



# MULTIDIMENSIONAL CHILD DEPRIVATION IN ETHIOPIA

## POLICY BRIEF

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## Introduction



Ethiopia has experienced one of the highest rates of economic growth in the world during the last decade, averaging more than 10 per cent per year between 2008 and 2015 (World Bank, 2018).<sup>1</sup> The growth has translated to some extent in improvements in social welfare in the country. The national poverty decreased from 38.9 per cent in 2003 to 23.5 per cent in 2015 (NPC, 2017)<sup>2</sup> and there have also been significant improvements in coverage of basic healthcare and education services. The under-5 mortality decreased from 110 to 68 deaths per 1,110 births between 2005 and 2016;<sup>3</sup> the stunting rate of children under 5 decreased from 50.4 per cent in 2005 to 38.4 per cent in 2016;<sup>4</sup> and the adjusted net enrolment rate in primary school increased from 40.2 per cent in 2000 to 86 per cent in 2015.<sup>4</sup> Despite these improvements, the child poverty rate in Ethiopia remains high, 32.4 per cent in 2011,<sup>6</sup> which is of concern considering that children represent more than 55 per cent<sup>7</sup> of the population of the country. Keeping in mind the immediate and intergenerational effects of the experience of poverty during childhood, designing effective interventions requires an in-depth and comprehensive understanding of children's vulnerability, deprivation and poverty.

This objective also matches with the 2015 global development agenda, specifically the Sustainable Development Goal SDG 1.2: "Reduce at least by half the proportion of children, men and women living in poverty in all its dimensions by 2050," which the Federal Democratic Republic of Ethiopia (FDRE) has approved. UNICEF Ethiopia has commissioned the Economic Policy Research Institute (EPRI) and Social Policy Research Institute (SPRI) to conduct a child poverty study to set the baseline and monitor Ethiopia's progress in achieving goals and objectives of the development agenda commitments and gain a comprehensive understanding of different aspects of children's deprivation and poverty. This study is based on the UNICEF's Multiple Deprivation Overlapping Analysis (MODA) methodology<sup>8</sup> using the Ethiopian Demographic and Health Survey datasets from 2011 and 2016.

## Methodology

UNICEF's MODA has been implemented by more than 32 countries in the continent of Africa to analyse child well-being. The methodology defines Multidimensional Child Deprivation (MCD) as non-fulfilment of basic rights listed in the 1989 UN Convention on the Rights of the Child (CRC) and measures deprivation at the level of the child. The parameters used to apply UNICEF's MODA to Ethiopia's context were selected through an extensive participatory discussion process involving the Central Statistical Agency (CSA), Ministry of Women and Children, Ministry of Labour and Social Affairs, National Planning Commission, UNICEF Ethiopia Country Office, and the Economic Policy Research Institute (EPRI) using the CRC (1989), sectoral development plans

1 World Bank DataBank, World Development Indicators, 2018.

2 NPC, Ethiopia's Progress Towards Eradicating Poverty: An Interim Report on Poverty Analysis Study (2015/2016), 2017.

3 UNICEF, UNICEF Data: Monitoring the Situation of Children and Women, 2018.

4 UNICEF, UNICEF Data: Monitoring the Situation of Children and Women, 2018.

5 World Bank DataBank, Education Statistics, 2018.

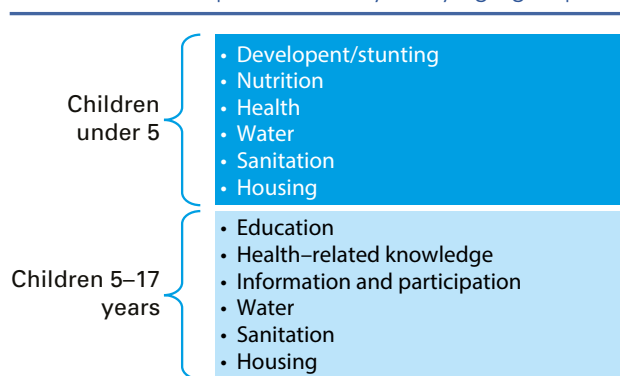
6 CSA, UNICEF and OPM (2015) Child Well-Being in Ethiopia. Analysis of Child Poverty Using the HCE/ WMS 2011 Datasets. Addis Ababa, Ethiopia.

7 Calculated using 2007 population figures by age (Table A7.2) of the report Population Projections for Ethiopia 2007-2037 of the Central Statistical Agency (2013).

8 Neubourg, C. D., Chai, J., Milliano, M. d., & Plavgo, I. (2013). Step by step guidelines to the Multiple Overlapping Deprivation Analysis (MODA). Innocenti Working Papers. Retrieved from <https://www.unicef-irc.org/publications/695/>

and the Constitution of the FDRE (1995) as the basis. Multidimensional child deprivation in this report was defined as deprivation in three to six age-specific dimensions displayed in Figure 1: Physical development (stunting), health, nutrition, education, health-related knowledge, information and participation, water, sanitation and housing. Deprivation was measured separately for children under 5 and children ages 5-17 years with corresponding indicators to reflect differing needs based on children’s lifecycle. Several indicators were applied to smaller age sub-groups.

Figure 1 Dimensions selected for multidimensional child deprivation analysis by age group



## Key findings

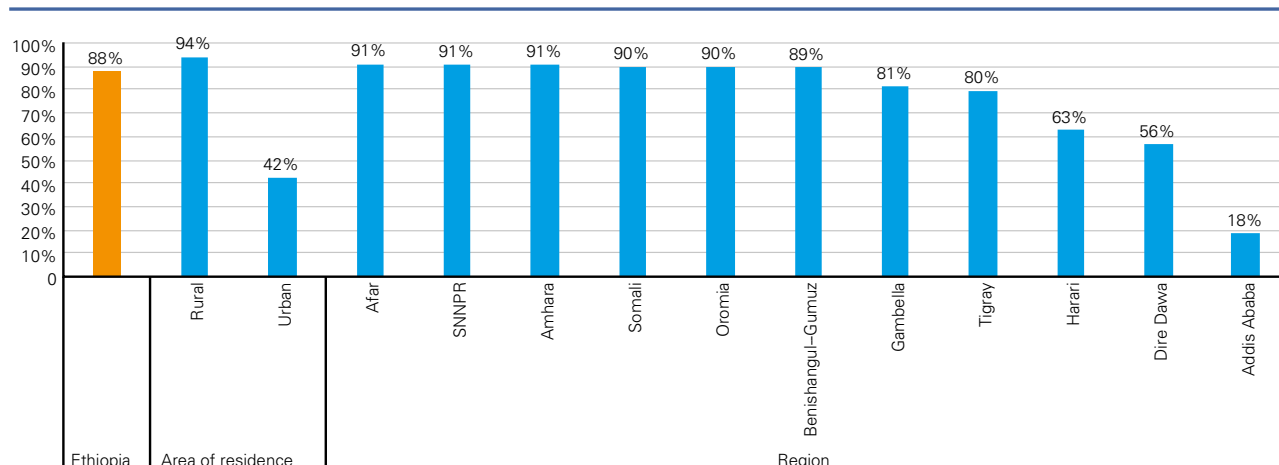
A child is defined as multidimensionally deprived if she/he is deprived of fulfilment of at least three rights or needs for basic goods and services.

**In Ethiopia, 88 per cent or 36.2 million children under 18 are multidimensionally poor.**



There are large geographical inequalities in fulfilment of children’s basic needs and rights. The percentage of multidimensionally deprived children in rural areas (94 per cent) is more than double that of children residing in urban areas (42 per cent). Across regions the MCD incidence ranges from 18 per cent in Addis Ababa to 91 per cent in Afar, Amhara, and SNNPR. The MCD incidence is also very high in Oromia and Somali (90 per cent each) and Benishangul-Gumuz (89 per cent).

Figure 2: Multidimensional child deprivation intensity, by area and region of residence



Source: Authors’ calculations using EDHS 2016 data.

Disparities in deprivation intensity are also very high across areas and regions of residence. Multidimensionally deprived children residing in Addis Ababa are deprived of an average of 3.2 dimensions whereas their peers residing in Afar and Somali – experiencing an average of 4.8 and 4.7 simultaneous deprivations respectively – are the most severely deprived in Ethiopia. The differences in deprivation intensity between rural and urban areas are drastic; multidimensionally deprived children residing in rural areas experienced 4.5 deprivations on average, whereas their peers in urban areas 3.2.

Oromia, Amhara, and SNNPR are the largest contributors to multidimensional child deprivation in Ethiopia. These three regions jointly account for 87.2 per cent of the Adjusted MCD Index in Ethiopia which combines multidimensional child deprivation incidence and intensity. Oromia has the largest number of

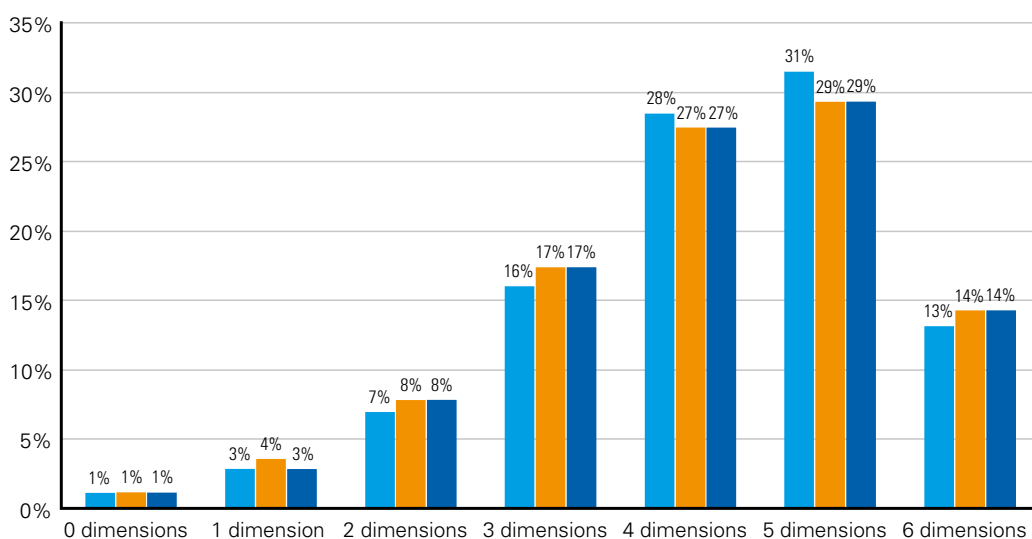


multidimensionally deprived children, 16.7 million, followed by SNNPR with 8.8 million, and Amhara with 8.5 million. Regions with the lowest number of poor children are Harar with nearly 90,000, Dire Dawa with 156,000, and Gambella with 170,000.

**Change in multidimensional child deprivation has been insignificant during the last five years.** The MCD incidence – percentage of children deprived in three to six dimensions at the same time – decreased from 90 per cent to 88 per cent and the average deprivation intensity decreased from 4.7 to 4.5 dimensions between 2011 and 2016.

**Most children in Ethiopia face multiple and overlapping deprivations.** Ninety-five per cent of children in Ethiopia are deprived of fulfilment of two to six basic needs and services, while only 1 per cent are not deprived of any basic right. The deprivation overlaps between dimensions are very high in rural areas and among children belonging to the poorest two wealth quintiles.

Figure 3: Deprivation count and distribution, by age group



Source: Authors' calculations using EDHS 2016 data.

**Deprivation in housing and sanitation are the largest contributors to multidimensional child deprivation in Ethiopia for all children under the age of 18.** The multidimensional child deprivation rate among children under 5 years is also highly driven by deprivation in nutrition, whereas among 5-17-year-olds, it is driven by deprivation in health-related knowledge.

Figure 4. Deprivation by dimension, children under 5

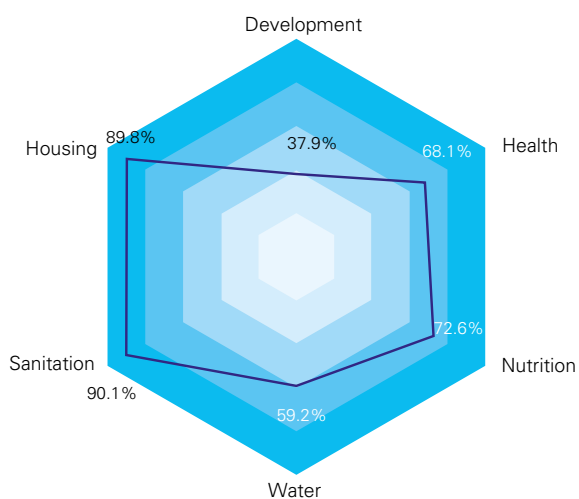
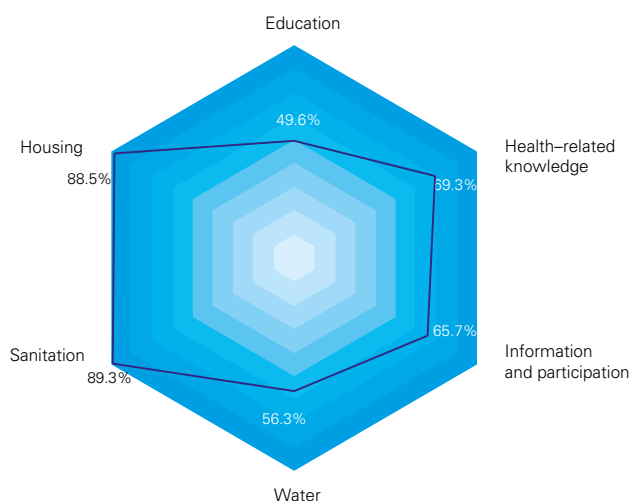


Figure 5. Deprivation by dimension, age 5-17 years

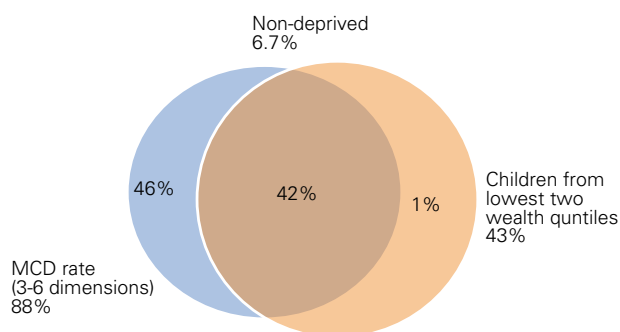




**Multidimensional child deprivation is associated with the child’s area of residence, education attainment of adult family members, economic activity and occupation of the father, access to services and child protection indicators.** The MCD rate is the highest among children residing in rural areas, children who live in households in which the head has completed no or only primary education, children whose mother has completed no or only primary education, among children whose father is either not employed continuously throughout the year or not paid, among children whose father works in agriculture or as an unskilled manual labourer, among children that live in households that have experienced mortality of a child under 5 recently, and among children that live in households where gender-based violence is justified.

**Multidimensional child deprivation is also associated with wealth.** Forty-two per cent of multidimensionally deprived children in Ethiopia belong to the poorest two wealth quintiles, suggesting that **MCD is highly dependent on service availability and accessibility.**

**Figure 6. Overlap between MCD and children in the lowest two wealth quintiles**



## Recommendations

Based on the comprehensive findings of this study, the following recommendations are made to address issues with child deprivation measurement and monitoring as well as child poverty reduction:

- Mainstream single and multidimensional child deprivation indicators in national development plans and/or strategies.** The national development plans and strategies set the roadmap for legislative and policy reforms and resource allocation priorities in the country. Therefore, it is imperative that children are incorporated in such documents as a separate group requiring dedicated attention. The findings of this study, including the MCD incidence and intensity rates by area and region, deprivation rates by sector (dimension), and factors associated with MCD, are all very relevant indicators for drafting of such documents, policies and programmes, and related results-based monitoring plans.
- Child-sensitive budgeting at the national and regional level to enhance equality and equity.** Prioritization of budget allocation for poverty reduction is key to enhancing equality and equity and making progress in child poverty reduction. This study contains a myriad of indicators useful for child-sensitive budgeting at the national and regional level, which point to geographical discrepancies in service availability and accessibility. The findings are also readily usable for sectoral budget briefs and other advocacy tools aimed at mobilizing efforts and allocating resources for child poverty reduction interventions and policies.



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- **Promote multisectoral approach in programme and policy design for effective poverty reduction.** This study finds that 95 per cent of children in Ethiopia are deprived in two to six dimensions and that the deprivation overlap is high for most of the dimensions analysed. Hence, an integrated approach across sectors is essential for effective and efficient poverty and deprivation reduction. Coordination of sectors and different levels of governance, ensuring sustainability of implementation and administration structures, and collaboration of service providers by design of policies are therefore very important. These integrated/comprehensive packages of service provision should be combined with cash transfers – “cash plus” programmes – which have already proven successful in many instances.
  - **Enhance evidence-based policymaking in the area of child poverty and deprivation reduction through continuous support of data collection activities and improvements to the existing tools.** The single indicator and dimension deprivation and MCD estimates would not have been possible without the rich EDHS survey datasets. To ensure that the Government of FDRE monitors progress in achievement of SDG 1.2. and other SDG goals, provision of support for data collection is essential. Additional support is also necessary to enrich the existing tools with additional modules that enable collection of data on other important issues of child protection such as violence, child labour, social protection, harmful practices and early child development. The commonly established modules of health, education, WASH, nutrition, and housing could be further expanded to capture differences in needs and risks between children residing in urban and rural areas. Adding an additional stratum to the sampling frame that allows disaggregation of data by different settlements of urban areas would provide very useful insights on differences in deprivation and enable in-depth analysis. Harmonizing the existing data collection tools to enable overlap analysis between multidimensionally deprived children and monetarily poor children would be very useful for identification of the most vulnerable children in the country and designing interventions. Collection of data on child-specific indicators should include all the sampled children rather than sub-samples to enable inclusion of the most important dimensions and indicators in the calculation of the MCD rate and other indicators.

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## Acknowledgements

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