



# **Situation Analysis of Children and Women: Afar Region**



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

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<sup>1</sup>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

The Afar region is situated in the north-eastern part of Ethiopia and has an estimated population of almost 1.9 million people, approximately two percent of the total Ethiopian population. As elsewhere in the country, the population of Afar is young: 12 per cent is under-five years of age and 39.5 per cent is under 18 years of age. The total fertility rate in Afar region is high; 5.5 in 2016. Approximately 95 percent of the Afar population is Muslim. Most people are pastoralist or agro-pastoralist and are very dependent on their livestock. Other income generating activities include crops such as sorghum, maize, barley, teff, cotton and honey production. The number of agro-pastoralists is increasing due to the development of irrigation infrastructure in the region.

“...The number of agro-pastoralists is increasing due to the development of irrigation infrastructure in the region.”

Table 1. Total population and under-five years old population, Ethiopia and Afar region, 2019.

Demographics	National	Afar
Total population (2019 projection based on the 2007 Census; CSA)	98,663,000	1,902,000
Total under-18 population (2019 projection based on 2007 Census, CSA)	44,714,454	751,199
Total under-5 population (2019 projection based on the 2007 Census, CSA)	13,605,728	230,684

The Ethiopian government identified Afar region as one of four Developing Regional States because of high poverty prevalence and social indicators lagging significantly compared to national averages. Major development challenges include:

- Poor Infrastructure and insufficient capacity for management and implementation
- Amidst many competing priorities, a low level of understanding and buy-in for the high returns from investment in child focused programme interventions

2. 2019 projection based on the 2007 Census, Central Statistical Agency (CSA).

3. Data on the age group 0-4 comes from 2017 projections based on the 2007 Census, CSA. Data on the age group 0-19 comes from the CSA, Welfare Monitoring Survey 2016 (Vol. I), p. 30.

4. EDHS 2016, p. 84.

- Weak multi-sectoral approach in general and a lack of a platform to implement such approaches, including for example, the National Nutrition Programme, integrated Early Childhood Development
- Huge development aspirations and demands versus small or even diminishing resources per capita. There is a limited government budget, limited available funds with partners such as UN-agencies, NGOs and CSOs and little private sector investment.
- Over 90 percent of the Afar community have a pastoralist livelihood system. They are highly dependent on extensive livestock production; there is a lack of other employment or even minimum existence opportunities. Their mobile lifestyles are associated with very limited and often difficult and expensive access to social services. There is limited public participation in economic and political decision processes. Awareness and knowledge are low among parents, other caregivers and influencers on the best practices for child well-being.
- There is increasing environmental degradation and vulnerability to drought and flooding, exacerbated by climate change, and interacting with other factors to cause disease outbreaks, pressure and conflicts over resources such as water and grazing land. There are both recurrent and prolonged emergency situations in Afar region.

5. UNICEF Afar Field Office, Regional Strategic Note, Dec. 2017.

## 2 POVERTY AND VULNERABILITY

Since 1999-/000, Afar has seen a decline in monetary poverty: a 32 percent decline between 2000 and 2016. (Figure 1 and Table 2). In recent years, the decline in poverty has been particularly strong. The headcount poverty rate in 2015/2016 was 24 percent and was equal to the national average. The decline in food poverty has not been as strong and was 28 percent; the third highest of all regions. As elsewhere in Ethiopia, there is a large difference in monetary poverty between rural and urban areas, 27 percent versus 11 percent, respectively. The same applies to food poverty; there is a 20-percentage point difference between the rural and urban food-poor people.

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

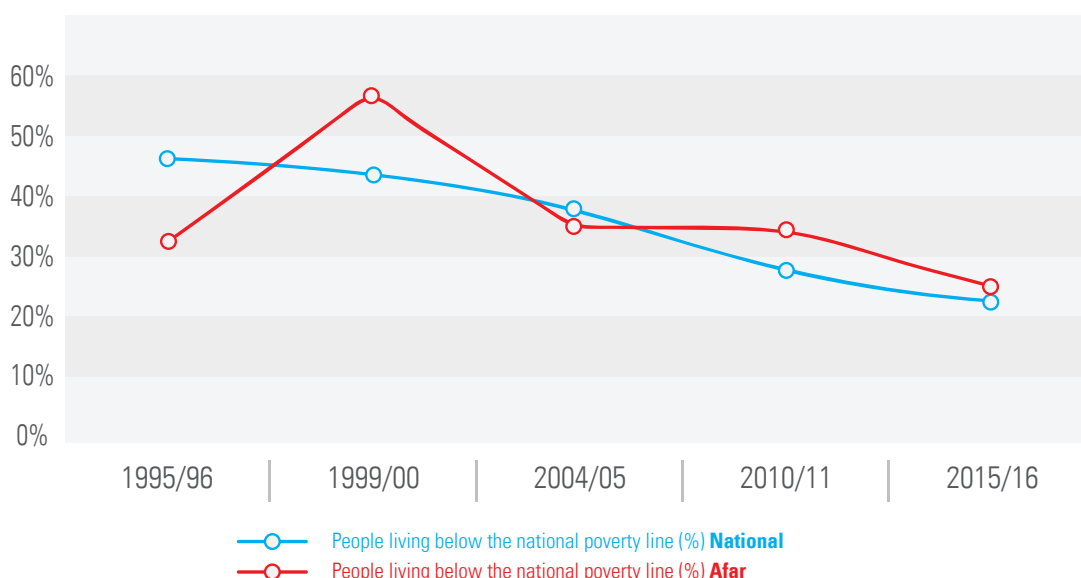
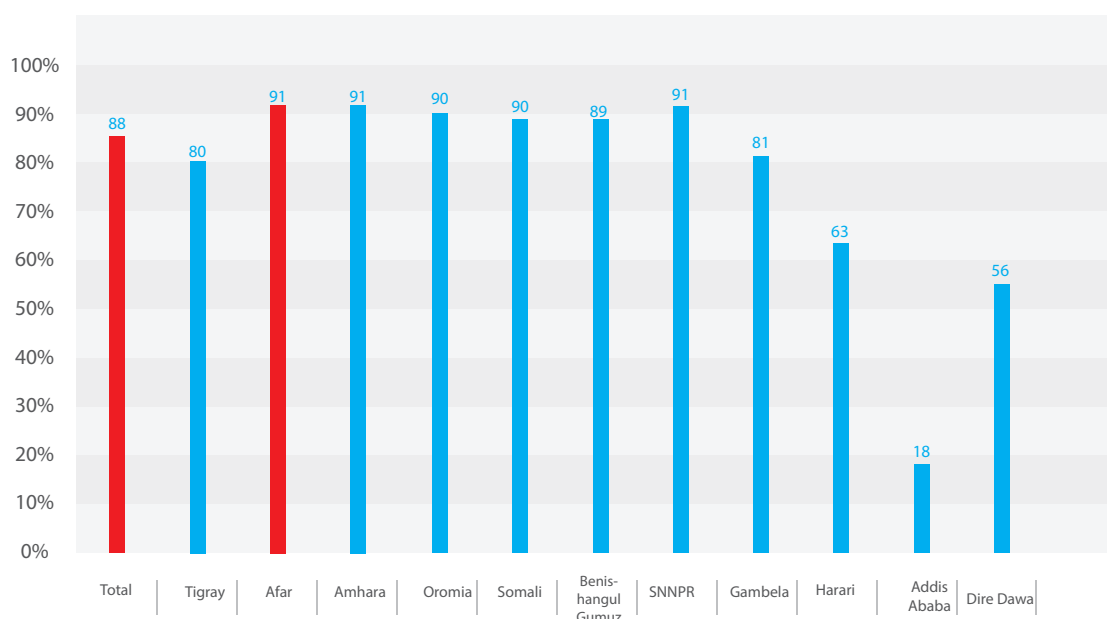


Table 2. Trends in monetary and food poverty, Ethiopia and Afar region, 1995/96–2015/16.

Poverty	HICES:	1995/96	1999/00	2004/05	2010/11	2015/16	SDG 2030 target
People living below the national poverty line (%)	National	45.5%	44.2%	38.0%	29.6%	23.5%	11.8
	Afar	33.1%	56.0%	36.6%	36.1%	23.6%	11.8
People living below the food poverty line (%)	National	49.5%	41.9%	38.0%	33.6%	24.8%	12.4
	Afar	33.3%	53.4%	39.2%	32.2%	28.3%	14.2

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



“ Along with Amhara and SNNPR, Afar has the highest multi-dimensional child deprivation (MCD) rate in Ethiopia. ”

Multidimensional child deprivation (MCD) in Afar region is high: 91 percent of children are deprived in three to six dimensions (Figure 2). Deprivation in housing (92 percent) and sanitation (88 percent) are the largest contributors to MCD for children under 18 years of age in Afar region. In addition, Afar has the highest deprivation rate in health (80 percent) and nutrition (85 percent) compared to the other regions as measured by immunization coverage and infant and young child feeding practices. The MCD trend in Afar shows only a slight decline from 93 percent in 2011 to 91 percent in 2016.

6. Federal Democratic Republic of Ethiopia, National Planning Commission, Ethiopia's Progress Towards Eradicating Poverty: An interim report on 2015/16 poverty analysis study, 2017, p. 21.

7. Ibid.

8. Ibid., p. 22.



Table 3: Trends in multi-dimensional child poverty, 2011 and 2016, Ethiopia and Afar region. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

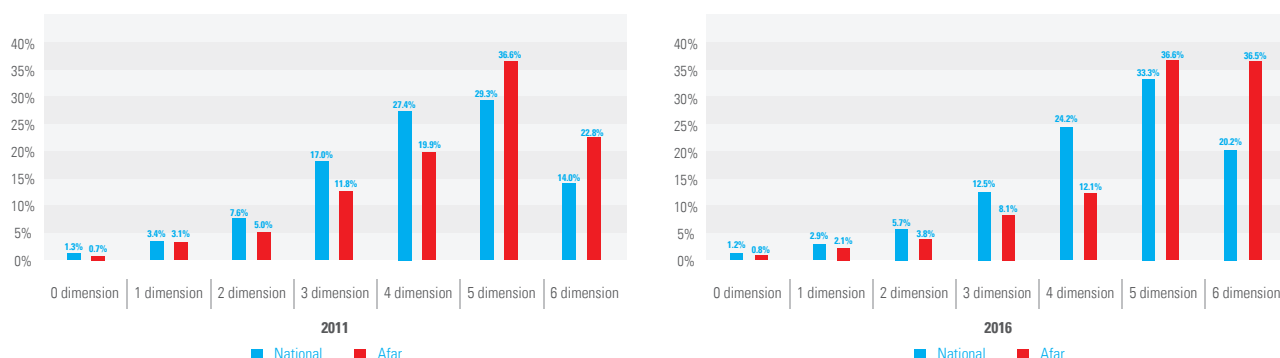
<b>Maternal health</b>	<b>EDHS</b>	<b>2000</b>	<b>2005</b>	<b>2011</b>	<b>2016</b>	<b>2019</b>
Skilled attendance during delivery (%) *	National	5.6%	5.7%	10.0%	27.7%	50%
	Afar	5.5%	4.5%	7.2%	16.4%	31%
<b>Child mortality</b>	<b>EDHS</b>	<b>2000</b>	<b>2005</b>	<b>2011</b>	<b>2016</b>	
Under-five mortality rate (per 1,000 live births) **	National	166	123	88	67	55
	Afar	229	123	127	125	NA
Infant mortality rate (per 1,000 live births) **	National	97	77	59	48	43
	Afar	129	61	64	81	NA
<b>Child Health and Nutrition</b>	<b>EDHS:</b>	<b>2000</b>	<b>2005</b>	<b>2011</b>	<b>2016</b>	<b>2019</b>
Full immunization (12-23 months) (%)	National	14.3%	20.4%	24.3%	38.5%	65%
	Afar	0.0%	0.6%	8.6%	15.2%	20%
Stunting prevalence (%) ***	National	57.8%	51.5%	44.4%	38.4%	37%
	Afar	52.7%	42.7%	50.2%	41.1%	43%
Wasting prevalence (%) ***	National	12.9%	12.4%	9.7%	9.9%	7%
	Afar	17.0%	15.4%	19.5%	17.7%	14%
Underweight prevalence (%) ***	National	42.1%	34.9%	28.7%	23.6%	21%
	Afar	46.5%	35.3%	40.2%	36.2%	32%

\*Among who had a live birth in the five years preceding the survey. According to the EDHS 2016, a skilled provided includes doctors, nurses, midwives, health officers and health extension workers. The EDHS 2000, 2005 and 2011 define skilled provider as "doctors, nurses and midwives".

\*\* National figure is 5 years average, and regional figure is 10 years average.

\*\*\* Converted to WHO standards.

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



Many people in Afar region are vulnerable to chronic food insecurity. This is reflected in the high rates of malnutrition of children under the age of five, which is further discussed below. UNOCHA assessed that, in numbers, Afar region takes the fourth place among the regions when it comes to most repeated recipients of relief food (woredas with people needing relief food at least nine times between 2013 and 2018). In total, there were 105,185 recipients of food aid, of whom 95,140 have pastoralism

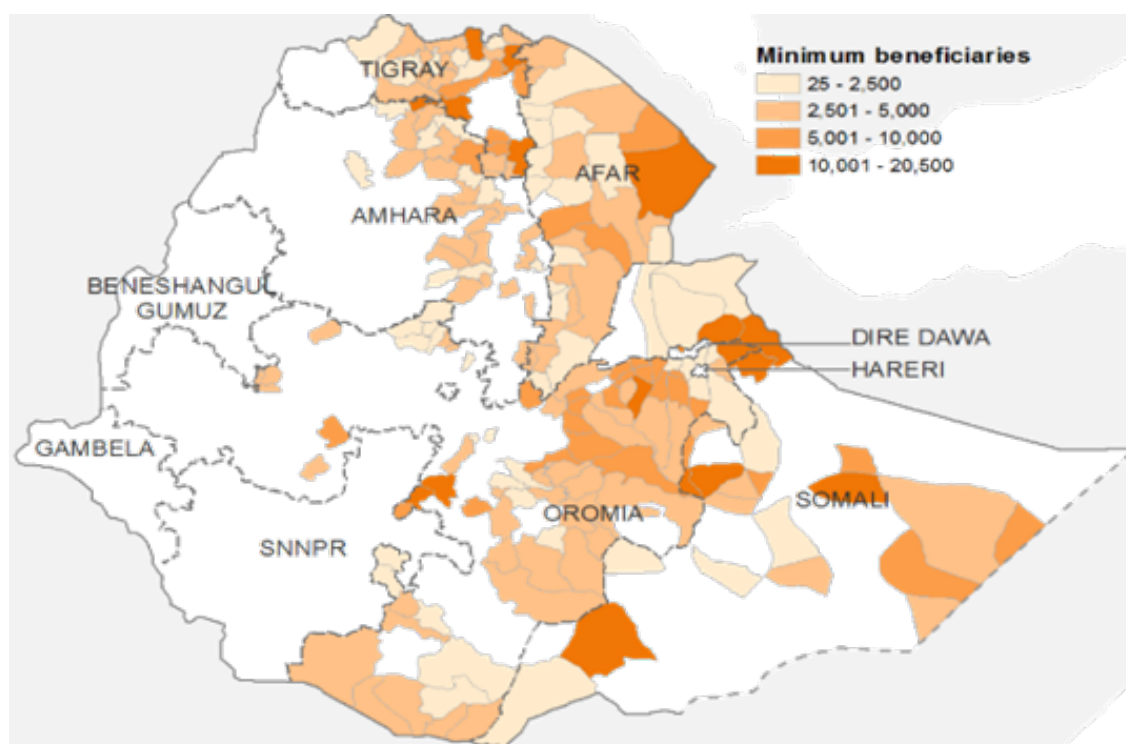
Table 4: Deprivation rates across dimensions of deprivation, by age groups. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

MCD	Single dimension deprivation in Tigray and Ethiopia, EDHS 2016 estimates						
Children under 5 years (%)	Dimensions	Development (stunting)	Health	Nutrition	Water	Sanitation	Housing
	National	38	68	73	59	90	90
	Afar	40	80	85	71	88	93
Children aged 5-17 years (%)	Dimensions	Education	Health-related knowledge	Information and participation	Water	Sanitation	Housing
	National	50	69	66	56	89	88
	Afar	55	76	79	70	88	91
Children under 18 years (%)	Dimensions	Water	Sanitation	Housing			
	National	57	90	89			
	Afar	70	88	92			

as their main livelihood system. As shown in Figure 3, the vulnerability lies across Afar region, but is especially notable on the eastern side. Between 2016 and 2018 a large number of people were food insecure and during these years, there was a severe El Niño-induced drought throughout the Horn of Africa.

“... As shown in Figure 4, the vulnerability lies across the entire region but it is more pronounced on the eastern side.”

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



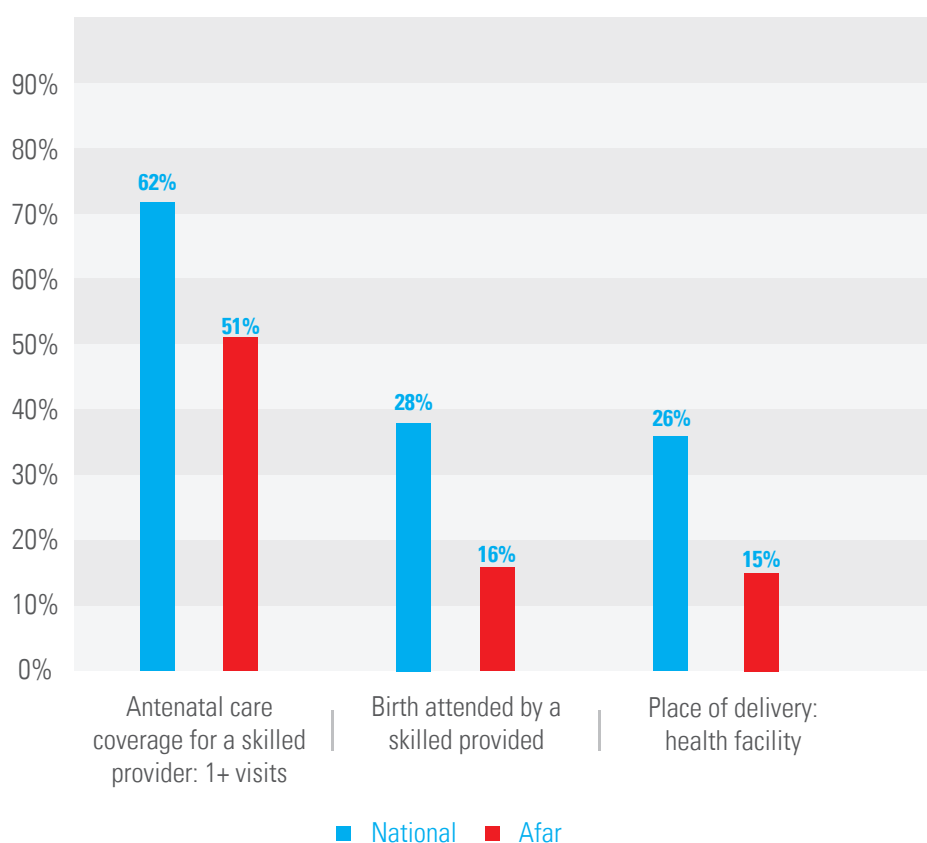
9. UNOCHA, HRD Relief Food Beneficiary Analysis (2013-2018).

10. Ibid.

### 3 NUTRITION, HEALTH AND SURVIVAL

The EDHS 2016 finds that Afar has made progress in several maternal health indicators, however most coverage/incidence rates remain under the national average.<sup>11</sup> The rate of pregnant women in Afar who gave birth in the five years preceding the survey and received antenatal care during their pregnancy from a skilled health provider is 51 per cent, compared to 32 per cent in 2011. The rate of skilled attendance during delivery more than doubled, from 7 per cent in 2011 to 16 per cent in 2016.<sup>12</sup> Similarly, delivery in a health facility increased, from 7 per cent in 2011 to 15 per cent in 2016 (Table 5). The 2016 EDHS did not publish the maternal mortality rate across regions.

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

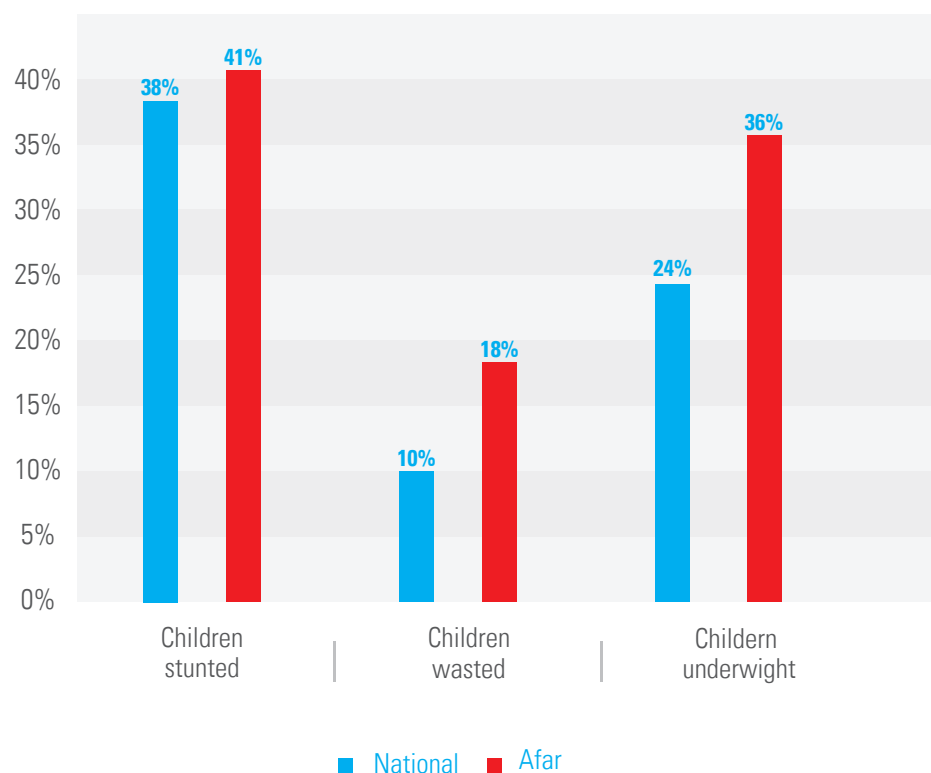


11. Compare Mini-EDHS 2014, pp. 41-53 and EDHS 2016, pp. 133-160.

12. According to the EDHS 2016, 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”.



Figure 6: Under-five child under-nutrition in Ethiopia and Afar region. Source EDHS 2016



“The EDHS 2016 shows that child mortality rates are very high in Afar region. The under-five mortality rate and the infant mortality rate are by far the highest rates in Ethiopia.”

The EDHS 2016 shows that child mortality rates are very high in Afar region. The under-five mortality rate and the infant mortality rate are by far the highest rates in Ethiopia. The neonatal mortality rate is slightly under the national average. It is worrying that over the past 10 years no progress has been made to reduce early childhood deaths (Figure 7). While at the national level early childhood mortality rates are decreasing, in Afar region these rates are increasing. In particular, the infant mortality rate is increasing quickly, from 64 deaths per 1,000 births in 2011 to 81 deaths per 1,000 births in 2016. Afar has the lowest rate of children with all basic vaccinations (15 per cent).<sup>13</sup> The rates of children under 5 years with symptoms of acute respiratory infection (4 per cent) and with diarrhoea (12 per cent) are under the national average.

13. EDHS 2016, p. 172.

Figure 7: Trends in early childhood mortality rates in Afar region, Ethiopia (deaths per 1,000 births in the 10 years preceding the survey). Source: EDHS 2000, 2005, 2011, and 2016



“Indicators on nutrition show that child malnutrition is a serious challenge in Afar (Figure 6). Although the stunting rate has declined considerably between 2011 and 2016, the rate is above the national average, at 41 per cent.”

Indicators on nutrition show that child malnutrition is a serious challenge in Afar (Figure 6). Although the stunting rate has declined considerably between 2011 and 2016, the rate is above the national average, at 41 per cent. The stunting incidence is the highest among 3-year-olds, at 64 per cent. The rate is also high across the first four wealth quintiles, and is below one third of the population (26 per cent) only for the richest wealth quintile in Ethiopia. A mother’s education is associated with the likelihood of being stunted. Incidence of stunting among children whose mother has not completed any formal education is 42 per cent, while among children whose mother has completed secondary education it is 22 per cent. For those whose mother has completed higher education it is 17 per cent.

Table 5: Trends in child survival and maternal health, Ethiopia and Afar region, 2000-2016

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
	Afar	26.1	15	32.2	51.3	62.6	100
Skilled attendance during delivery (%)*	National	5.6	5.7	10	27.7	49.8	100
	Afar	5.5	4.5	7.2	16.4	30.6	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
	Afar	229	123	127	125		<25
Infant mortality rate (per 1,000 live births)**	National	97	77	59	48		N/A
	Afar	129	61	64	81		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.



“ Afar region has a particular challenge with wasting and underweight in children under 5 years. ”

Afar region has a particular challenge with wasting and underweight in children under 5 years. The rate of children under 5 who are wasted is 18 per cent, which is the second highest in Ethiopia. The rate of underweight is 36 per cent, which is the highest in Ethiopia. On a positive note, these rates have been declining since 2011.<sup>14</sup> Deprivation from essential micronutrients is also a major issue: 75 per cent of children under 5 years are anaemic, second only to Somali across regions, and far above the national incidence of 57 per cent (Table 6).

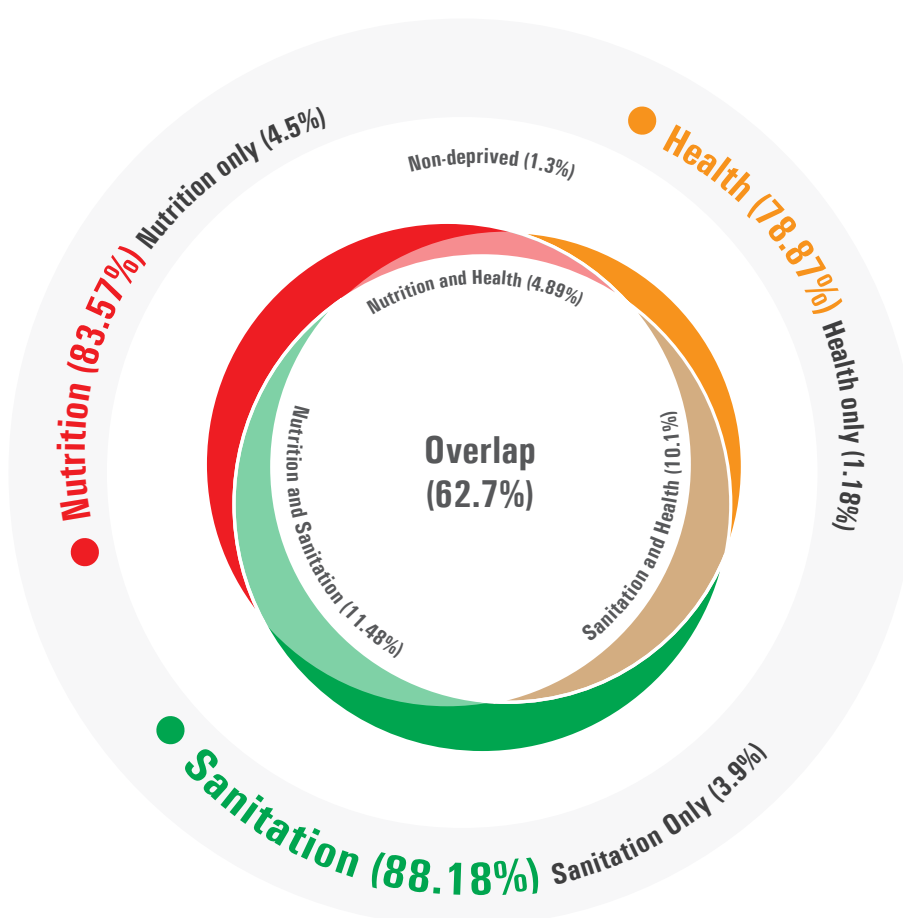
14. Ibid., and EDHS 2011.

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

Child nutrition and health	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
	Afar	0	0.6	8.6	15.2	19.8	100
Stunting prevalence ***	National	57.8	51.5	44.4	38.4	36.8	22.1
	Afar	52.7	42.7	50.2	41.1	43	25.8
Wasting prevalence ***	National	12.9	12.4	9.7	9.9	7.2	<5
	Afar	17	15.4	19.5	17.7	13.9	<5
Underweight prevalence ***	National	42.1	34.9	28.7	23.6	21.1	N/A
	Afar	46.5	35.3	40.2	36.2	31.7	N/A
Prevalence of anaemia (6-59 months)	National	N/A	53.5	44.2	56.9		N/A
	Afar	N/A	58.5	74.7	74.8		N/A

\*\*\* Converted to WHO standards

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

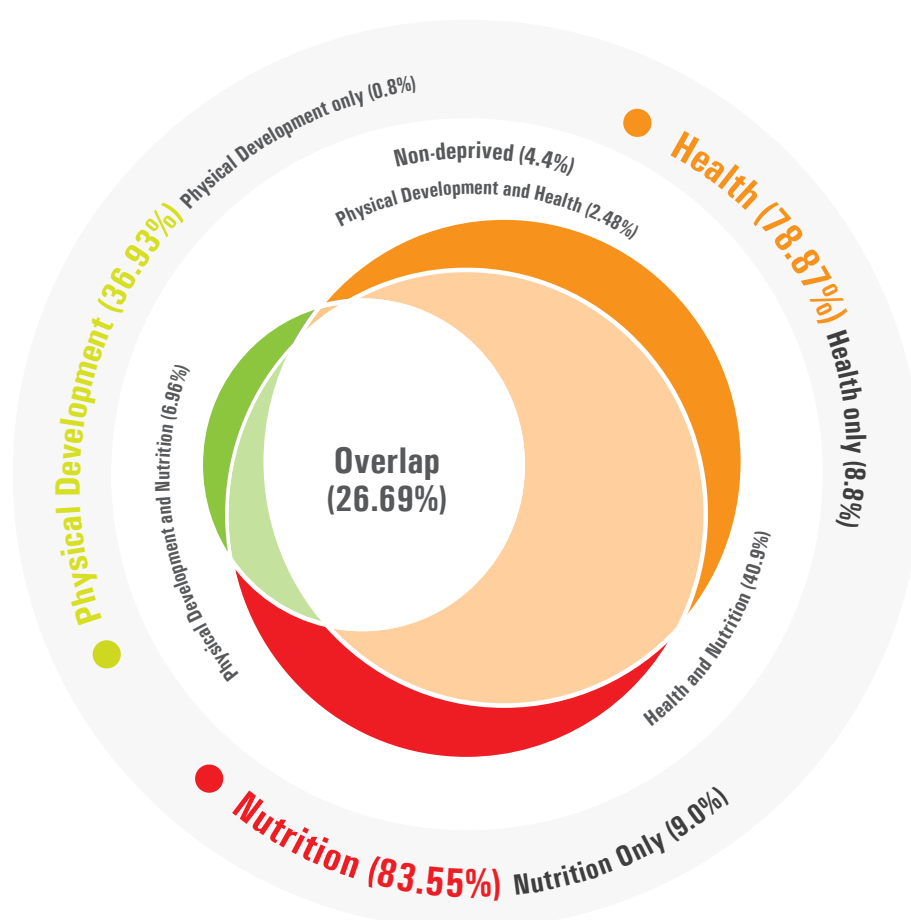




Improvements in nutritional and health outcomes among children under 5 years to increase their survival chances require a multi-sectoral approach and interventions. Analysis shows that 63 per cent of children under 5 years in Afar are simultaneously deprived in nutrition, health and sanitation. An additional 12 per cent are deprived in nutrition and sanitation at the same time, and 10 per cent are deprived in health and sanitation simultaneously. Only 1 per cent of children under 5 years in Afar are not deprived in any of these three basic needs and rights (Figure 8).

Overlap analysis between physical development (stunting), health and nutrition among children under 5 shows that more than one quarter of these children (27 per cent) in Afar are simultaneously deprived in all three of these basic needs and rights, while less than 5 per cent (4.4 per cent) are not deprived in any of them. An additional 41 per cent of these children are simultaneously deprived in health and nutrition (Figure 9).

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



## 4 EARLY CHILDHOOD DEVELOPMENT AND EDUCATION

There is a huge challenge in Afar Regional State with enrolment of students in school at every level: pre-primary, primary and secondary. On a positive note, the gross enrolment rate (GER) and net enrolment rate (NER) for all levels have improved over time. According to the Education Statistics Annual Abstract (ESAA) 2017/18, the GER and the NER for pre-primary education in Afar were the second lowest in the country, at 14 per cent and 13 per cent, respectively. These rates are far below the national GER target of 80 per cent by 2020.<sup>15</sup> In 2017/18, the GER and NER for Afar primary schools stood at 60 per cent and 51 per cent, respectively.<sup>16</sup> While the rates are the lowest in the country, they have increased consistently since 2008/09 (Table 7).<sup>17</sup> The Gender Parity Index (GPI) for Afar primary schools is 0.9, meaning there are more boys enrolled in primary school than girls. The GPI is equal to the national GPI. It is surprising that the GPI for Afar was 1.1 in 2012/13.<sup>18</sup>

“... The Gender Parity Index (GPI) for Afar primary schools is 0.9, meaning there are more boys enrolled in primary school than girls. The GPI is equal to the national GPI. It is surprising that the GPI for Afar was 1.1 in 2012/13.”

Table 7: Trends in GER and NER for primary education, Ethiopia and Afar region, 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
	Afar	31.2	-	50.5	59.5	100
Primary school net enrolment rate (Grades 1-8)	National	83	85.3	85.9	100.1	100
	Afar	24.4	32.2	41.5	50.9	100
Indicator	MCD report			EDHS 2011	EDHS 2016	SDG target 2030
Delay in schooling (age 9-17 years) <sup>19</sup>	National			37.3	33.6	N/A
	Afar			40.2	32.2	N/A
Illiteracy rate (age 15-17 years) <sup>20</sup>	National			45.2	45.5	0
	Afar			69.1	71.6	0

15. See ESDP V for all national targets on education.

16. Ministry of Education (MoE), ESAA 2010 E.C. (2017/18).

17. MoE, ESAA 2001 E.C. (2008/09) and ESAA 2005 E.C. (2012/13).

18. MoE, ESAA 2005 E.C. (2012/13).

19. 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.

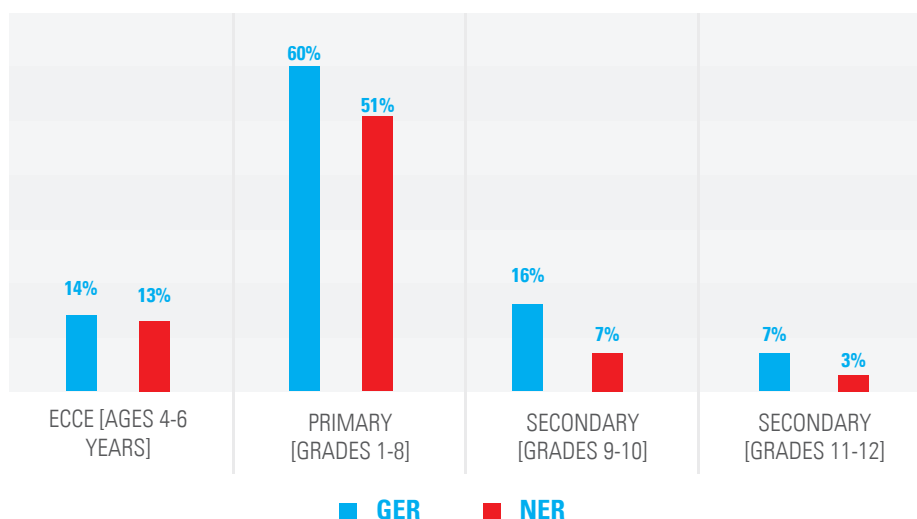
20. Child could not read or could read only parts of a sentence provided during the survey.

“**Many children who attend school fail to acquire basic skills, such as literacy and numeracy.**”

Many children who attend school fail to acquire basic skills, such as literacy and numeracy. The illiteracy rate in Afar is indicative of severe problems with the quality of education in the region. Nearly three quarters (72 per cent) of children aged 15 to 17 years are illiterate, a significantly higher rate than the national average of 46 per cent, which is very high itself (Table 7).

The Education Sector Development Programme (ESDP V) recognizes the challenge of the low quality of the Ethiopian education system, which includes unskilled teachers, irrelevant teaching, and inadequate learning materials.<sup>21</sup> In Afar region, there are challenges to be met regarding the quality of education, student achievements and dropouts. The survival rate to Grade 5 – the percentage of students who completed the first cycle of primary education – was only 29 per cent in 2016/17, by far the lowest in Ethiopia. In 2015/16, 10 per cent of Grade 8 students failed their final exam (10 per cent girls and 9 per cent boys), which is below the national average of 12 per cent.<sup>22</sup> The ESAA 2016/17 does not provide the dropout rates and repetition rates across regions. In 2012/13, it stood at 12 per cent for primary school, which is not extremely high compared to the other regions. However, the MCD report calculated the incidence of delay in schooling among both primary and secondary school-aged children, which is a proxy indicator of school dropouts and grade retention. The results show that despite progress since 2011, 32 per cent of children aged 9 to 17 years in Afar attend school with two or more years of delay. This rate is slightly below the national average of 34 per cent (Table 7).

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



21. ESDP V, p. 17.

22. MoE, ESAA 2009 E.C. (2016/17), p. 70. Note that MoE, ESAA 2010 E.C. (2017/18) does not provide this information across regions.



“... Gender parity in Afar secondary schools stood at 0.75 in 2017/18, and is far below the ESDP target of 0.96 for that year.”

In 2017/18, the GER in secondary education in Afar was 16 per cent for Grades 9 and 10, and 7 per cent for Grades 11 and 12, which are the lowest enrolment rates in Ethiopia. Gender parity in Afar secondary schools stood at 0.75 in 2017/18, and is far below the ESDP target of 0.96 for that year. The NER for Grades 9 and 10 is 7 per cent, and for Grades 11 and 12 it is only 3 per cent, far below the national averages of 25 per cent and 7 per cent, respectively.<sup>23</sup>

The regional government pays special attention to the pastoralist areas and remote woredas, for example by providing hostels and introducing mobile schools. An Alternative Basic Education (ABE) system has been operating to educate hard-to-reach children in pastoralist areas who are outside the formal school system. There were 152 ABE centres in Afar in 2016/17. In the same year, a new Pastoralist Area Education Strategy was developed at the national level, which stipulates alternative education strategies that are geared to the pastoralist way of life. The ABE system is characterized by flexible class schedules to accommodate pastoralist lifestyles. When ABE is completed, children can continue in Cycle 2 of a regular primary school. While the ABE system has contributed to increased enrolment, a challenge is the low quality of ABE centres as a result of the low quality of infrastructure and limited qualifications/experience of ABE facilitators. Regarding the latter, it is difficult to attract qualified teachers to remote regions. An interesting development is the upgrading of ABE centres to four levels instead of two or three levels. Selected ABE centres will be extended to Level 6, equivalent to Grade 6.<sup>24</sup> This approach is expected to reduce dropout rates.

23. MoE, ESAA 2010 E.C. (2017/18).

24. ESDP V, p. 80.



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

The quantity and distribution of water supply schemes in Afar region are not sufficient to meet the demands of the population (and livestock). This challenge is exacerbated by continuous climatic shocks that lead to drought. The percentage of households using improved drinking water sources is the second lowest in Ethiopia. According to the 2016 EDHS, 57 per cent of households use improved drinking water sources in Afar. This is under the national average of 65 per cent.<sup>25</sup> On the positive side, the rate increased by 13 percentage points between 2014 and 2016, which denotes notable progress. There are multiple challenges in Afar region related to water supply, including that the region receives less rainfall than other regions, has more complex hydrogeology, weaker regional and woreda administrations, and is sparsely populated by people practicing agro-pastoralist and pastoralist livelihoods. In Afar, the median time to fetch water is two hours, and the burden falls to women in 80 per cent of households.<sup>26</sup> For more than half of the households – 55 per cent compared to the national average of 32 per cent – the closest water source is more than 30 minutes away (necessary to reach the source, fetch the water, and return to the dwelling) (Table 8).

*Table 8: Trends in improved drinking water sources, sanitation facilities and housing conditions, Ethiopia and Afar region, 2005-2016*

Indicator	Region	EDHS 2005 (%)	EDHS 2011 (%)	EDHS 2014 (%)	ESS 2017/EDHS 2016 (%)	SDG targets 2030 (%)
Households using improved drinking water sources	National	61.4	53.7	56.9	64.8	100
	Afar	40	46.5	43.5	56.8	100
Time to water source 30+ minutes from the dwelling <sup>27</sup>	National		41.1		32.3	N/A
	Afar		67.1		54.9	N/A
Households using improved sanitation facilities	National	6.8	8.3	4.2	6.3	100
	Afar	4.6	7.2	2.5	4.1	100
Households with adequate housing <sup>28</sup>	National		2.9		12	
	Afar		6.7		9.6	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
	Afar		59.1		59.1	0

25. EDHS 2016.

26. World Bank, Maintaining the Momentum while Addressing Service Quality and Equity: A diagnostic of water supply, sanitation, hygiene, and poverty in Ethiopia. WASH Poverty Diagnostic, 2018, p. 41.

27. Necessary to reach the water source, fetch water, and return to the dwelling.

28. Floor, exterior walls and roof of the dwelling where the child resides are made of durable and sustainable structures.



“The EDHS data shows a positive trend in the percentage of people in Afar region who have access to improved sanitation facilities. At 4 per cent, it is the second highest of the Developing Regional States (1 per cent rural and 11 per cent urban), yet extremely low by any standards or comparisons.”

The EDHS data shows a positive trend in the percentage of people in Afar region who have access to improved sanitation facilities. At 4 per cent, it is the second highest of the Developing Regional States (1 per cent rural and 11 per cent urban), yet extremely low by any standards or comparisons.<sup>29</sup> The rate of households with an improved but shared toilet facility was 17 per cent, which is relatively high compared to the other regions. According to qualitative data from key informants at the woreda level for the 2017 UNICEF knowledge, attitudes and practices (KAP) survey, lack of awareness and limited economic capacity are the main reasons that sanitation is given low priority, as households prioritize other basic needs.<sup>30</sup> Open defecation in Afar is rampant: 62 per cent of the households surveyed for the KAP study in Afar had indiscriminately disposed of human faeces in their compounds. Even though there is no culture that encourages open defecation, it has been practiced for a very long time and is considered normal. The qualitative research for the KAP study found that even families who have toilets practice open defecation during times when their toilets were not fully functioning. Unavailability of public latrines aggravates open defecation, whereas in areas where they are available, poor maintenance discourages people from using them.<sup>31</sup> Washing hands with soap has a significant effect on reducing the risk of diarrhoea. Afar region has repeatedly been affected by acute watery diarrhoea, which has led to many child deaths. According to the EDHS 2016, 36 per cent of households in Afar have a place for washing hands (1 per cent fixed and 34 per cent mobile), which is the second lowest in Ethiopia. Of these houses, 17 per cent have water and soap, which is a relatively good percentage compared to the other regions.<sup>32</sup> According to the UNICEF KAP study, knowledge about the importance of washing hands in particular situations is more widespread in Afar than other regions. More than 39 per cent of women and 40 per cent of men knew that hands should be washed before breastfeeding/feeding a child. Similarly, 21 per cent of women and 14 per cent of men knew that hands should be washed after cleaning the bottom of a child who had defecated (UNICEF & DAB, 2017, pp.34-45).

Children and adults are susceptible to health risks in their dwellings due to inadequate housing conditions and indoor pollution from using solid fuel for cooking inside the house. Less than 10 per cent of households in Afar region, 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. Progress in this area has been slow since 2011 (Table 8).

29. EDHS 2016.

30. UNICEF, KAP Baseline Survey on Water, Sanitation and Hygiene in Eight Regions of Ethiopia, 2017, p. 25.

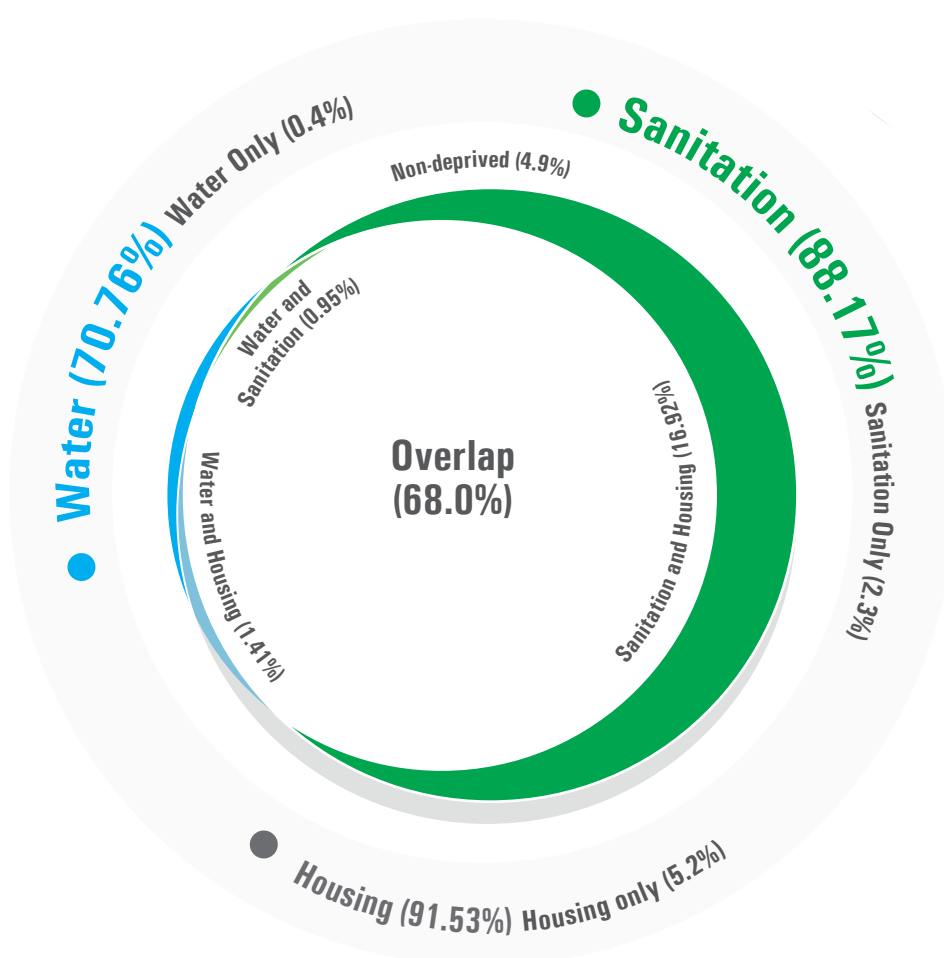
31. Ibid

32. Ibid., p. 23

In more than half of the households in Afar – 59 per cent compared to the national average of 31 per cent – cooking is done inside the house with solid fuels, which exposes children (and adults) to a number of health risks, such as acute respiratory infection. No improvements were noted in this indicator between 2011 and 2016 (Table 8).

Any interventions aimed at improving the well-being of children in Afar region should use a multi-sectoral approach that includes all components of WASH and improvements in housing conditions, and that raises awareness about the importance of each. Analysis shows that there is a high overlap in deprivation between water, sanitation and housing for all children: 68 per cent of children under 18 in Afar are simultaneously deprived of an improved and/or proximal drinking water source, adequate sanitation, and adequate housing conditions; 17 per cent are deprived of adequate sanitation and housing conditions; and 5 per cent of children in Afar are not deprived in any of these basic needs (Figure 11).

Figure 11: Deprivation overlap between water, sanitation and housing, children under 18 years. Source: Calculations using MCD analysis and EDHS 2016 data

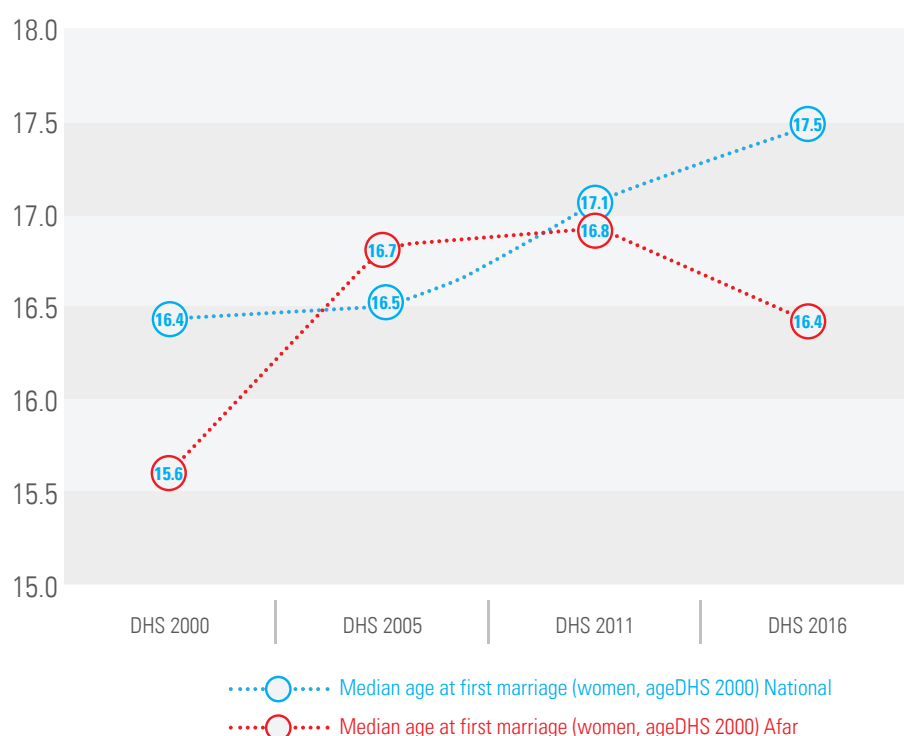


## 6 CHILD PROTECTION

The EDHS 2016 shows a median age at first marriage of 16.4 years among women aged 20-49 years in Afar region, which is very low, and the second lowest in the country after Amhara region. There was a worrying decreasing trend in the average median age of marriage between 2011 and 2016 (Figure 12). In 25 years, there has been almost no change in child marriage rates reported by women in the age group 20-24 years: the rate was 69 per cent in 1991 and stood at 67 per cent in 2016.<sup>33</sup> Afar region currently has the highest prevalence rate of child marriage in this age group in Ethiopia. Progress in Afar needs to be 47 times faster to eliminate child marriage by 2030 and achieve Sustainable Development Goal (SDG) 5.3.<sup>34</sup> It is clear that this acceleration scenario is highly unrealistic.

“...Progress in Afar needs to be 47 times faster to eliminate child marriage by 2030 and achieve Sustainable Development Goal (SDG) 5.3.”

Figure 12: Trends in median age at first marriage (women, aged 20-49), Ethiopia and Afar region, 2000-2016



<sup>33.</sup> The EDHS 2016 does not include data on child and early marriage across regions in Ethiopia. This data is provided by UNICEF, Ending Child Marriage: A profile of progress in Ethiopia, 2018, p. 8.

<sup>34.</sup> Ibid., p. 10.



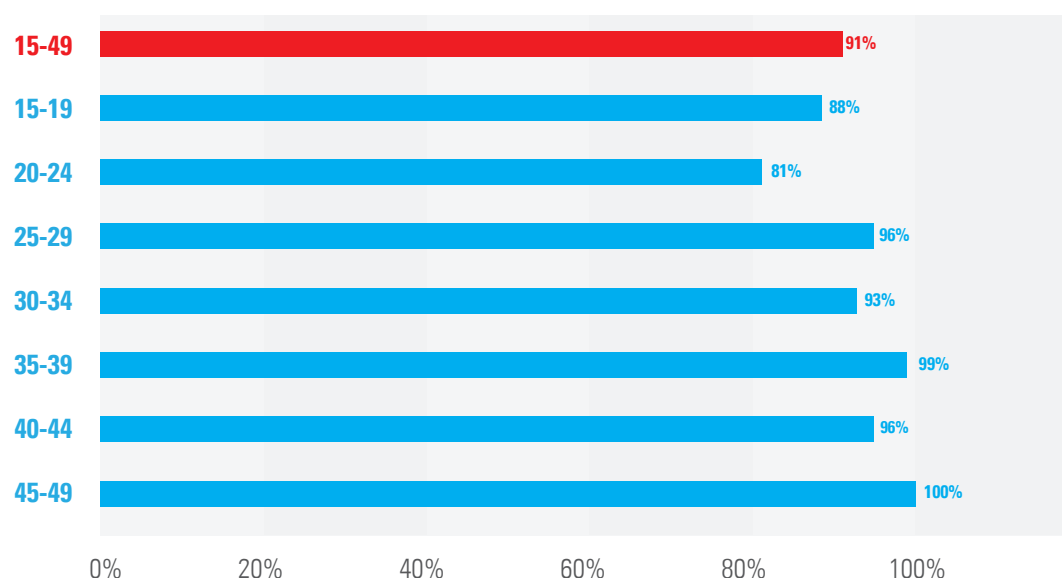
Table 9: Trends in indicators on child marriage and female genital mutilation/cutting (FGM/C), Ethiopia and Afar region, 2000-2016

Child marriage and FGM/C	Region	EDHS 2000	EDHS 2005	EDHS 2011	WMS 2011	EDHS 2016	SDG 2030 targets
Women married by age 15 among women currently aged 15-19 (%)	National	14.4	12.7	8	-	-	0
	Afar	-	11.7	12.8	-	-	0
Women married by age 18 among women currently aged 20-24 (%)	National	49	49	41	-	40	0
	Afar	-	-	-	-	67*	0
Median age at first marriage (women, aged 20-49)	National	16.4	16.5	17.1	-	17.5	N/A
	Afar	15.6	16.7	16.8	-	16.4	N/A
Female genital mutilation/cutting (aged 0-14) (%)	National	-	-	-	23	15.7	0
	Afar	-	-	-	59.8	77.8	0
Female genital mutilation/cutting (aged 15-49) (%)	National	79.9	74.3	-	-	65.2	0
	Afar	98.6	91.6	-	-	91.2	0

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

The practice of FGM/C among girls and women aged 15 to 19 years decreased at an annual average of 0.8 percentage points over the 10 years before the EDHS 2016. The reduction is too slow, especially considering that the FGM/C prevalence rate in Afar region is the second highest in the country among women aged 15 to 49, at 91 per cent. In comparison, the national rate for this age group is 65 per cent (Table 9). In order to meet SDG 5.3 and eliminate FGM/C by 2030, Afar should step up efforts and should reduce the percentage of girls aged 15 to 19 years who have undergone FGM/C by 30 per cent per year. FGM/C across age groups shows that the younger age group (15-19 years) has a higher prevalence rate than the older age group (20-24 years), signalling an increase of FGM/C in adolescent girls (Figure 13).

Figure 13: Percentage of girls and women aged 15 to 49 years who have undergone FGM/C in Afar region, by age group, 2016. Source: UNICEF, EDHS 2016. FGM/C Further Analysis: Sub-national results, 2018



Wealth is associated to some extent with FGM/C prevalence: 98 per cent of women (aged 15-49) in the poorest wealth quintile have undergone FGM/C compared to 71 per cent in the richest wealth quintile. It is noteworthy that FGM/C is carried out when girls are young (aged 0-14) (78 per cent).<sup>35</sup>

**“ The percentage of children aged 5 to 14 years who are engaged in child labour is high. ”**

The percentage of children aged 5 to 14 years who are engaged in child labour is high. A 2015 study by the CSA and the International Labour Organization (ILO) found 32 per cent of children (aged 5-17) were engaged in child labour compared to a national rate of 24 per cent.<sup>36</sup>

The rate of adolescents (aged 15-17) who have comprehensive knowledge about HIV/AIDS transmission and prevention is nearly half the national average, at 16 per cent compared to 30 per cent, respectively, and improvements since 2011 has been meagre. A worrying finding is the small share of adolescents who participate in community events and conversations where they can obtain information about various topics related to their well-being, including family planning, suggesting issues with sustainability of existing programmes. Only 14 per cent of adolescents aged 15 to 17 years participated in a community event or conversation where family planning was discussed in the few months preceding the survey, compared to the national average of 24 per cent (Table 10).

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

<b>Health-related knowledge and community participation among adolescents (15-17 years)</b>	<b>Region</b>	<b>EDHS 2011 (%)</b>	<b>EDHS 2016 (%)</b>	<b>SDG 2030 targets (%)</b>
Comprehensive knowledge about HIV/AIDS transmission and prevention	National	27.4	29.8	100
	Afar	13.7	16.2	100

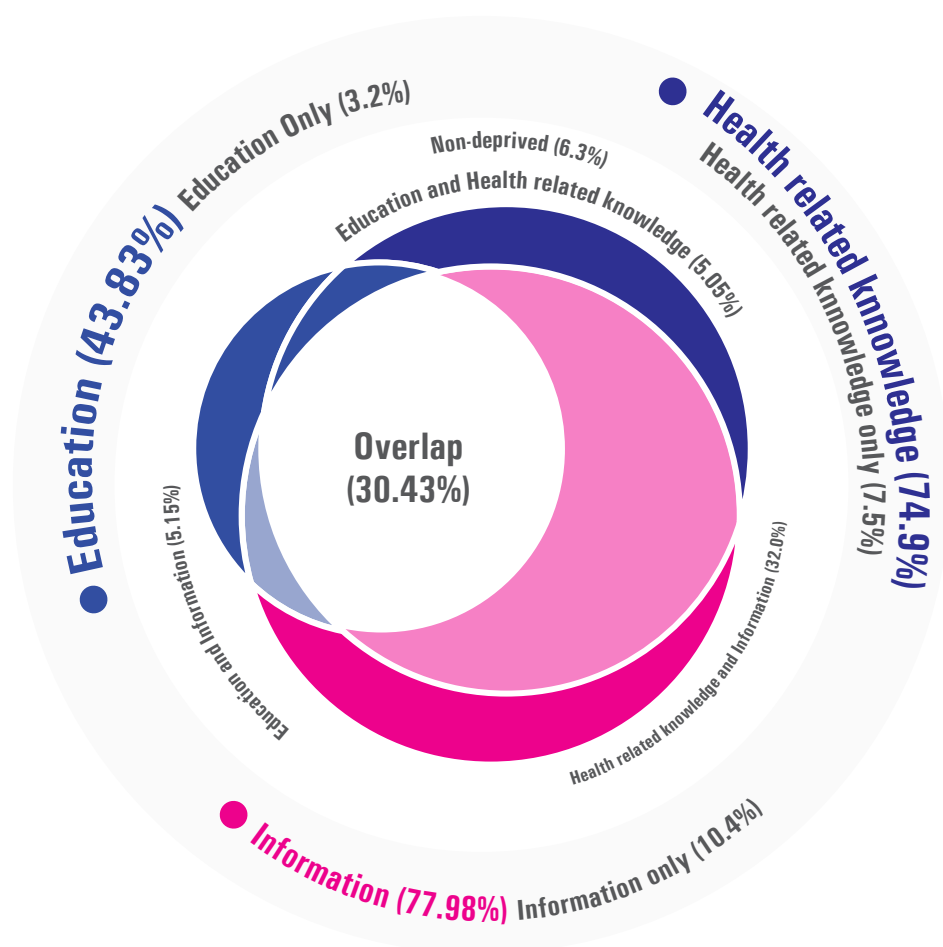
<sup>35.</sup> EDHS 2016, p. 323.

<sup>36.</sup> CSA and ILO, Ethiopia National Child Labour Survey 2015, p. 79.



Nearly one third of children aged 5 to 17 years in Afar (30 per cent) are deprived of education, health-related knowledge and information and participation, simultaneously. An additional 32 per cent are deprived in both health-related knowledge and information and participation. Only 6 per cent are not deprived in any of these three dimensions, suggesting that a very large proportion of children in Afar do not have access to essential information related to their well-being (Figure 14). 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.

Figure 14: 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



## 7 SOCIAL PROTECTION

The Federal Government has been implementing an impressive 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 Afar region, 66 per cent of rural households were in the PSNP compared to 11 per cent of households at the national level in 2014.<sup>37</sup> This is the highest coverage rate in the country.

There is a challenge with targeting the poorest households in Afar region. According to a study by the Ethiopian Development Research Institute (EDRI) (2018) on targeting social transfers in pastoralist societies, in the lowland regions of Afar and Somali wealthier households are more likely to benefit from the PSNP than poorer households.<sup>38</sup> In fact, "nearly half of the poorest households in Afar were not selected for the PSNP in 2016, while 46 per cent of the richest were included".<sup>39</sup> This is deeply concerning given that these predominantly agro-pastoral and pastoral areas have high levels of poverty, food insecurity and malnutrition. In addition, there is an absence of viable livelihoods outside of pastoralism in these localities.<sup>40</sup>

“... According to a study by the Ethiopian Development Research Institute (EDRI) (2018) on targeting social transfers in pastoralist societies, in the lowland regions of Afar and Somali wealthier households are more likely to benefit from the PSNP than poorer households.”<sup>38</sup>



The EDRI study states that the causes of poor targeting performance can generally not be attributed to an absence of information on targeting, nor to donor or federal government neglect. It concludes instead that the influence of the societal norm of 'fairness' seems to be different in Afar region, namely that everyone should be able to benefit from the PSNP regardless of wealth, and that targeting a minority of community members can create tension. It is possible that a culture of inequality and hierarchy is so institutionalized that the poorest people in these areas are less likely to know about or proactively request pro-poor treatment.<sup>41</sup>

37. Mini-EDHS 2014, p. 15.

38. EDRI, Targeting Social Transfers in Pastoralist Societies: Ethiopia's Productive Safety Net Programme Revisited, 2018, pp. 1-19.

39. Ibid., p. 5.

40. Ibid., p. iii.

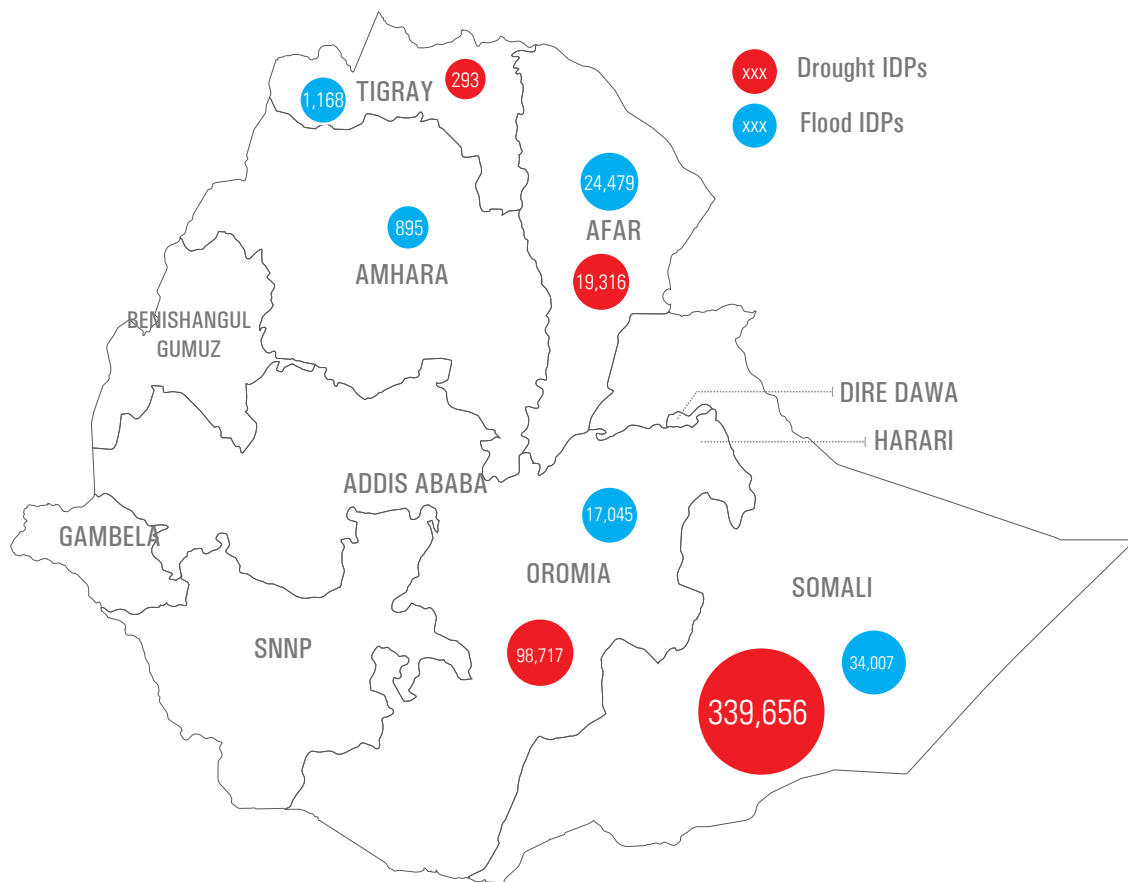
41. Ibid., p. 17.

## 8 CLIMATE CHANGE AND CHILD RIGHTS

Afar Regional State has an arid and semi-arid climate with low and erratic rainfall. The altitude varies from 120m to 1,500m above sea level, and depending on the altitude the temperatures range from 20 degrees Celsius to 48 degrees Celsius. For centuries, climate-induced shocks and stressors have been challenging the pastoral production systems in Afar, which is especially prone to drought and flooding.

Flash flooding in low-lying areas and around settlements located near the Awash River is a frequent problem. Flooding damages crops, leads to drowning of people and livestock, destroys infrastructure, gives rise to water-borne diseases and causes displacement. For example, as per July 2018, 24,479 people in Afar were displaced because of floods and 19,316 people were displaced because of drought (Figure 15).<sup>42</sup>

Figure 15: Climate-induced IDPs by region as per July 2018, Ethiopia. Source: IOM and partners, Categorization of IDPs, Oct. 2018



<sup>42.</sup> International Organization for Migration and partners, Categorization of IDPs, Oct. 2018. See also Joint Government and Humanitarian Partners, Flood Response Plan Ethiopia, Sept. 2018.

Drought has devastating effects. The 2015/16 El Niño episode significantly affected the population of Afar region, especially in north-eastern Afar. Consecutive seasons of below-average rainfall prior to 2015 had already led to deterioration in livestock and rangeland conditions. On top of that, the 2015 belg rains failed and the summer (kiremt) rains started late and were erratic. Subsequently, the 2016 belg rains were also delayed in Afar. This pushed the population of Afar into severe food insecurity and ongoing water shortages.<sup>43</sup> It affected Afar children, resulting in chronic and acute hunger, poor health, water-related illnesses, school absenteeism, poor school performance, poor diet, poor hygiene, lack of clean clothing, protection risks, and child labour.<sup>44</sup> Older Afar boys participated in long-distance pastoralist transhumance, which was a key factor in discontinuing school. Because livestock had to move further than normal for pasturelands and water access, women and children left in the home were not able to eat enough animal products, such as milk and meat, which led to malnutrition.<sup>45</sup>

**Generally, the pastoralist system has adapted to challenges of drought, for example flexibility and mobility, which has allowed pastoralists to survive in difficult environments and situations for centuries.<sup>46</sup>**

Generally, the pastoralist system has adapted to challenges of drought, for example flexibility and mobility, which has allowed pastoralists to survive in difficult environments and situations for centuries.<sup>46</sup> One way they respond to drought is by changing the composition of the herd.<sup>47</sup> However, “[pastoralists’ ability] to make the best use of the non-equilibrium

environment is seriously hampered by climate change and extreme weather events”.<sup>48</sup> Climate change is causing rising temperatures and irregular rainfall, which is reducing pasture and water availability/sufficiency for pastoral and agro-pastoral households. Continuous water stress results in permanent water sources being overexploited. Climate change is projected to increase human disease and affect the health of livestock. The high prevalence of poverty, high rates of child mortality, morbidity and malnutrition, and high population growth increases vulnerability to climate change in Afar Regional State.<sup>49</sup>

Children are most vulnerable to climate change. They have a higher likelihood than adults to die, particularly compared to adult men, and are at a higher risk of poor health, growth and development. Afar women and girls experience greater risks, burdens and impacts of climate change, as emergencies exacerbate existing gender inequalities.<sup>50</sup> “Gender inequality, inherent in the Afar customary tradition (Adda), acts as a risk multiplying factor, resulting in women being more vulnerable than men to climate change-induced food insecurity and related risks. Moreover, men have better scores in different variables determining vulnerability and adaptive capacity, including wealth ownership, wealth inheritance, household-level decision-making power, opportunities for community-level participation, household burdens and health or body mass index (BMI)”.<sup>51</sup>

43. UNICEF, Generation El Niño: Long-term impacts on children’s well-being. Final report, 2018, pp. 10 and 11.

44. Ibid.

45. Ibid., p. 24.

46. Little, P. and McPeak, J. (IFPRI), Resilience and Pastoralism in Africa South of the Sahara, with a Particular Focus on the Horn of Africa and the Sahel, West Africa, 2014, pp. 11-13.

47. Ibid., p. 15.

48. Afar Regional State, Programme of Plan on Adaptation to Climate Change, 2010, p. ii.

49. Ayalew et al., ‘Outlook of Future Climate in Northwestern Ethiopia’, in: Agricultural Sciences, Vol. 3. No. 4, 2012, p. 623. See also World Bank, Economics of Adaptation to Climate Change, Ethiopia, 2010.

50. 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).

51. Behehey et al., ‘Traditional Gender Inequalities Limit Pastoral Women’s Opportunities for Adaptation to Climate Change: Evidence from the Afar pastoralists of Ethiopia’, in: Pastoralism: Research, Policy and Practice, 2018, p. 1.



## 9 GENDER EQUALITY

Like in other regions of Ethiopia, Afar Regional State has a 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. Women and girls are labelled as nurturing and carers, thus childcare responsibilities often fall exclusively to them. The region has a rooted customary system called Adda. In this system, elderly men regularly gather to make important societal decisions. The system restricts women in numerous ways, including in decision-making, community affairs and entitlements to wealth.

“...The region has a rooted customary system called Adda. In this system, elderly men regularly gather to make important societal decisions.”



According to the EDHS 2016, in Afar region 17 per cent of women (aged 15-49) decided themselves on their first marriage (the second lowest rate in the country) while 82 per cent of women stated that their parents made the decision for their first marriage.<sup>52</sup> The rate of women who stopped attending school after marriage is 50 per cent (aged 15-49). When asked what the main reason was for discontinuing school, 49 per cent of women cited that they were too busy with family life. Another reason put forward by women for discontinuing school was that their husbands refused to let them continue (32 per cent).<sup>53</sup>

Almost one in four Afar girls (aged 15-19) have begun child

bearing, which is the highest rate in the country. This high rate corresponds with the low rate of married Afar women using modern contraceptive methods (12 per cent), second only to Somali.<sup>54</sup> According to the Afar tradition of Adda, women should follow what is decided by men with submission, regardless of whether it affects their well-being positively or negatively.

Afar women are often denied their share of inheritance when their parents or husband die, or after a divorce. It is common for women to be excluded from decision making on common property in marriage. Women are routinely denied their rights in relation to animal ownership and the selling or slaughtering of animals.<sup>55</sup> Figure 16 shows the unequal distribution of power between women and men in decision making and ownership.

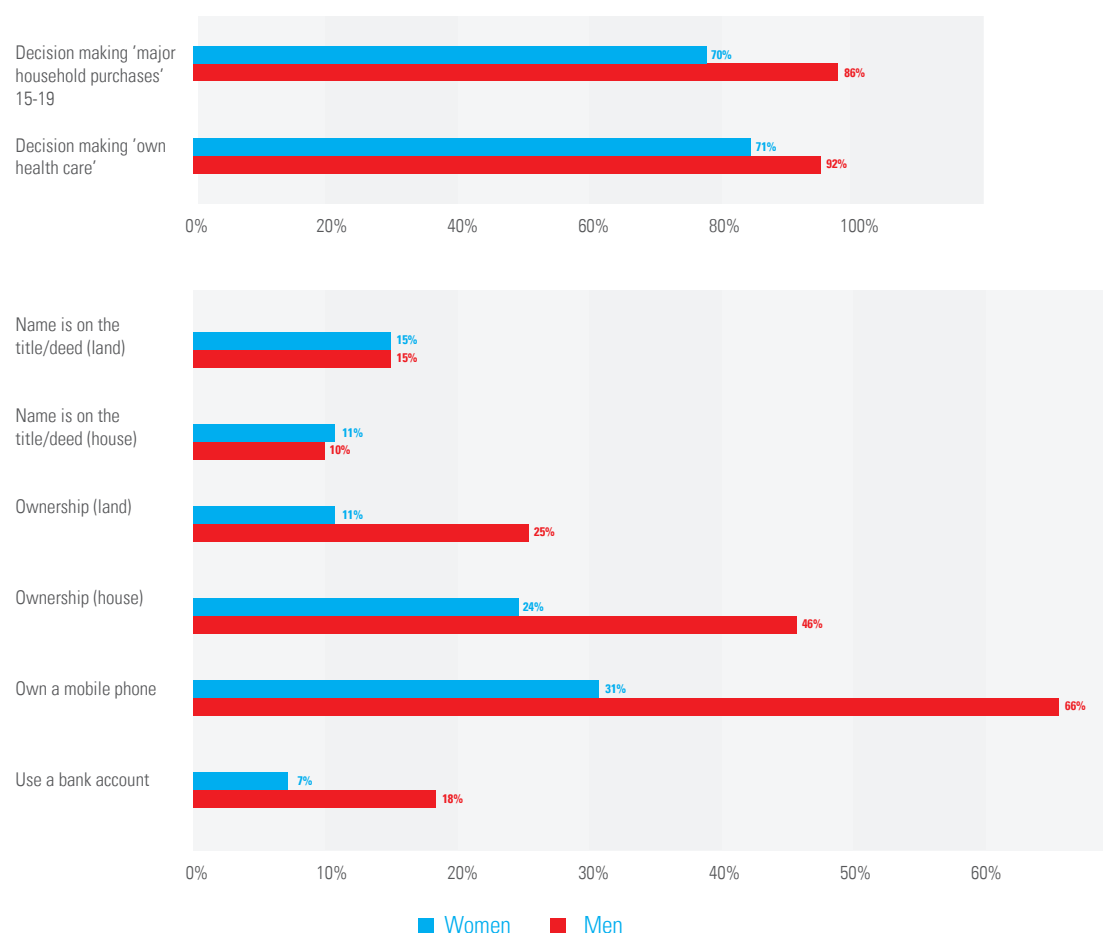
52. EDHS 2016, p. 278.

53. Ibid., p. 279.

54. Ibid., p. 114.

55. Belehey et al., 'Traditional Gender Inequalities Limit Pastoral Women's Opportunities for Adaptation to Climate Change: Evidence from the Afar pastoralists of Ethiopia, in: Pastoralism: Research, Policy and Practice, 2018, p. 4.

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



In Afar, 27 per cent of husbands participate in household chores, of whom 35 per cent participate every day.<sup>56</sup> The EDHS 2016 shows that women are more deprived of information than men. The Internet is a critical tool for accessing information, and women in Afar are six times less likely to use it than men.<sup>57</sup> Women in Afar are less exposed to mass media than men: 3 per cent of women and 6 per cent of men read a newspaper at least once per week; 16 per cent of women and 29 per cent of men watch television at least once per week; and 13 per cent of women and 20 per cent of men listen to the radio at least once per week.<sup>58</sup>

In Afar, the proportion of women (aged 15-49) who have ever experienced psychological, physical or sexual violence by their current or most recent husband/partner is 13 per cent, 12 per cent, and 3 per cent, respectively. These represent the second lowest rates in Ethiopia after Somali region.<sup>59</sup> The percentage of women who believe that a husband is justified in hitting or beating his wife in various circumstances is 69 per cent. On the other hand, 16 per cent of men agree that wife beating is justified in some circumstances.<sup>60</sup>

56. EDHS 2016, p. 280.

57. Ibid., pp. 49 and 50. Percentage of women and men aged 15-49 who have used the Internet in the past 12 months.

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

59. Ibid., p. 306.

60. Ibid., pp. 283 and 284.



## 10 KEY PRIORITIES AND RECOMMENDATIONS TO IMPROVE THE SITUATION OF WOMEN AND CHILDREN IN AFAR

- 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.
- In Afar, the deprivation rates across all dimensions of deprivation (basic needs and rights) across all age groups are higher than the national average, implying that serious commitment is required at the federal and regional level in terms of both finance and design of interventions to enhance children's well-being.

- Afar has the highest deprivation rates in Ethiopia for the dimensions of health and nutrition among children under 5 years, and for the following indicators: coverage of skilled birth attendance, full immunization, underweight, infant and young child feeding (IYCF), vitamin A provision, delay in schooling for children aged 15 to 17, illiteracy among 15- to 17-year-olds, indoor pollution, and distance to a water source at the household level. These findings suggest that a multi-sectoral approach is required in policy and programme design for effective child poverty and deprivation reduction. Coordination of sectors at different levels of governance, as well as across different administration and service delivery structures, is paramount. In the initial phases of programme development and design, the above-mentioned sectors and sub-sectors could be prioritized.
- Afar is one of the four Developing Regional States and, while there has been progress, it has been performing behind other regions in most of the development indicators. It is recommended to continue to build the human capacity of the regional government in the field of children's and women's rights, and to create awareness on these rights at each level, including among communities. Promote community participation in development planning and implementation.
- Strengthen the capacities of the regional government and district management in the area of real time data collection, analysis, and monitoring and evaluation to support the design of evidence-based and context-specific interventions. Support the development of a management information system to inform decision makers and increase accountability at every level. Advocate and promote resource mobilization.
- The regional government should take significant action to reduce child mortality by focusing on maternal, infant and child health service delivery. Prioritize increasing access to community-based health care and improving the quality of maternal and newborn care. Particular importance should be given to reducing the high rates of stunted, wasted and underweight children under the age of 5 years, and to treat severe wasting and other forms of severe acute malnutrition in children.
- Strengthen the implementation of the NNP II and the multi-sectoral approach to reducing under-nutrition. Focus on increased access to nutrition education (IYCF) aiming at early initiation, exclusive breastfeeding, micronutrient supplementation (including iron folic acid), and enhanced outreach services for nutrition screening, referrals and appropriate case management. There is a need to strengthen and scale up integrated management of acute malnutrition, and links with nutrition-sensitive agriculture, WASH and education, using risk-informed and resilience programming that focuses on a systematic and multi-sectoral approach.

- In response to low enrolment in Afar schools, efforts should be made to make parents and communities aware of the importance of their children's education. Barriers for out-of-school children should be addressed. Special attention should be paid to ABE centres and the continuation of flexible education delivery to accommodate the large number of pastoralist and agro-pastoralist children in the region.
- In response to lower enrolment of girls in school at all levels, efforts should be made to make parents and communities aware of the importance of girls' education. Barriers for out-of-school children, especially girls, should be addressed. Include girls' education as an essential component of regional development efforts, and take special (affirmative) measures to reach girls.
- Considering the problem of scarcity of water and the vulnerability of Afar people to climate-induced shocks, such as drought and flooding, which are likely to increase due to climate change pressures, the regional government should increase its attention on water, sanitation and hygiene.
- The regional government should strengthen its WASH programming by improving coordination between regional and woreda levels, increasing water supply, integrating water supply in basic social services (e.g. health facilities and schools), 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 woreda level.
- Prioritize ending child marriage, FGM/C and gender-based violence, including through strengthening community-based awareness raising activities; holding open consultation forums with religious leaders and communities about the declaration of zero tolerance of FGM/C; raising awareness about the criminal and damaging nature of these practices; continuing to strengthen victim assistance and rehabilitation services; continuing to increase the technical capacity of law enforcement actors to effectively investigate complaints and prosecute acts of violence against children, with appropriate penalties for perpetrators; 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 children.
- Support more resilience interventions that would secure food and water availability during the dry season and provide alternative livelihoods to improve income diversification of households at risk of future climate shocks and conflicts. It is suggested to conduct a pastoralist context-specify study on how to build community resilience.

**Situation Analysis of Children and Women:**  
Afar Region

