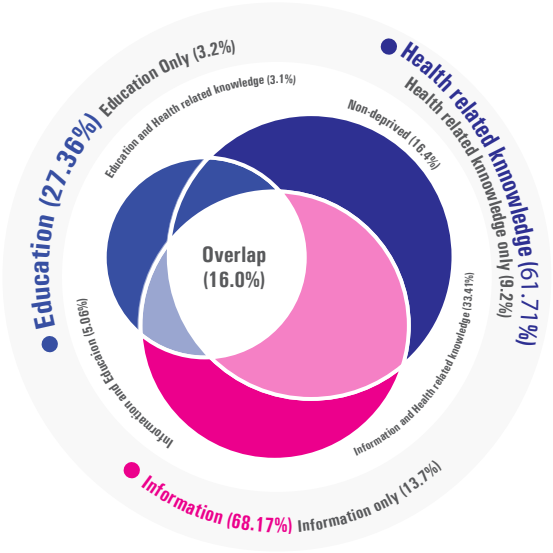
"The federal government has been implementing the Productive Safety Net Programme (PSNP). The PSNP is seen as the cornerstone of Ethiopia's social protection policy."

being and opportunities to the Gambella Regional State. Many social protection measures benefit children without explicitly targeting them; nevertheless a more significant impact for children can be reached by using a 'child lens' in the design of social protection programmes. Some examples of this include: avoiding adverse impacts on children; intervening as early as possible where children are at risk to avoid irreversible impacts; [60] considering age- and gender-specific risks and vulnerabilities of children throughout the life-cycle; recognizing that families raising children need support to ensure equal opportunities; considering mechanisms and intra-household dynamics that may affect how children are reached, for example the balance of power between women and men; and including the voices and opinions of children in the understanding and design of social protection systems and programmes. [61]

The federal government has been implementing the Productive Safety Net Programme (PSNP). The PSNP is seen as the cornerstone of Ethiopia's social protection policy. Currently, the programme is in its fourth phase: PSNP 4 (2015-2020). It targets selected vulnerable woredas in food-insecure and disaster-prone rural areas. In 2014 in Gambella, 4 per cent of rural households were in the PSNP compared to 11 per cent of households at the national level. [62] It is important that social protection programmes, such as the PSNP and upcoming Urban PSNP, make links with basic services, such as nutrition, health care, education, social protection, WASH and child protection services, including social welfare, legal/justice assistance, and violence against children services, etc.

59. Data on the age group 0-19 comes from the CSA, Welfare Monitoring Survey 2016 (Vol. I), p. 30.
60. Children have other and specific needs, and the effects of being deprived of those needs impact their short-term development, as well as their growth potential later in life.
61. Joint Statement on Advancing Child-Sensitive Social Protection, 2010, p. 2, available at: https://www.unicef.org/aids/files/CSSP_joint_statement_10.16.09.pdf (last accessed April 2019).
62. Mini-EDHS 2014, p. 15.

Figure 15: Deprivation overlap between education, health-related knowledge, and information and participation, children aged 5-17 years. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018



8 CLIMATE CHANGE AND CHILD RIGHTS

The climate of Gambella region is formed under the influence of the tropical monsoon from the Indian Ocean, which is characterized by high rainfall from May to October and limited rainfall during the dry period of November to April. Gambella's land is arid, semi-arid and humid, and is generally suitable for agriculture. In western Gambella, the Baro and Gillo rivers allow flood-retreat cultivation. Gambella region is exposed to natural hazards, such as flood and drought. In the main rainy season, the water level of the major rivers rises, and surrounding areas are flooded. Annually, numerous flash floods lead to loss of livestock, displacement and destruction.

In the coming decades, rising and extreme temperatures, extraordinary rainfall events, more intense flooding and prolonged drought are projected. [63] Climatic shocks and climate change lead to soil erosion, ecosystem damage, declining water quality, increased likelihood of the sale of productive assets and indebtedness, risk of out-migration of able-bodied adults in search of off-farm employment opportunities, livestock disease and death, outbreaks of malaria and other tropical diseases, respiratory diseases, food insecurity, chronic and acute hunger, poor diet, poor hygiene, school absenteeism, poor school performance, increased protection risks and child labour, and increased child mortality. [64]

The underlying vulnerability of the population intensifies the impact of climatic shocks. Coping mechanisms to shocks are deteriorating due to high population growth, competition for land, communal tensions and conflicts, [65] and migration of uneducated youth to urban centres. Other factors that make the people of Gambella vulnerable are widespread poverty, poor infrastructure, environmental degradation, low levels of farming technology and limited education. Children are most vulnerable to climatic shocks and climate change. They are much more likely to die than adults and are at higher risk of poor health, growth and development. Gambella women and girls experience greater risks, burdens and impacts of climate change, as emergencies exacerbate existing gender inequalities. [66]

63. World Bank, Economics of Adaptation to Climate Change, Ethiopia, 2010.
64. UNICEF, Generation El Niño: Long-term impacts on children's well-being. Final report, 2018.
65. Ibid., p. 46.
66. CEDAW Committee, General recommendation No. 37 on the gender-related dimensions of disaster risk reduction in the context of climate change, 2018, (File no. CEDAW/C/GC/37).

9 GENDER EQUALITY

As in other regions of Ethiopia, Gambella has a deeply rooted patriarchal society in which men hold primary power in private and public life. This social system influences cultural norms, practices and traditions and has rooted gender stereotypes regarding the roles and responsibilities of women and men in the family and in society. Women and girls have traditionally performed their roles in the domestic sphere and those activities are often considered inferior.

The rate of married women in Gambella using modern contraceptive methods is 35 per cent, which is equal to the national average.

According to the 2016 EDHS, in Gambella 58 per cent of women (aged 15-49) decided themselves on their first marriage, while 40 per cent of women stated that their parents made the decision for their first marriage. [67] The rate of women (aged 15-49) who stopped attending school after marriage is 48 per cent, which is the lowest in the country. Nevertheless, this is not reflected in the GPI for secondary school (see Section 4). When asked what the main reason was for discontinuing school, 69 per cent of women cited that they were too busy with family life. This high rate signals a barrier to adolescent girls going to school. In Gambella, 16 per cent of girls (aged 15-19) have begun childbearing. The rate of married women in Gambella using modern contraceptive methods is 35 per cent, which is equal to the national average. [68] Another reason stated by women for discontinuing school is that their husband refused to let them continue (17 per cent). [69]

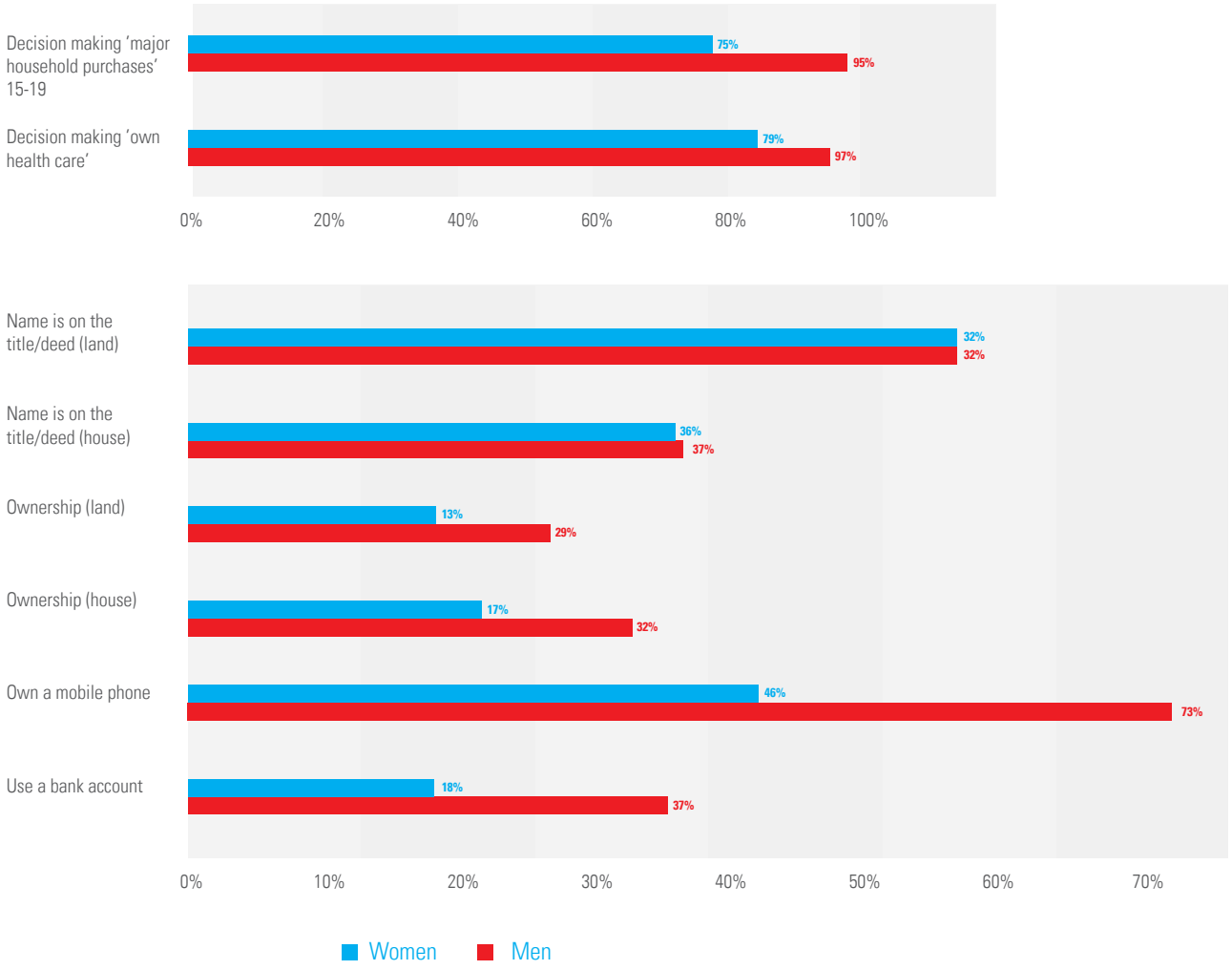
The proportion of women (aged 15-49) who have ever experienced psychological, physical or sexual violence committed by their current or most recent husband/partner is 24 per cent, 25 per cent, and 8 per cent, respectively. [70] The percentage of women who believe that a husband is justified in hitting or beating his wife in various circumstances is 60 per cent, while 36 per cent of men agree that wife beating is justified in some circumstances. [71]

A bride dowry is paid for women and polygamy is practiced (21 per cent) in the region. [72] In Gambella, 33 per cent of husbands participate in household chores, of whom 18 per cent participate every day. [73] It is common for women to be excluded from making decisions on common property in marriage. Women are routinely denied their rights in relation to ownership. Figure 16 shows the unequal distribution of power between women and men in decision-making and ownership.

67. EDHS 2016, p. 278.
68. Ibid., p. 114.
69. Ibid., p. 279.
70. Ibid., p. 306.
71. Ibid., pp. 283 and 284.
72. Ibid., p. 66.
73. Ibid., p. 280.

The EDHS 2016 shows that women are more deprived of information than men. The Internet is a critical tool for accessing information, yet only 5 per cent of women in Gambella had used the Internet in the 12 months before the 2016 EDHS, compared to 24 per cent of men. [74] Women in Gambella are less exposed to mass media than men: 4 per cent of women and 14 per cent of men read a newspaper at least once per week; 26 per cent of women and 41 per cent of men watch television at least once per week; and 14 per cent of women and 37 per cent of men listen to the radio at least once per week. [75]

Figure 16: Percentage of married women and men (aged 15-49) in Gambella who make specific decisions either alone or jointly with their spouse; and percentage of women and men (aged 15-49) in Gambella by use of bank account, ownership of mobile phone, house and land, possession of title/deed of house and land, Ethiopia. Source: EDHS 2016



74. Ibid., pp. 49 and 50.
75. Ibid., pp. 47 and 48. Percentage of women and men aged 15-49 who are exposed to specific media on a weekly basis.

10 OTHER SPECIFIC ISSUES

Inter-ethnic and inter-communal conflicts over scarce resources and socio-cultural issues are common in the region, particularly between the Anuak and the Nuer. Gambella is vulnerable to cross-border incursions by the Southern Sudanese Murle and the Lou Nuer, who regularly raid cattle in remote woredas in the western part of the region.

Conflict has a negative impact on all dimensions of child well-being. It led to 20,943 people being displaced in November and December 2018 (Figure 17), [76] with children constituting 65 per cent of the displaced population. [77] Children risk a high level of acute malnutrition, while displaced pregnant and breastfeeding mothers risk malnourishment. Pregnant women and children under 5 years may fail to access antenatal care and immunization services, as basic services are overwhelmed by the increased population. School-aged children between 4 and 14 years who are displaced may not be attending school. [78]

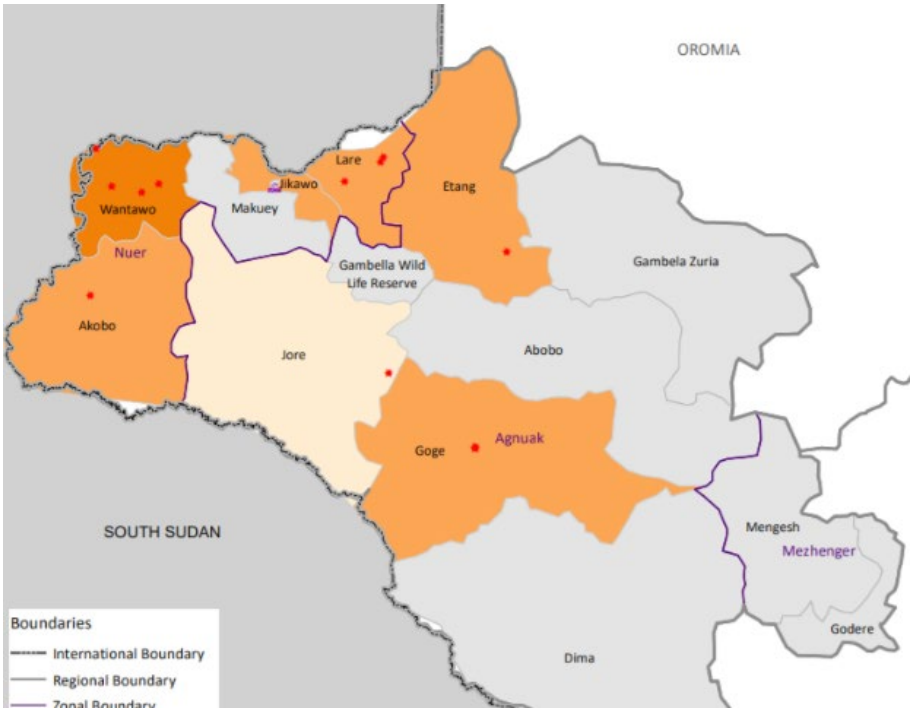
Another humanitarian challenge in Gambella is the constant influx of refugees from South Sudan. Data from the UNHCR-Operational Portal on the 31 Dec 2019 shows that there were 308,978 refugees in the region . [79] As of 31 August 2018, [80] there were 401,594 registered refugees and asylum seekers in Gambella, spread across six camps. Compared to the total population of Gambella (435,000 in 2017), it is apparent that the region faces a huge challenge hosting these refugees. Of the refugee population, 54 per cent is female and 66 per cent is under the age of 18 years; 17 per cent is under 5 years; 31 per cent is between 5 and 11 years; and 18 per cent is between 12 and 17 years. There are 4,436 unaccompanied minors, 2,508 separated children and 79,685 families in the refugee camps. [81] Many refugee children are in a poor condition. They are uprooted and deprived of myriad basic needs and rights. They may be vulnerable to food insecurity, physical and sexual violence, trafficking, disease and death, lack of access to education, health care, and water and sanitation, especially during their flight.

In line with the New York Declaration for Refugees and Migrants (2016), [82] Ethiopia has made major policy shifts to improve the lives of both refugees and host communities. These include the Nine Guiding Pledges on hosting refugees and the adoption of a Roadmap for the implementation of the pledges. [83] The overall aim is to align refugee services with the national systems of Ethiopia to ensure refugees have access to basic services, such as health care, nutrition, child protection, education and WASH. [84] Refugees will gradually be allowed to live out of camps, work, cultivate land, and access improved education and health services.

76. International Organization for Migration, Displacement Tracking Matrix, Gambella Region. Round 14: Nov–Dec 2018.
77. UNHCR, Operational Update on Ethiopia, Sept. 2018. See also ACAPS, Briefing Note: Displacement in Ethiopia, Oct. 2018.
78. Ibid., p. 14.
79. https://data2.unhcr.org/en/country/eth/235. Read more on the presence of refugees in Gambella in Section 10.
80. Note that figures were frozen in August 2018 due to the roll out of a new registration system.
81. UNHCR, South Sudan Situation. Refugee Population in Gambella Region, Feb. 2018.
82. New York Declaration for Refugees and Migrants (A/RES/71/1). See also Global Compact for Safe, Orderly and Regular Migration, 2018, and Global Compact on Refugees, 2018.
83. 1) Out of camp pledge, 2) education pledge, (3-6) work and livelihood pledges, 7) documentation pledge, 8) social and basic services pledge, and 9) local integration pledge.
84. See UNHCR, Working Towards Inclusion. Refugees within the national systems of Ethiopia, 2017, pp. 1-46.

[85] For example, the Building Self-reliance for Refugees and Host Communities by Improved Sustainable Basic Social Service Delivery Programme 2017-2020 (BSRP) is being implemented with support from UNICEF. It focuses on improved service delivery. [86] In Gambella, a large-scale water infrastructure scheme benefits three refugee camps and two local towns, providing clean drinking water to over 250,000 refugees and host communities. A refugee child protection centre opened in Gambella town, where vulnerable refugee children can receive child protection services. [87] The presence of the large refugee population is deeply intertwined with economic, social and political structures. A new fundamental change will have significant impact on the entire region. Therefore, the implementation of the Nine Pledges requires a tailored and participatory approach. The voices of the local people, including refugees, host communities, women, children and youth need to be heard.

Figure 17: Gambella region displacement causes and IDPs in assessed woredas, Nov. 2018. Source: DTM Round 14 (1 Nov–30 Nov, 2018)



85. Ibid., p. 11.
86. UNICEF, Self-Reliance through Education for Refugees and Host Communities, Fact Sheet, 2017; and UNICEF, Building Self-reliance for Refugees and Host Communities, Fact Sheet, 2018.
87. The services provided include child protection case management, including placement of unaccompanied children in family-based foster care; provision of psychosocial support/counselling; a child-friendly space with indoor and outdoor games; Amharic and English language classes; life-skills training; catch-up classes; and access to vocational training. UNHCR, Child Protection Fact Sheet, Ethiopia, Sept. 2018.

11 11. KEY PRIORITIES AND RECOMMENDATIONS TO IMPROVE THE SITUATION OF WOMEN AND CHILDREN IN GAMBELLA

- Mainstream child rights from the Convention on the Rights of the Child (CRC) in regional planning documents. As a starting point, deprivation rates across indicators and dimensions can be used for this purpose, as they derive from the CRC.

- Child-sensitive budgeting at the regional level to enhance equality and equity.

- Promote multi-sectoral approaches in programme and policy design for effective poverty reduction. Coordination of sectors at different levels of governance, as well as across different administration and service delivery structures, is paramount.

- In Gambella, the rate of community participation of adolescents in events and/or conversations where they can obtain important information about their sexual and reproductive health and rights, as well as other matters, is lower than the national average. Considering the

importance of these topics for child protection, enhancing gender equality in the long-term, and improving other well-being outcomes, the regional government of Gambella should use several simultaneous approaches to improve information and participation of adolescents, including: revisions to existing curricula to include the above-mentioned topics; reaching out to adolescents through the media they commonly use; and organizing community events through involvement of adolescents who have already been trained in these topics, i.e. peer-to-peer learning.

- Increased attention is necessary to accelerate a reduction in child mortality by focusing on neonatal health, community awareness of the negative impacts of harmful practices (including the impact of early childbearing) on child survival, and continuing and sustaining the good performance in maternal health.

- Strengthening the health system should be a top priority, including addressing non-functional health facilities, lack of accountability and responsibility, evidence-based planning, monitoring and evaluation, the Health Information System (HIS)/ District Health Information System (DHIS), data quality, and the use of data for decision-making. In sum, identify and address the root causes of the weaknesses in the public health system and strengthen regional health bureau structures from regional to kebele level.

- Considering the high rates of HIV-positive cases, strengthen the focus on accelerating a reduction of HIV through education on HIV/AIDS prevention, promoting condom use and HIV testing, and prevention of mother-to-child transmission of HIV by providing antiretroviral drugs to pregnant women living with HIV. Improve coordination and commitment across sectors to reduce the prevalence of HIV/AIDS effectively.

- Particular attention should be paid to reducing the high rate of acute under-nutrition, through increased access to nutrition education (infant and young child feeding) in communities. This should be aimed at early initiation (to reduce taboos and harmful traditional related practices), exclusive breastfeeding, micronutrient supplementation (including iron folic acid), enhanced outreach services for nutrition screening, and referrals and appropriate case management. There is a need to strengthen and scale up Integrated Management of Acute Malnutrition (IMAM), links to nutrition-sensitive agriculture, WASH and education (using risk-informed and resilience programming that focuses on systems), and multi-sectoral coordination to implement the Second National Nutrition Programme (NNP II).

- Encourage the development of early childhood education by scaling up quality pre-school programmes that help prepare children for primary school, and increase access. Continue to increase girls' participation in primary and secondary school by taking appropriate measures that address barriers to girls' participation, including child marriage, early childbearing and violence. Address challenges related to school dropout and repetition rates, including by supporting a school feeding programme.

- Considering the scarcity of water and the vulnerability of people in Gambella to climate-induced shocks, such as drought and flood, which are likely to increase due to climate change pressures, the regional government should strengthen its WASH programming by: improving coordination between regional and woreda level; paying attention to water scheme rehabilitation and maintenance; continuing to build community ownership of water schemes to ensure sustainability of water availability; and training and employing technicians at the woreda level. Budget allocation for maintenance at community level is necessary, as there is no budget for hardware, nor is there technical capacity in the community to repair broken water points.

- Strengthen institutional capacities to develop and manage long-term sanitation programmes, with close involvement of communities. Sanitation and water supply programmes should build in links with child survival efforts. To improve sanitation services for the poorest households in urban areas, government subsidies channelled through the Urban PSNP might be considered, that is, subsidies would be focused on lowering borrowing costs for improving household sanitation infrastructure.[88]

- Good hygiene is an important barrier to many infectious diseases, including faecal-oral diseases, and it promotes better child health and child well-being. To improve child health, improvements in hygiene should be made concurrently with improvements in water supply and sanitation, and be integrated with other interventions, such as improving nutrition.

[84] World Bank, Maintaining the Momentum while Addressing Service Quality and Equity: A diagnostic of water supply, sanitation, hygiene, and poverty in Ethiopia, 2018, p. xiv.

- To respond to child protection issues, there is a need for systems strengthening and addressing these issues through a coordinated, holistic, inter-sectoral prevention and response approach, bringing together informal systems such as community-based structures. Advocate for and strengthen the centralized management information system for child protection at regional and woreda levels to strengthen evidence-based decision making, case management, service links, etc. The quality of data should be a priority for all sectors, as should strengthening the vital events registration system.

- Prioritize ending child marriage and GBV, including through strengthening community-based awareness-raising activities, holding open consultation forums with traditional leaders and communities, raising awareness about the criminal and damaging nature of these practices and strengthening women's economic empowerment.

- Children should be equipped with key climate change adaptation skills to build their resilience. Teachers and caregivers should be supported to teach children about climate change and how they can make a difference in their schools, homes and local communities. Climate change adaptation should include the voices of women and children.

- It is critical for humanitarian and development actors to collaborate and coordinate, and to create a comprehensive approach necessary to make Ethiopian children resilient (the development-humanitarian nexus).

REGIONAL PROFILE:
Gambella

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