Situation Analysis of Children and Women: Benishangul-Gumuz Region
Situation Analysis of Children and Women: Benishangul-Gumuz Region
ABSTRACT

The Situation Analysis covers selected dimensions of child well-being in Benishangul-Gumuz Regional State. It builds on the national Situation Analysis of Children and Women in Ethiopia (2019) and on other existing research, with inputs from specialists in Government, UNICEF Ethiopia and other partners. It has an estimated population of approximately 1.1 million people, which constitutes 1.1% of the total Ethiopian population. The population is young: 13 per cent is under-five years of age and 44 per cent is under 18 years of age. Since 1999/00, Benishangul-Gumuz has experienced an impressive 28 percentage point decline in monetary poverty, but 27 per cent of the population are still poor; the second highest in the country after Tigray and higher than the national average of 24 per cent.
Food poverty continued a steep decline from 55 per cent in 1999/00 to 24 per cent in 2015/16; close to the national average of 25 per cent. In Benishangul-Gumuz, in 2014, only 1.1 per cent of rural households were in the PSNP compared to 11 per cent of households at the national level. In 2011, the under-five mortality rate in Benishangul-Gumuz was the highest in Ethiopia (169 per 1,000 live births); this declined significantly, but is still very high: 96 deaths per 1,000 births, which is the second highest in the country after Afar. The infant mortality rate declined from 101 deaths per 1,000 births in 2011 to 62 deaths per 1,000 births in 2016. Unlike most other regions, the neonatal mortality rate of 35 deaths per 1,000 live births in Benishangul-Gumuz has declined relatively fast and falls under the national average of 38 deaths per 1,000 births. Benishangul-Gumuz has managed to increase basic vaccination coverage for children under age one: from 24 per cent in 2011 to 57 per cent in 2016. The prevalence of wasting and underweight among children under age five have both slightly increased; wasting is twelve per cent and underweight is 34 per cent; the second highest after Afar. The prevalence of anaemia—a proxy indicator for iron deficiency—among under-five children is far less than the national average: 34 per cent versus 57 per cent.

According to the EDHS 2016, 82 per cent of households use improved drinking water sources in Benishangul-Gumuz compared to a national average of 65 per cent. The EDHS data shows that only two per cent of households use improved sanitation facilities in Benishangul-Gumuz, which is a huge challenge; this is 1.5 per cent of rural households and 3.4 per cent of urban households. According to the EDHS 2016, 63 per cent of households in Benishangul-Gumuz have a place for washing hands (nine per cent have a fixed site and 54 per cent have a movable site), which is slightly above the national average of 60 per cent.

According to the Education Statistics Annual Abstract (ESAA) 2018/19, the Gross Enrolment Ratio (GER) of 38 per cent and the Net Enrolment Ratio (NER) of 25 per cent for pre-primary education (ages 4-6) in Benishangul-Gumuz are still quite low. In 2018/19, the GER and the NER for Benishangul-Gumuz primary education stood at 114% and 95%, respectively;¹ the high percentages were due to there being more children in primary grades than there are children between 7 and 14 years. The NER trend is negative. The Gender Parity Index (GPI) for Benishangul-Gumuz primary education is 0.86.

The EDHS 2016 shows a median age at first marriage of 17.1 years among women aged 20-49 in Benishangul-Gumuz, an increase from 15.3 years in 2011. Fifty per cent of women aged 20 to 24 married before age 18. FGM prevalence in Benishangul-Gumuz region is 63 per cent among women aged 15 to 49 years and there is not much difference between rural and urban areas. Among circumcised women, three per cent have undergone the most severe form, infibulation. A striking statistic is that, unlike in most other regions and indeed globally, the richest wealth quintile has 70 per cent prevalence, while the poorest wealth quintile has 45 per cent prevalence.

Birth registration is extremely low only one per cent of births being issued birth certificates.

---

Benishangul-Gumuz, located in north-western Ethiopia, is a small region in terms of land mass and population. Its total area is 0.381 square kilometres, constituting 4.6 per cent of the total land area of Ethiopia. It borders with Amhara regional state in the north and northeast, with Oromia regional state in the south and southeast, and with the Republic of Sudan in the west. It has an estimated population of approximately 1.1 million people, which constitutes 1.1% of the total Ethiopian population. The population is young: 13 per cent is under-five years of age and 44 per cent is under 18 years of age. The total fertility rate is 4.4 per women (ages 15-49). This rate has been declining; it was 5.2 in 2011 and 2005. The region’s administrative centre is located in Assosa. There ethnic groups include the indigenous Berta (also called Benishangul), Gumuz, Shinasha, Mao and Komo. The federal government of Ethiopia has classified Benishangul-Gumuz region as a Developing Regional State (DRS).

The region’s demographics show that:

<table>
<thead>
<tr>
<th>Demographics</th>
<th>National</th>
<th>Benishangul-Gumuz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (2019 projection based on the 2007 Census; CSA)</td>
<td>98,663,000</td>
<td>1,127,000</td>
</tr>
<tr>
<td>Total under-18 population (2019 projection based on 2007 Census, CSA)</td>
<td>44,714,454</td>
<td>496,422</td>
</tr>
<tr>
<td>Total under-5 population (2019 projection based on the 2007 Census, CSA)</td>
<td>13,605,728</td>
<td>149,255</td>
</tr>
</tbody>
</table>

In the region, 77 per cent of the population live in rural areas and 23 per cent live in urban areas. Its economy is largely dependent on agriculture, including crops, livestock and forestry. There is potential for agricultural productivity gains. Many farmers still rely on ploughing by hand or oxen. In recent years, large amounts of land have been leased to (mainly international) investors in agriculture, who have brought in modern farming techniques and created employment, although not always for local people. More agricultural investments are needed to increase knowledge, skills and access to seeds and fertilizer, as well as new techniques and wise environmental and conservation measures. Small farmers need to be integrated into value chains. The Grand Ethiopian Renaissance Dam on the headwaters of the Blue Nile in Benishangul Gumuz region began construction in 2011 but was delayed in 2018 and subsequently delayed due to disagreements between Ethiopia, Sudan and Egypt. When completed, it will be the largest hydropower project in Africa.

---

3. 2019 projection based on the 2007 Census; CSA.
5. EDHS 2016, p. 84.
7. The four DRSs are Benishangul-Gumuz, Afar, Somali and Gambella.
8. 2019 projection based on the 2007 Census; CSA.
2 POVERTY, DEPRIVATION AND VULNERABILITY

Since 1999/00, Benishangul-Gumuz has experienced an impressive 28 percentage point decline in monetary poverty (Figure 1 and Table 2).\(^{11}\) However, it is concerning that the 27 per cent headcount poverty rate is still high; the second highest in the country after Tigray. Moreover, as Figure 1 clearly shows, the decline in poverty slowed down between 2010/11 and 2015/16. As in most other regions, rural poverty is higher than urban poverty: 29 per cent versus 18 per cent, respectively.\(^{12}\) In contrast to monetary poverty, the per cent of people living below the food poverty line continued a steep decline from 55 per cent in 1999/00 to 24 per cent in 2015/16, about the same as the national average of 25 per cent. Twenty-five per cent of rural people in Benishangul-Gumuz are poor compared with only 18 per cent of urban people.\(^{13}\)


<table>
<thead>
<tr>
<th>Year</th>
<th>National</th>
<th>Benishangul Gumuz</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995/96</td>
<td>45.5%</td>
<td>46.8%</td>
</tr>
<tr>
<td>1999/00</td>
<td>44.2%</td>
<td>54.0%</td>
</tr>
<tr>
<td>2004/05</td>
<td>38.7%</td>
<td>44.5%</td>
</tr>
<tr>
<td>2010/11</td>
<td>29.6%</td>
<td>28.9%</td>
</tr>
<tr>
<td>2015/16</td>
<td>23.5%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Since 1999/00, Benishangul-Gumuz has experienced an impressive 28 percentage point decline in monetary poverty (Figure 1 and Table 2).\(^{11}\) However, it is concerning that the 27 per cent headcount poverty rate is still high; the second highest in the country after Tigray. Moreover, as Figure 1 clearly shows, the decline in poverty slowed down between 2010/11 and 2015/16. As in most other regions, rural poverty is higher than urban poverty: 29 per cent versus 18 per cent, respectively.\(^{12}\) In contrast to monetary poverty, the per cent of people living below the food poverty line continued a steep decline from 55 per cent in 1999/00 to 24 per cent in 2015/16, about the same as the national average of 25 per cent. Twenty-five per cent of rural people in Benishangul-Gumuz are poor compared with only 18 per cent of urban people.\(^{13}\)

> Table 2: Trends in monetary and food poverty, Ethiopia and Benishangul-Gumuz, 1995/96-2015/16

<table>
<thead>
<tr>
<th>Poverty</th>
<th>HCES</th>
<th>1995/96</th>
<th>1999/00</th>
<th>2004/05</th>
<th>2010/11</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living below the national</td>
<td>National</td>
<td>45.5%</td>
<td>44.2%</td>
<td>38.7%</td>
<td>29.6%</td>
<td>23.5%</td>
</tr>
<tr>
<td>poverty line (%)</td>
<td>BG</td>
<td>46.8%</td>
<td>54.0%</td>
<td>44.5%</td>
<td>28.9%</td>
<td>26.5%</td>
</tr>
<tr>
<td>People living below the food</td>
<td>National</td>
<td>49.5%</td>
<td>41.9%</td>
<td>38.0%</td>
<td>33.6%</td>
<td>24.8%</td>
</tr>
<tr>
<td>poverty line (%)</td>
<td>BG</td>
<td>59.2%</td>
<td>55.2%</td>
<td>44.4%</td>
<td>35.1%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

---

12. Ibid.
13. Ibid., p. 22.
Similar to most other regions in Ethiopia, the multidimensional child deprivation index (MCD) in Benishangul-Gumuz is high: 89 per cent of children (472,235) are deprived in three to six dimensions (Figure 2). The MCD index has decreased from 92 per cent in 2011. The average number of deprivations in the region (4.3) is below the national average. Deprivation in sanitation (97 per cent) and housing (93 per cent) are the largest contributors to the MCD index or children under 18 years of age in Benishangul-Gumuz. In fact, Benishangul-Gumuz ranks among the most deprived regions in those two dimensions. Deprivation in physical development/stunting of children under-five years of age is also high (43 per cent).

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.
Benishangul-Gumuz has made great progress in maternal health care between 2016 and 2019. For instance, the per cent of pregnant women in Benishangul-Gumuz who gave birth and received antenatal care during their pregnancy from a skilled health provider increased from 69 per cent in 2016 to 83 per cent in 2019 and this is above the national average of 74 per cent (Figure 3). The per cent of pregnant women receiving of skilled attendance during birth delivery increased from 29 per cent in 2016 to 65 per cent in 2019. Still, almost one in three women in Benishangul-Gumuz did not have skilled assistance during delivery; but better than the national average of 50 per cent. The rate of women who delivered in a health facility increased from 26 per cent in 2016 to 64 per cent in 2019, higher than the national average.

Figure 3: Maternal health care in Ethiopia and Benishangul-Gumuz. Source: EDHS 2019

---

17. EDHS 2016 p. 133-160 and Mini-EDHS 2019 page 14
18. According to the EDHS 2016 and 2019, a skilled provider includes doctors, nurses, midwives, health officers and health extension workers. The EDHS 2000, 2005 and 2011 defined skilled provider as “doctors, nurses and midwives”. The EDHS 2016 did not publish the Maternal Mortality Rate by region.
In 2011, the under-five mortality rate in Benishangul-Gumuz was the highest in Ethiopia (169 per 1,000 live births). While Figure 4 shows that this has declined significantly, it is still very high; 96 deaths per 1,000 births, which is the second highest in the country after Afar. The infant mortality rate has declined from 101 deaths per 1,000 births in 2011 to 62 deaths per 1,000 births in 2016. This is just above the national average of 61 death per 1,000 births. Unlike most other regions, the neonatal mortality rate of 35 deaths per 1,000 live births in Benishangul Gumuz has declined relatively fast and falls under the national average of 38 deaths per 1,000 births.

The prevalence of Acute Respiratory Infection (ARI) has declined from 30 per cent in 2000 to two per cent in 2016. Similarly, the per cent of children under five with diarrhoea reduced from 23 per cent in 2011 to nine per cent in 2016; below a national average of 12 per cent. The region is highly susceptible to malaria, which also leads to many child deaths. Benishangul-Gumuz has managed to increase basic vaccination coverage for children under age one: from 24 per cent in 2011 to 57 per cent in 2016. However, at least 90 per cent should be fully vaccinated to reach the public health target.

Figure 4: Trends in early childhood mortality rates in Benishangul-Gumuz, Ethiopia (deaths per 1,000 births in the 10 years preceding the survey).

---

19. Please note that this is the national rate for the 10 years period preceding the survey.
20. Ibid.
21. Among children under age 5, percentage who had symptoms of acute respiratory infection in the 2 weeks before the survey, and among children with symptoms of ARI in the 2 weeks before the survey.
23. Ibid., p. 21
While acknowledging a decline in stunting prevalence of children under five, the percentage is still high (41 per cent) and above the national average (Figure 5). The difference in stunting prevalence between rural and urban areas is 41 per cent versus 26 per cent, respectively. The EDHS 2019 shows that a higher percentage of children in the lowest wealth quintile are stunted (42 per cent) than children in the highest wealth quintile (24 per cent). Similarly, education plays an important role in the prevalence of child stunting. Forty-two per cent of children with a mother with no education are stunted compared to a 17 per cent of a children with a mother who completed secondary education. The highest percentage of stunting is among children ages two to four years old (45 per cent).

The prevalence of wasting in Benishangul-Gumuz decreased between 2016 and 2019; from twelve per cent to six per cent respectively. The prevalence of underweight in children under five also slightly decreased from 34 per cent to 31 per cent; the second highest after Afar and Somali. The prevalence of anaemia — a proxy indicator for iron deficiency — among under-five children is far less than the national average: 34 per cent versus 57 per cent.

Figure 5: Under-five child undernutrition in Ethiopia and Benishangul-Gumuz. Source: Mini-EDHS 2019.
Table 3: Trends in child and maternal health and nutrition indicators, Ethiopia and Benishangul-Gumuz (BG), 2000-2019.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal care coverage from a skilled provider*: 1+ visits (%)</td>
<td>National</td>
<td>5.6%</td>
<td>5.7%</td>
<td>10.0%</td>
<td>27.7%</td>
<td>49.8%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>9.1%</td>
<td>5.1%</td>
<td>8.9%</td>
<td>28.6%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1,000 live births)**</td>
<td>National</td>
<td>166</td>
<td>123</td>
<td>88</td>
<td>67</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>198</td>
<td>157</td>
<td>169</td>
<td>98</td>
<td>NA</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)**</td>
<td>National</td>
<td>97</td>
<td>77</td>
<td>59</td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>98</td>
<td>84</td>
<td>101</td>
<td>62</td>
<td>NA</td>
</tr>
<tr>
<td>Full immunization (12-23 months) (%)</td>
<td>National</td>
<td>14.3%</td>
<td>20.4%</td>
<td>24.3%</td>
<td>38.5%</td>
<td>43.1%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>12.2%</td>
<td>18.5%</td>
<td>23.6%</td>
<td>57.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Stunting prevalence (%)**</td>
<td>National</td>
<td>57.8%</td>
<td>51.5%</td>
<td>44.4%</td>
<td>38.4%</td>
<td>36.8%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>51.1%</td>
<td>45.0%</td>
<td>48.6%</td>
<td>42.7%</td>
<td>40.8%</td>
</tr>
<tr>
<td>Wasting prevalence (%)**</td>
<td>National</td>
<td>12.9%</td>
<td>12.4%</td>
<td>9.7%</td>
<td>9.9%</td>
<td>7.2%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>16.3%</td>
<td>20.9%</td>
<td>9.9%</td>
<td>11.5%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Underweight prevalence (%)**</td>
<td>National</td>
<td>42.1%</td>
<td>34.9%</td>
<td>28.7%</td>
<td>23.6%</td>
<td>21.1%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>38.0%</td>
<td>44.8%</td>
<td>31.9%</td>
<td>34.3%</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

*Among who had a live birth in the five years preceding the survey. According to the EDHS 2016, a skilled provider 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.
According to the Education Statistics Annual Abstract (ESAA) 2018/19, the Gross Enrolment Ratio (GER) of 37 per cent and the Net Enrolment Ratio (NER) of 25 per cent for pre-primary education (ages 4-6) in Benishangul-Gumuz are still quite low. In comparison, the national average of the pre-primary GER is 41 per cent and NER is 24 per cent. Similar to most regions, the rates in Benishangul-Gumuz are far from the national GER target of 80 per cent by 2020 and Sustainable Development Goal (SDG) 4.2, that 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.”

Most children enter grade one with little or no preparation for school. In 2018/19, the GER and the NER for Benishangul-Gumuz primary education stood at 114% and 95%, respectively. A GER above 100% shows that there are more children in primary grades than there are children between 7 and 14 years. It usually indicates that children younger than 7 years and older than 14 years are enrolled in primary schools; it may also indicate that the population of this age group is actually higher than the estimate from the projection. The national GER target for primary school is 103% by 2020, which seems possible to achieve. The NER trend is positive till 2017/18 but declined in 2018/19 (Table 4).

The Gender Parity Index (GPI) for Benishangul-Gumuz primary education is 0.86 — compared to a national average of 0.90 — meaning there are more boys enrolled in primary education than girls.

The Gender Parity Index (GPI) for Benishangul-Gumuz primary education is 0.86 — compared to a national average of 0.90 — meaning there are more boys enrolled in primary education than girls. There is some improvement compared to 2012/13 when the GPI for primary education in Benishangul-Gumuz was 0.81. There are reports of sexual violence against girls in school, on the way to and from school, which also constitutes a barrier for girls’ participation in school. Girls in the older primary school ages may drop out due to non-availability of water, sanitation and hygiene facilities at schools for menstrual hygiene and health management. Gender norms concerning girls’ responsibilities for household chores and caring for younger children also play a role in keeping them out of school.
Table 4: Trends in GER and NER for primary education, Ethiopia and Benishangul-Gumuz (BG), 2008/09-2017/18

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary school gross enrolment rate (Grades 1-8)</td>
<td>National</td>
<td>94.4%</td>
<td>96.4%</td>
<td>95.3%</td>
<td>109.3%</td>
<td>104.64%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>112.1%</td>
<td>-</td>
<td>111.9%</td>
<td>119.2%</td>
<td>114.40%</td>
</tr>
<tr>
<td>Primary school net enrolment rate (Grades 1-8)</td>
<td>National</td>
<td>83.0%</td>
<td>85.3%</td>
<td>85.9%</td>
<td>100.1%</td>
<td>94.7%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>88.6%</td>
<td>95.2%</td>
<td>91.6%</td>
<td>99.2%</td>
<td>95.1%</td>
</tr>
</tbody>
</table>

Many children who attend school fail to acquire basic skills, such as literacy and numeracy. The fifth (V) Education Sector Development Plan recognises the challenge of the low quality of the Ethiopian education system; some of the identified causes are insufficiently trained teachers, irrelevant curriculum, inadequate learning materials. In Benishangul-Gumuz, the per cent of appropriately qualified teachers in primary education is good; 81 per cent for grades 1 to 4 and 95 per cent for grades 5 to 8. The pupil-teacher ratio is relatively low; 38 students per teacher in grades 1-8, 20 students per teacher in grades 9-12. In 2016/17, the survival rate to grade 5 — the per cent of students who completed the first cycle of primary education — was 72 per cent; far above the national average of 53 per cent. In 2015/16, 21 per cent of grade 8 students failed their final exam (15 per cent girls and 25 per cent boys), which is the second highest rate in the country and far above the national average of twelve per cent.

Figure 6: GER and NER for ECCE, primary and secondary education, Benishangul-Gumuz, 2018/19. Source: ESAA 2018/19.
In 2018/19, the GER in secondary education in Benishangul-Gumuz was 59 per cent for grades 9 and 10 and 13 per cent for grades 11 and 12. The NER was 19 per cent for grades 9 and 10 and seven per cent for grades 11 and 12, which is not very high. The gender parity in Benishangul-Gumuz secondary education stood at 0.75 in 2018/19, which is far from the ESDP V target of 0.94 for that year. This indicates that the lower enrolment of girls in primary schools worsens at secondary level. The same reasons cited above for lower enrolment in primary school of girls compared to boys, worsen for adolescent girls, and additional reasons for adolescent girls are the high prevalence of child marriage, the low median age of girls getting married, relatively high adolescent fertility and low average age at first birth, (see child protection section below).
According to the EDHS 2016, 82 per cent of households use improved drinking water sources in Benishangul-Gumuz compared to a national average of 65 per cent. The region has impressively managed to sustain its progress. In fact, Benishangul-Gumuz is second highest in the country, after Gambella. Urban areas almost have universal usage of improved water sources (98%), but even rural areas show a relatively 79 per cent of people using improved sources. As in the other regions, the sustainability of water schemes is a challenge. 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, lack of ownership of water schemes by communities.

Table 5: Trends in improved drinking water sources and sanitation facilities, Ethiopia and Benishangul-Gumuz, 2005-2016.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Households using improved drinking water sources (%)</td>
<td>National</td>
<td>61.4%</td>
<td>53.7%</td>
<td>56.9%</td>
<td>64.8%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>57.4%</td>
<td>56.6%</td>
<td>80.3%</td>
<td>82.2%</td>
</tr>
<tr>
<td>Households using improved sanitation facilities (%)</td>
<td>National</td>
<td>6.8%</td>
<td>8.3%</td>
<td>4.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td></td>
<td>BG</td>
<td>3.6%</td>
<td>6.1%</td>
<td>1.1%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

The EDHS data shows that only two per cent of households use improved (not shared) sanitation facilities in Benishangul-Gumuz, which is a huge challenge (Table 5). This is 1.5 per cent of rural households and 3.4 per cent of urban households. Another 2.6 per cent of households have an improved but shared toilet facility. Hand washing with soap has significant effects on a reduced incidence of diarrhoea and other transmissible diseases. According to the EDHS 2016, 63 per cent of households in Benishangul-Gumuz have a place for washing hands (nine per cent have a fixed site and 54 per cent have a movable site), which is slightly above the national average of 60 per cent. Almost one out of five of these households have water and soap, which is quite low, but relatively high compared to other regions.

---

35. EDHS 2016.
36. With the exception of Addis Ababa and Dire Dawa, which are urban areas.
38. Hand washing with soap has significant effects on a reduced incidence of diarrhoea and other transmissible diseases.
The EDHS 2016 shows a median age at first marriage of 17.1 years among women aged 20-49 year in Benishangul-Gumuz (Figure 7). While the average median age is still low, it has increased significantly since 2011 (age of 15.9). In 1991, Benishangul-Gumuz region had 62 per cent of women aged 20-24 who had been married before age 18; this had declined to 50 per cent by 2016.\(^\text{40}\) In comparison, the national average of child marriage in this age group is 40 per cent. The reduction in Benishangul-Gumuz has not been fast enough to eliminate child marriage by 2030 and achieve SDG 5; it needs to decline 14 times faster.\(^\text{41}\)

\[\text{Figure 7: Trends in median age at first marriage (women, age 20-49), Ethiopia and Benishangul-Gumuz, 2000-2016.}\]

\[\text{The reduction in Benishangul-Gumuz has not been fast enough to eliminate child marriage by 2030 and achieve SDG 5; it needs to decline 14 times faster.}\]

\(^{40}\) 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.

\(^{41}\) Ibid., p. 10.
**Table 6: Trends in indicators on child marriage and FGM/C, Ethiopia and Benishangul-Gumuz, 2000-2016**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women married by age 15 among women currently aged 15-19 (%)</td>
<td>National</td>
<td>14.4%</td>
<td>12.7%</td>
<td>8.0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>B-G</td>
<td>-</td>
<td>15.2%</td>
<td>12.8%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Women married by age 18 among women currently aged 20-24 (%)</td>
<td>National</td>
<td>49%</td>
<td>49%</td>
<td>41%</td>
<td>-</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>B-G</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>50%*</td>
</tr>
<tr>
<td>Median age at first marriage (women, age 20-49)</td>
<td>National</td>
<td>16.4</td>
<td>16.5</td>
<td>17.1</td>
<td>-</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>B-G</td>
<td>15.8</td>
<td>15.6</td>
<td>15.9</td>
<td>-</td>
<td>17.1</td>
</tr>
<tr>
<td>Female Genital Mutilation/Cutting (age 0-14) (%)</td>
<td>National</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>23.0%</td>
<td>15.7%</td>
</tr>
<tr>
<td></td>
<td>B-G</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>23.7%</td>
</tr>
<tr>
<td>Female Genital Mutilation/Cutting (age 15-49) (%)</td>
<td>National</td>
<td>79.9%</td>
<td>74.3%</td>
<td>-</td>
<td>-</td>
<td>65.2%</td>
</tr>
<tr>
<td></td>
<td>B-G</td>
<td>73.7%</td>
<td>67.6%</td>
<td>-</td>
<td>-</td>
<td>62.9%</td>
</tr>
</tbody>
</table>

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

Female Genital Mutilation/Cutting (FGM/C) is defined by WHO as “All procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.” FGM is a form of gender-based violence and has been recognised as a harmful practice and a violation of the human rights of girls and women. FGM prevalence in Benishangul-Gumuz region is 63 per cent among women aged 15 to 49 years. This is slightly lower than the national average of 65 per cent. It is noticeable that FGM/C prevalence is much lower (43 per cent) among adolescent girls (ages 15-19 years) compared with women 20 years and older. This indicates that this harmful practice has been declining over time, and this decline has been about 4.8 per cent per year over the last ten years. Still, in order to meet SDG 5.3 and eliminate FGM/C by 2030, a 25 per cent reduction per year would be required in Benishangul-Gumuz.

In Benishangul-Gumuz, the prevalence of FGM/C (aged 15-49) in rural areas is roughly the same as in urban areas; 63 per cent versus 62 per cent, respectively. Among circumcised women, three per cent have undergone the most severe form, infibulation. A striking statistic is that, unlike in most other regions and indeed globally, the richer households have a much higher prevalence rate of FGM/C. In the richest wealth quintile, 70 per cent of women (ages 15-49) have undergone FGM/C compared to 45 per cent in the poorest wealth quintile. The influence of education shows a mixed picture with 62 per cent of women (ages 15-49) who have undergone FGM/C having no education, 67 per cent having primary education, and 50 per cent having secondary education.

---

43. Disaggregated from EDHS 2016 for the region.
The term “child labour” is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that:

- is mentally, physically, socially or morally dangerous and harmful to children; and
- interferes with their schooling by: depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.

The EDHS 2011 shows that 20 per cent of children between the age of 5 and 14 are involved in child labour, as per the above definition. A 2015 study by the Central Statistics Agency and the ILO found 21 per cent of children (ages 5-17) in Benishangul-Gumuz involved in child labour compared to a national rate of 24 per cent.
Benishangul-Gumuz faces a challenge of a relatively high annual population growth rate — three per cent per year compared to a national average of 2.6 per cent — due to high fertility, in-migration and refugee influx, mostly from South Sudan. Apart from large urban areas such as Addis Ababa, Benishangul-Gumuz and Gambella are the only regions in Ethiopia with relatively high in-migration from other Ethiopian regions; this may be due to availability of agricultural land, pasture and establishment of large commercial farming enterprises.\textsuperscript{17}

An investment in basic services for children is an investment for the future. They will become socially and economically empowered and will bring well-being and opportunities to Benishangul-Gumuz Regional State. Many social protection measures benefit children without explicitly targeting them, nevertheless by using a “child lens” in the design of social protection programmes a more significant impact for children can be reached. Examples are: avoiding adverse impacts on children; intervening as early as possible where children are at risk to avoid irreversible impact;\textsuperscript{48} 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 the mechanisms and intra-household dynamics that may affect how children are reached, — e.g. 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.\textsuperscript{49}

The federal government has been implementing the Productive Safety Net Programme (PSNP), which is regarded as the cornerstone of the 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. The PSNP provides “cash for work” and also refers participating households to basic information and services. In Benishangul-Gumuz, in 2014, only 1.1 per cent of rural households were in the PSNP compared to 11 per cent of households at the national level.\textsuperscript{50}

\textsuperscript{17} Internal Migration in Ethiopia Evidence from a Quantitative and Qualitative Research Study Tom Bundervoet. 2018


\textsuperscript{45} Please note that the EDHS 2016 did not cover child labour.

\textsuperscript{46} CSA and ILO, Ethiopia National Child Labour Survey 2015, p. 79.


\textsuperscript{48} 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.

\textsuperscript{49} Mini-EDHS 2014, p. 15.
8 CLIMATE CHANGE AND CHILD RIGHTS

Benishangul-Gumuz region is generally a non-drought region. More common causes of natural disasters are wild fire, high wind and erratic rainfall. Probably due to climate change, the region has been experiencing heavy rainfall and increased, prolonged high temperatures; these changes are problematic for farming. The combination of excessive/high rainfall and increased temperatures creates a favourable condition for disease and pests: “The humid intermediate and lowland agro-ecological zones of Benishangul-Gumuz region are hot spots for major crop and livestock diseases and pests”. For example, Benishangul-Gumuz has recently been struggling with the Fall Armyworm, which has infested land and devoured crops, particularly maize.

Rising and extreme temperatures, extraordinary rainfall events and more intense flood and prolonged drought are projected in Ethiopia for the near future and coming decades. Climatic shocks and climate change lead to soil erosion, ecosystem damage, decline in water quality, increased likelihood of sale of productive assets and indebtedness, risk of migration of able-bodied adults in search of off-farm employment opportunities, livestock disease and death, outbreak of malaria and other tropical diseases, respiratory diseases, food insecurity, chronic and acute hunger, poor diets, poor hygiene, school absenteeism and poor school performance, increased protection risks and child labour, increased child mortality, etc.

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, and migration of youth to urban centres areas. Other factors that make the people of Benishangul-Gumuz vulnerable are widespread poverty, poor infrastructure, environmental degradation, low levels of farming technology and low education levels. Children are most vulnerable to climatic shocks and climate change. They are much more likely to die than adults and are at a higher risk to poor health, growth and development. In addition, Benishangul-Gumuz women and girls experience greater risks, burdens and impacts by climate change as emergency situations tend to exacerbate existing gender inequalities.

---

55. Ibid., p. 46.
GENDER EQUALITY

As in other regions of Ethiopia, Benishangul-Gumuz region 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 as inferior.

According to the EDHS 2016, in Benishangul-Gumuz, 26 per cent of women (ages 15-49) decide themselves on their first marriage and 73 per cent of women stated that their parents made the decision for their first marriage.\(^{57}\) Seventy-five per cent of girls and women ages 15 to 49 stated that they stopped attending school after marriage. The main reason given (57 per cent) was being too busy with household and family responsibilities. Another reason put forward by women for discontinuing school is that the husband refuses to let them continue school (32 per cent).\(^{58}\) As mentioned above, early marriage is one explanation for the low GPI in secondary school (0.78).\(^{59}\) Fourteen per cent of girls aged 15-19 years have begun child bearing; this represents a decline from 19 per cent in 2011 and 27 per cent in 2005.\(^{60}\) Twenty-eight per cent of married women in Benishangul-Gumuz use modern contraceptive methods, which is the third lowest rate in the country.\(^ {61}\)

Bride dowry is paid to bridegroom’s families and polygamy is practiced by 21 per cent of currently married women aged 15-49 in Benishangul-Gumuz.\(^ {62}\) Forty per cent of married women have a husband who participates in household chores, but only nine per cent participates every day.\(^ {63}\) It is a common occurrence that women are excluded from decision making on common property in marriage, even when they are legal owners. Figure 9 shows the inequal distribution of power between women and men in decision making on household purchases and health care and on ownership.

The EDHS 2016 asked women ages 15 to 49 if they had ever experienced different types of violence by their current or most recent husband/partner. The responses in Benishangul-Gumuz were: psychological (26 per cent); physical (20 per cent); sexual seven per cent).\(^ {64}\) The per cent of women who believe that a husband is justified in hitting or beating his wife in various circumstances was 55 per cent. And, 28 per cent of men agree that wife beating is justified in some circumstances.\(^ {65}\)

---

57. EDHS 2016, p. 278.
58. Ibid., p. 279.
59. See Section 4.
60. EDHS 2005 and EDHS 2011.
62. Ibid., p. 306.
63. Ibid., p. 283 and 284.
64. Ibid., p. 66.
65. Ibid., p. 280.
The EDHS 2016 shows that women are more deprived of information compared to men. Two per cent of women in Benishangul-Gumuz had used the internet in the 12 months before the EDHS 2016 survey compared to ten per cent of men. Furthermore, women in Benishangul-Gumuz are less exposed to mass media than men: three per cent of women and seven per cent of men read a newspaper at least once a week; nine per cent of women and 15 per cent of men watch TV at least once a week; and 11 per cent of women and 29 per cent of men listen to the radio at least once a week.

---

66. Ibid., p. 49 and 50.
67. Ibid., p. 47 and 48. Percentage of women and men age 15-49 who are exposed to specific media on a weekly basis.
There have been incidences of inter-ethnic and inter-regional conflicts in Benishangul-Gumuz. These mostly result from boundary disputes and resource competition. For example, the IOM estimated that 14,547 (4,383 households) people in Benishangul-Gumuz were displaced after conflict with people in East and West Wollega zones of Oromia region, beginning in the last week of September 2018.\(^68\) In Benishangul Gumuz, Bilidigilu and Kamashi woredas host the largest number of Internally Displaced Persons (IDPs) (Figure 10). Most of them are in hosts communities. Some areas in Benishangul Gumuz have been inaccessible to humanitarian partners, limiting the assistance that could be delivered.\(^69\) The conflict resulted in displacement, loss of life, loss of livelihoods, assets and instability. It has a particularly negative impact on all dimensions of child well-being. Children constitute the majority of the displaced population.\(^70\) Their risk increases of acute malnutrition. In addition, displaced pregnant and breastfeeding mothers risk malnourishment. Pregnant women and under 5-year-old children in both the displaced and host populations may also fail to access antenatal and birth delivery care and immunisation services, because basic services are overwhelmed with the increased population. School-aged children between the ages of 4 and 18 years who are displaced may not drop out of school.\(^71\) In general, the influx and acute needs of displaced people puts pressure on host communities’ resources, and the host community may be already vulnerable and food insecure.

Cross border movement and (South) Sudanese refugees continues to be a challenge. There are three refugee camps in Assosa area that mainly host Sudanese refugees. As of 31 August 2018,\(^72\) there were 62,461 registered refugees and asylum seekers in Benishangul-Gumuz.\(^73\) Many refugee children are in a poor physical and psycho-social condition. They are up-rooted and deprived in several child well-being dimensions. 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.

---
\(^{70}\) UNHCR, Operational Update on Ethiopia, Sept. 2018. See also ACAPS, Briefing Note: Displacement in Ethiopia, Oct. 2018.
\(^{71}\) Ibid., p. 14
\(^{72}\) Please note that figures were frozen in August 2018 due to the roll-out of a new registration system.
\(^{73}\) UNHCR Portal available at: https://data2.unhcr.org/en/country/eth/797 (last accessed 5 April 2019).
Figure 10: Benishangul-Gumuz and Oromia displacement (as of 27 Nov. 2018). Source: CSA, UNCS, Field Survey
Accelerate the progress in the reduction of early childhood mortality by focusing on neonatal survival; community awareness of the negative impact of harmful practices including the impact of early child bearing on maternal and child survival; and continuing and sustaining the good performance in maternal health. Particular emphasis also should be on accelerating the positive trend in immunisation coverage.

The stagnating or negative trends in child malnutrition need priority attention, through improving infant and child feeding practices, complementary feeding practices, and general knowledge about appropriate balanced, diverse diets. Particular importance should be given to reduce the high rates of wasted and underweight children under the age of five and micronutrient deficiencies.
■ Encourage the development of early childhood education by scaling up inclusive, pro-equity enrolment in quality pre-school programmes that help prepare children for primary school.

■ Protection, education and WASH stakeholders should improve coordination and strengthen measures to increase girls’ enrolment and completion at all levels of schooling. Among several multi-sectoral measures, this includes eliminating child marriage and early childbearing and ensuring access to clean water, gender segregated toilets and facilities for menstrual health and hygiene management.

■ Strengthen institutional capacities to develop and manage long-term sanitation programmes with close involvement of communities. Campaign for an open-defecation free Benishangul-Gumuz and for widespread practice of handwashing with soap.

■ Attention to expanding access to safely managed, clean water should include host and refugee communities, schools and health facilities.

■ Give priority attention to end child marriage, FGM/C 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 immediate and longer-term 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 actions should include the perspectives, ideas and participation of local people, including women and children.

■ Environmental impact and resilience to climate change need to be systematically included in all programme studies, assessments and action.

■ Support more specific resilience interventions that will secure food and water availability during the dry season and provide alternative livelihoods to improve income diversification for households at risk of future climate shocks and conflict.
Situation Analysis of Children and Women: Benishangul-Gumuz Region