



POLICY BRIEF

Priority Intervention Area 8: Human Capital, Gender and Social Development

Introduction

The IGAD Drought Disaster Resilience and Sustainability Initiative (IDDRSI) has since 2013 inspired and guided regional and national priorities to counter drought emergencies in East and Horn of Africa countries. The IDDRSI Strategy (2019-2024) acknowledges that gender issues are critical for the Human capital, gender and social development priority intervention area (PIA 8). A gender analysis was undertaken for the IDDRSI Strategy, Regional Programming Paper and the Country Programming Papers (CPP) (IGAD, 2016).¹ This brief examines gender issues relating to access to health and nutrition, access to education, the promotion of gender equality, and migration and displacement. The brief highlights the challenges women face in the above areas and recommends actions at both the regional and country-level for the identified challenges. It is based on the review of the gender analysis report.

Access to health facilities

There are significant disparities in access to health facilities within IGAD Member States. For instance, there is considerable inequity of access to public and private sector health providers in Somalia, with services readily available to affluent urban dwellers and almost absent for poor rural populations, internally displaced persons and nomads. Similarly, in Sudan, the Khartoum state has 65.5 general practitioners per 100,000 people, compared to 12.1, 7.7, and 3.6 practitioners in Kassala, North Kordofan and West Darfur states. Simultaneously, both Khartoum and El-Gezira states account for more than 50% of the public hospitals and private clinics, practising physicians, and medical technicians.² In Ethiopia, there are about 3,600 people per hospital bed and over 26,000 people per physician. The corresponding rates for SSA are 850 persons per hospital bed and 5,000 persons per physician (World Bank, 2015).³ In Kenya, rural residents have substandard access to speciality healthcare primarily because specialist physicians are usually located in urban areas, reaching only 20% of the population, that is, 80% of clinicians serve 20% of the population. Finally, in Kenya, challenges remain regarding the distance to health facilities in ASALs; in particular, women must walk long distances to seek health care. Additionally, hospitals in ASALs are ill-equipped, with most having only one or two beds for maternity needs (Kenya CPP, 2012)⁴.

One of the areas of child health in which inequalities manifest in the IGAD region relates to vaccinations. Although the proportion of children immunised has increased considerably during the past 15 years, Member States exhibit wide variation in vaccination coverage rates. Figure 1 shows the proportion of children who drop out between DPT1 and DPT3 in Kenya, Uganda and Ethiopia for children aged 12–23 months. Apart from Kenya, the other countries are characterised by both poor access and poor utilisation of vaccines. In Ethiopia and Uganda, the dropout rates are above the global target of 10%, indicating country-wide problems concerning the utilisation of immunisation services. In Ethiopia, in 2019, the DPT coverage rates had reduced by 59% to 35% for a one-year old child.

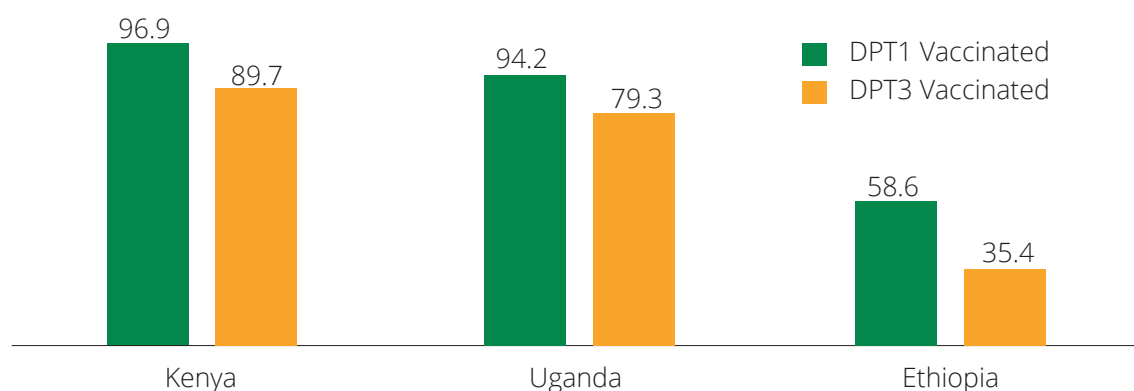
1. IGAD (2016): Gender Analysis of the Country Programming Papers (CPPs): To End Drought Emergencies in the Horn of Africa. Vol 2.

2. Human resources for Health (HRH): Strategic Work Plan for Sudan (2008-2012).

3. World Bank (2015): Ethiopia Poverty Assessment 2014 (Washington DC: World Bank

4. Republic of Kenya (2018): Sector Plan for Drought Risk Management and Ending Drought Emergencies: Third Medium Term Plan 2018-2022.

Figure 1: Vaccination coverage between DPT1 and DPT3 for children aged 12–23 months

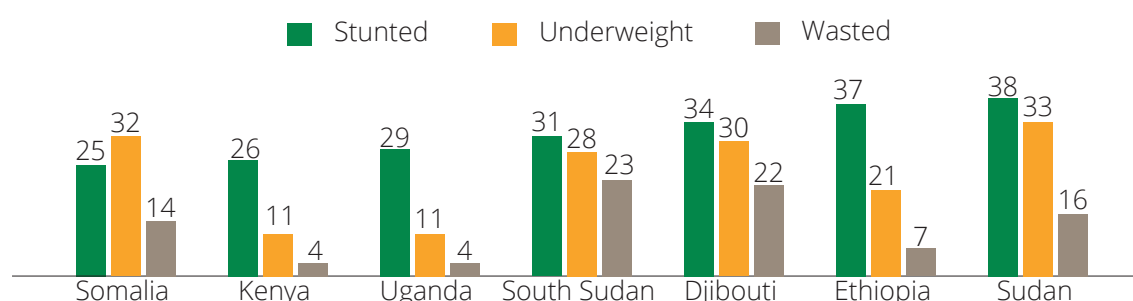


Sources: Author's calculations from Central Statistical Agency (CSA) [Ethiopia] and ICF (2016)⁵, Kenya National Bureau of Statistics et al. (2015)⁶ and Uganda Bureau of Statistics (UBOS) and ICF (2018)⁷

A large population of malnourished children

Malnutrition remains a significant challenge, with at least one out of every three children aged under five years in the IGAD region affected by stunting (too short for their age). Only Kenya and Somalia within the IGAD region have relatively low stunting rates, at most 26% (Figure 2). Furthermore, at least four of the IGAD Member States (Ethiopia, Uganda, Sudan, and Kenya) are among the top 20 countries with the largest population of malnourished children. These countries accounted for 13.7 million, or 7% of the total number of stunted children in the developing world (UNICEF, 2009).

Figure 2: Nutritional status among infants in the IGAD region



Sources: CSA [Ethiopia] and ICF (2016), Kenya National Bureau of Statistics et al. (2015) and UBOS and ICF (2018), South Sudan Ministry of Health (2012)⁸; Republic of Sudan (2010)⁹; FAO et al., (2009)¹⁰;

5. Central Statistical Agency (CSA) [Ethiopia] and ICF (2016): Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

6. Kenya National Bureau of Statistics et al (2015): The 2014 Kenya Demographic and Health Survey. Nairobi, Kenya KNBS and ICF International.

7. Uganda Bureau of Statistics (UBOS) and ICF (2018): Uganda Demographic and Health Survey 2016. Kampala, Uganda and Rockville, Maryland, USA: UBOS and ICF.

8. South Sudan Ministry of Health (2012): Health sector development plan 2012–2016. (Juba. Ministry of Health).

9. Republic of Sudan (2010): Sudan Millennium Development Goals Progress Report 2010 (Khartoum: National Population Council and Ministry of Welfare and Social Security).

10. Food and Agriculture Organization et al., (2009): National Micronutrient and Anthropometric Nutrition Survey Somalia 2009. (Mogadishu: FAO).

Nonetheless, some Members States, such as Ethiopia, have made tremendous progress in reducing the proportion of stunted children by 50% in 2005 to 37% by 2019. Despite the reduction, it is essential to note that stunting rates in Ethiopia, Djibouti and Sudan remain higher than those of SSA, at 33% (World Bank, 2017). Maternal educational attainment, household incomes and water sources are significant drivers of children's nutritional status in the region.

Girls are disadvantaged regarding access to education.

Regarding education, most of the IGAD Member States have managed to increase primary school enrolments substantially; however, the surge in numbers attending primary school has affected the quality of education. Table 1 shows some of the vital education indicators within the IGAD region. The table indicates that net primary enrolment rates (NERs) are generally low, except for Ethiopia, Kenya, and Uganda, where NERs are over 80%. Furthermore, most IGAD Member States have attained near gender parity in primary school enrolment; the only exception is South Sudan, where there are two girls for every three boys enrolled in primary school.

Table 1: Key Education Indicators in the IGAD region

	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda
Primary net enrollment rate	58	95	83	17.4	41	52	85
Primary gross enrollment rate; females as a % of males	90	91	98	98	66	89	102
Secondary school net enrollment	29	25	52	9.3		33	30
Secondary school net enrollment females	21	24	48	96		30	25
Secondary GER; Females as a % of males	77	87	90	90		92	83
Youth (15-24 yrs) literacy rate; males	63	75	83	53.1		90	90
Youth (15-24 yrs) literacy rate; females	47	57	82	51.3			85
Adult (15+ yrs) literacy rate; males	44.8						
Adult (15+yrs) literacy rate; females	36.2						

Notes: For Somalia, the youth literacy rates refer to the population aged 15-19 years

Sources: CSA [Ethiopia] and ICF (2016), Kenya National Bureau of Statistics et al. (2015) and UBOS and ICF (2018), Ethiopia Education Annual Statistical Abstract 2018/2019¹¹, UNFPA (2016).¹²

Despite sustained growth in primary school enrolment and the attainment of gender parity, the quality of basic education remains a challenge. For example, in Ethiopia, school dropout rates remain remarkably high, with a low transition between grades 8 and 9. Generally, school dropout rates vary within a country; for example, rates are relatively high in emerging areas, such as in Somalia's ASAL region. Furthermore, in cash crop areas, boys drop out due to labour exploitation, while in the southern regions, boys drop out due to the push to migrate to other countries or Addis Ababa. Secondly, the widest gender gaps in Ethiopia are in educational attainment, especially literacy status. In 2015/16, 47.3% of women aged 15 to 64 years were categorised as literate, compared with 73.8% of men. At older ages, the percentage of literate women is lower than that of men. The gap widens with advancing age; for example, the gap is 12 percentage points at ages 20 to 24 years and increases to a peak of 51 percentage points at ages 50 to 54 years.

11. Ministry of Education, Ethiopia (2019): Education Statistics Annual Abstract 2011 E.C. (2018/19).

12. UNFPA (2016): Educational Characteristics of the Somali People.

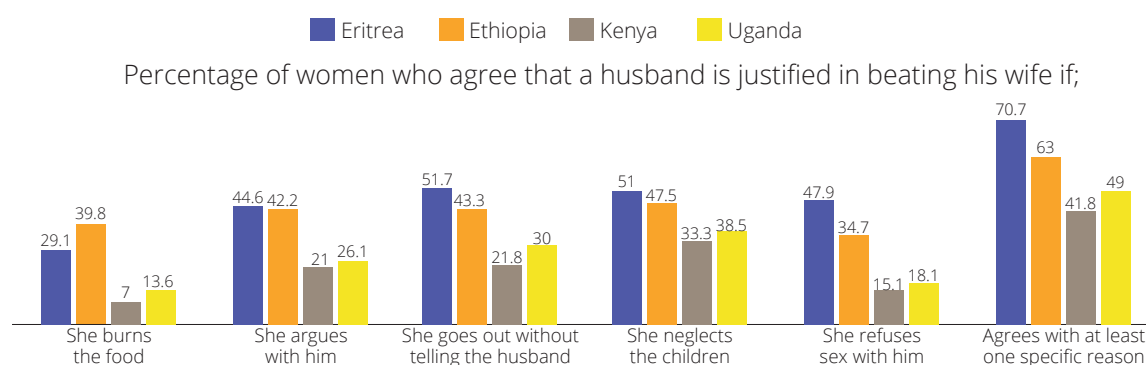
There is a limited transition from primary to secondary school in ASAL regions. Only about one out of every four children aged 15-18 years continues on to secondary school at the appropriate age for the grade. Additionally, females are less likely to continue with secondary schooling, with the GER for females at 45.6, compared to 51.3 for males in 2018/19. Furthermore, there are significant regional variations in access to secondary schooling: adolescents from the Oromia, Somali and Afar regions are least likely to transition from primary to secondary school. Similarly, in Uganda's ASAL region of Karamoja, about half of persons aged 6 - 24 years have never attended school (Uganda Bureau of Statistics, 2018).¹³ In Kenya, whereas the national net primary school enrolment rate is 86.7, that of the ASAL region of North Eastern is only 50.4. Worse still, whereas the national gender parity in both primary and secondary schooling in more than 1, in the North Eastern region, it is 0.85 and 0.76 for primary and secondary school, respectively.

Gender empowerment

Although women in the IGAD region dominate cross-border trade, they nonetheless operate at a small scale. The limited growth of women enterprises is partly linked to the limited access to affordable financial services due to lack of collateral, as many do not have formal rights to land that can be used as collateral. Men often own and control alternative assets like livestock, and women are left to fend for small animals. The limited access to financial resources curtails women's decision-making power in the household and the control over loans and technologies.

Figure 3 profiles women's attitudes towards gender violence - precisely, a woman's consideration that wife-beating is justified for various reasons. Women in Eritrea fare worse than in Ethiopia, Kenya, and Uganda. It is indicated that 52% of married women in Eritrea feel that wife-beating is justified if a woman goes out of the home without telling her husband. This contrasts poorly with other IGAD Member States. Furthermore, a substantial proportion of women in Eritrea (51%) consider wife-beating justified if a woman neglects the children. The above results suggest that domestic violence is generally regarded as acceptable in Eritrea compared to its neighbours. Previous research points to the payment of bride wealth at the time of initiating marriage as one reason why domestic violence is considered acceptable in some circumstances. Some women feel that they are owned by their husbands, which gives the husbands liberty to treat them as they choose. In an environment where high bride wealth is emphasised, especially in the ASALs, a large section of society may have favourable attitudes towards gender violence.

Figure 3: Attitudes towards gender equality in selected IGAD Member States



Sources: CSA [Ethiopia] and ICF (2016), Kenya National Bureau of Statistics et al. (2015) and UBOS and ICF (2018), National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. (2003)¹⁴

13. Uganda Bureau of Statistics (2018): Uganda National Household Survey 2016/17 (Kampala: UBOS).

14. National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. (2003): Eritrea Demographic and Health Survey 2002. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro.

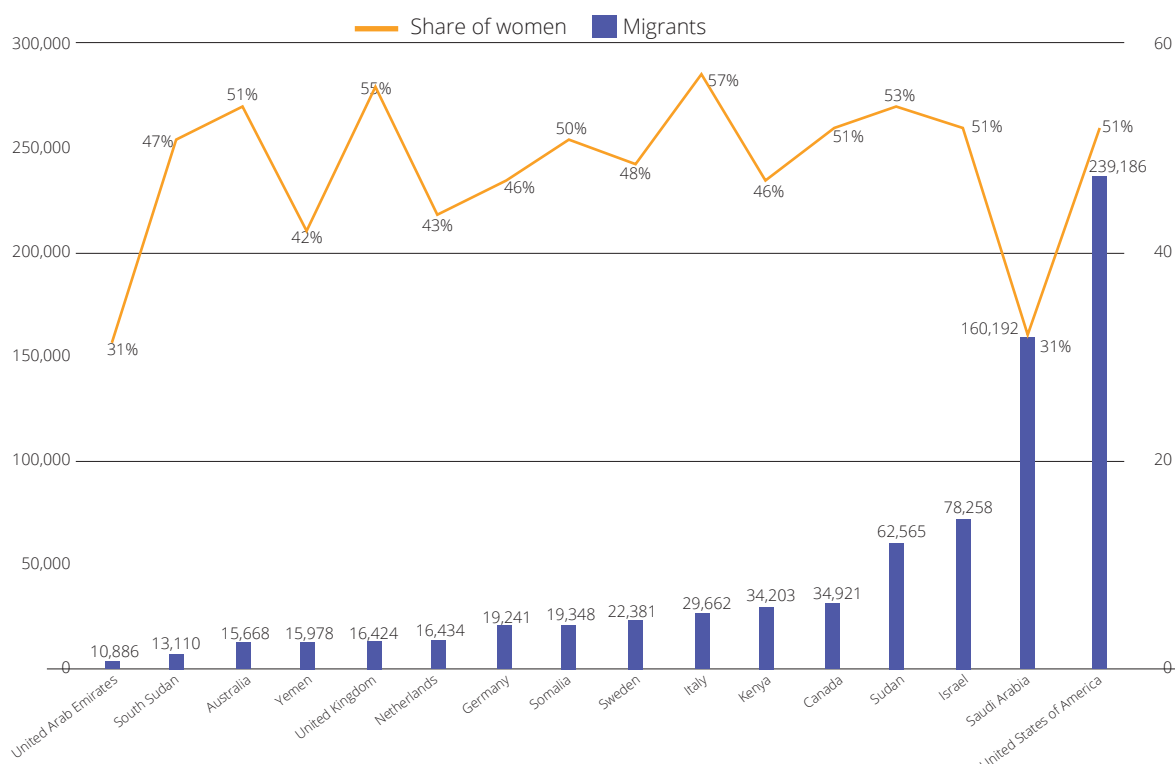
In several IGAD Member States, women are not adequately represented in national decision-making, even when the national constitutions stipulate a minimum quota for women. Inadequate female representation implies that women do not have sufficient voice at the national level. For example, the South Sudan Transition Constitution 2011 requires that women represent at least 25% of all government and sectors levels. This is yet to be achieved, and substantial inequality gaps could become a source of future conflicts.

Trafficking of women and commercial sexual exploitation of children (CSEC)

The IGAD region is a growing hub for high levels of trafficking. Women and young girls are abducted and sold for sexual exploitation and forced labour. A 2018 study by the International Office for Migration (IOM) estimated that between 10,000 to 15,000 girls in Kenya's coastal areas (Diani, Kilifi, Malindi and Mombasa) were involved in casual sex work. These accounted for up to 30% of girls aged 12 to 18 years living in Kenya's coastal areas (IOM, 2018). Apart from Kenya, the other IGAD Member States affected by the trafficking of women and CSEC is Ethiopia. Although many Ethiopians migrate, especially to the Middle East, many do so irregularly using third party countries, notably Yemen, Somalia, and Kenya. Women and young girls end up being exploited enroute to their destination and while at the destination

Furthermore, a substantial proportion of Ethiopia's migrants move to other African countries, including IGAD Member States. Figure 4 shows the 15 top destinations for Ethiopian migrants in 2019. The 15 destinations account for 90% of the 871,000 migrants. The four IGAD Member States of Kenya, Sudan, South Sudan, and Somalia received 14.8% of all Ethiopian migrants and 81% of all Ethiopian migrants to Africa. Women account for most migrants - in two of the four IGAD Member States in the chart, the women's share is more than 50%.

Figure 4: Top 15 destinations for Ethiopian migrants and share of women



Source: United Nations, Department of Economic and Social Affairs, Population Division (2019).¹⁵

15. United Nations, Department of Economic and Social Affairs, Population Division (2019): International Migration 2019: Report (ST/ESA/SER.A/438).

Recommendations

1. **Target missed opportunities for vaccination using mobile health.** The stagnation of full vaccination coverage, despite sustained supply-side interventions, suggests that governments in the region can consider demand-side factors as well. The use of mobile health platforms could extend vaccination services to ASALs that are hard to reach.
2. **Address gender inequalities in access to education through affirmative action in the most disadvantaged regions.** This can be achieved through remedial or additional classes for girls and expanding the school water and separate water, sanitation and hygiene facilities for boys and girls. Also, regional, national or state governments should be encouraged to offer additional support to girls through school lunches or supplies such as school uniforms. Finally, there is a need to address early marriages as these are pervasive and impede girls' educational achievements. Local committees could be established to approve marriages involving young women.
3. **Invest in the expansion of secondary schools.** There is a need to establish new secondary schools, especially in rural areas, to address the inequality (gender and geographical) in access to secondary education and the limited transition from primary to secondary school. Development partners can support the establishment of seed secondary schools in rural areas without any existing secondary schools.
4. **At the household level, girls' school dropout should be considered in gender equality and discrimination.** Efforts should be made to raise awareness among families about the importance of girls' education, increasing spending on basic education and creating support programmes of microfinance to ensure girls' continuation in education. Finally, priority should be given to girls in war-affected and marginalised areas.
5. **Recognise the quota principles in national laws that set the minimum share of women's representation in public spheres.** This can be raised to at least 35% as more women gain higher education in the long run.
6. There should be laws to ensure that **harmful customs and practices** which continue to foster women's marginalisation and **exclusion are erased**.



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