



**SITUATION ANALYSIS OF CHILDREN  
AND WOMEN:**  
Tigray Region



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This briefing note covers several issues related to child well-being in Tigray 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.

<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 northern and mountainous region of Tigray has an estimated population of 5.4 million people, of which approximately 13 per cent are under 5 years old and 43 per cent is under 18 years of age. This makes Tigray the fifth most populous region of Ethiopia. Tigray has a relatively high percentage of female-headed households, at 34 per cent in 2018 versus a national rate of 25 per cent in 2016. Three out of four Tigrayans live in rural areas, and most depend on agriculture (mainly subsistence crop farming).<sup>4</sup> Urbanization is an emerging priority, as many new towns are created, and existing towns expand. Urbanization in Tigray is referred to as 'aggressive', with an annual rate of 4.6 per cent in the Tigray Socio-Economic Baseline Survey Report (2018).<sup>5</sup> The annual urban growth rate in Tigray was 4.6 per cent in 2013, approximately the same as the national rate.<sup>6</sup> Currently, the region has seven administrative zones, 52 woredas (districts) (34 rural and 18 urban woredas) and 814 tabias (sub-districts).<sup>7</sup>

“...Tigray has a relatively high percentage of female-headed households, at 34 per cent in 2018 versus a national rate of 25 per cent in 2016.”<sup>3</sup>

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

Demographics	National	Tigray
Total population (2019 projection based on the 2007 Census, CSA)	98,663,000	5,443,000
Total under-18 population (2019 projection based on 2007 Census, CSA)	44,714,454	2,326,320
Total under-5 population (2019 projection based on the 2007 Census, CSA)	13,605,728	690,424

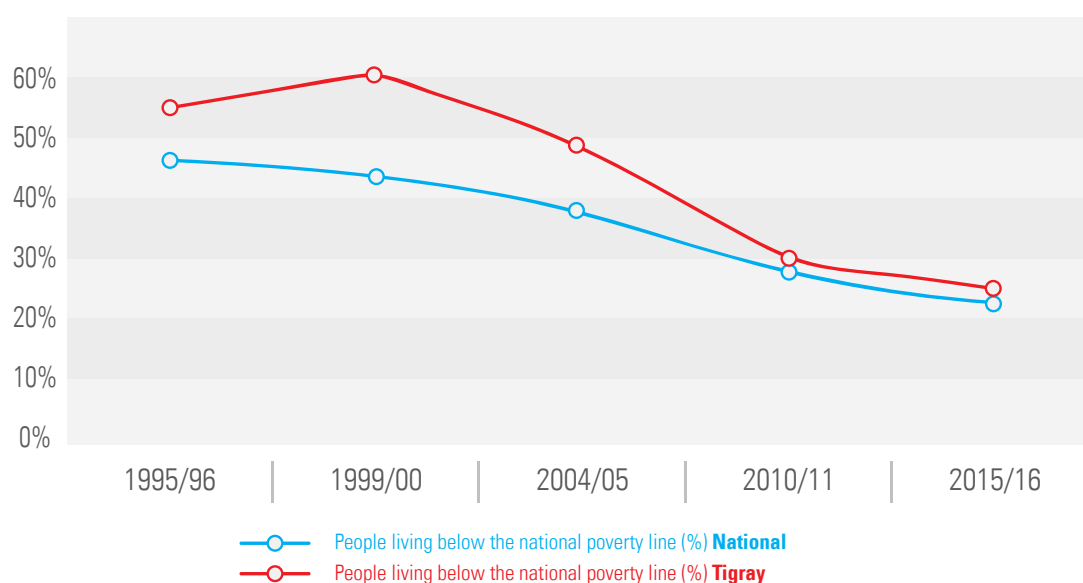
The regional government of Tigray adopted the Second Growth and Transformation Plan (GTP II) for the period 2015/16 to 2019/20. In line with the national GTP II, the Tigray government emphasizes the development of the manufacturing sector for diversified and sustained growth. Nevertheless, growth in the agricultural sector remains highly important to maintaining overall growth. Growth in the agricultural sector accounted for 40 per cent of regional GDP in 2015. Besides agriculture, growth in GDP was attributed to the services sector, with 39 per cent of GDP. Tigray experienced average annual economic growth of 11 per cent between 2011 and 2015.<sup>8</sup> Consistent economic growth has created opportunities for rapid poverty reduction and social development for children. Despite progress in well-being in many areas, 27 per cent of people in Tigray live under the monetary poverty line, and children are disproportionately represented among the poor. In response to child deprivations, the GTP II includes specific targets for addressing child vulnerability, including in the areas of health care, nutrition, education, girls' empowerment, discrimination and child participation.

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

## 2 POVERTY, DEPRIVATION AND VULNERABILITY

In Tigray, poverty has declined in the past 20 years mainly due to impressive agricultural growth and pro-poor spending on basic services and social protection. The region saw a 34-percentage-point decline in monetary poverty between 2000 and 2016 (Figure 1 and Table 2).<sup>9</sup> Despite this progress, the latest poverty analysis study found that Tigray had the highest monetary poverty rate in the country in 2015/16. The headcount poverty rate in Tigray was 27 per cent compared to the national average of 23.5 per cent. The food poverty rate in Tigray was also the highest of all regions, at 32.9 per cent.<sup>10</sup> Women are more likely to live in poverty than men. According to the Tigray Socio-Economic Baseline Survey, 43 per cent of women lived in monetary poverty compared to 22 per cent of men. Likewise, 24 per cent of women lived in food poverty compared to 11 per cent of men.<sup>11</sup> Poverty is higher in the south-eastern and southern zones of the region.<sup>12</sup>

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



9. 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.

10. Note that the Socio-Economic Baseline Survey Report of Tigray Regional State finds an even higher headcount poverty level of 29.6 per cent. Two explanations are given for this difference: 1) the timing of the survey period, and 2) the economic slow down due to drought. This brief will follow the HCES 2015/16 data so that a sound comparison can be made with poverty rates in other regions.

11. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 173.

12. Ibid., p. 175.



Table 2: Trends in monetary and food poverty, Ethiopia and Tigray region, 1995/96-2015/16

Poverty	HCES	1995/96	1999/00	2004/05	2010/11	2015/16	SDG target (2030)
People living below the national poverty line (%)	National	45.5	44.2	38.7	29.6	23.5	11.8
	Tigray	56.1	61.4	48.5	31.8	27	13.5
People living below the food poverty line (%)	National	49.5	41.9	38	33.6	24.8	12.4
	Tigray	64.9	53.7	46.8	37.1	32.9	16.5

“Tigray ranks as the fourth least-deprived region in Ethiopia, but its multi-dimensional child deprivation (MCD) headcount rate is very high...”

Tigray ranks as the fourth least-deprived region in Ethiopia, but its multi-dimensional child deprivation (MCD) headcount rate is very high: 80 per cent of children under 18 (compared to 88 per cent in Ethiopia on average), or 1.8 million in absolute numbers, are deprived of fulfilment of an average of 4.1 basic needs, services and rights (Figure 2). Even though the MCD headcount rate and average deprivation intensity are lower than many regions (and the national average), due to its large population size Tigray accounts for 5.4 per cent of the total adjusted MCD index ( $M_0$ ) in Ethiopia. In other words, Tigray is the fourth largest contributor to the total MCD in the country. The MCD rate among children under 5 years is lower than the national average, at 80 per cent and 89 per cent, respectively. This is also true for children aged 5 to 17 years, at 79 per cent for Tigray and 87 per cent nationally. Between 2011 and 2016, the MCD headcount rate decreased from 83 per cent to 80 per cent, and the average deprivation intensity decreased from 4.4 deprivations to 4.1. Consequently, the adjusted MCD index decreased from 0.61 in 2011 to 0.54 in 2016 (Table 3).

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

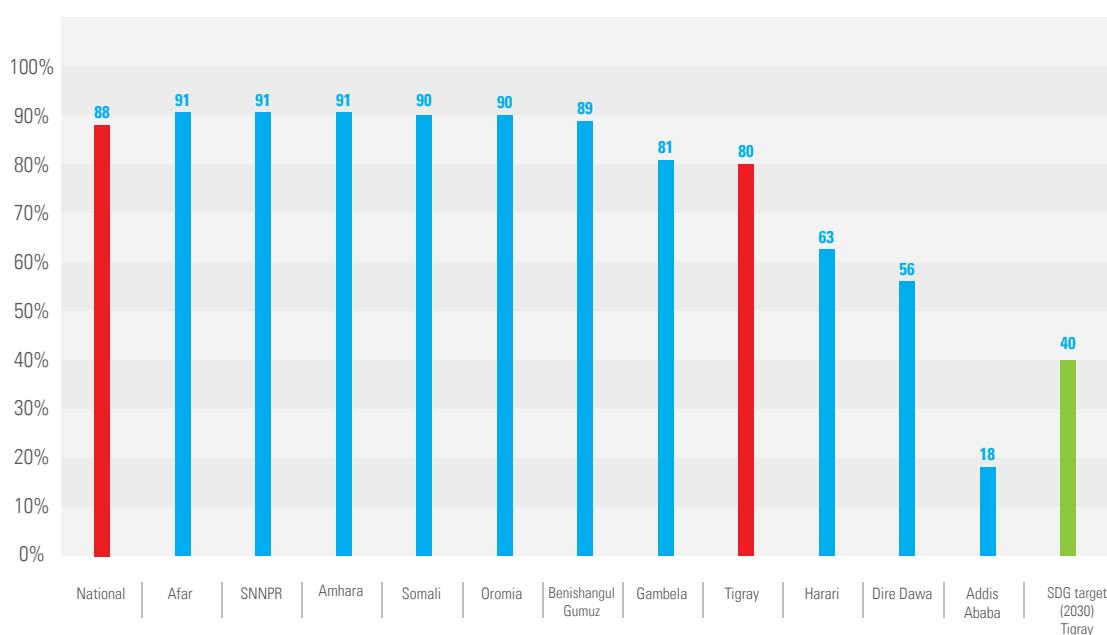


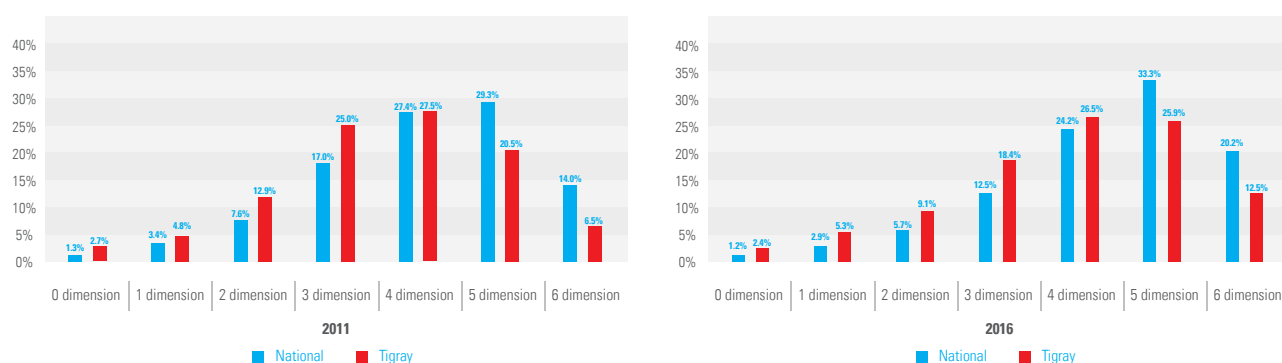
Table 3: Trends in multi-dimensional child poverty, 2011 and 2016, Ethiopia and Tigray region. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

MCD estimates in Ethiopia and Tigray using EDHS 2016 and 2011	MCD indices	MCD rate (H) %		Average deprivation intensity		Adjusted MCD Index ( $M_0$ )	
	EDHS (year)	2011 (%)	2016 (%)	2011	2016	2011	2016
Children under 5 years deprived in 3-6 dimensions	National	94	89	4.7	4.5	0.73	0.66
	Tigray	86	80	4.4	4	0.63	0.54
Children aged 5-17 years deprived in 3-6 dimensions	National	89	87	4.7	4.5	0.69	0.65
	Tigray	82	79	4.4	4.1	0.6	0.55
Children under 18 years deprived in 3-6 dimensions	National	90	88	4.7	4.5	0.7	0.65
	Tigray	83	80	4.4	4.1	0.61	0.54

Children in Tigray are less likely to be deprived in a higher number of basic needs and rights than the national average. Nearly 3 per cent are not deprived in any of the six dimensions analysed, compared to the national average of 1.3 per cent.

Children in Tigray are less likely to be deprived in a higher number of basic needs and rights than the national average. Nearly 3 per cent are not deprived in any of the six dimensions analysed, compared to the national average of 1.3 per cent. The deprivation distribution for Tigray peaks at four deprivations, whereas the national average is five. In Tigray, 27 per cent of children under 18 are deprived of at least five dimensions, while nationally this rate is 43 per cent on average.

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



The largest contributors to MCD in Tigray among all children are deprivations in housing and sanitation. Among children under 5 years, deprivation in nutrition is the third highest contributor to the MCD, whereas among 5- to 17-year-olds, deprivation in health-related knowledge is the third highest contributor.



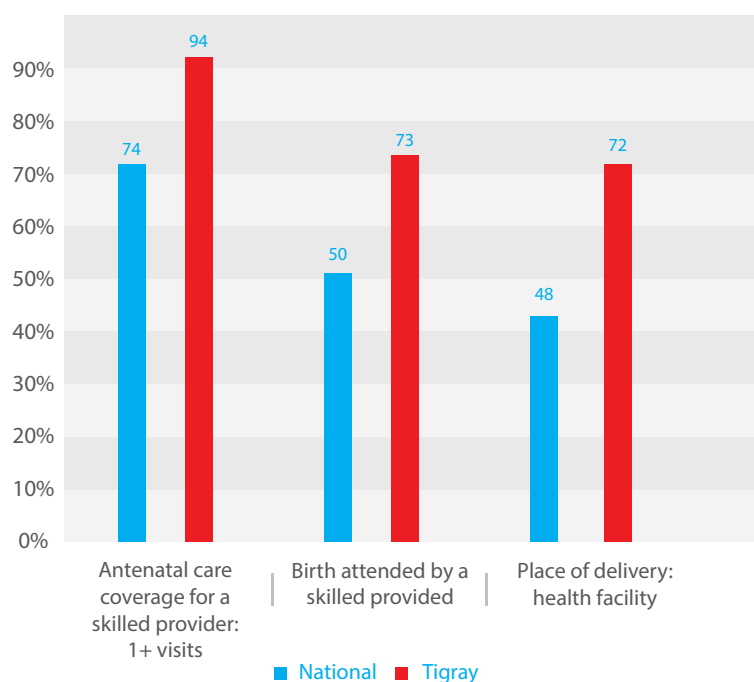
Table 4: Deprivation rates across dimensions of deprivation, by age groups. Source: CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018

<b>MCD</b>	<b>Single dimension deprivation in Tigray and Ethiopia, EDHS 2016 estimates</b>						
Children under 5 years (%)	<b>Dimensions</b>	<b>Development (stunting)</b>	<b>Health</b>	<b>Nutrition</b>	<b>Water</b>	<b>Sanitation</b>	<b>Housing</b>
	National	38	68	73	59	90	90
	Tigray	38	37	60	47	83	91
Children aged 5-17 years (%)	<b>Dimensions</b>	<b>Education</b>	<b>Health-related knowledge</b>	<b>Information and participation</b>	<b>Water</b>	<b>Sanitation</b>	<b>Housing</b>
	National	50	69	66	56	89	88
	Tigray	34	57	51	48	84	91
Children under 18 years (%)	<b>Dimensions</b>	<b>Water</b>	<b>Sanitation</b>	<b>Housing</b>			
	National	57	90	89			
	Tigray	48	84	91			

### 3 NUTRITION, HEALTH AND SURVIVAL

Over the past years, Tigray has made significant progress in several child and maternal health, and nutrition, indicators. The figures show a reduction in reported maternal deaths, from 216 in 2014/15 to 96 in 2016/17.<sup>13</sup> The regional GTP II shows a maternal mortality ratio of 266 deaths per 100,000 births in 2015.<sup>14</sup> According to the Federal Ministry of Health, improvements can largely be attributed to the extent to which maternal mortality was elevated as a regional priority, with reporting of every maternal death to the Tigray Regional President. In addition, a range of activities was initiated to address the prevention and timely management of obstetric emergencies. Impressively, skilled attendance during delivery increased by almost five times, from 12.6 per cent in 2011 to 59.3 per cent in 2016.<sup>15</sup> Figure 4 and Table 5 show that the performance in Tigray in antenatal care, births attended by a skilled provider and delivery in a health facility is far better than the national average.

Figure 4: Maternal health care in Ethiopia and Tigray region. Source: EDHS 2016

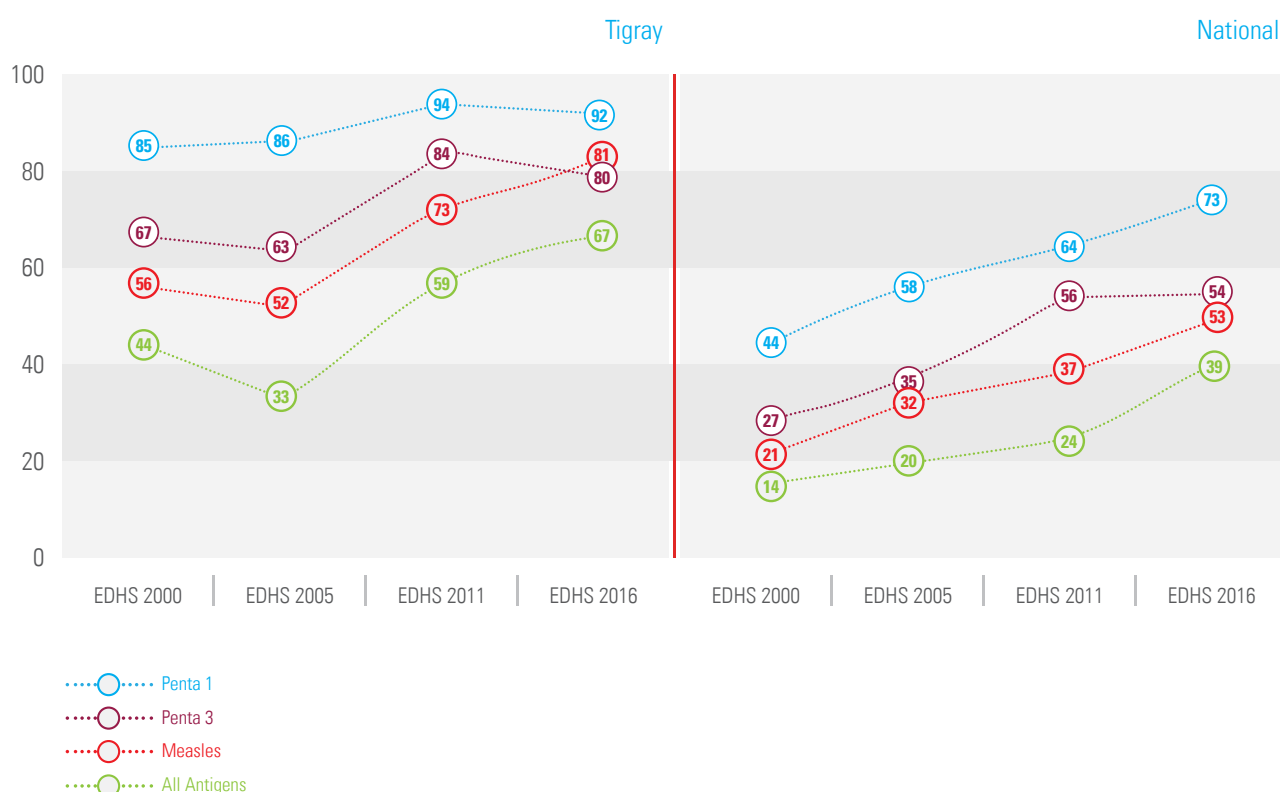


13. Ministry of Health, Health Sector Transformation Plan 2015/16-2019/20, Mid-Term Review (VOL. I), Comprehensive Report. DRAFT REPORT, 2018, p. 30.

14. Godefay, H., Byass, P., Kinsman, J. and Mulugeta, A., 'Understanding Maternal Mortality From Top-down and Bottom-up Perspectives: Case of Tigray Region, Ethiopia', in: Journal of Global Health, 5 (1). doi: 10.7189/jogh.05.010404. Note that the EDHS 2016 did not publish MMR data for regions.

15. 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". The author adjusted the 2011 data according to the new definition.

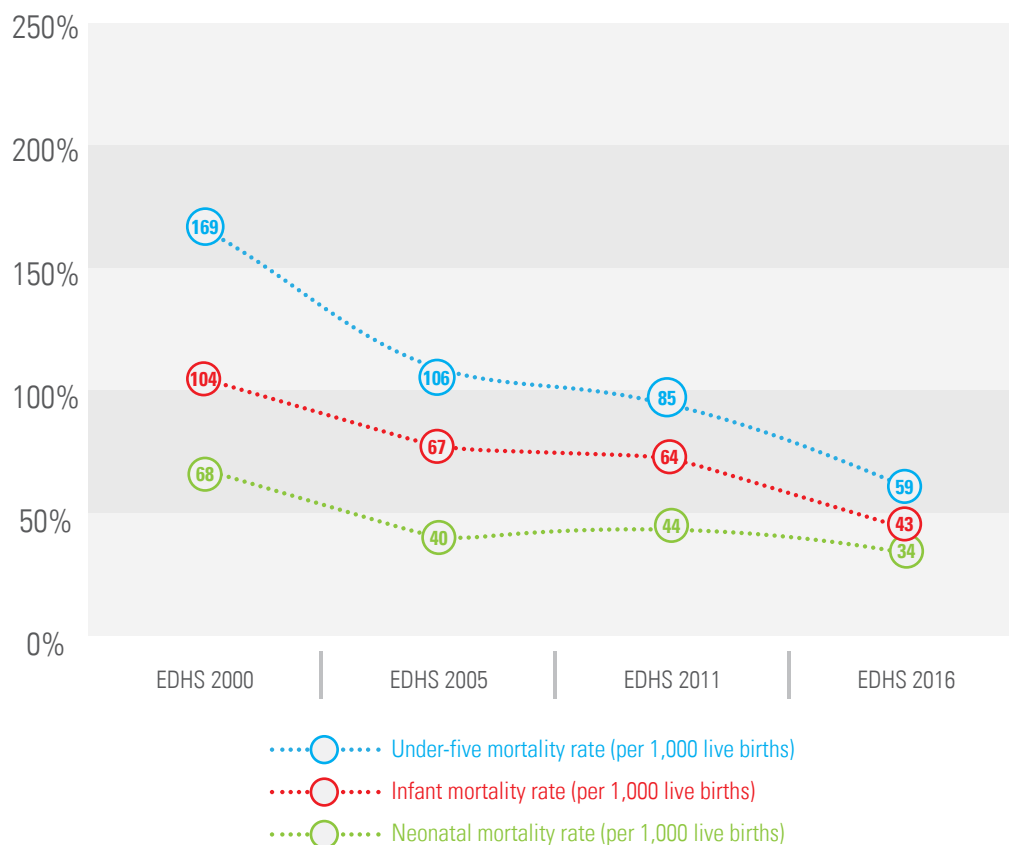
Figure 5: Trends in Pentavalent (Penta 1 & 3), measles and all antigens vaccination coverage among infants under 1 year.  
Source: EDHS 2000, 2005, 2011 and 2016



**“Immunization is one cost-effective intervention to reduce child mortality and morbidity where UNICEF Ethiopia has been heavily involved as part of the Expanded Programme on Immunization (EPI).”**

Immunization is one cost-effective intervention to reduce child mortality and morbidity where UNICEF Ethiopia has been heavily involved as part of the Expanded Programme on Immunization (EPI). As shown in Figure 5, only 72 per cent of Ethiopian infants received three doses of pentavalent vaccine on average over the past five years (EDHS 2019), compared to only 21 per cent in the EDHS 2000. The corresponding figures for Tigray are 84 per cent in 2019 versus 56 per cent in 2000. Ninety per cent of Ethiopian infants received measles vaccine, versus 83 per cent in Tigray, as indicated in the EDHS 2019 report. Similarly, the 2019 EDHS shows that 73 per cent of infants in Tigray received all required antigens, which is almost equal to the national average. The pentavalent dropout rate in 2016 – the proportion of infants who received the first dose but missed the third dose of the pentavalent vaccine – was 27 per cent nationally (average) and 12 per cent in Tigray. This is expected to be less than 10 per cent, as per the target set in the Reaching Every District/Child (RED/C) strategy of Ethiopia.

Figure 5: Trends in Pentavalent (Penta 1 & 3), measles and all antigens vaccination coverage among infants under 1 year.  
Source: EDHS 2000, 2005, 2011, 2016, and 2019



Child mortality in Tigray shows a decline between 2000 and 2016. Second only to Addis Ababa, the region had one of the lowest under-five, infant and neonatal mortality rates in Ethiopia in 2016 (Figure 6 and Table 5). Despite all the progress achieved on under-five and infant mortality, the reduction in neonatal mortality was slower, at 34 per 1,000 live births. This remains higher than the national average of 29 per 1,000 live births (EDHS 2016). It is Tigray's target to reduce the under-five, neonatal and infant mortality rates to 20 per 1,000, 15 per 1,000 and 10 per 1,000 live births, respectively, by 2019-2020.<sup>16</sup> Tigray region continues to strengthen the EPI as part of the child health package, and new antigens were introduced into the routine immunization, such as HPV vaccine for adolescent girls aged 14, and the second dose of Measles vaccine for children aged 15 months. Major challenges in reaching these targets are the wide range of barriers in access to and utilization of essential and life-saving child health services. This is both at community level, for example integrated community case management or community-based newborn care, and at facility level, for example integrated management of newborn and childhood illness. There are demand-side barriers, such as inaccessibility of services due to distance, lack of availability, and cost of transportation, and supply-side barriers, such as shortages/interruptions in required drugs, medical supplies, lack of trained providers, and service interruptions including closed health posts and absent health workers.<sup>17</sup>

<sup>16</sup>. The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 138.

<sup>17</sup>. UNICEF Ethiopia Country Office, Barriers Analysis Study in Selected Woredas of Tigray and SNNP Regions, Ethiopia.



Table 5: Trends in child survival and maternal health indicators, Ethiopia and Tigray 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
	Tigray	36.4	35.3	50.1	90	94	100
Skilled attendance during delivery (%)*	National	5.6	5.7	10	27.7	49.8	100
	Tigray	4.8	6	11.6	59.3	73.3	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
	Tigray	169	106	85	59		<25
Infant mortality rate (per 1,000 live births)**	National	97	77	59	48		N/A
	Tigray	104	67	64	43		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.



“ Nutrition indicators show that child malnutrition is still a challenge in Tigray. However, stunting and underweight rates declined twice as fast as the national rates between 2011 and 2016, thus Tigray is slowly bridging the gap (Figure 7). ”

Nutrition indicators show that child malnutrition is still a challenge in Tigray. However, the rates of child malnutrition showed decline between 2011 and 2019, (Figure 7). Stunting declined from 51 per cent to 49 percent, wasting declined from 10 to 9 per cent, and underweight from 35 to 30 per cent. . According to EDHS 2016, one third of women (34 per cent) in the region are thin (BMI <18.5). Similar to macronutrient, micronutrient deficiency is rampant in the region. Iron deficiency/anaemia, which is a serious concern for children as it impairs cognitive development and growth and contributes to morbidity, affects more than half (54 per cent) of children aged 6-59 months in Tigray (Table 6). The same problem affects one in five women in the region.

There are several nutrition-specific and nutrition-sensitive factors that influence the nutritional status of children in Tigray, such as micronutrient deficiency, breastfeeding and complementary feeding practices, food security, social protection, caring practices, water, sanitation and hygiene (WASH), and harmful practices. Only 5.7 per cent of children aged 6-23 months are receiving a minimum acceptable diet, a composite indicator for meal frequency and diversity, which indicates poor child feeding and caring practices in the region. The 2015/16 El Niño episode led to chronic hunger among many children in Tigray.

Figure 7: Under-five child under-nutrition in Tigray region 2000-2019. Source: EDHS 2000, 2005, 2011, 2016 and 2019

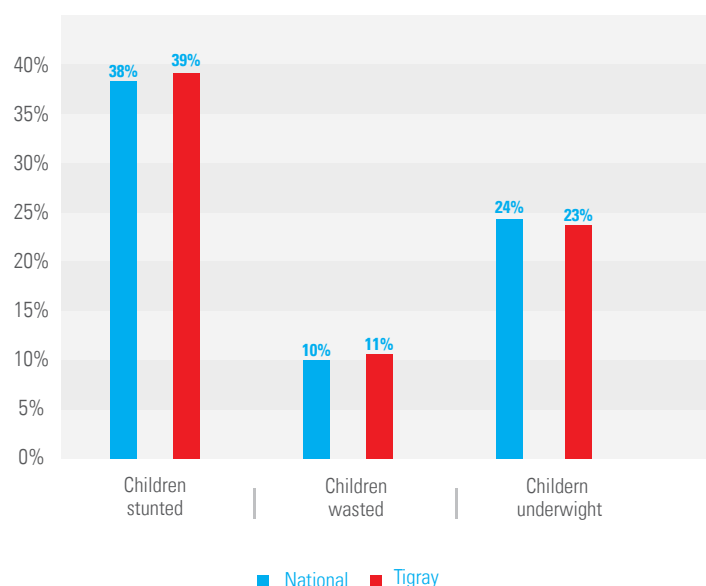


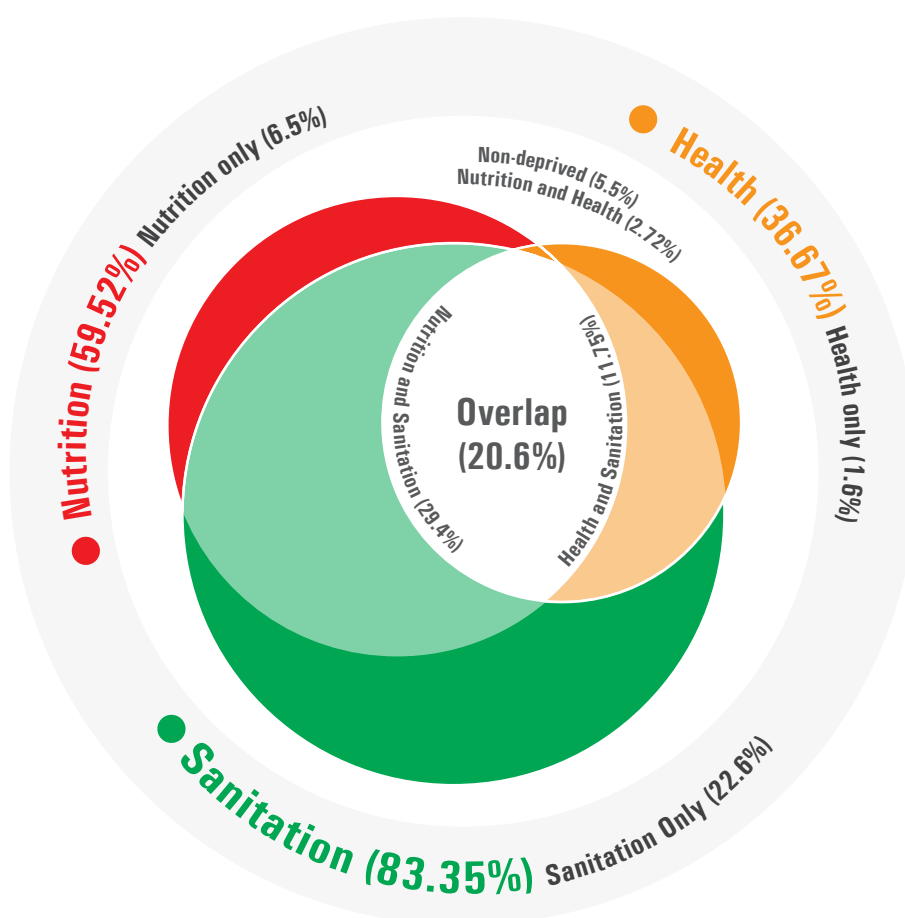
Table 6: Trends in child nutrition and health indicators, Ethiopia and Tigray region, 2000-2019

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
	Tigray	43.5	32.9	58.9	67.3	73	100
Stunting prevalence ***	National	57.8	51.5	44.4	38.4	36.8	23
	Tigray	62.2	48.7	51.4	39.3	48.7	14.1
Wasting prevalence ***	National	12.9	12.4	9.7	9.9	7.2	<5
	Tigray	12.9	13.4	10.3	11.1	9.2	<5
Underweight prevalence ***	National	42.1	34.9	28.7	23.6	21.1	N/A
	Tigray	45.5	37.1	35.1	23	30.4	N/A
Prevalence of anaemia (6-59 months)	National	N/A	53.5	44.2	56.9		N/A
	Tigray	N/A	56.5	37.5	53.6		N/A

\*\*\* Converted to WHO standards

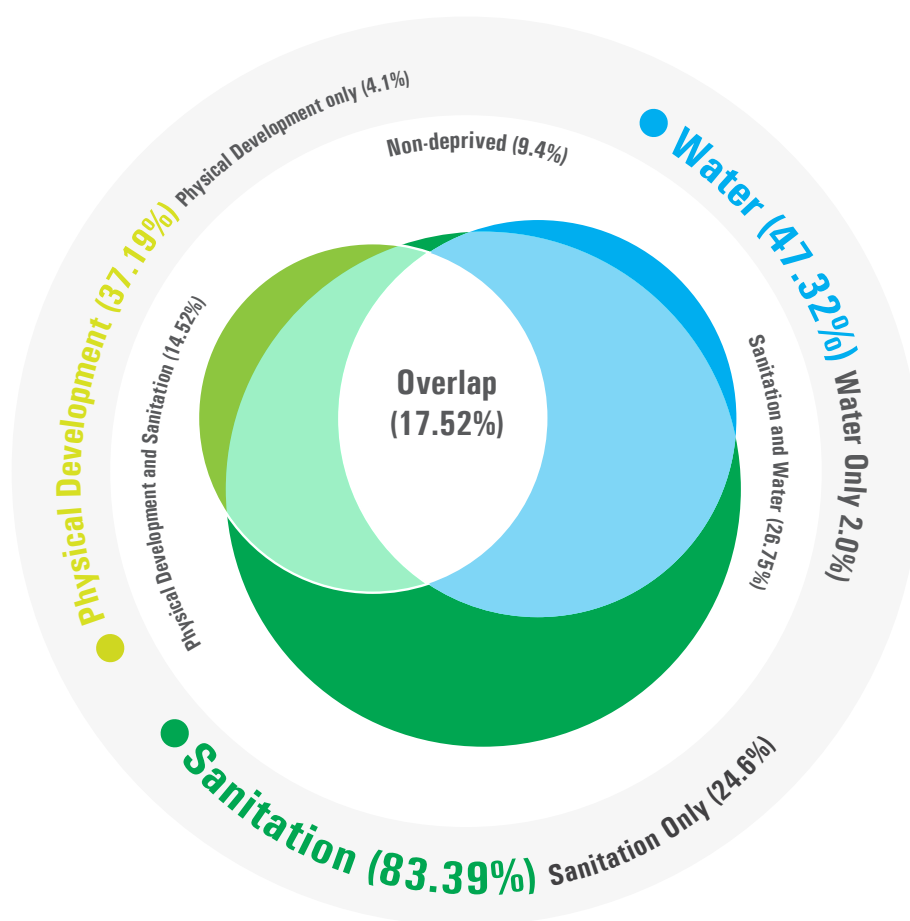
Improvements in nutrition and health outcomes among children under 5 years in Tigray to increase their survival chances require a multi-sectoral approach and interventions. Analysis shows that 21 per cent of children under 5 years in the region are simultaneously deprived of nutrition, basic health services and adequate sanitation. An additional 30 per cent are deprived of both nutrition and sanitation at the same time, while 12 per cent are deprived in health and sanitation. Less than 6 per cent of children under 5 years in Tigray are not deprived in any of these three dimensions (Figure 8).

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



Deprivation overlap analysis between physical development (stunting), water and sanitation shows that deprivation across these outcomes is interrelated: 18 per cent of children under 5 years in Tigray are stunted and deprived of water and sanitation simultaneously. An additional 27 per cent are simultaneously deprived in water and sanitation, while 15 per cent are simultaneously stunted and deprived of adequate sanitation. Less than 10 per cent of children under 5 in Tigray are not deprived in any of these three basic needs and rights (Figure 9).

Figure 9: Deprivation overlap between physical development (stunting), water and sanitation. Source: Calculations using MCD analysis and EDHS 2016 data





## 4 EARLY CHILDHOOD DEVELOPMENT AND EDUCATION

According to the Education Statistics Annual Abstract (ESAA) 2017/18, the gross enrolment ratio (GER) and net enrolment ratio (NER) for pre-primary education in Tigray were among the highest rates in Ethiopia, at 87 per cent and 86 per cent, respectively. This is far higher than the national average of 44 per cent (GER) and 43 per cent (NER).<sup>18</sup> The regional government has prioritized the enrolment of children (aged 6) in “0 class”.<sup>19</sup> With regard to pre-primary education, there are three modalities: “0” class attached to primary school, child-to-child (CtC), a programme delivered by young Grade 5 and Grade 6 facilitators, and formal kindergarten. Kindergarten accounts for 7 per cent, CtC for 64 per cent and “0” class for 26 per cent. The quality of pre-primary education is compromised by the rapid scale up of services, poorly equipped classes, a lack of standardized infrastructure and insufficient trained teachers, a shortage of educational materials, poor monitoring, lack of standards, and most importantly, inflated data. The GER and NER for Tigray primary schools continue to increase and exceeded 100 per cent in 2017/18.<sup>20</sup> The Gender Parity Index for Tigray primary schools was 0.94, compared to the national average of 0.9. These ratios show that the region is performing better than the national average (Table 7).

“... The Gender Parity Index for Tigray primary schools was 0.94, compared to the national average of 0.9. These ratios show that the region is performing better than the national average (Table 7).”

**Table 7: Trends in GER and NER for primary education, Ethiopia and Tigray region, 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
	Tigray	107.2	-	98.8	117.5	100
Primary school net enrolment rate (Grades 1-8)	National	83	85.3	85.9	100.1	100
	Tigray	96.9	93.3	92	110.9	100
Indicator	MCD report			ESAA 2011 (%)	ESAA 2016 (%)	SDG target 2030 (%)
Delay in schooling (age 9-17 years) <sup>21</sup>	National			37.3	33.6	N/A
	Tigray			20.3	17.3	N/A
Illiteracy rate (age 15-17 years) <sup>22</sup>	National			45.2	45.5	0
				33.8	30.1	0

18. Only Addis Ababa and Harar recorded a higher GER.

19. The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 51.

20. A NER higher than 100 per cent is strange, because it would mean that more 7- to 14-year-old students are enrolled than there are in Tigray. The Socio-Economic Baseline report (2018) also provides the GER and NER for primary and secondary school. Note that to make a valid comparison with the other regions in Ethiopia, the rates provided in the ESAA are leading.

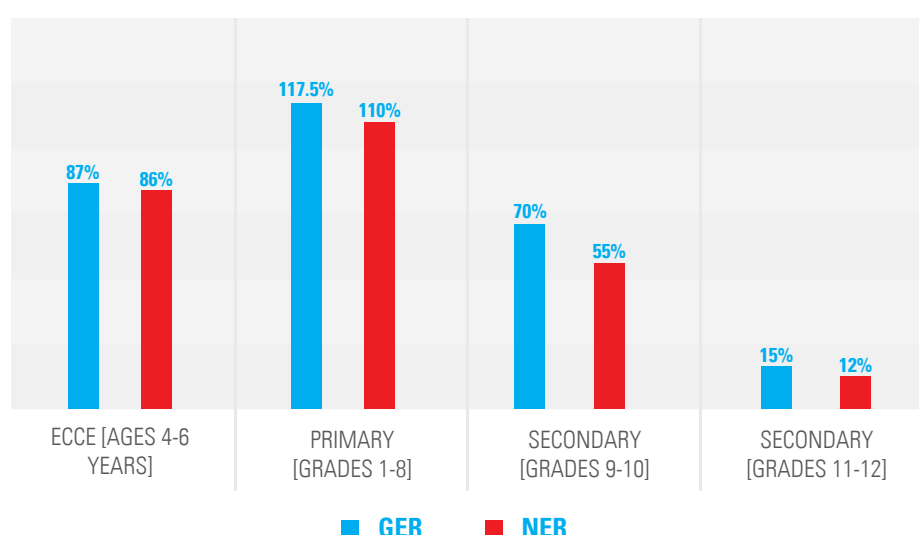
21. For children of primary school age (9-14 years) measured as a percentage of children attending school with 2+ years of delay. For children aged 15-17 years, measured as a percentage of children attending school with 3+ years of delay.

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

“Despite progress in enrolment ratios, there are challenges to be met in Tigray regarding the quality of education, student achievement and dropouts.”

Despite progress in enrolment ratios, there are challenges to be met in Tigray regarding the quality of education, student achievement and dropouts. The illiteracy rate among children aged 15 to 17 years, which is one of the indicators for measuring the quality of education, is 30 per cent in Tigray, significantly lower than the national average. The figure signifies that nearly one third of children of secondary school age cannot read a full sentence. Some of the problems faced by the region in the education sector include the limited number of qualified teachers (teachers are being assigned to teach subjects for which they were not trained), especially in rural primary schools, because of unfavourable working and living conditions. There are some programmes underway that aim to upgrade the qualifications of teachers to meet the national standard.<sup>23</sup> The main reason for dropping out of school was cited as students being busy with household chores (49 per cent). Other important reasons are the distance to school (16 per cent) and the inability to pay school fees (15 per cent).<sup>24</sup> The survival rate to Grade 5 the percentage of students who completed the first cycle of primary education was 84 per cent in 2016/17, the highest in Ethiopia. In 2015/16, 8 per cent of Grade 8 students failed their final exam (7 per cent girls and 8 per cent boys), which is better than the national average of 12 per cent.<sup>25</sup> The National Learning Assessment found that 57 per cent of Tigray pupils in Grade 4 did not meet the basic reading level and 71 per cent of pupils performed below the basic level in English. The indicator of delay in schooling – which measures a portion of school dropouts and grade repetition – shows that 17 per cent of children of primary and secondary school age attended school with two or more years of delay. Even though this figure is half the national average (34 per cent), it points to issues in the education sector that need to be addressed.

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



- <sup>23</sup>. The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 54. See also Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 29.
- <sup>24</sup>. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 28. The ESAA 2009 E.C. (2016/17) does not provide dropout rates and repetition rates across regions.
- <sup>25</sup>. Ministry of Education, ESAA 2009 E.C. (2016/17), p. 70.



“... According to the Tigray Socio-Economic Baseline Survey, one in five rural children take two hours or more to arrive at school.”<sup>26</sup>

In 2018/19, the GER in secondary education in Tigray was 72 per cent for Grades 9 and 10 and 13.3 per cent for Grades 11 and 12. The GER for Grades 9 and 10 is still lower than the Education Sector Development Programme (ESDP V) target of 74 per cent. The GER for Grades 11 and 12 has surpassed the national GTP target of 12 per cent. There are variations between woredas, which may be the result of urbanization,

early employment and unfavourable perceptions towards school returnees. The gender parity in Tigray secondary schools has narrowed and is better than the national average, at 0.97 versus 0.87, respectively. While the NER for Grades 9 to 12 of 38.8 per cent is low, it is still the highest in the country apart from Addis Ababa and exceeds the national average of 25.3 per cent in 2017/18.<sup>26</sup> Nevertheless, there are shortages of secondary schools, and in some woredas there are significant distances to cover for children attending secondary school. According to the Tigray Socio-Economic Baseline Survey, one in five rural children take two hours or more to arrive at school.<sup>27</sup> The average distance to secondary school was about 15km 2014/15, far more than the average distance to primary school, which was about 3 km.<sup>28</sup>

The main challenges for the region include access to schools, the quality of education and low student learning outcomes, school dropout rates, repetition rates and shortages of school facilities and furniture.

26. Ministry of Education, ESAA 2011 E.C. (2018/19), p. 48.

27. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 28.

28. The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 136.

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

The Ethiopia Socio-economic Survey (ESS) 2017 found that 72.1 per cent of households used improved drinking water sources in Tigray.<sup>29</sup> This represents the largest share of improved sources of the four major regions (Tigray, Amhara, Oromia and SNNPR), and stands above the national average of 66 per cent.<sup>30</sup> About 26 per cent of water sources in Tigray are piped. The ESS 2017 also presents the time needed to collect water. According to the EDHS 2016, one third of households in Tigray are located more than 30 minutes away from a water source (necessary to reach it, fetch water and return to the dwelling). This rate is nearly equal to the national average of 32 per cent. Like elsewhere in the country, women and girls are mostly responsible for fetching water in Tigray.<sup>31</sup> The availability and sufficiency of drinking water is 77.8 per cent and 72.2 per cent, respectively.<sup>32</sup>

*Table 8: Trends in improved drinking water sources, sanitation facilities and housing conditions, Ethiopia and Tigray 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	66	100
	Tigray	71.6	68.6	59.3	72.1	100
Time to water source 30+ minutes from the dwelling <sup>33</sup>	National		41.1		32.3	N/A
	Tigray		42.7		33.3	N/A
Households using improved sanitation facilities	National	6.8	8.3	4.2	6.3	100
	Tigray	3.5	18.3	8.5	15.9	100
Households with adequate housing <sup>34</sup>	National		2.9		12	
	Tigray		10.7		10.4	100
Households exposed to indoor pollution from using solid fuels to cook inside the dwelling where there is no separate room used as a kitchen	National		49.2		31.4	0
	Tigray		17.6		13.4	0

29. The Tigray Socio-Economic Baseline Survey Report 2018 also provides data on improved water sources and time spent on fetching water. However, the national report will be used so a comparison with the other regions can be made; the same methodology is used for different regions.

30. CSA, Drinking Water Quality in Ethiopia: Results from the 2016 Ethiopia Socio-economic Survey, 2017, p. 38.

31. UNICEF, Integrated WASH/MUS/CBN Programme Baseline and Midline Survey Report, 2017, p. 37 and Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, pp. xxvii and 199.

32. CSA, Drinking Water Quality in Ethiopia: Results from the 2016 Ethiopia Socio-economic Survey, 2017, p. 18.

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

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



Despite efforts by the regional government and partners to carry out water supply projects, the sustainability of water services is a concern. There is a lack of spare parts, poor design and maintenance, and insufficient post-construction support.<sup>35</sup> Interventions in most of the lowland and dry mountainous areas have been undermined by droughts that deteriorated ground and river water (e.g. in the Tsaeda-emba, Gulomekada (Hayelom) and Seharti Samre woredas). Creating water supply in drought-affected environments is expensive and requires high-tech equipment and human resources.<sup>36</sup> The community sense of ownership over water supply systems is very low, which leads to premature non-functionality of systems.



“EDHS data shows that the percentage of households in Tigray that use improved sanitation facilities declined from 18 per cent in 2011 to 16 per cent in 2016 (Table 8). Even though this rate is low, it is above the national average of 6 per cent, and higher than many regions in Ethiopia.”

EDHS data shows that the percentage of households in Tigray that use improved sanitation facilities declined from 9 per cent in 2011 to 7.7 per cent in 2016<sup>37</sup> (Table 8). Even though this rate is low, it is above the national average of 6.3 per cent, and higher than many regions in Ethiopia. The incidence of open defecation in Tigray (8 per cent) is the lowest across all the regions in the country, and five times lower than the national average (41 per cent).<sup>38</sup>

Washing hands with soap can significantly reduce the risk of diarrhoea.<sup>39</sup> According to the 2016 EDHS, 51.2 per cent of households in Tigray have a place for washing hands (6 per cent fixed and 45.2 per cent mobile), which was below the national average of 59.9 per cent. Only 17.3 per cent of these households had water and soap.<sup>40</sup> One factor for limited hand washing is the low level of knowledge about critical moments when it should be done: 18 per cent of women and 4 per cent of men in Tigray know that hands should be washed before breastfeeding/feeding a child, and 15 per cent of women and 7 per cent of men know that hands need to be washed after cleaning a child’s bottom who has defecated (UNCIEF & DAB, 2017, pp.34-45). Even though knowledge on the importance of washing hands is more widespread in Tigray than in other regions – with the exception of Afar and SNNPR – it is very limited in general terms.

35. UNICEF and Development Research and Training, Report on KAP Baseline Survey on Water, Sanitation and Hygiene in Eight Regions of Ethiopia, 2017, p. 22.

36. For example, The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 45.

37. Disaggregated from EDHS data

38. UNICEF, KAP Baseline Survey on Water, Sanitation and Hygiene in Eight Regions of Ethiopia, 2017, p. 61.

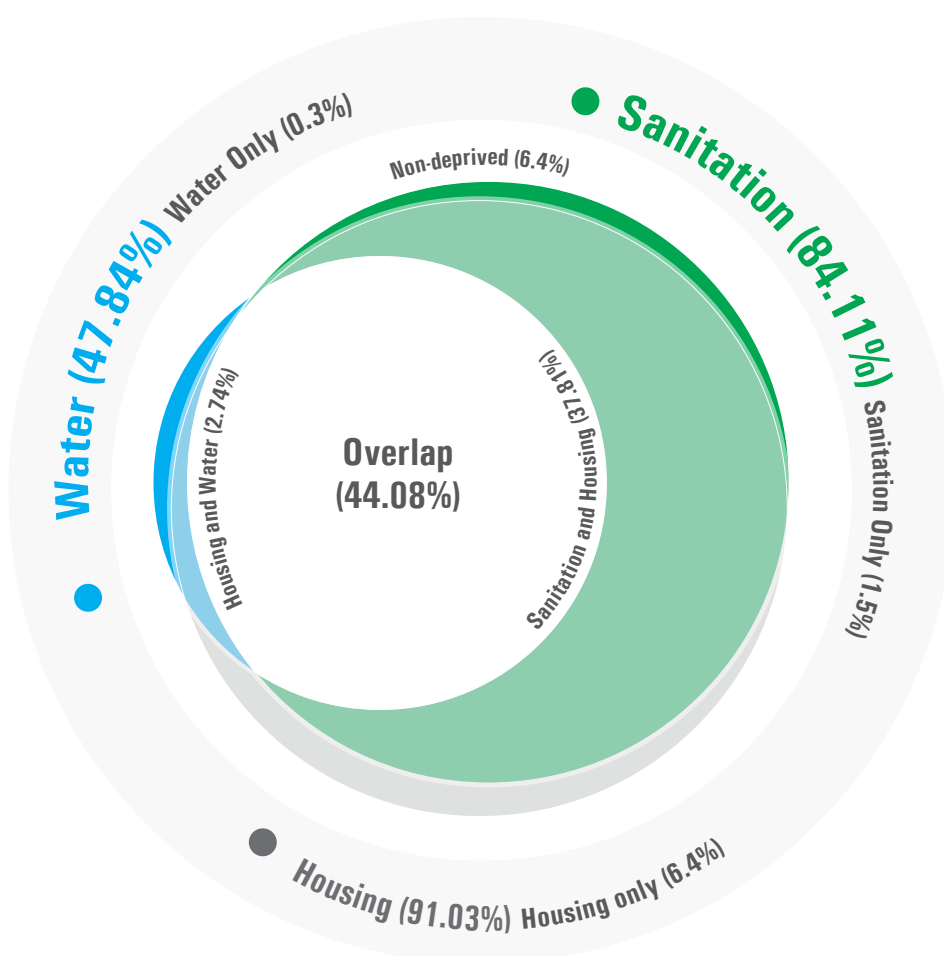
39. The Lancet (Bhutta et al.), Maternal and Child Nutrition 2. Evidence-based Interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost? 2013, p. 10.

40. EDHS 2016, p. 23.

Children and adults are susceptible to other health risks in their dwellings due to inadequate housing conditions and indoor pollution from using solid fuel for cooking inside the house. Only 10 per cent of households in Tigray, compared to the national average of 12 per cent, live in dwellings constructed with adequate material necessary to protect against adverse weather conditions and health and structural hazards. The percentage of households exposed to health risks from indoor pollution due to using solid fuels for cooking inside the house is significantly lower, at 13 per cent, than the national average of 31 per cent (Table 8).

Any interventions aimed at improving the well-being of children in Tigray should use a multi-sectoral approach that includes all components of WASH and improvements in housing conditions, and that raises awareness of the importance of each. Analysis shows that there is a high overlap in deprivation between water, sanitation and housing for all children under 18: 44 per cent of children under 18 are simultaneously deprived of all three of these basic needs and rights. Another 38 per cent are simultaneously deprived in sanitation and housing at the same time, while only 6 per cent of children in Tigray are not deprived in any of these three dimensions.

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



## 6 CHILD PROTECTION

In Tigray, 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 27 per cent, 19 per cent and 12 per cent, respectively.<sup>41</sup> The percentage of women who believe that a husband is justified in hitting or beating his wife in various circumstances is 65 per cent, while 31 per cent of men share the same belief/opinion.<sup>42</sup>

**“...The percentage of women who believe that a husband is justified in hitting or beating his wife in various circumstances is 65 per cent, while 31 per cent of men share the same belief/opinion.”<sup>40</sup>**

In Tigray, many children are involved in child labour. According to the EDHS 2011, the rate was 42.2 per cent among children aged 5 to 14 years, far above the national average of 27.4 per cent. A 2015 study by the CSA and the International Labour Organization (ILO) found that 26.8 per cent of children aged 5 to 17 years were involved in child labour compared to the national rate of 24.2 per cent.<sup>43</sup>

Many refugee children in Tigray, mostly Eritrean children, including unaccompanied minors, are in a poor condition (see Section 10). They are up-rooted and deprived in several child well-being areas (nutrition, health, education, etc). They may be vulnerable to food insecurity, physical and sexual violence, trafficking, lack of access to education, health care, water and sanitation, and even disease and death, especially during their flight.

Internally Displaced Persons (IDPs) were forced to abandon their land because of conflicts or natural hazards (see Section 10). They lost their agricultural livelihoods, farming assets and/or other sources of income. Sometimes children were separated from their families during their flight. IDPs are food insecure and require continuous humanitarian support.<sup>44</sup> The situation of IDPs puts pressure on the many host communities who may already be vulnerable to food insecurity. Children constitute more than half of the displaced population.<sup>45</sup> Children are at high risk of acute malnutrition, while children under 5 years may fail to access immunization and other health services. School-aged children may not be attending school.

41. Ibid., p. 306.

42. Ibid., pp. 283 and 284.

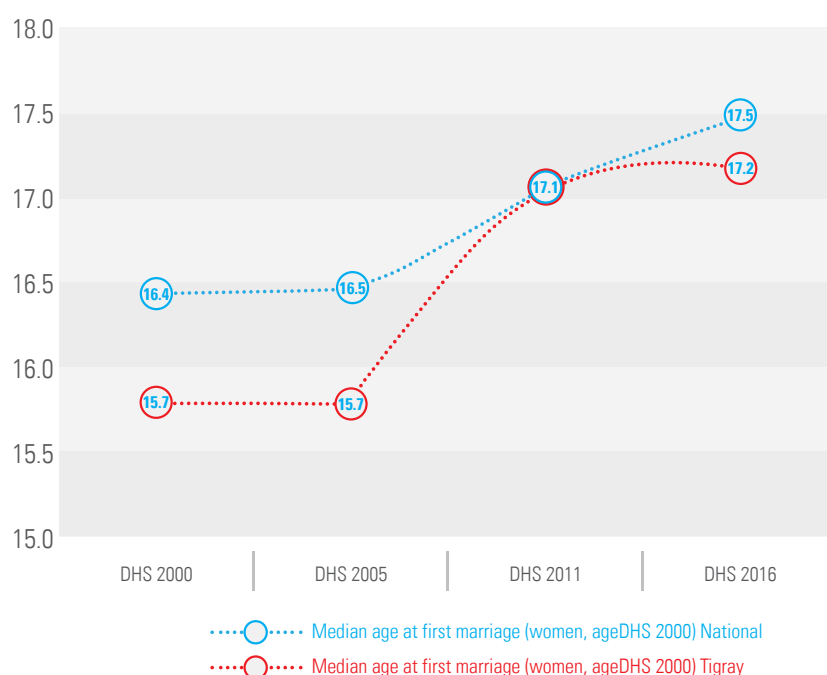
43. CSA and ILO, Ethiopia National Child Labour Survey 2015, p. 79.

44. HRD, Humanitarian and Disaster Resilience Plan, Mid-Year Review, 2018, p. 19.

45. United Nations High Commissioner for Refugees (UNHCR), Operational Update on Ethiopia, Sept. 2018. See also ACAPS, Briefing Note: Displacement in Ethiopia, Oct. 2018.

46. United Nations High Commissioner for Refugees (UNHCR), Operational Update on Ethiopia, Sept. 2018. See also ACAPS, Briefing Note: Displacement in Ethiopia, Oct. 2018.

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



The percentage of people (aged 15-49) who are infected with HIV is 1.2 per cent, compared to the national average of 0.9 per cent. This rate is much lower among the younger population (aged 15-24), at 0.3 per cent. Between 2011 and 2016, the HIV prevalence among youths fell from 0.7 per cent to 0.3 per cent. One in two pregnant women in Tigray are tested for HIV during ANC and receive results and post-test counselling. This is the second highest rate in the country.<sup>46</sup> Only 15 per cent of children aged 0 to 14 years are tested for HIV.<sup>47</sup>

The Tigrayan Women, Children and Youth Affairs Office, as well as the Offices of Justice and Education, are working to improve gender equality and eliminate child marriage and other harmful practices in Tigray. The main strategy is to keep girls in school, to establish girls' clubs and tutorial support, and to have regular community conversations to raise awareness with the help of women's development groups and health extension workers. Messaging on the impacts of child marriage, such as health risks (e.g. fistula) turned out to be very powerful, for example in Kiltawallalo woreda.<sup>48</sup> The EDHS 2016 shows an increase in the average median age of marriage between 2000 and 2016 in Tigray region (Figure 12). There has been a significant decline in child marriage rates reported by Tigray women aged 20 to 24 years, from 80 per cent in 1991 to 43 per cent in 2016.<sup>49</sup> Nonetheless, progress in Tigray needs to be six times faster than the rate observed over the past 10 years to eliminate child marriage by 2030 and achieve Sustainable Development Goal (SDG) 5.3.<sup>50</sup>

47. Ibid.

48. Overseas Development Institute (ODI), What Works to Tackle Child Marriage in Ethiopia. A review of good practice, 2016, p. 26.

49. 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.

50. Ibid., p. 10.

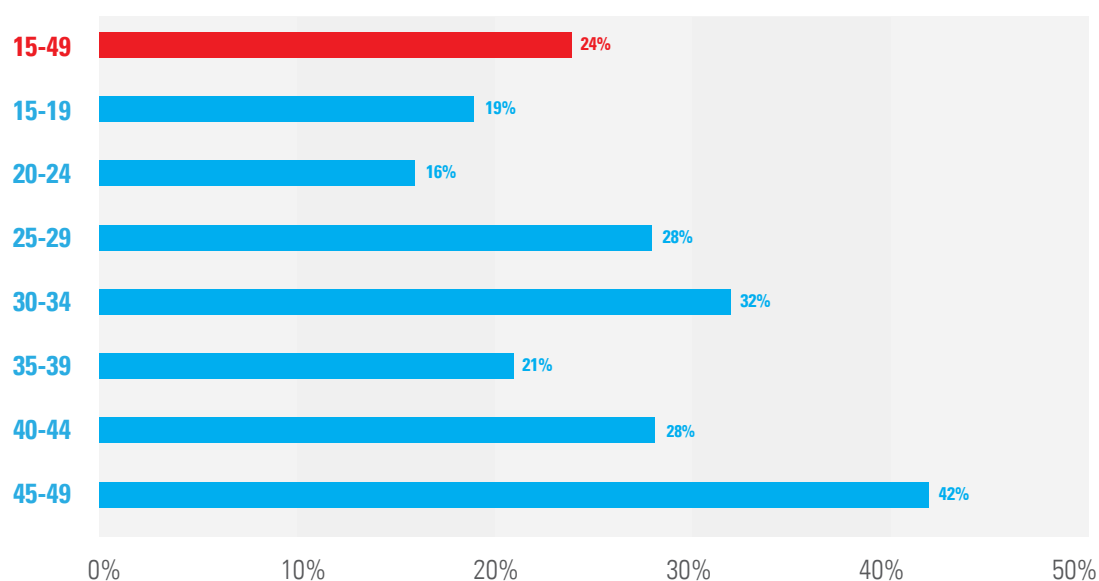
Table 9: Trends in indicators on child marriage and female genital mutilation/cutting (FGM/C), Ethiopia and Tigray region, 2000-2016

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
	Tigray	-	12.5	8.3	-	-	0
Women married by age 18 among women currently aged 20-24 (%)	National	49	49	41	-	40	0
	Tigray	-	-	-	-	43*	0
Median age at first marriage (women, aged 20-49)	National	16.4	16.5	17.1	-	17.5	N/A
	Tigray	15.7	15.7	17.1	-	17.2	N/A
Female genital mutilation/cutting (aged 0-14) (%)	National	-	-	-	23	15.7	0
	Tigray	-	-	-	22.1	11.3	0
Female genital mutilation/cutting (aged 15-49) (%)	National	79.9	74.3	-	-	65.2	0
	Tigray	35.7	29.3	-	-	24.2	0

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

The practice of female genital mutilation/cutting (FGM/C) has consistently been decreasing and is far below the national average of 65.2 per cent among women aged 15 to 49 years. Tigray has the lowest prevalence rate of FGM/C in the country, at 24.2 per cent in 2016. Women in rural areas of Tigray have a higher risk of female circumcision (26 per cent) than urban women (19 per cent). In order to meet SDG 5.3 and eliminate FGM/C by 2030, Tigray should reduce the percentage of girls aged 15 to 19 years who have undergone FGM/C by 19.7 per cent per year.<sup>51</sup>

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



51. UNICEF, EDHS 2016, FGM/C Further Analysis: Sub-national results, Nov. 2018.

**FGM/C rates across age groups show that the younger age group of 15-19 years has a higher prevalence rate than the age group 20-24 years, though lower than the group 25-29 years (Figure 13).**

FGM/C rates across age groups show that the younger age group of 15-19 years has a higher prevalence rate than the age group 20-24 years, though lower than the group 25-29 years (Figure 13). Currently, it is not clear if this signals an increase, but it should be closely monitored. There are differences in FGM/C by wealth quintiles: 27 per cent of girls/women in the poorest wealth quintile have undergone FGM/C compared to 19 per cent in the richest wealth quintile. In

Tigray, FGM/C is usually carried out on female babies who are eight days old and performed by traditional circumcisers. Knowledge among the Tigray population about the negative effects of harmful practices like FGM/C is low.<sup>52</sup>

Comprehensive knowledge of adolescents aged 15 to 17 years about HIV/AIDS transmission and prevention is above the national average, at 33 per cent and 30 per cent, respectively. Incidence of adolescent participation in community conversations where family planning is discussed is significantly higher than the national average, at 43 per cent and 24 per cent, respectively. Both of these indicators show a slight improvement over 2011 (Table 10).

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

Health-related knowledge and community participation among adolescents (15-17 years)	Region	EDHS 2011	EDHS 2016	SDG 2030 targets
Comprehensive knowledge about HIV/AIDS transmission and prevention (%)	National	27.4	29.8	100
	Tigray	31.6	33.4	100
Participation in community events or conversations where family planning is discussed (%)	National	31	23.7	100
	Tigray	41.6	43.2	100

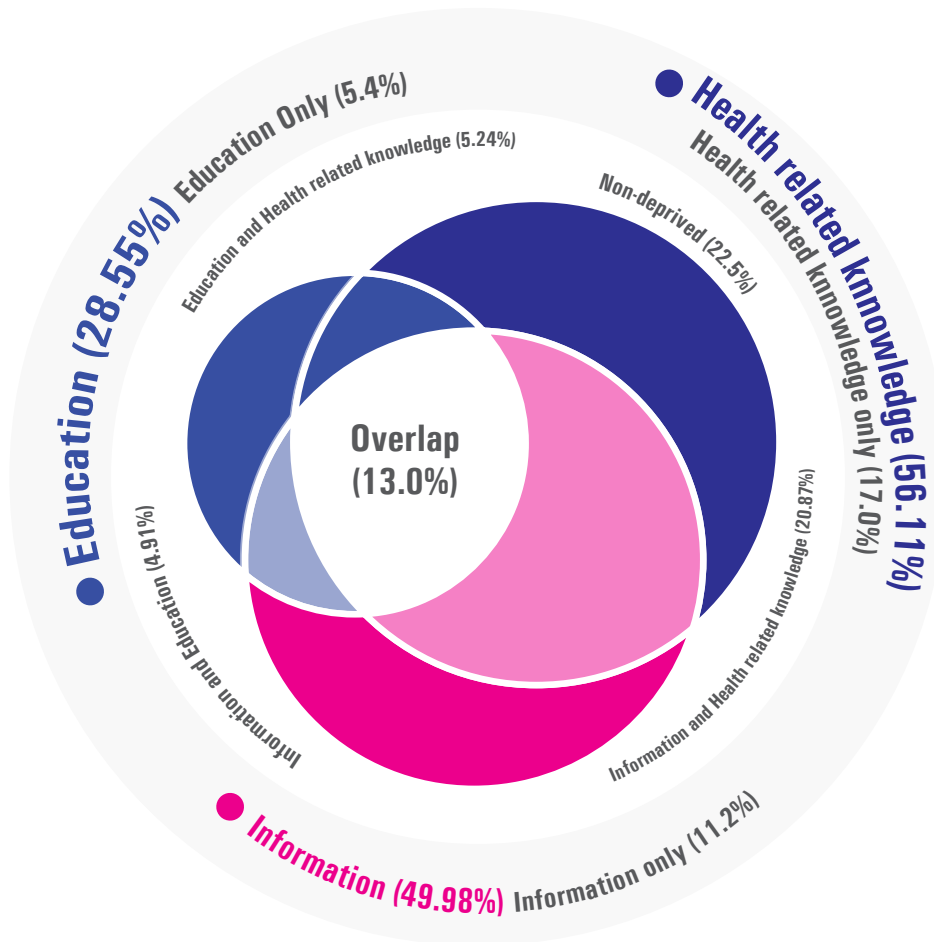


Considering the importance of knowledge on reproductive health and rights, family planning, health- and nutrition-related knowledge for children's and women's outcomes, as well as in reducing gender inequality, investments in improving educational outcomes should also include revisions to the curriculum to include health- and nutrition-related knowledge. In Tigray, 13 per cent of children aged 5 to 17 years are deprived in education, health-related knowledge, and information and participation, simultaneously. An additional 21 per cent are deprived in both health-related knowledge and information and participation at the same time (Figure 14).

<sup>52</sup> Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, pp. 235 and 236.



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

Tigray has benefitted from the Productive Safety Net Programme (PSNP). In 2014, 28.9 per cent of rural households were in the PSNP compared to 10.8 per cent of households at the national level.<sup>53</sup> PSNP 4 covers 31 out of the 52 woredas in the region.<sup>54</sup> In Tigray, 21 per cent of PSNP households are also participating in community-based health insurance (CBHI), a scheme that provides financial protection against health shocks.<sup>55</sup>

Between 2011 and 2015, the Tigray 'Social Cash Transfer Pilot Programme' (SCTPP) was implemented by the Tigray Bureau of Labour and Social Affairs, with support from UNICEF in the urban area of Abi-Adi and the rural woreda of Hintalo-Wajirat. The programme has contributed to the national social protection policy dialogue and has helped highlight the need for social protection system investments with enhanced access to basic services.<sup>56</sup> The SCTPP has led to an additional pilot under PSNP 4 in 2015, the 'Integrated Basic Social Services with Social Cash Back' (IN-SCT) pilot programme. This is in SNNP and Oromia regions, which have stronger links with basic services. The IN-SCT pilot programme has been scaled up by the Ministry of Labour and Social Affairs to an additional six woreda. It demonstrates the ripple effect of the SCTPP in Tigray region.

**“Despite improvements in poverty reduction (see Section 2), many Tigrayans remain vulnerable to chronic food insecurity. This is reflected in the high rates of malnutrition in children under 5 years...”**



Despite improvements in poverty reduction (see Section 2), many Tigrayans remain vulnerable to chronic food insecurity. This is reflected in the high rates of malnutrition in children under 5 years, which is discussed above. UNOCHA assessed that Tigray region is in third place among all regions when it comes to most repeated beneficiaries of relief food, meaning there were relief food needs at least nine times between 2013 and 2018, reaching 173,576 beneficiaries. Most vulnerable people in Tigray have crop farming as their main livelihood system.<sup>57</sup>

<sup>53</sup> Mini EDHS 2014, p. 15.

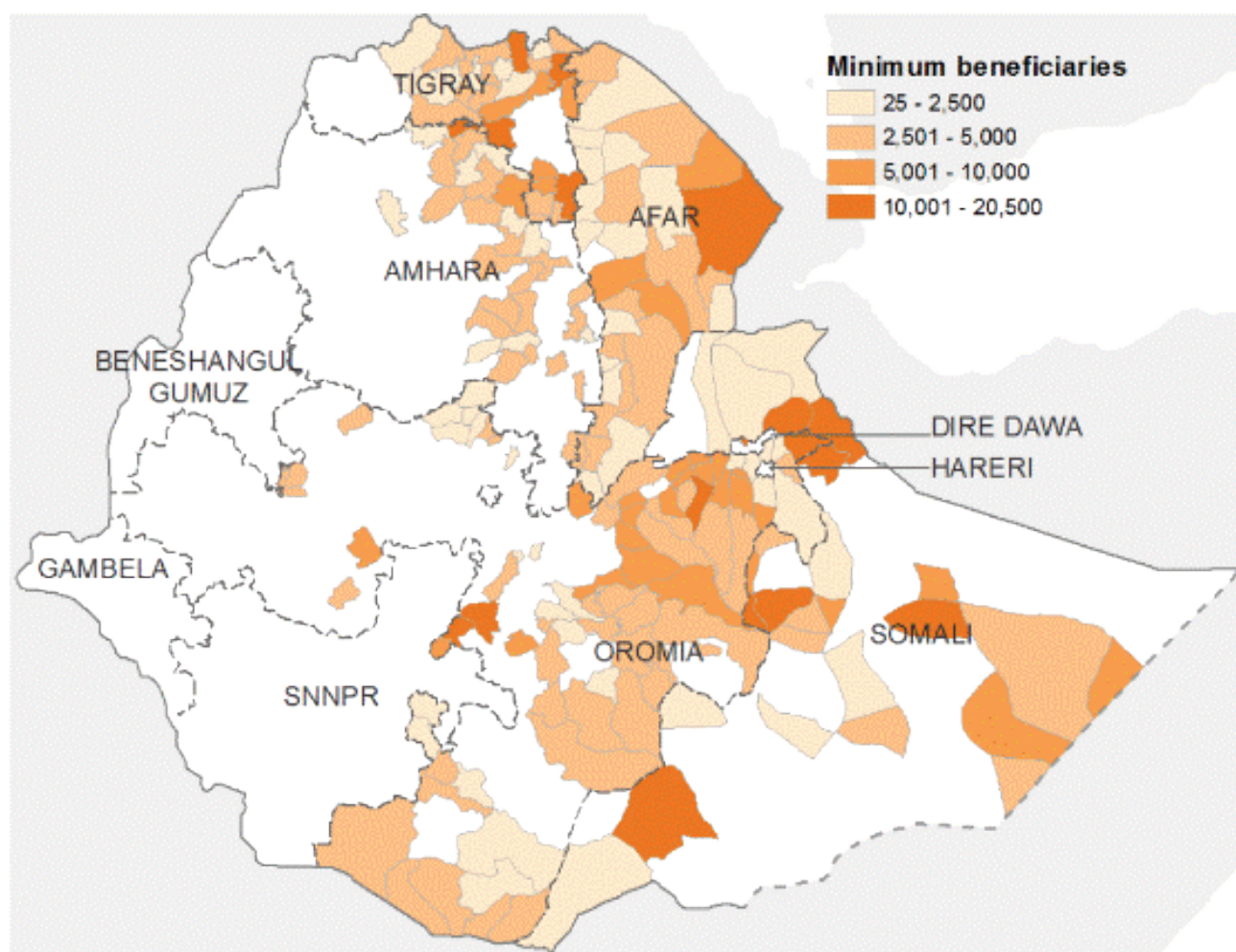
<sup>54</sup> UNICEF Ethiopia Country Office, Tigray Strategy Note, Draft version, 20 Dec. 2017, p. 2.

<sup>55</sup> UNICEF, Reaching the Poor: Synergies and complementarities of the Productive Safety Net Programme and Community-Based Health Insurance, 2017, p. 24.

<sup>56</sup> Pearson et al., 'The Role of the Tigray Pilot Social Cash Transfer Programme and its Evaluation in the Evolution of the Tigray Social Protection Policy', in: UNICEF et al., Story of Cash Transfers in Sub-Saharan Africa, 2016, p. 193.

<sup>57</sup> UNOCHA, HRD Relief Food Beneficiary Analysis (2013-2018).

Figure 15: Woredas with relief food needs at least nine times between 2013 and 2018. Source: UNOCHA, HRD Relief Food Beneficiary Analysis (2013-2018)



## 8 CLIMATE CHANGE AND CHILD RIGHTS

Located in the dry lands of northern Ethiopia, Tigray region is vulnerable to significant climate stress and is affected by acute environmental degradation. Within short timeframes, farmers face drought, hailstorms, flooding and landslides. It was estimated that over 8,000 people were at risk of flooding and almost 3,000 people were likely to be displaced in 2018.<sup>58</sup> Drought has been a major agricultural production constraint in low rainfall areas in Tigray, and there is a scarcity of drinkable water. This is especially true for the lowland and degraded highland areas. In the coming decades, extreme temperatures, extraordinary rainfall events and more intense and prolonged droughts and floods are projected.<sup>59</sup> There is a high prevalence of poverty and vulnerability, population growth and scarcity of arable land, which lead to development challenges.

The 2015/16 El Niño episode significantly affected children in Tigray, resulting in chronic and acute hunger, poor health, water-related illnesses, school absenteeism, poor school performance, poor diet, poor hygiene, lack of clean clothing, and protection risks. It appears that economic migration intensified (including to Addis Ababa or overseas locations, such as the Gulf States).<sup>60</sup> According to the World Bank's latest research on internal climate migration, deteriorating water availability and lower crop yields will drive climate migrants from rain-fed cropland areas into areas with better opportunities (e.g. good agricultural land areas and peri-urban and urban areas). A climate in-migration hotspot is expected in the far north of Tigray region.<sup>61</sup> The high vulnerability of Tigray to climate change is also attributed to low access to technology, food markets and lack of infrastructure.

The regional government's key priority is to strike a balance between reducing exposure to the impacts of climate change and addressing the root causes of vulnerability. In line with the national strategy, Tigray's basic strategy is to "build capacity to defend and manage potential risks of drought by creating a climate resilient green economy".<sup>62</sup> The regional government focuses on farmers' adaptive capacity, increasing agricultural production, protection of natural resources, water and irrigation schemes, livestock development, enhancing rural land use and administration, and agricultural research. Examples of successes are the construction of irrigation structures, such as dams, water banks and irrigation pumps.<sup>63</sup>

<sup>58.</sup> Joint Government and Humanitarian Partners, Flood Response Plan Ethiopia, Sept. 2018. Affected woreda were: Werilehe, Atsbi wenberta, Tahitay Koraro, Sahrti samre, Ahferom, Kola temben, Laelay Mayichew, Tahitay Mayichew, Hinatlo Wajirat, Medebay zana and Ofla.

<sup>59.</sup> World Bank, Economics of Adaptation to Climate Change, Ethiopia, 2010.

<sup>60.</sup> See for example, UNICEF, Generation El Niño: Long-term impacts on children's well-being. Final report, 2018.

<sup>61.</sup> World Bank, Groundswell: Preparing for Internal climate migration, 2018, pp. xxii and 136.

<sup>62.</sup> The National Regional State of Tigray, GTP II 2015/16–2019/20, p. 82.

<sup>63.</sup> Ibid.

## 9 GENDER EQUALITY

The Tigray Women's Affairs Bureau is mandated with overseeing gender equality activities at regional and woreda level. A command post has been launched, which serves as a platform to promote institutionalization of gender issues. Women's development groups support women to deal with challenges that affect their lives. Intervention packages to economically empower women are introduced, such as providing micro and small enterprise services. The regional government has set several ambitious targets to achieve gender equality in diverse areas. There is a focus on girls' education, women's employment, equitable work share and political participation.<sup>64</sup>

**“The regional government has a special focus on empowering women, however there are several challenges to be addressed. Women and girls have limited mobility due to socio-cultural factors, fewer economic opportunities, and less decision-making power. They also have limited access to business finance.”**



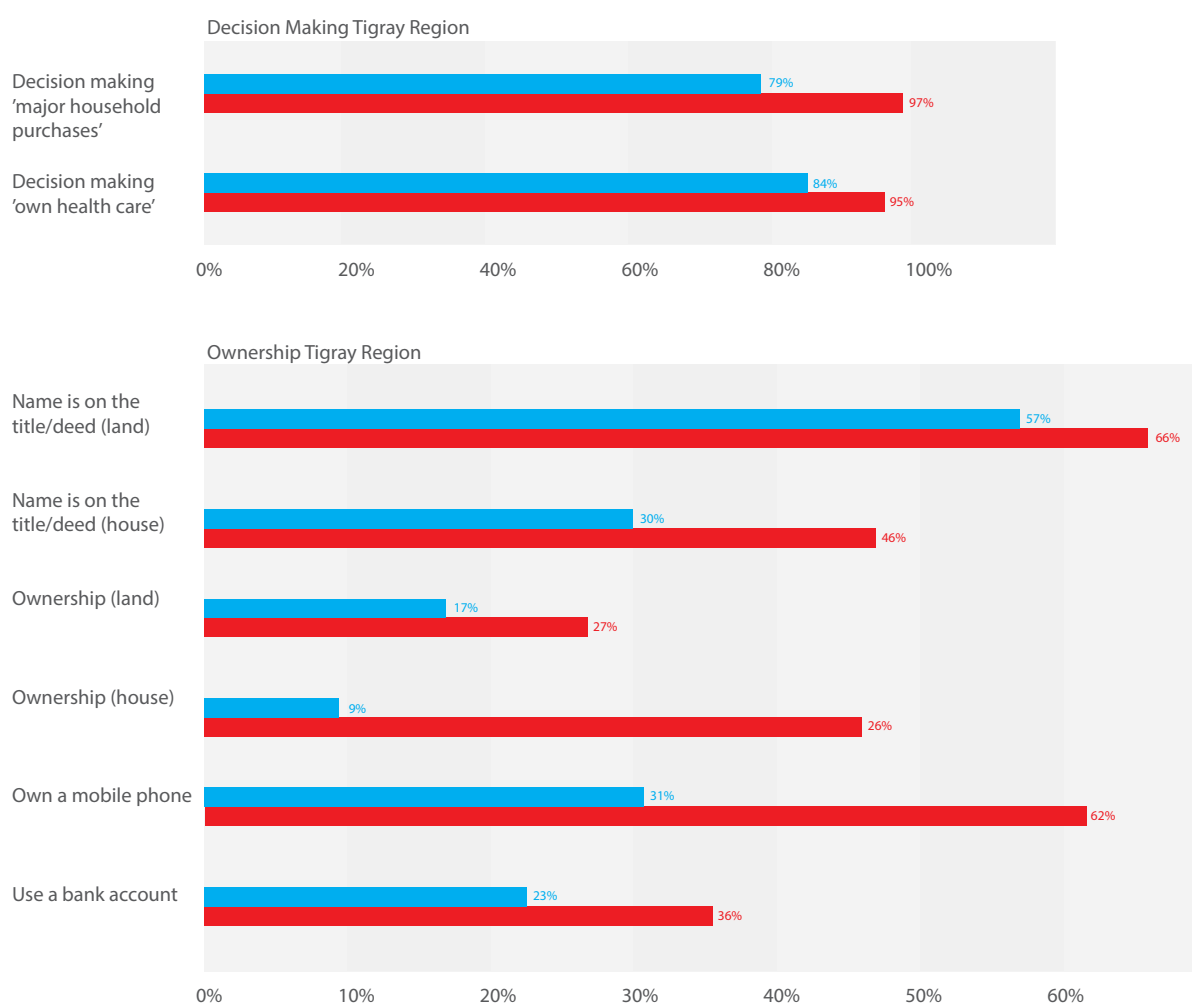
The regional government has a special focus on empowering women, however there are several challenges to be addressed.<sup>65</sup> Women and girls have limited mobility due to socio-cultural factors, fewer economic opportunities, and less decision-making power. They also have limited access to business finance. There are inequalities in ownership and control over assets, such as land, houses and oxen. As Figure 16 shows, there is an unequal distribution

of power between women and men in decision making and ownership. The understanding of gender mainstreaming at woreda level is poor, which affects budgetary allocations for mainstream activities. While women's participation in politics and public life is growing, participation at grassroots level (woreda and tabia positions) remains limited.

<sup>64.</sup> Ibid., p. 154.

<sup>65.</sup> Ibid., p. 2.

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





## 10 OTHER SPECIFIC ISSUES

Tigray region hosts many refugees from Eritrea, including many unaccompanied children.<sup>66</sup> 41 per cent of the national refugee population is Eritrean youth (aged 15 to 24) living in the Shire camps in Tigray.<sup>67</sup> Secondary migration of Eritrean refugees is an issue, with 60 per cent moving onwards from Ethiopia each year.<sup>68</sup> A new development is the growing needs of new Eritrean refugees crossing the border in Tigray following the Ethiopia-Eritrea peace agreement<sup>69</sup> that preceded the northern border reopening on 11 September 2018. As of October 2018, 14,000 refugees have arrived, of whom 90 per cent are women and children. This includes unaccompanied children, most hoping to reunite with family members.<sup>70</sup>

The Tigray Socio-Economic Baseline Survey found that migration mostly takes place within the region (43.5 per cent), while 30.5 per cent of migrants move outside the country and 26 per cent move to another region within Ethiopia. In the latter two categories, the vast majority of migrants come from urban areas or newly established towns. It is likely that secondary migration takes place. In other words, rural people migrate to towns and at a later stage move on to other regions or abroad. More men than women migrate, at 56 per cent versus 44 per cent, respectively. The two main reasons put forward for migration are the inability to find work in the place they live (54 per cent) and the prospect of a better life (33 per cent). A minority of migrants state they were forced to migrate by parents or friends (2 per cent).<sup>71</sup>

As of February 2019, there were 125,452 IDPs reported in Tigray region, with the majority (81 per cent) coming from Oromia (49 per cent) and Amhara (32 per cent). Of these migrants, 78,338 are beneficiaries of food support. The regional government estimates that the IDP influx will increase in the next five months due to the unpredictable security situation that may trigger communal conflict in other regional states of Ethiopia, and due to natural disasters, such as flooding.<sup>72</sup> IDPs are living within the host community rather than in camps. Adigrat, Raya Alamata and Raya Azebo host the largest share of IDPs (30 per cent).<sup>73</sup>

66. UNHCR, Child Protection Fact Sheet, Ethiopia, Sept. 2018. UNHCR, Operational Update, Ethiopia, Sept. 2018. UNHCR, Youth Fact Sheet, Ethiopia, Sept. 2018. As of 31 August 2018, Ethiopia is hosting 173,879 Eritreans who are mostly living in Tigray region.

67. Ibid.

68. Challenges for these young Eritrean refugees are the lack of vocational and skills training, and employment opportunities, the lack of options to treat psychological distress, the lack of recreational activities to enable their social integration and the lack of youth programming by humanitarian partners. UNHCR, Youth Fact Sheet, Ethiopia, Sept. 2018 and UNHCR, Child Protection Fact Sheet, Ethiopia, Sept. 2018. See also ODI, Journey on Hold: How policy influences the migration decisions of Eritreans in Ethiopia. Working paper 506, 2017, p. 6.

69. Disaster Risk Management Technical Working Group, Ethiopia: Humanitarian response situation report no. 19, Nov. 2018, p. 7.

70. UNHCR, Ethiopia: Renewed Influx of Eritrean Refugees, Oct. 2018.

71. Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, pp. 35-38.

72. Joint Government and Humanitarian Partners, Flood Response Plan Ethiopia, Sept. 2018.

73. UNOCHA, Ethiopia: Overview of recent ongoing inter-communal violence and displacement No. 2, Oct. 2018, p. 3.



## 11 KEY PRIORITIES AND RECOMMENDATIONS TO IMPROVE THE SITUATION OF WOMEN AND CHILDREN IN TIGRAY

- Mainstream child rights from the Convention on the Rights of the Child (CRC) in regional planning documents. As a starting point, deprivation rates across indicators and dimensions can be used for this purpose, as they derive from the CRC.
- Child-sensitive budgeting at the regional level to enhance equality and equity.
- Promote multi-sectoral approaches in programme and policy design for effective poverty reduction. Coordination of sectors at different levels of governance, as well as across different administration and service delivery structures is paramount.

- Housing is the only dimension where deprivation incidence in Tigray is above the national average across all indicators and dimensions of children's well-being. As such, the indicator should receive dedicated attention in design and budgeting of interventions at the regional and other levels of governance.
- While acknowledging the great progress made in reducing stunting and underweight in children, malnutrition levels are still high and wasting in children has increased. The regional government should strengthen its focus on maternal nutrition, infant and young child nutrition, complementary feeding practices, and nutrition awareness.
- Although the under-five mortality rate has declined significantly over the last two decades, neonatal mortality in Tigray is still high (above the national average), and far from the set target for 2020 (34 deaths per 1,000 births in 2016 versus 10 deaths per 1,000 births by 2020). This needs due consideration of the current strategies and interventions targeted at maternal and newborn health, such as neonatal intensive care units and emergency newborn care.
- The quality of education is a main concern in the region and interventions are needed, including strengthening early childhood education; inclusive education; the transition from primary to secondary school, especially for girls; teacher capacity and motivation; the distribution and availability of textbooks; infrastructure of schools in rural areas; and the general teaching and learning process. There is a need to strengthen assessments for learning, especially in the lower grades of primary school in disadvantaged woredas and in refugee schools. Strengthening parental and community support is required to achieve increased access to early childhood development and learning, including in host and refugee communities. It is recommended that an alternative system for regional and woreda education offices be developed to collect reliable data to measure progress against regional sector targets.

- Considering the high number of malfunctioning water schemes, efforts need to continue to sustain water schemes. Efforts could include strengthening community awareness, participation and ownership of WASH interventions at woreda level, and supporting the woreda WASH team by increasing its efficiency. Urbanization is putting pressure on water demand, which is increasing at an alarming rate. Therefore, small towns and urban areas should be given dedicated attention. The water supply in the region is groundwater, which is deteriorating both in terms of quantity and quality. Thus, groundwater recharging, and maintaining its quality, is necessary. Climate resilient and cost-effective energy sources (solar and wind) should be promoted to sustain water supply schemes. Acute watery diarrhoea and other water-borne diseases are common and coverage of improved sanitation is low (less than 20 per cent in most woredas). Attention should be paid to accelerating improvements in latrine coverage and promoting hand-washing practices.
- Ensure the protection of children from child labour by: putting in place necessary regional regulatory mechanisms that prevent the growth of child labour in the region; designing income-generating programmes for poorer families; and strengthening ongoing awareness-raising activities on child labour.
- In order to meet SDG 5.3, it is necessary to accelerate the reduction of child marriage and FGM/C, including through: strengthening community-based awareness-raising activities; identifying specific woredas and tabias in which harmful practices are prevalent; and designing programmes tailored to the situation in these woredas and tabias.



**REGIONAL PROFILE:**  
Tigray

