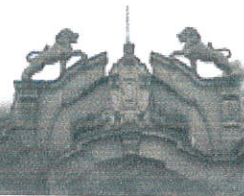


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SCHOOL OF GRADUATE STUDIES**

**THE NATIONAL POPULATION POLICY OF ETHIOPIA:
ACHIEVEMENTS, CHALLENGES AND GAPS IN
IMPLEMETATION IN AMHARA REGION**

BY: DOSSEGNA MAMMO

ADVISOR: MEHERET AYENEW (PhD)

**JUNE 2010
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**A Thesis Submitted to the School of Graduate Studies,
Addis Ababa University, Faculty of Business and
Economics, Department of Public Administration and
Development Management in Partial Fulfillment of the
Requirement for the Master of Arts in Public
Administration**

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PUBLIC ADMINISTRATION AND DEVELOPMENT MANAGEMENT:

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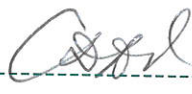


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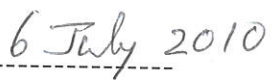


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Abstract

The purpose of this study is to assess the National Population Policy of Ethiopia: Achievements, Challenges and Gaps in Implementation in Amhara Region.

Methodologically, the study adopts a descriptive method, collecting data from 9 regional Bureau Heads of the Organizations and 1 representative on behalf of the regional president for one to one interview and 6 experts on the various aspects of the topic for group interview to form the basis of the study. Interview and focus group discussions were used to collect primary information as the data collection instruments. Secondary information was collected from any sources such as CSA, MoFED, BoFED etc

Regarding findings, the study found that the achievements of the National population policy of Ethiopia in the Amhara region were reduction in total fertility rate 6.7, 5.9 and 5.1 in the year 1994, 1998 and 2005 respectively. Contraceptive prevalence rate increased from 4.0 in 1993 to 16 percent in 2005. Annual population growth decreased from 2.86 in the year 1994 to 1.7 percent in the year 2007.

The challenges and constraints in implementation of the National population policy of Ethiopia in Amhara region are: rapidly growing population and high youthful dependency population; inadequate resources such as qualified personnel, budget, office equipment and vehicles; low commitment of political leadership; inadequate capacity of planners integrating population variables into development planning; early marriage; donor dependent reproductive commodities; low contraceptive prevalence rate and huge unmet need for family planning.

The impacts in using contraceptive methods are: inadequate supply in to clients preference, cultural beliefs, high illiteracy and low status of women, side effects, inconvenient to use and husband partner disapproval; low socio economic status and decision making power of women and low level of literacy among women; heavy work load of women existence of gender based violence, contribution of mass media was very limited, patriarchal set up of society.

Major gaps of the population policy implementation were weak institutional arrangements, the regional population council was not established, and no population program and coordination between stakeholders responsible for the implementation of the population policy is weak.

Acknowledgements

“It can do all things to Him who gives me strength” phil 4:13

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List of Acronyms

AAU :	Addis Ababa University
ART :	Anti Retro Therapy
BoFED :	Bureau of Finance and economic development
CSA :	Central Statistics Authority
EPA :	Environmental Protection Authority
ETB :	Ethiopian Birr
GDP :	Gross Domestic Product
ICPD :	International Conference on Population and Development
IEC :	Information Education Communication
IGNOU :	Indira Gandhi National Open University
LDC :	Least Developed Countries
MoFED :	Minister of Finance and Economic Development
NGOs :	Non Governmental Organizations
NOP :	National Office of Population
NPP :	National Population Policy
PASDEP :	Program of Accelerated Sustainable Development for Eradication of Poverty
PMF :	Policy Making Framework
RPC :	Regional Population Council

TFR : Total Fertility Rate

TGE : Transitional Government of Ethiopia

UNDP : United Nations Development Program

UNFPA : United-Nations Population Fund for Africa

UNESCO : United Nations Educational Scientific and Cultural
Organizations

USCB : United States Census Bureau

VCT : Voluntary Counseling and Testing

ZPC : Zonal Population Council

Chapter one

Introduction

1.1 Background of the study

Following the fall of the Dergue regime, the government of Ethiopia issued and implemented a number of socio economic development policies, strategies and programs since 1991. One of these policies was the National Population Policy launched in April 1993. All these policies including the population policy were geared towards improving the well being of Ethiopian people. The National Population Policy of Ethiopia was issued at a time when the country was engulfed with over whelming problems of food insecurity, recurrent drought and famine with nearly half of its population living below the poverty line. The rapid growth of population was a major factor that contributed to poverty by keeping the per capita income low. The economy had never grown at a rate higher than that of the population (*TGE, 1993*).

According to Getachew Minas (2008), the imbalance between the rapid growth in population and the proportionally dwindling resources to sustain this growth is since the 1960s perhaps the most serious economic development problems of Ethiopia.

The Ethiopian population has been increasing considerably since the turn of the 20th century. The size of population increased from 11.8 million in 1900 to 23.6 million in 1960 doubling in 60 years. It took only 28 years to double to 47.3 million in 1988. The population was growing rapidly at the rate 2.9 percent in the late 1980s (CSA, 1999). According to the 2007 Housing and Population Census, the population of Ethiopia is 73,918,505. Now it is estimated at 80 million and above (CSA, 2009). It has become the second most populous country in Africa, following Nigeria, which has a population of 140 million. The major cause for the rapid population growth was high total fertility rate. Total fertility rate was high at 7.7 children per women of reproductive age around the time the National Population policy was issued. Total fertility rate was about three times the replacement rate, which made it one of the highest

in Sub-Sahara African countries. Consequently, the growth of populations is still high 14 years after the issuance of the population policy of Ethiopia (CSA 2008).

The existing government of Ethiopia, with international organizations, launched a sweeping program of economic reforms aimed at macro-economic stabilization and poverty since 1992/93. The preoccupation with poverty reduction is warranted since a sizable proportion of Ethiopian population lives in extreme poverty. The Human Development Report, for instance, Reports that 81.3 percent of the Ethiopia population survives on less than USD 1 a day (UNDP, 2004). Although this may tend to over state the incidence of the poverty since the \$ 1 poverty threshold used by the UNDP is much larger than the amount of expenditure needed to purchase the absolute minimum basket in Ethiopia, it is still the case that poverty is a wide spread problem in Ethiopia, Recent estimates suggest that about 31 million people (44%) live below the local poverty line, which is equivalent to US 45 cents or 3 Ethiopia birr (ETB) per person a day (MOFD 2005). The UNDP's Human Development Index (HDI) for 2007-2008 ranks Ethiopia, 169 out of 177 countries (UNDP, 2007).

The Amhara region is one of the nine regional states of Ethiopia. The region covers an area of 170,150 km², which is 11% of the total area of the country. Topographically, the Amhara region is divided into high lands: the amazing semen mountains in the north and massive mountain ranges in the east and west and low lands in the north western including the low lying Nile Basin. The Amhara region is structured in to 11 administrative zones 113 districts. The districts are also further divided into 3,015 kebeles. Bahirdar is the capital city and the seat of the national regional government. This growing city is found on the south eastern shores of Lake Tana and its current population is about 150,000 (CSA, 2008).

Bahirdar has won the united Nations Educational Scientific and cultural organizations (UNESCO) honorable mention for Africa, along with other cities in the world. It emerged as on of the cities, around the world recognized by

UNESCO for having come up with original solutions and best practices in urban planning for the “societies of tomorrow” (*Ibid*).

The total population of the Amhara region is 17.2 million which is about 25% of the total population of the federal state. The mean population density is about 86 persons per km², 90.4% of the total population of the region lives in rural areas and 9.6% in urban areas. The crude birth and death rates are 46.7 and 17.9 per 1000 people respectively. Most people living in this region (90%) are Amhara with the remaining 10% comprising with a variety of ethnic groups (*CSA 2008*).

The economy of the Amhara region like the economy of the federal state is dominantly Agriculture. Most of the region is suitable for producing cereals and pulses but cash crops production also exists in the form of fiber seed, sugarcane and a variety of spices. Industrially, Textiles are produced and animal hides are processed for leather produced but neither makes a substantial impact on region's economy. More than 740,000 acres of fertile land is presently suitable for commercial cash crop production. Studies indicate that approximately 1,020,000 acres of land is fit for irrigation water is a tremendous natural resources of the region the rivers have high development potential for both traditional and modern economic activities. Irrigation hydro-power Generation and commercial fisheries are all supportable from this resource. The Abay (Blue Nile), Belesa, Tekeze, Atbara Kesseem and Jema are the biggest rivers and of course located at the heart of the region is lake Tana. Tana is Ethiopia's largest lake and is the third largest of the African Continent (*BoFED, 2001*).

The Amhara region does not have enough links in the chain that produces both human resource and infrastructure development we have a legacy of under development which now has a profound effect on both our peoples well being and their ability to contribute meaning fully to the regions and Nations development effort. The legacy of underdevelopment referred to 90.4% of the rural community has no access to potable water, 56% lacked health service and 53.7% of the school aged children don't have access to any education. Primary

education has reached only 46.3% of the population. The low level of Agriculture productivity, land holding subdivision, due to population increase and recurrent drought in parts of the region, combine to live 3.5 million people (almost 25% of the population) food insecure (*MoFED,2008*).

To be successful in poverty reduction strategy, population has been recognized as factor of development under PASDEP, which underlines “creating the balance between economic development and population growth” as one of the pillar strategy of development. And the regional government must give attention to implement the existing National Population Policy through integrating population variables in macro and sector plans.

The study will seek to investigate and assess the achievements, challenges and gaps on implementation of the National population policy of Ethiopia in the Amhara region according to the perspective of different stake holders of the region.

1.2 Statement of the Problem

Although, the National Population Policy of Ethiopia, was issued, in 1993 with the goal to harmonize the rate of population growth, and the pace of development in the context of rational use of resources. The Amhara region has been giving inadequate emphasis on implementation of the population policy. The size of the Amhara population increased from 7.65 million in 1974 to 10.33 million in 1984, 13.83 million in 1994, doubling in 20 years. According to 2007 population and housing census the total population of Amhara is 17.214,056 which is 23.3% of the total population of federal state (*CSA, 2008*).

The challenges are to reduce the rapid population growth, reduce and eradicate poverty, achieve economic progress, protect the environment and accelerate economic development. The rationale for National Population Policy is low productivity in almost all sectors of the economy resulting in high rates of unemployment and underemployment and hence in absolute deprivation and apathy; low accessibility of basic social services such as education, health and

housing; the perennial problem of food insecurity affecting many parts of the country; high prevalence of maternal, infant and child morbidity and mortality problems that are partially attributed to the low status of women and high fertility and low life expectancy at birth (*TGE, 1993, 12-13*)

According to Getachew Minas (2008), the spatial distribution of the population revealed a fall in land holding per capita food output, the population dynamics of fertility as well as the distribution and structure of population revealed the challenges of demographic factors to the attainment of the objectives. Some of the factors that contributed to high fertility rate were early marriage, low age at first age, low level of education particularly among women, the youthful population and low use of contraceptives. Getachew further, explained the achievements that population policy activities are multi sectoral in nature and could be complementary with sector policies: Viz, the health, woman and education policies address certain aspects of the population policy. The major targets were reduction in total fertility and increase in contraceptive prevalence rate or use of contraceptives by married woman. Total fertility rate was to be reduced from 7.7 children per woman in 1993 to 4.4 in 2015. Reports show that total fertility rate declined to 6.4 and 5.4 in 1998 and 2007 respectively (*CSA, 2008*).

The other achievements of the policy are to increase contraceptive prevalence rate from 4.0 percent in 1993 to 44 percent in 2015. The Demographic and Health Survey reported that contraceptives prevalence rate was 15 percent. Most of the increase was attributed to wider use of pills and injectables (*CSA, 2005*).

According to Ahlburg (1994) the impact of population growth, suggests some possible links, first rapid population growth is likely to reduce per capita income growth and well being which tends to increase poverty, second, in densely populated poor nations with pressure on land, rapid population growth increased landlessness and hence the incidence of poverty; finally the adverse effect of rapid population growth on child health and possibly on education will likely increase poverty in the next generation.

No research was undertaken in the issue of population policy in the region and there is a gap between predetermined objectives and its implementation. This research therefore deliberates on analyzing the achievement, challenges and gaps on implementation of the National population policy of Ethiopia in the Amhara region by taking the regional population council members as a unit of analysis.

The study attempts to mention the following research questions

1. What are the achievements of the National Population Policy of Ethiopia in Amhara region?
2. What are the factors that affect prevalence contraceptive tools?
3. What are the challenges impeding the implementation of the National Population Policy of Ethiopia in Amhara region?
4. What are the gaps to implement the population policy?
5. What are to be done in future for a better implementation of the population policy?

1.3 Research Objectives

The study has General and Specific objectives

a. General objective is:

To assess the National Population Policy of Ethiopia: achievements, challenges and gaps in implementation in Amhara region

b. Specific objectives are:

- To identify the achievements of the National Population Policy of Ethiopia in Amhara region,
- To assess the factors that affect Prevalence contraceptive tools,
- To explore the challenges that impedes the implementation of National Population Policy of Ethiopia in Amhara region,
- To identify the gaps in implementing the Population Policy in the region; and
- To suggest recommendation for better implementation of the Population Policy in future.

1.4 Research Methodology:-

1.4.1 Research methods

The research adopted descriptive method, collecting data from 9 regional Bureau Head of the organization and 1 representative on behalf of the regional president for one to one interview and 6 experts on the various aspects of the topic for group interview to form the basis of the study. Interview and focus group discussions were used as the data collection instruments.

1.4.2. Data Gathering Tools and Techniques

In order to assess the challenges and gaps of the National Population Policy of Ethiopia, this study focused on purposive type of information gathering. In order to obtain adequate information for assessment purposes, a qualitative method was applied; primary and secondary information were used.

Patton (2002) explained that the importance of using qualitative methods as: qualitative findings grow out of three kinds of data collection

1. in depth open ended interview
2. direct observation
3. written document

Cress Well (2003) by citing in Rossman and Rellis, further explained the characteristics of qualitative methods as it takes place in the natural Setting of the participants and uses multiple methods that are interactive and interactive and humanistic. In the case of qualitative data there are different techniques of collection which include focus group discussion key informant, field observation and participant observation.

4.2.1. Selection of Participants

Qualitative research typically focuses in-depth exploration of human experiences and phenomena. As a result of information small numbers of participants were purposefully selected. This logic is applied to his study; Patton (2002), lists about 16 different strategies for purposefully selecting information rich cases from the population. Among these combinations or

mixed purposeful sampling is one of the strategies which were employed in this study.

According to 1993 National Population Policy of Ethiopia there shall be Regional Population Council (RPC) to be chaired by the chief executive officer of the region or his representative. The members are as follows:-

- ⇒ The Head of Regional office of Population;
- ⇒ Regional Bureau of Finance and Economic Development.
- ⇒ The Head of Regional Bureau for Health
- ⇒ The Head of the Regional Bureau for Environment and Natural Resources
- ⇒ The Head of Regional Bureau for Information
- ⇒ The Head Regional Bureau for Labor and Social Affairs
- ⇒ The Head of the Regional Women's Affairs Bureau and
- ⇒ Chairman of Regional Branch Association of the Family Guidance Association of Ethiopia.

Bearing this in mind the researcher selected the following participants.

1. A participant was selected by purposive technique from each of the population council and representative of the president for one to one oral in depth interview; totally 10 respondents were selected. The respondents were the head of bureau officer or persons next to them.
2. Focus group discussion, 6 respondents were purposefully selected from the Amhara Regional Office of Population, Bureau of Planning and Development, regional Bureau for Health, Bureau for Education, Women's Affair Bureau and Amhara Branch Association of the Family Guidance Association of Ethiopia. The respondents were experts, a discussion based group interview was conducted with these experts to produce information on the issue related to their role, to understand and determine the range of responses so as to gain insight how the regional population council perceive the current practices.
3. Secondary information was collected from Amhara Regional Population Council Office (RPC) and any sources that were helpful for the study Viz, CSA, MOFED etc. It was believed by the researcher that such

combination of different data collection mechanisms help for triangulation purpose

1.4.2.2 Data Analysis Technique and Strategies for Validating Findings

The data collected from various sources prepared for the analysis and interpretation. Here, qualitative data analysis techniques were employed.

In analyzing interviews the analyst has the option of beginning with cases analysis or cross case analysis with an interview guide approach answers from different people can be grouped by topics from the interview guide which actually constitute descriptive analytical framework for analysis (Patton, 2002).

Having this in sight, the researcher preferred to begin with cross case analysis through grouping together answers from different participants on common questions, for analyzing different perspectives on central issues. Then the researcher tried to identify meaning from what participant explained and documents. Specifically, percentage and tables were used. This can be achieved through repeated reading of interview transcripts, filed notes and documents.

Validation of findings occurs through out the steps in the research process. Validity is seen as strength of qualitative research, but it is used to suggest determining whether the findings are accurate from the stand point of the researcher, the participants and the readers on account. The researcher collected the data physically by presenting in each bureau office. This helps for the researcher to collect full information and if any thing missed corrected immediately. Triangulation involves the use of multiple data sources. In this study one to one interview, group interview and legal and official documents (published unpublished data) were used.

1.5 Justification and Significance of the Study

Poverty is a critical problem in Ethiopia. Although, the government of Ethiopia is currently emphasizing on poverty alleviation and the government's PASDEP,

considered the National Population Policy of Ethiopia, among others, as one of the tools to alleviate poverty.

Therefore, it is important to explore the National Population Policy of Ethiopia in benefiting the people and identifying problems that impede implementation. To recommend the possible solutions for the betterment of future implementation, the study would be helpful for the Amhara region, to evaluate their contribution towards the implementation and achievements and revise their program. The study also may contribute to the existing literature of population policy in field of development.

1.6 Scope and Limitation of the Study

Even though there are problems on implementation of National Population Policy of Ethiopia in all federal states, this study focused only in the Amhara region, the Regional Population Council members were used as a unit of assessment because of budget constraint.

Further more, difficulty to access the up to date data in all institutions were the limitation of the study. However, an effort was made to solve this problem to the possible extent by contacting the institutions key resource person and handling all the activities as per the schedule set in the proposal.

1.7 Organization of the study

The first chapter of the paper deals with the introduction which contains background, problem statement, research questions, the research methodologies and methods, significance and limitation of the study. The second chapter deals with literature of the research. Data presentation, analysis and discussions are under taken in the third chapter. Finally, summary of findings, conclusions and recommendations of the study are presented in last chapter.

Chapter Two

2. Review of Literature

2.1 Theories and Concepts of Population Policy

2.1.1 Definition of Concepts

Population: the people who inhabit a territory or state; “the population seemed to be well fed and clothed”; the number of people who live in a place.¹

Public policy is what ever governments choose to do or not to do.

Population policy: explicit or implicit measures instituted by a government to influence population size, growth, distribution, or compositions.²

On the other hand Population policy means government interventions to try and control high population growth, stimulate low population growth or control the distribution of people within a country.³

Population stabilization: the attainment of zero growth. In which the number of births in a population equals the number of deaths. This occurs when fatality attains replacement level over a period of time.

Replacement level fertility: the level of fertility at which women, on average, are having only enough children to replace themselves and their partners in the population. In industrialized countries a total fertility rate of 2.1 is considered to be replacement level.

Fertility is the actual childbearing performance of a population.

Total fertility rate (TFR): the average number of children who would be born alive to a woman group of women during her life time if she were to pass through her child bearing years conforming to the age-specific fertility rate of a given year.

Population census: is the total process of collecting, compiling, evaluating, a realizing and publishing or other-wise disseminating demographic, economic and social data parboiling, at a specified time, to all persons in a country or in a well delimited part of a country (*MoFED, 2006*).

¹ [http://www.com.et/search?hl=en & of=define population](http://www.com.et/search?hl=en&of=define+population)

² [www.aaas.org/ international/ehn/water pop/gloss.htm](http://www.aaas.org/international/ehn/water+pop/gloss.htm)

³ [www .taition com. hk/ geography /p.htm](http://www.taitian.com.hk/geography/p.htm)

Population is the total number of inhabitants living in a given geographical area for a specific point in time. Population is not simply about numbers but about people; it is about preparing for a wanted baby are providing for healthy childhood. It includes gender equality and equality, as well as the participation of the community in matters related to their well-being. Public policy, as an academic pursuit emerged in the early 1950s and since then it has been acquiring new dimensions and now attempting to acquire the status of discipline and it, is frequently used terms in our daily life and in academic literature (*MoFED, 2006*).

Thomas Dye's definition states public policy what ever governments choose to do or not to do similarly Robert Liner Berry says, it is what governments do and fail to do for their citizens. In these definitions there is divergence between what a government decides to do and what they actually do.

2.1.2 Theories of Population Policy

Population policy for a single nation is considered as an optimal control problem. It is studied how the population of a country like the Netherlands could be reduced from its present size and age distribution to a prescribed stationary, stationary size and age distribution in the shortest time possible. The control Variable is the annual number of live births. Two constraints are taken into account: a socio psychological constraint consisting of a lower bound on fertility (time constraint), and an economic constraint in the form of an upper bound on the demographic burden⁴. Population theories occasionally from the basis of population policy which deals with measures designed to influence population change⁵.

⁴<http://www.springerlink.com/content/img>

⁵http://en-demopasfos.org/wiki/population_theory

2.1.2.1 Population and the Global Crisis

The extreme version of the population as problem position attempts to attribute almost all of the world's economic and social evils to excessive population growth. Unrestrained population increase is seen as the major crisis facing human kind to day. It is regarded as the principle cause of poverty, low level of living, malnutrition, ill health, environmental degradation, and a wide array of other social problems. Value-laden and incendiary terms such as "population bomb" and population explosion" are tossed around. Indeed, dire predictions of world food catastrophes and ecological disaster are attributed almost entirely to the growth in world numbers. Such an extreme position leads some of its advocates to assert that "world" (i.e.) low developed countries, population stabilization or even decline is the most urgent contemporary task even if it requires severe and coercive measures such as compulsory sterilization to control family size in some of the most populated developing countries (*Todaro and smith, 2006:291*).

The population-poverty cycle theory is the main argument advanced by economists who hold that too rapid population growth yields negative economic consequences and thus should by a real concern for developing countries.

Population growth is believed to retard the prospects for a better life for the already born by reducing savings rates at the household and national levels. It also severely draws down limited government revenues simply to provide the most rudimentary economic and social services to the additional people. This in turn further reduces the prospects for any improvement in the levels of living to his existing generation and helps transmit poverty to future generations of low income families (*ibid*).

2.1.2.2. Some Policy Approaches

According to Todaro, the potential negative consequences of population growth for economic development can be divided into seven categories: its impact on economic growth, poverty and inequality, education, health, food, the environment, and international migration. To overcome such a burden, what kinds of economic and social policies might low developing countries and developed country governments and international assistance agencies consider bringing about long term reductions in the overall rate of world population growth.

As Smith (2006) concludes three areas of policy can have important direct and indirect influences on the well being of present and future world populations:

1. General and specific policies that LDC governments can initiate to influence and perhaps even control their population growth and distribution.
2. General and specific policies that developed country governments that initiate in their own countries to lessen their disproportionate consumption of limited world resources and promote a more equitable distribution of the benefits of global economic progress.
3. General and specific policies that developed country governments and international assistance agencies can initiate to help developing countries achieve their population objective.

These policies aim at eliminating absolute poverty; lessening income inequalities; expanding educational opportunities, specially for woman, providing increased job opportunities for both women and men; bringing the benefits of modern preventive medicine and public health programs especially the provision of clean water and sanitation, to the rural and urban poor; improving maternal and child health through more food, better diets, and improved nutrition so as to lower infant mortality and creating a more equitable provision of other social services to wide segments of the population (*Todaro and Smith, 2006*).

According to Stephen C Smith, although long-run development policies of the kind just outlined are essential to ultimate population stabilization there are

some more specific policies that LDC governments might try to adopt to lower birth rates in the short run. Governments can attempt to control fertility in five ways.

1st, they can try to persuade people to have smaller families through the media and the educational process, both formal (School system) and informal (adult education).

2nd, they can establish family planning programs to provide health and contraceptive services to encourage the desired behavior. Such publicly sponsored or officially supported programs now exist in most developing countries some countries do not have such publicly sponsored or officially endorsed family-planning programs.

3rd, they can deliberately manipulate economic incentives and disincentives for having children-for example, through the elimination or reduction of maternity leaves and benefits, the reduction or elimination of financial incentives, or the imposition of financial penalties of having children beyond a certain number.

4th, governments can attempt to coerce people into having smaller families through the power of state legislation and penalties. For obvious reasons, few governments would attempt to engage in such coercion, not only is it often morally repugnant and politically UN acceptable but it is also almost always extremely difficult to administer. The defeat of Indian Prime Minister Indira Gandhi's government in 1977 was largely due to popular resentment of the government's forced sterilization program. China's current policy borders on overt coercion and in some regions continues to be met with widespread resistance.

5th, no policy measures will be successful in controlling fertility unless efforts are made to raise the social and economic status of women and hence create conditions favorable to delayed marriage and lower marital fertility. A crucial ingredient in any program designed to lower fertility rates is the increased education of women followed by the creation of jobs for them outside the home. The availability of income earning opportunities can lead young women to delay marriage by enabling them to become economically self-sufficient and therefore

in a better position to exercise control over the choice of partner and the timing of marriage. The importance of these policies to improve the role and status of women was underlined at the 1994 Cairo International Conference on Population and Development, where, unlike the first two conferences, held in Bucharest in 1974 and in Mexico city in 1984, less emphasis was placed on the provision of family planning services and more on the general empowerment of women, especially in the area of reproductive choices.

2.1.2.3. Population and Development

According to National Office of Population, material well being at global and individual country levels is undergoing tremendous improvement. But still our contemporary world is in deep rooted poverties showing in many cases, no sign of alleviation. The wide spread and increasing incidence of poverty observed globally, more specifically in the developing world, and rapid population resulting in more and more shorter time, forces to look into population issues more seriously. Proper understanding of how population issues and population dynamics influence the socio economic development and how population dynamics are in turn affected by socio-economic developments enables to formulate practical measures on how to address the issue. This exercise requires identifying the links between population issues and development; defining the extent to which the factors involved affect one another and setting priorities in addressing problems (*MoFED 2004*).

Population is complex issue to address and resolve, requiring the knowledge of the many factors influencing it. More over, relating population issues to poverty and development requires a good understanding of their inter-relationship (*Ibid*).

According to Dr. Seifeselassie (2004), this complicated inter-relationship, could be looked at in the following framework of its relations with socio-economic sectors:

1. Population and Education
2. Population and Health
3. Population and Employment

4. Population, Agriculture, Environment and Natural resources.

2. 1.2.3.1. Population and Education

Social services provisions at the forefront of the policy debate as far as the relationship between population growth and economic development is concerned. The education invested in today's children is believed to determine the human capital skills of tomorrow's labour force and thereby productivity. The long run effect of education on population is that better educated parents are themselves likely to have few children with regard to enhanced prospects for good health and survival as a result of awareness about, and use of family planning.

On the contrary, the higher the fertility and birth rates which are the causes for high population growth rate at national level, the lower is the capacity of the family to spend on educating children of such a forced to go illiterates or will not go for beyond mere literacy. This again results in generalist of illiterate families unless the family is able to do away with "many children syndrome" and be able to invest in educating children. With a low level of productivity and the resulting low output at national level, the revenue generated by governments will obviously remain low. This leads to low level of investment in the effort of provision of education to school age children. This places the pressures of the adverse effect of rapid population growth on existing educational resources. They include unmatched funds to satisfy expressed needs, low teacher/students ratio, and limited resources for pedagogic equipment and infrastructure.

2.1.2.3.2. Population and Health

In the same way as education, health services affect and are affected by population increase. High fertility and the resulting rapid population growth influence the health status of family members and affect the ability of family to access health services. At the same time rapid population growth puts pressure on the ability to provide health by reducing per capita government spending on health services.

High fertility and lack of child spacing, compromise the health of mothers, and reduces maternal child care. This in turn results in high morbidity rate of mothers and children. It eventually diverts attention from engaging in productive activities resulting in reduced productivity.

2.1.2.3.3. Population and Employment

It can easily be noted that rapid population growth induces high dependency ratio where by a proportionally lower number of economically active population is expected to support a growing segment of the young population. As a result of larger proportion of family members to be supported from the limited income generated by the income generators of the family, the income generated in the family is in most cases totally consumed. One potential consequences of high population growth, thus, is lowering the rates of household savings resulting in lower rates of investment. The lower the level of savings and the consequent investments, the lower is the employment generating capacity of the economy.

2.1.2.3.4. Population, Agriculture and Environment

Population pressure on the land added to primitive agricultural system and land-use practices have led to accelerated deforestation in many developing countries, mostly in Africa. The cultivation of marginal lands to meet the demand of the rapidly growing population has had and continues to have a concomitant effect of environmental degradation. It further erodes the soil, depletes shallow water resources and accelerates deforestation. It results in a continuous depletion of the available resources. This chain of environmental degradation aggravates poverty. The pressure of rapid rural population growth on land in most cases erodes per capita output, through decline productivity, while this, in turn, leads to declining rural income and accelerated rural/urban migration.

The interrelationship between population and various aspects of social-economic development goes beyond what has been stated. Besides, the relationship between population and development is not unidirectional. Various

aspects of population affect the development process and its various manifestations. In the mean time, they all affected by it. Understanding the problem being one step in finding solutions, population issue requires taking practical action at various levels.

2.1.3. Challenges of Public Policy Implementation

2.1.3.1. Impediments on public policy Implementation

Traditional and religious values have been considered as a root causes to exacerbate the rate of population increase. General inequality, as the manifestation of these values, has as well been assessed to significantly affect the socio-economic progress in the country. On top of this, the existing large size and the rapid rate of population growth along with lack of training and education for women have contributed a great deal to the problem. As a result, women and girls in rural Ethiopia have been distinctly marginalized. For example, women in most cultures enter marriage through customary and religions arrangements with out their consent and face early marriage and suffer form its consequent reproductive and productive problems including extended fertility, high mother and child morbidity and morality, illiteracy, unemployment, unsecured income, and hence poverty (MoFED) 2006.

Among major factors contributing to increased fertility rate in the country low participation of women in education is the basic one. And this low participation is mainly followed form the persistent gender inequality, lack of independent income and poverty (Ibid).

The influence of population changes on the economic development of low income areas has attracted are attention recently, partly because of two prevalent trends. The first of these friends is the rise in aspirations, plans and programs for expanding national out put in countries with very low average incomes. The second friend is the increasingly pervasive pattern of rapid decline in death rates in areas where until recently mortality risks were high. These areas have high birth rates thus the drop in death rates means that population growth is very rapid (*Coal and Endgar, 1999*).

The impact of a policy includes both its symbolic and tangible affect. Its symbolic impact deals with the perceptions that individuals have of government action and their attitudes towards it. Even if government policies do not succeed in reducing dependency, or eliminating poverty, or preventing crime and so on, this may be rather minor objection to them if the failure of government to try to do these things would lead to the view that society is not worth saving individuals, groups and whole sentences frequently judge public policy in terms of its good intentions rather than its tangible accomplishments. The general popularity and public appraisal of a program may be unrelated to the real impact of a program in terms of desired results (*R. Dye, 1984*).

Traditional, Americans have been optimistic about what public policy can achieve: they believed that governments could eliminated poverty, end racism, insure peace, prudent crime, restore cities, clean the air and water, and so on, if only they would adopt the right policies. But now there is a growing uneasiness among policy makers and scholars about the effectiveness of governments. The national experiences with the Vietnam War, the poverty programs, public housing, public assistance, the energy shortage and many other public programs indicate the need for a careful appraisal of the real impact of public policy. We have learned from these experiences that Americans problems cannot always be resolved by passing a law, creating a new bureaucracy and throwing a few billion dollars in the general direction of the problem in the hope that it will go away. The result has been an awakening of interest in policy studies over the last decade (*Thomas R. Dye 1984*).

Policy evaluation is learning about the consequences of public policy. Other, more complex definitions have been offered. "Policy evaluation is the assessment of the overall effectiveness of a national program in meeting its objectives or assessment of the relative effectiveness of two or more programs in meeting common objectives. Not that some of these definitions tie evaluation to the stated goals" of a program or a policy. But since we don't always know what the "goals" of a program or policy really are and because we now know that some programs and policies pursue conflicting "goals", we will not limit our notion of

policy evaluation to the achievement of goals. Instead, we will concern ourselves with the all of the consequences of public policy, that is with policy “impact”. The impact of a policy is all its effects on real-world conditions.

The impact of a policy includes: Its impact on the target situation or group; its impact on situations or groups other than the target (“spill over effects” its impact on future as well as immediate conditions; its direct costs, including loss of opportunities to do other things and its direct costs in terms of resources devoted to the program. All the benefits and costs, both immediate and future must be measured in terms of both symbolic and tangible effects (Ibid).

As IGNOU (2006) noted in Barrett and Fudge, Policy implementations is dependent on Knowing what you want to do; the availability of the required resources; the ability to marshal and control these resources to achieve the desired and; and if others are to carry out the tasks, communicating what is wanted and controlling their performance. At the minimum, implementation includes the following elements:

- Adequate personnel and the financial resources to implement the policy;
- Administrative capacity to achieve the desired policy goals and Political and judicial support (from the legislative, executive, and judicial organs of the government) for successful implementation of policy.

2.1.3.2. Impact of Population Growth on Development

If governments seek to improve the economic position of the poor, it is best where possible, to use direct policy instruments, such as increased access of the poor to land, credit, public infrastructure, and services particularly education and health, some of these policies will be opposed powerful pressure groups. While family planning program may also help to reduce poverty, their effects are likely to be smaller, though cumulative, and are likely to take a longer time to be felt than will those of the direct policies. Family planning program may, however, be easier to institute and relatively inexpensive, making them a potentially useful part of an anti-poverty policy package (Ahlburg, 1994f:6-7).

2.1.3.3. Implementation of Public Policy

Samson Gebre Medhin (2006) on his thesis suggested that empowering mothers in education, income, fertility, decision making and involving men in family planning programs as a remedy to overcome high fertility. Delay of, first marriage and first birth, encouraging mothers to breast-feed and interventions to reduce the high child mortality rate (*Yohannes, Yemane and Alemayehu, 2003*). The population policy tasks can be implemented in several different ways. However, three complementary approaches

- Whose specific will differ among commodities, regions (and localities within regions), and institutions
- Provide proven opportunities for success of policy implementation (*Susantakeral, 1981:79*).

For proper implementation and effective functioning of public policy Hood examines and identifies four modes of administrative enforcement and their effectiveness.

- set aside /modify rules (government may choose either to set the rules aside or to modify the rules)
- spread the word (government may choose to use publicity and precaution.)
- make it difficult and impossible to break rules (in this case the enforcement method involves making the grass physically difficult or inconvenient to get at in the first places.)

According to IGNOU, (2006) problems in public policy implementation are due to conceptual problems, political problems, administrative problems and lack of public involvement. Implementation of public policy has been hindered by conceptual problems in understanding the nature of conceptual problems and kinds of policies and procedures necessary to address these problems. Political problems in the implementation of public policies are grave and complex. These hamper effective implementation due to centralized policy process unionization of bureaucracy and interest group politics.

As IGNOU (2006) noted in Christopher Hood administrative problems that occur in the policy implementation are due to lack of institutional capacity, lack of personnel and financial resources pressure of time lack of administrative will and motivation and lack of coordination and cooperation public involvement in policy implementation programs such as education, health, population control, pollution control, forest conservation etc puts tremendous pressure on administrative staff to produce results (IGNOU,2006:187).

Success full implementation involves many operation and procedures as well as time and resources.

According to Meheret Ayenew (2008), providing appropriate time frames for the attainment of different policy goals is one of the yardsticks of acceptable policy.

Mammian and Sabateir (1998), formulate a set of six sufficient conditions of effective implementation

1. The enabling legislation mandates policy objectives that are clear and consistent or at least provides substantive criteria for resolving goal conflicts.
2. The enabling legislation incorporate a sound theory identifying the principal factors and causal linkages that affect policy objectives and gives implementing officials sufficient jurisdiction over target groups and other points of leverage to attain the desired goals.
3. The enabling legislation structures the implementation process to maximize the probability that implementing officials and target groups will perform as desired. It involves assignment to sympathetic agencies with adequate hierarchical integration, supportive decision rules, sufficient financial rules and access to supporters.
4. The leaders of the implementing agency posse's substantial and political skills. They are committed to statutory goals.
5. The program is actively supported by organized constituency groups and key legislators through out the implementation process with the courts being neutral and supportive.

2.1.3.4. Approaches to Policy Implementation

An administrative choice which one policy had been legislated and the institutions mandated with administrative authority. Scholars such as Wildavsky began implementation research in 1960s and 1970s, however a common theory is still lacking.

There is still some confusion about when implementation begins, when it ends, and how many types of implementation there are: As implementation research evolved two schools of thought developed as to the most effective method for studying and describing implementation: top down and bottom up. Top down supporters see policy designs as the central actors and concentrate their attention on factors that can be manipulated at the national level. Bottom up supporter's emphasis target groups and service deliveries⁶.

Rhosa (2003:49) notes on project entitled "closing the gap between policy and implementation in south Africa" that the discrepancies between policy and implementation are largely caused by unrealistic policies and lack of managerial expertise. Another key findings policy implementation has suffered from the absence of people driven process. Insufficient coordination of policy implementation is cited in virtually all sectors. Insufficient staffing and capacity of all three spheres of government as well as the linkages between them, have largely worked against the successful implementation policies. There are five variables for policy implementation: implementation capacity, policy content, and institutional context commitment of the implementers to the goals and the coalition of actors opposed to effective implementation. These variables also called five C protocols (critical variables for studying policy implementation). Africa's demographic features, most notably, fertility mortality, migration and urbanization are addressed in the policy Vis-a- vis their impact on poverty reduction in relation to education, employment and health, as well as key cross cutting areas such as environment and gender.

⁶<http://www.eqaitutafrica.org/bibl/doas>

Recent studies indicated that Africa's current demographic features will result in a set of crucial population concerns that will dominate that continent's development agenda well into the 21st century.

The key challenges highlighted in the policy include:

- the onset of fertility decline
- a large and increasing youth population (given that 50 percent of the population will be under age 15 in the 21st century) and their subsequent socio-economic impact.
- regional member countries are faced with population related challenges such as:
 - *The impact of HIV /AIDS on population in their prime ages of productivity.*
 - *The current UN precedent rate of urbanization and its attendant social, economic and environmental ills.*

All the above trends will require the development of comprehensive innovative and integrative strategies to ensure sustainable development⁷.

2.2 Comparison of World Population and Experience of other Countries in Population Policy Implementation

2.2.1 Some Issues about World Population Distribution

The world population is the total number of living humans on earth at a given time. As of 28 January 2010 the earth's population is estimated by United States Census Bureau to be 6.7 billion. The world populations have been growing continuously since the end of the Black Death around 1400. The fastest of world population growth (above 1.8%) were seen briefly during the 1950s then for a longer period during the 1960s and 1970s. The 2008 rate of growth has almost halved since its peak of 2.2% per year. According to the United States Census Bureau the African population number of 973 million its share is 14.5 percent of the world population distribution.

⁷http://www.afdb.org/fileadmin/uploads/afdb/documents/policy_doc

The Ethiopian population estimated too be 78.9 million, its worth 1.17% of the world population distribution, its rank is second in Africa and 15th in the world. The highest population number is in Asia which is 60.4% of the world population distribution. China and India together have about 40% of the world population (*U.S.C.B:2010*)

In the 20th centaury, the world saw the a biggest increase in its population in human history due to lessening of mortality rate in many countries due to medical advances and massive increases in agricultural productivity attributed to the Green Revolution. Population growth remains high in Latin America Middle East and Sub-Saharan Africa. In some countries there is negative population growth (net decrease in population over time especially: central and Eastern Europe (mainly due to fertility rate), southern Africa (due to the high number of HIV related death) and within the next decade, Japan and some countries in western Europe are also expected to encounter negative population growth due to sub replacement fertility rate⁸.

According to Mafeje and Kadwan (2004) Africa has the highest crude birth rate of any continent. Sub-Saharan Africa currently exhibits a population growth rate of 3.1 percent per annum, a level which results in a doubling of population in about twenty two years. This compares with a rate of 2.5 percent in North Africa, 2.8% in the Middle East, 2.1 percent in Latin America, 1.9 percent in Asia as a whole, 0.8 percent in |North America, and 0.2 percent in Europe. Therefore, however three factors which make sub-Saharan African countries distinctive. The first, is that it is the only world region where the birth rate has not begun to decline. Indeed, it has probably risen.

The second is that it has achieved its high and rising rate of population increase in spite of much higher mortality than in other regions. This means that it has a potential for enormous population growth.

⁸ Insert <http://en.Wikiapedia.org/wil/world-populaion>

The third, factor is that sub Saharan Africa already has a substantial population, almost double that of North African and the Middle East combined

Table 1. World historical and predicted population
Distribution by Region (in millions)

Region	Years								Percentage distribution of 2008	Annual growth rate of 2008
	1750	1800	1850	1900	1950	1999	2008	2050		
World	791	978	1,262	1,650	2,521	5,978	6,707	8,909	100%	2.2
Africa	160	107	111	133	221	767	973	1,766	14.5	3.0
Asia	502	635	809	947	1,402	3,634	4,054	5,268	60.4	1.9
Europe	163	203	276	408	547	729	732	628	10.9	0.2
Latin American and Caribbean	16	24	38	74	167	511	577	809	8.6	2.1
North America	2	7	26	82	172	307	337	392	5.0	0.8
Oceania	2	2	2	6	13	30	34	46	0.5	0.6

Source: United States census Bureau (2010)

Given current population growth rates in different parts of the world (significantly higher in the LDCS), the regional distributions of the world’s population will inevitably change by 2050. By that time, it is likely that there will be 6.6 billion more people on the earth than in 1950 and 3.1 billion more people in 2000. Africa will experience the largest percentage increase (184%), and its projected population of 2.1 billion will be almost three times its 1998 population and almost 10 times its 1950 population. Latin America and Asia are projected to grow by 70% and 50% respectively. Together these three continents will probably hold over 88% of the world’s population by 2050 as contrasted with 70% in 1950 and 82% in 1998. Correspondingly, the proportion of the world’s population living in Europe, the former Soviet Union, and North America will have fallen from 17% to less than 12% of the total (Todaro and Smith, 2006:268).

2.2.2. Achievements of population policy in some other countries

2.2.2.1. China

The total population of China is 1.3 billion. In 1979 the authorities tightened their control and limited households to only one child. The goal of this policy was to limit China's population to 1.2 billion by the year 2002. The 2002 population policy article 8, the state gives rewards to organizations and individuals that have scored outstanding achievements in the population program and family planning. China's population policy has strictly enforced national wide and more effective than India's in reducing fertility rate and slowing population growth. For instance, the average number of children a woman would have Niger 7.9, India 2.9, UK 1.8, China 1.6 and Russia 1.2. China population new trend and challenges, China experienced dramatic decline in birth and death rates over the past 50 years as the government implemented revolutionary and controversial policies to improve health and slow population growth. Even though China remains the world's most populous country, it has lower fertility than USA and many European countries, with growth rate 0.6 percent, birth rate 13 percent, death rate 7 percent, infant mortality rate 23 percent, life expectancy 73 years and total fertility rate 1.7 children⁹.

Successful population control in China comes with its own risks as well as rewards. Although rapid growth and coercion in family planning may account for part of China's drop in fertility, other factors include greater female literacy, improved child health, and greater economic opportunities for women. These have also been factors in the strong success in fertility reduction in the Indian state of Kerala (Todaro and Smith 2006).

Population and family planning law article 18, says the state maintains its current policy for reproduction encouraging late marriage and child bearing and advocating one child per couple. Population and family planning law article 27, the state shall issue to a couple who volunteer to have only one child in their life time a "certificate of Honors for a single child parents".

⁹<http://www.slideshare.net/isc/chinapopulationpolicies>

There are also special cases in most rural areas if the first child is a girl couples are allowed to have another child, families who have children with mental or physical disabilities are some times allowed to have another child (*NPP of China, 2002*).

2.2.2.2 India

In 1952 India was the first country in the world to launch a national program, **emphasizing family planning** “to stabilize the population at a level consistent with the requirement of national economy”, shortly after its independence in 1949 (Todaro and Smith, 2006) The 2000 National Population Policy of India affirms the commitment of government towards voluntary and informed choice and consent of citizens, while availing of reproductive health care services and continuation of the target free approach in administering family planning services. The NPP 2000 of India provides a policy frame work for advancing goals and prioritizing strategies during the next decade to meet the reproductive and child health needs of the people of India and to achieve net replacement levels (TFR) 2.0 by 2010. The NPP 2000 of India has 12 strategic themes “stand alone” or inter-sect oral programs. These strategies are: decentralized planning and program implementation; convergence of service delivery at village levels; empowering women for improved health and nutrition; child health survival; meeting the unmet needs for family welfare services, under served population groups–urban slums, tribal communities, adolescence, participation of men in planned parent hood ; diverse health providers; collaboration of government and private sectors mainstreaming; contraceptive and research on reproductive and child health; providing for older population IEC, this ensures that the message are effectively conveyed¹⁰.

The government of India presented its new population policy with much fanfare. Although claiming to incorporate new and more effective incentives for population stabilization, a close examination of the policy reveals that it

¹⁰<http://www.unscap.prg/esid/psis/population>

is more a **“Population discrimination”** policy than an effective population management policy. The essence of the population policy is that by taking away the democratic rights of those states whose population is growing too fast i.e. the states in Handibelt will some how find a way of controlling their population. Among the states of India, Kerala’s fertility rate was significantly less than that of China, but unlike China, the dramatic reductions in fertility in kerala were achieved with out coercion, let alone china’s huge direct economic incentives for lowered fertility. Television, billboard and other advertising in India has promoted family panning, and there is some evidence that these campaigns can have some positive impact on their own. Such efforts have been far more successful when the social climate has changed enough to be receptive to the messages. This helps explain why non governmental organizations working for comprehensive rural development have often apparently had more success than many government programs. The success of Kerala suggests that successful fertility reductions may depend not on rapid not on rapid economic growth or even in its absence, on draconian governmental policies but rather on successful grass roots human development in which civil society plays a leading role (*Todaro and smith, 2006:305*).

2.2.2.3. Egypt’s Population Policy

In 1966 the government initiated a nation wide control program aimed at reducing the annual population growth rate to 2.5 or less. Since then state run family planning, clinics have distributed birth control information and contraceptives. These programs were some what successful in reducing the population growth, but in 1973 the rate began to increase again population control policies tended to be ineffective because most Egyptians, especially in rural areas valued large families. How ever deeper examination of current trends suggests population growth should still concern Egyptians policy makers. The National Population Strategy, National Population Council Cairo, 1991 replacement level of fertility is just over two children per woman.

The population of Egypt has sprung up to 72.6 million with growth rate of 2.0. The total fertility rate has fallen from 7.2 children per woman to 3.3, due to the fact of their strong family program and high quality services¹¹.

2.2.2.4. Economic Incentives and Disincentives on Population Policy Affairs

Although some form of population related incentives or disincentives schemes now exists in over 30 LDCS, Singapore, India, Bangladesh, South Korea, and China have been especially prominent in experimenting with policies to reduce family size. For example Singapore allocated scarce public housing with out giving consideration to family size. It also limited paid maternity leave to a maximum of two children, Scaling the delivery fee according to number of children and reducing income tax relief from five to three children. In 1984, it even went so far as to give special priority in school admission to all children born to women with university degrees while penalizing non degree-holding women with more than two children. The presumed but dubious rationale was that educated women have brighter children whose births should be encouraged while discouraging the less educated women from bearing more children. But fertility fell so dramatically that by 2004 the city-state had introduced incentives to increase fertility (as with Japan and Europe, related controls on immigration would be more cost-effective) (*Todaro and Smith; 297*).

India, in mid-1970s experimented with marking deposits into savings accounts for individual female workers during their periods of non pregnancy. The deposits were scaled according to the number of children, and the whole account could be cancelled if a woman bore too many children. These accumulated savings were then paid out when the woman reached the age of 45, as a form of social security in the place of children. Later, in Northern India, a woman (or more usually, their husbands) was provided with cash incentives for sterilization.

¹¹ <http://www.land.org/publs/issupapers>

In Taiwan, a rural township conducted an experiment in which the local government deposited funds in to bank accounts for young couples to cover the costs of educating the first two children. However if the couple had a third child part of these money was forfeited and all of it was forfeited at the birth of a fourth child. The program was expressly deigned to encourage families to have fewer but better-educated children. South Korea also initiated a national system of records and penalties to encourage small family size. It offered educational allowances and free medical care to all two child families provided that one of the parents was sterilized. China has by far the most comprehensive set of state- enforced incentives and disincentives (*Ibid*).

2.3 The Ethiopian Situation

2.3.1 National population policy of Ethiopia

The National Population Policy of Ethiopia was issued in **April 1993** at a time when the country was engulfed with over whelming problems of food **in-security**, recurrent drought and famine, with nearly half of its population living below the poverty line (Getachew Minas, 2008). Thus population policy aims at pursuing the **following general objectives**.

- a) closing the gap between high population growth and low economic productivity through planned reduction of population growth and increasing economic returns;
- b) expediting economic and social development process through holistic integrated development programs designed to expedite the structural differentiation of the economy and employment;
- c) reducing the rate of rural to urban migration;
- d) maintaining/improving the carrying capacity of environment by taking appropriate environmental protection;
- e) raising the economic and social status of women by freeing them from the restrictions and drudgeries of traditional life and making it possible for them to participate productively in the larger community;
- f) Significantly improving the social and economic status of vulnerable groups (women, youth, children and the elderly).

2.3.1.1 Strategies of the National Population Policy of Ethiopia

The National Population Policy has sixteen Strategies:

- i. Expanding clinical and community based contraceptive distribution services by mobilizing public and private resources;
- ii. Promoting breast feeding as a means of dealing with the problem of child hood malnutrition and increasing the time span between earlier and subsequent pregnancies through information education communication;
- iii. Raising the minimum age at marriage for girls from the current lower limit of 15 to, at least, 18 years;
- iv. Planning and implementing counseling services in the educational system with the view to reducing the current high attrition rate of females;
- v. Providing career counseling services in second and third level institutions to enable students especially girls to make appropriate career choices;
- vi. Designing and implementing a coherent long term policy that is likely to create conditions facilitating an increased integration of women in the modern sector of the economy;
- vii. Understanding feasibility studies and experiments in respect to micro enterprise and creating a system for providing technical and credit support to men and women;
- viii. Making population and family life related education and information widely available via formal and informal media;
- ix. Establishing a system for the production and effective distribution of low cost radio receivers and information materials such as posters, flyers and all kinds of promotional materials;
- x. Amending all laws, impeding in any way, the access of women to all social, economic and cultural resources and their control over them including the owner ship of property and businesses;
- xi. Amending relevant and sections of the civil code in order to remove unnecessary restrictions pertaining to the advertisement, preparation and popularization of diverse conception control methods;

- xii. Ensuring and encouraging governmental and non governmental agencies involved in social and economic development programs;
- xiii. Establishing teen-age and youth counseling centers in reproductive health;
- xiv. Facilitating research program development in reproductive health;
- xv. Developing Information Education Communication (IED) programmes specially designed to promote male involvement in family planning; and
- xvi. Diversifying methods of contraception with particular attention to increasing the availability of male oriented methods (*TGE, 1993*)

2.3.1.2. Major Areas of Population Activities Requiring Priority Attention

a. Improving the quality and scope of service delivery

- Expanding the diversity and coverage of family planning service delivery through clinical and community based outreach services;
- Encouraging and supporting the participation of non governmental organizations in the delivery of population and family planning related services;
- Creating conditions that will permit users the widest possible choice of contraceptives by diversifying the method mix available in the country.

b. population research, Data collection, Analysis and dissemination:

Among activities to be given priority attention in program development and implementation processes is improving and strengthening domestic capacity for generating, analyzing and disseminating, demographic and population related information. Work in this important area will be considerably facilitated by:

- Enacting laws/regulation making the registration of vital events (marriage, birth and death) compulsory;
- Providing existing research institutions (population Analysis and studies center (PASC).

c. Expansion and strengthening Domestic Capacity for training in population:

- *Training for family planning will be integrated the curricula of medical schools, nursing and health assistants schools, junior colleges and technical and Vocational schools.*
- *In service training for teachers and other development agents will be organized.*

d. Expansion of Information, Education, Communication and social mobilization: Information, Education and Communication (IEC) pertaining to population and development issues play a vital role in increasing popular awareness of the issue of population and development and facilitate community participation in the implementation of programmes. An effective implementation of a carefully designed Information Education Communication program calls for the mobilization of all available institutional and man power resources directly or indirectly involved in the sphere of population and development information.

2.3.1.3. Organizational Mechanisms for the Implementation of the Population Policy of Ethiopia

a. The multi-disciplinary Nature of Population Programs:

The population concern touches upon nearly all facets of economic and social life of people. Given the magnitude and complexity of the developmental problems our country faces, it no longer makes sense to justify the enactment of a population policy on health grounds only population policy is justified by its multifaceted impact on all aspects of economic and social life. Population demographic factors have to be regarded as both determinants and consequences of the level of economic and social development. In this country population matters have been here to fore, accorded low priority. The current view that demographic variables permeate a aspects of economic and social life makes it imperative that population policy be managed in such a way that all the relevant sectors of the economy and society are equitably served by it.

b. Structural Arrangements for the Implementation of Population Policy.

2.3.1.4. Structure at the National level

Population activities in Ethiopia will be undertaken under the general framework defined by this policy and the technical and programmatic guidelines to be developed by the office of population in consultation with the National Population Council.

The establishment of a National Population Council (NPC) is to be chaired by the prime minister or a senior official to be designated by him and an office of population within the office of the prime minister. Implementation of programmes takes place at the grass root level and therefore a close relationship between the office of population and other bodies with related functions at the regional, zonal and wereda levels is vital. It is equally important that a clearly defined division of labour be indicated at the outset and once agreed upon adhered to.

Members of National Population Council:

- The Minister of Planning and Economic Development
- The Minister of Health
- The Minister of Education
- The Minister of Information
- The Minister of Labour and Social Affairs
- The Minister of Natural Resources Development and Environmental Protection
- Addis Ababa University (to be represented by a demographer)
- The General Manager of the Central Statistics Authority
- Head of Regional Administration Affairs sector in the office of the prime Minister
- Head of the Women's sector in the Office of Prime Minister
- Head of the Office of Population in the Prime Minister office
- The President of the Family Guidance Association of Ethiopia
- Two prominent Persons in the Field.

2.3.1.5. Structure at Regional, Zonal and Woreda levels

a. Structure at Regional level

Structure at the National level will be replicated down wards through the Regional to the Zonal levels.

There is a Regional Population Council (RPC) to be chaired by the Chief Executive Officer of the region or his representative. The members are:

- The Head of the Regional Office of Population
- The Head of the Regional Bureau for Planning and Development
- The Head of the Regional Bureau for Health
- The Head of the Regional Bureau for Education
- The Head of the Regional Bureau for Environment and Natural Resource.
- The Head of the Regional Bureau for Information
- The Head of the Regional Bureau for Labour and Social Affairs
- The Head of the Regional Women's Affairs Bureau
- Chairman of the Regional Branch Association of the Family Guidance Association of Ethiopia

b. Structure at the Zonal Level

There is a Zonal **Population Council (ZPC)**.

The Zonal population Council is chaired by the Chief Executive Officer of the Zonal administration. The members of ZPC are representative of agencies responsible for planning, Education, Health lab our and social Affairs, women's Affairs and Natural Resources and Environmental protection at the Zonal level. There are also a Zonal office for population and be headed by a senior officer to be appointed by the head of the Zonal Administration and who also be a members ZPC

c. Structure at the Woreda Level

At this stage of the development of the country it is difficult, if not impossible, to visualize specialized structural arrangements of any meaningful degree of complexity at the woreda level, primarily because of difficulties likely to be encountered in mobilizing the required technical expertise at this level. How ever

chief executive officers at woreda levels may operate through woreda committee on population.

Each structure of the population policy has its own duties and responsibilities as mentioned below at 2.3.1.5 (*TGE, 1993*).

2.3.1.6. Duties and Responsibilities

a. Duties and Responsibilities of the Amhara Regional Population Council:

The RPC would be responsible to the national population council through the chief Executive officer of the region for:

- ii) Determining the relevance of population related goals, objectives and strategies and ensuring that such goals, objectives and strategies are set by taking into account prevailing socio-economic realities in the region and its sub divisions;
- iii) Identifying unmet needs in the sphere of population related activities and services and mobilizing regional and zonal resources for the purpose of strengthening existing services and creating new ones where they do not exist;
- iv) Issuing guidelines on ways and means of financing family planning services;
- v) Consulting with the office of population in regard to legislative and administrative measures to be taken at the regional level to make service delivery more effectively accessible to the peoples of the regions
- vi) Submitting periodic reports to the secretariat of the National Population council.

b. Duties and Responsibilities of the Amhara Regional Population Office:

- i) serving as the secretariat of the regional population council;
- ii) coordinating the activities of the various sectoral agencies (governmental and non governmental) undertaking population and development related activities at the regional and zonal levels;
- iii) monitoring and evaluating population programs in the zones;

- iv) promoting regionally focused policy relevant research and undertaking research on population and development;
- v) establishing technical committees as required for the effective implementation of the population policy at regional levels;
- vi) providing information as well as advisory and technical assistance on population matters to zonal population office(s);
- vii) organizing and carrying out events on population issues at regional levels;
- viii) participating actively, in the collection of data on population and development;
- ix) simulating community participation through effective IEC and
- x) Undertaking such activities as may be required by the office of population at the national level (*Ibid*).

2.3.2. Population and Development in Ethiopian Perspective

2.3.2.1. Population Size

Growth rate and structure currently, the population size of Ethiopia is estimated at **75.8 million (July CSA, 2008)** with a growth rate of 2.60 percent. The major demographic factor responsible for this rapid increase in total population is the prevailing high **fertility particularly in rural area (CSA, 2008)**. Although total fertility rate (TFR) has declined over the years from 6.4 children per women in 1990 to 5.9 in 2000 and 5.4 in 2005, this is still considered to be too high. One distinctive characteristic of a rapidly increasing **population is its youthful age structure**. In Ethiopia, children aged 1-14 years comprise 45 percent of the total population (*ibid*). Life expectancy at birth was estimated at 51 years for both sexes in 1994 (50 years for males, 53 years for females) and projected to be 55.91 years for males 57.93 years for females for the period 2005-2010(*CSA,2008*).

2.3.2.2. Population, Distribution and Migration

The crude population density for Ethiopia is estimated at 69 persons/km² (CSA, 2008). In Afar, Somali and Gambella regions the population density is

estimated to be less than 10 persons /Km², while Addis Ababa with 5,167 person/Km² (CSA, 2007) has the highest density. Ormoia, Ahmara and SNNPR comprise 80.4 percent of the country's population.

In Ethiopian reality, internal migration is a demographic factor that has significant effect on population distribution, more specifically on the distribution of urban population. The urban population of Ethiopia grows at a rate of 4.06 percent in the period 2005-2010, while the rural population growth at the rate of 2.325 percent. Rural-urban migration is the major contributor to the high population growth in areas of Ethiopia; for instance, about 37 percent of the population growth of Addis Ababa for the period of 2005 -2010 is due to net migration. Data on international migration in Ethiopia remain scanty, though there are indications that the total number of Ethiopians living in foreign countries in 2004 was over one million (*HDI, 2005*).

2.3.2.3 Population, the Economy and Poverty

The average annual real GDP growth rate in Ethiopia increased from 5% during 1992/93-2003/04 to 6.4% during 2002/03-2004/05 and to **11.6% in 2005/06**. This further increased by **11.4 percent in 2006/07**. In these years, per capita real GDP increased by 2.3 percent, 3.65 percent, 8.96 percent and 8.78 percent respectively. The share of Gross Domestic Capital formation in the total GDP 23 .0 percent in 2004/05 24.2 percent in 2005/06 and 25.0 percent in 2006/07 and it is expected to reach 28.0 percent in 2007/08.

The share of domestic savings in total GDP was 3.0 percent, 3.7 percent, 5.6 percent, and 10.1 percent in the above stated years respectively. Absolute poverty level declined from 45.5 percent in 1995/96 to 44.2 percent in 1959.00 and to 36% in 2004 (*CSA, 2007*).

2. 3.2.4. Population and Environment

Ethiopia is the most environmentally devastated country in Africa forest cover has declined so much that less than 3 percent of the country is covered with forest at present.

Forest removal Rates in Ethiopia (1990-2005)

Annual change (1990-200) = -0.93% with 140,000 ha lost per year

Annual change (2000-2005) = - 1.03% with 141, 000 ha lost per year

Total change (1990-2005) = -13.99% with 2,114,000 ha lost per year

(Source: Environmental Protection Authority (EPA, 2006)) The 1994 census revealed that the total labour force for the year 1994 was 26.5 million. On the other hand the two surveys conducted in 1999 and 2005 showed that the size of the labour force was 25.8 and 33.1 million respectively.

2. 3.2.5 Population, Education and Health

Rapid growth in population means a large increase in the school age population. The implication is clear that more school age children require more spending on education even if the objective is to maintain current enrollment rates and standards. It is true in the health sector also. The potential health services coverage of the country increased from 46.4 percent in 1992/93 to 98.1 percent in 2006/2007 (CSA 2007).

2.3.3 Context of the National Population Policy of Ethiopia

The national population policy addresses many issues. A key goal of this policy is to harmonize the rate of population growth with the resources capacity of the country. Objectives of the policy include the rate of population growth by helping couples achieve the rate of population growth by helping couples achieve their desired number of surviving children; increasing the economic productivity of all sectors; maintaining and improving the carrying capacity of the environment; and reducing the rate of rural to urban immigration. The objective of the health policy, also approved in 1999, is to develop a health service system which will bring preventive health care to all segments of the population, democratizing and decentralizing the health service system, in line with the decentralization policy of the government (*MoFED, 2000*).

Strategies to achieve these goals reflect the statements heard at the international conference on population development (ICPD), although most of

them were actually in place before at Cairo. These strategies include (IEC) program that 1) establishes a climate of public understanding and opinion suitable to the goals of the National Population Policy and 2) provide the knowledge, Motivation and Skills that support behaviors related to the National Population Policy.

The decentralization of responsibility and resources, bringing these closer to the people to be served and thus giving them more control over their lives; improving the delivery on the quality of reproductive health services by improving skills of health workers, increasing the number of adequate health facilities and ensuring that the needed supplies and equipment are in place, working with government and NGOs to ensure that these services are extended beyond Addis Ababa and a few large cities into, smaller urban areas and the rural heart land; Ensuring that the needs of underserved groups, especially women and adolescents, are addressed; following an integrated and multi-sectoral development approach which, among other benefits, should reduce the push factors driving people to urban areas and lead to a more balanced spatial distribution of the population in the future (MoFED, 2000).

According to the National Office of Population (2000), in the process of preparing for the development of IEC and Advocacy Strategy, a review of the existing literature was done, three studies commissioned and the Mid-Term Review of UNFPA Third country program took place. These studies and assessments provided invaluable information on the current situation, as well as opportunities and constraints for the implementation of the strategy. Many institutions reported that, irregular collaboration at the central level, while coordination among and within regions is weak.

Few institutions reported conducting needs assessments, situation analysis, or audience research their IEC program. Thus few were able to segment their audience. Few respondents mentioned conducting any kind of research, monitoring and evaluation. During the review of existing population IEC materials and messages, while some were found to be well developed, many were seen as lacking social-cultural, religious, and age and gender sensitivity.

Others gave ambiguous or unrealistic information. The participation of audiences in message selection and presetting appeared to be very limited.

In the study on family planning knowledge, attitude and practices of intermediate target audiences, health professionals as well as agricultural and home extension agents in four regions were interviewed. Findings include the need for: on the job training in family planning for themselves as well as for community based agents; Making IEC materials more understandable to the public; outreach to youth and men in the work place and through the media.

Another study gave a useful picture of IEC at the service delivery level+ over 80 percent of the facilities visited were scheduled to conduct some IEC activity that weak as part of their regular health deliver; about 80 percent the some educational materials; about 60 percent displayed posters; 33 percent has flip chart or other visual aids. But only 2 percent has leaflets of provider and clients. Health talks were more likely to occur in hospitals than in health centers or clinics, and hospitals did better tan other facilities in terms of availability of IEC supplies. Finally, it was noted that the materials were quite dated and that the messages may not be clear to clients.

The institution basis for IEC implementation in Ethiopia is family sound the National Population Policy envisages a structure whereby relevant government ministries and departments all play a role in implementing the population IEC under the coordination of the national office of population (NOP). For example, in the United Nations Population Fund for Africa (UNFPA) supported population IEC program, no less than //government ministries and departments are involved in implementing various aspects of the program. The media support infrastructure for population IEC comprises electronic and print media as well as traditional forms of communication NGOs involved in family planning program have already incorporated population IEC activities in this program. Recently, the NGOs, have begun to coordinate and collaborate in their IEC activities. A consortium of Family planning NGOs (COFAP) brings together over 30. NGOs involved in reproductive health program, to harmonize their activities and share resources, including technical assistance.

Chapter Three

3. Data Presentation, Analysis and Discussions

In this Chapter, the data of the study are presented and interpreted. The main data were obtained from the 10 Amhara Regional Bureau head. In addition other supplementary information was also obtained from group interviews conducted with one focus group discussions. As much as possible, the supplementary information is incorporated to the main data and analyzed in conjunction with the data obtained directly from the interview schedule.

Personal Background of the Respondents

Pertinent to their back ground, during the interview the respondents were able to indicate their age, gender, educational status, responsibility and work experience in years. Such information was sought to get some insight about the demographic characteristics of the respondents and to determine whether or not such personal back ground data has appropriate and any relation to the study.

The following table shows the demographic characteristics of respondents

Table 1, Back ground information of the Respondents in personal interview

Name of the institution	Responsibility	Sex	Age	Work experience (years)	Education	Remark
Bureau of finance and Economic development	Head officer	M	45	20	MA	
In the Amhara National regional state Bureau of Health	Planning, and monitoring core process (Behalf)	F	37	10	MSc	
Ethiopia Family planning guidance Bahir Dar Branch	Head of organization	M	46	28	Masters in Demography	
Education Bureau	V/Head of the organization	M	50	30	Masters in Education	
Bureau of women Affairs	V/Head of the organization	F	35	12	Masters in Leadership	
Population Affairs core process	the Head of the Core Process	M	40	10	Masters in Demography	
In the Amhara National Regional state office of the president	Behalf of the organization	M	28	8	B.A	
Bureau of communication Affairs	Press and News programs core process	M	36	5	Masters in Journalism	
Bureau of Environmental protection	Land Administration and Environmental protection core process Behalf of the head of organization	M	53	27	MSc	
Bureau of Labour and social affairs	Head of Organization	F	40	20	MSc	

Source: Compiled from interviewee’s personal profile

As indicated in the Tables 1 from the total number of respondents 30 percent of them are females and the rest 70 percent of respondents were males. Regarding to the responsibility, 50 percent of the respondents are the head of the organization and the rest 50 percent of respondents are interviewed on behalf of the heads of the organization. Concerning the educational level of the respondents, 90 percent of them have master's degree in different fields, and only one respondent has B.A degree.

Table 2. Back ground information of respondents in focus group discussion (Group interview)

Name of case code	Sex	age	Educa tion	Work place	Responsibility	work experien ce	Rem ark
01	M	39	MSc	Amhara BoFED	Population officer	3 yrs	
02	M	29	BSc	Amhara N.R.S Health Bureau	R.H net work Coordinator	5 yrs	
03	M	36	BSc	Amhara BoFED	Cooperation Development Expert	4yrs	
04	F	37	BSc	Family guidance Association of Ethiopia	Clinic Coordinator	3 yrs	
05	M	40	MA	Amhara N.R.S Education Bureau	Geography curriculum performer expert	14 yrs	
06	M	38	B.A	Amhara N.R.S Women Affairs	Women Affairs expert	5 yrs	

Source: Compiled from group interview personal profile.

In Table 2 above, respondents of the focus group discussion are persons that were purposefully selected from six Amhara National Regional State Bureaus. As explained in the proposal, six respondents were involved from six Amhara regional Bureaus (from Bureau of finance and Economic Development, Bureau of Health, from population Affairs core process, Family Guidance Association of Ethiopia Bahirdar branch, Education Bureau and Bureau of women Affairs). From the total participants in focus group discussion, one respondent is female,

where as the rest 5 of the respondents are males. Regarding the education level, two respondents have master's degree and the rest 4 respondents have BSC and B.A. As I planned in my proposal this information gathering system was for triangulation purpose.

3.1 Achievements of the National Population Policy of Ethiopia in Amhara Region

Achievements of the National Population Policy of Ethiopia in Amhara region are presented with reference to major targets set in the policy documents. It should however be clear here that, these achievements are attributed not only to the population policy, but also to other related policies that have programs and action plans for the implementation of activities. It is also being noted that population activities are multi-sect oral in nature and could be complementary with other sector policies.

The major targets were reduction in total fertility and increase in contraceptive prevalence rate or use of contraceptive by married women. Total fertility rate was to be reduced from 7.7 children per woman in 1993 to 4.4 in 2015. In this regard reports at the national level show that, total fertility rate was declined to 6.7, 6.4 and 5.4 in 1994, 1998 and 2005 respectively. As indicated in table 3 below, the Amhara region total fertility rate was declined to 6.7, 5.9 and 5.1 in the year 1994, 1998 and 2005 respectively (CSA, 2005).

Fertility reduction has several social and economic aspects. The most important being the willingness of women and men to curtail fertility rates. In the Amhara and other Ethiopian traditional societies, women are expected to produce as many children as possible and care for their maintenance. There is therefore a need to convince couples and community and religious leaders on the **value of "small family"**. In this regard in Amhara region,/ efforts have been made to inform and educate the target groups. Quite a number of **"behavior change communication"** schemes have been designed and communicated through the mass media at large and through mini-media in schools and youth organization (BoFED, 2009).

Table 3: Total fertility rate by regions
Between 1995-2000 and 2001-2005

Back ground Characteristics	Total fertility rate	
	1995-2000	2001-2005
Residence		
Urban	3.3	2.4
Rural	6.4	6.0
Region		
1. Tigray	5.8	5.1
2. Afar	4.9	4.9
3. Amhara	5.9	5.1
4. Oromia	6.4	6.2
5. Somalia	5.7	6.0
6. Benshangul Gumz	5.4	5.2
7. SNNP	4.9	5.6
8. Gambella	4.5	4.0
9. Harari	4.4	3.8
10. Addis Ababa	1.9	1.4
11. Dire Dawa	3.6	3.6
Total	5.9	5.4

Source: Compiled data from, EDHS, 2000 and 2005

The next main target of the population policy is to increase contraceptive prevalence rate from 4.0 percent in 1993 to 44 percent in 2015. At the national level, the Demographic and Health Survey (CSA, 2005) reported that contraceptives prevalence rate was 15 percent while Ministry of Health reported it to be 28 percent. An independent survey reported it to be 21 percent. The Amhara region contraceptive rate increased to 16 percent. Most of the increase of contraceptive rate was attributed to wider use of pills and injectable. According to Hiruy (2004) in Ethiopia, knowledge of any modern methods of contraceptives among all women aged 15-49 was 81 percent in 2001. It was reported that in the same year 85 percent of married women 90 percent of married men had knowledge of modern methods of contraceptives. The

achievements, in fertility reduction and increase in contraceptive prevalence were not only through the population policy but also through closely related policies of the government such as the health policy, women's policy, education policy and others. The participation of donors and NGOs in the provision of reproductive health service has also made positive contribution. According to Amhara national regional state Health Bureau, 50 local and 30 international NGOs have been working in the Amhara region. In the absence of a population program donor and NGOs programs resulted to reproductive health services have been used to coordinate activities for fertility control. NGOs, in the Amhara region were monitored by the Bureau of health to check that they stick to the policies.

One of the specific objectives mentioned in the population policy is the reduction of maternal infant and child morbidity and mortality. Data from the 2005 EDHS showed that infant mortality has declined by 19 percent over the past 15 years from 95 deaths per 1,000 live births to 77, and under 5 mortality has gone down by 25 percent from 166 deaths per 1000 live births to 123. The corresponding declines in neonatal and post natal mortality over the 15 years period have been 15 percent and 22 percent respectively. As indicated in the five years survey (2000-2005) there was little improvement in the percentage of mothers who received antenatal care from health professionals.. Maternal mortality is declined from 871 (2000) to 673 (2005) deaths per 100,000 live births (CSA 2005).

In the Amhara region efforts have been made to reduce maternal, infant and child mortality at all levels. A growing number of NGOs and public health facilities were created to deliver reproductive health and family planning services at all levels of the region. Specially, Amhara Development Association in its reproductive health program has a great contribution in implementing the National population Policy of Ethiopia in Amhara region.

Though efforts have been made by government institutions and NGOs to reduce maternal, infant and child mortality, there were no specific targets set in the policy for reduction of mortality rates, thus measurement of performance to

ward set targets seems difficult. Among the objectives mentioned in the population policy is the reduction of annual population growth rate. At the national level the annual population growth was decreased from 3.1 in the year 1984 to 2.8 in the year 1994, and recently it was reduced to 2.6 in the year 1994-2007 (CSA, 2008).

Table 4. Annual population growth rate by region between 1994-2007

No	Region	Annual Growth rate (percent)
1	Tigray	2.5
2	Afar	2.2
3	Amhara	1.7
4	Oromia	2.9
5	Somali	2.6
6	Beneshangul Gumz	3.0
7	Gambella	4.1
8	SNNP	2.9
9	Harar	2.6
10	Addis Ababa	2.1
11	Dire dawa	2.6
	Country total	2.6

Source: CSA, (2008)

As indicated above in the Table according to the 2007 Population and Housing Census, the population of Ethiopia has grown at an average rate of 2.6 percent between 1994 and 2007, a decrease of 0.2 percent from the annual rate during the previous period 1984-1994. As shown in table 3 above, the highest annual growth rate during the period of 1994-2007, was registered to Gambella region 4.1 percent followed by Beneshangul gumz 3.0, SNNP and Oromia growing at a rate 2.9. As indicated from the above data, the lowest annual population growth was listed in Amhara region which is 1.7 percent (CSA, 2008).

In Amhara regional state, a wide range of efforts have been made in the area of population and development by different stake holders including government and non government organizations. As a result, the following major achievements have been registered.

- Voluntary counseling and testing (VCT) Anti Retro Therapy (ART) and male condom utilization is increasing.
- The enactment of the National Population Policy of Ethiopia, Women's Policy, Education and Training Policy, the Health Policy, Youth Policy, the Policy on HIV/Aids, etc. These policies have addressed gender concerns in the respective sectors.
- The revised criminal code and family law in the region addressed women's human and reproductive rights.
- The establishments of women's Affairs machineries at federal, regional and at lower administrative levels.
- Guidelines for gender mainstreaming and gender budgeting have been developed and being utilized by various sectors.
- Increased girls school enrolment at primary level from 20 percent in 1993 to 81.1 percent in 2008 and at secondary education level increased from 7.1 percent in 1993 to 34.7 percent in 2009 (BoFED annual report, 2009)
- Increased participation of stake holders in population related programs (above 50 local and 30 international NGOs have been working in Amhara region).
- Increased awareness among policy and decision makers, communities on reproductive health and rights.
- Increased numbers of women at managerial and professional positions.
- As a result of several strategic information education communication efforts, awareness on family planning is high 87.7% and 90.1% among married women and men respectively. Although some positive trends in behavioral change among the community have been registered lack of in-depth knowledge hamper the effective utilization of available services.
- Information Education Communication (IEC) and advocacy materials such as manuals and supplementary books, magazines, brochures, leaflets, posters, electronic materials (radio and videos) in the region are produced by many implementing organizations.
- The establishment of, various institutions in the Amhara region, such as 5 health colleges, 17 hospitals, 194 health centers, 460 developing health

centers (clinic to health center) and 2619 health posts have a great contribution for the implementation of the National population policy of Ethiopia in the Amhara region.

- The increasing numbers of health extension agents, i.e. 6,570 health extension agents have been working in family planning, reproductive health services and other population related issues and this created opportunities for population policy implementation.
- Use of contraceptive methods tripled in the fifteen-year period between 1990 and 2005 from 5 percent to 15 percent. The increase is especially marked for modern methods which were more than double in the five years between 2000 and 2005. These modern methods are mostly attributable to the recent rapid rise in the use of injectables from 3 percent in 2000 to 10 percent in 2005. This injectable contraceptive method has greater preference to the clients than other contraceptives (injectable 71.9 percent, pill 18.7 percent Implants 1.7 percent IUD 0.3 percent and condom 0.1 percent (CSA, 2005).
- According to the Ethiopian Demographic and Health Survey of 2005, breast feeding is nearly universal in Ethiopia and the median duration of any breast feeding is long (25.8 months). Exclusive breastfeeding on the other hand is relatively short with a median duration of 2.1 months. Contrary to WHO recommendations, only around one, in three children age, 4.5 months is exclusively breastfed.

Table 5 Distribution of Amhara Population by year age, sex and percentage share

Year age	Sex			Percentage	Remark
	Total	Male	Female		
Region Total	17,214,056	8,636,875	8,577,181	100%	
0-4	2,331,480	1,175,944	1,155,536		
5-9	2,606,255	1,311,436	1,294,818		
10-14	2,4.1,338	1,235,295	1,166,643		
0-14	7,339,073	3,722,676	3,616,397	42.6%	44.9% at the national level
15-19	2,088,956	1,063,488	1,025,468		
20-24	1,473,332	719,851	753,481		
25-29	1,292,604	597,692	694,912		
30-34	966,300	474,079	492,221		
35-59	3,034,867	1,481,031	1,553,836		
60-64	366,670	172,469	164,201		
15-64	9,192,729	4,508,610	4,684,119	53.4	51.9 at the national level
65 and above	682,254	373,190	309,064	3.96	3.1 at the national level

Source: Compiled data from 2007 Population and Housing Census (CSA, 2008)

The rapid growth in population widened the labor force that grew at even higher rate then the growth rate of the economy. The working age population is located in the age group 15-64. The size of the working age population at the national level was 28.7 million in 1995 and it reached 33.8 million in 2000, and it projected to be 39.6 million in 2005. It comprises 53.2 percent of the total population and it is expected to increase in future both in absolute and relative terms (Getachew Minas, 2008).

As indicated in Table 5 above, among the total number of Amhara population 42.6 percent is located in the age group 0-14, which is 7,339,073 and 3.96

percent (682,254), is located in the age group above 65. Where as, at national level 44.9 percent (33,248,021) is located in the age group 0-14, and the population which is located in the age group above 65 is 3.1 percent. This group age category 46.2 percent in Amhara, and 48 percent at national level is dependent population. The working age population which is located in the age group 15-64 is 53.4 and 51.9 percent, in Amhara region and at the national level respectively (CSA, 2008).

3.2 General Information of the Institutions in Implementing Population Policy of Ethiopia in the Amhara Region

Regarding to the institutional arrangements in implementing the National Population Policy of Ethiopia in the Amhara region, (the researcher questions and the respondent’s response) the data was summarized in table 6, below.

Table 6. Responses of respondents on institutional issues

Item (Interview questions	Response	percentage of Respondents
Was a regional population council established in the Amhara region?	No population council established yet	90
	No information	10
Did the regional population council have a population program?	No population program	
How does the Amhara regional population council integrate the activities of population issues? please express your opinion	Individual stakeholders effort	100
What are the monitoring and evaluation mechanisms of the population issues of the Amhara region?	No evaluation and monitoring mechanism	100

Source: Compiled from personal interview

As indicated in Table 6 above, regarding the establishment of regional population council, except one respondent, the rest 90 percent of the

respondents in their interview answered that, no population council is yet established in Amhara regional state. The respondents in focus group discussion all from cases 01 to 06 responded that the regional population council is not established in the region yet. In the contrary a respondent from the Amhara Regional Bureau for Environment Protection and Natural Resources explained that, he had no information whether the population council is established or not. On the other hand all respondents in personal and group interview assured that there is no population program in the region. This implies that without population council, there can not be regional population program. Respondents were also asked to indicate about the integration of activities of population issues in the region. Accordingly, the indicated that, it is individual stakeholder's effort, in the absence of population program, donors and NGOs programs that are related to reproductive health services have not been used to coordinate population activities for fertility control. NGOs have been working in the area of reproductive health. On the other hand two respondents said that, NGOs were monitored by the Bureau of Health to check whether they stick to the policies or not. All the respondents, from the personal interview, and all members in group interview responded similar answers. According to their response, population activities are multi-sectoral in nature and could be complementary with sector policies, for example, the health, women, education etc policies address certain aspects of the population policy issues. In the case of monitoring and evaluation mechanism, they responded that no time for such a case i.e. no monitoring and evaluation program in the activities of population issues.

In general terms, regarding the institutional arrangements, all respondents have given similar answers, indicating that there is poor institutional arrangement regarding the population issue. The head of population affair core process explained that because of the multi-sectoral nature of the population policy, it was deemed necessary to create a regional population council. Though the council is responsible for the over all guidance and coordination of the policy in the region, it has never been established to perform its duties,

similarly, the zone and woreda committees that are responsible for population policy execution were not established too.

With regard to the issue the head of Labour and Social Affairs Bureau responded in the following manner.

It is clear for all that rapid population growth is a major factor that contributed to poverty by keeping the per capita income low the economy had never grown at a rate higher than that of the population. In my observation the population policy has been working with weak institutional arrangements. She expressed her feeling with the word “ስነ ህዝብ ፖሊሲ ስራው ባለቤት አልባ ነው፡፡”. This shows that population policy in Amhara region has no separate institution to carry out its duties and responsibilities.

From this point of view the researcher can understand that, population activities are depend on individual efforts of different stakeholders in the region. This means that the tasks are performed with some government sectors and NGOS. But the literature says, there shall be regional population council (RPC) to be chaired by the chief executive officer of the region or his representative. The members are nine, these are: the Head of Regional Office of population, the Head of Regional Bureau for Planning and Development, Head of the Regina Bureau for Health, the Head of Regional Bureau for Environment and Natural Resources, the Head of Regional Bureau for Information, the Head of Regional Bureau for Labour and Social Affairs, the Head of Regional Women's Affairs Bureau and Chairman of Regional Branch of the Family Guidance Association of Ethiopia Bahirdar Branch (TGE, 1993). Though the council and its responsibilities are listed in the policy document, it has not been performed practically, because it is not yet established.

This means due to the absence of population council and population program will definitely affect the realization of the goal of the population policy. It is through a comprehensive population program that significant achievements could be registered in a tangible manner.

Regarding the policy revision, all respondents agreed that the population policy is not yet revised. In their recommendation, the respondents indicated that, it is time now to revise the National Population Policy of Ethiopia, so as to incorporate new developments since it was first issued in 1993. The revision process should take in to account efforts made to achieve the goal and objectives of the policy and problems encountered in the process of implementation.

In the literature, regarding the structure at woreda level, it is indicated that, at this stage of the development of the country it is difficult, if not impossible, to visualize specialized structural arrangements of any meaningful degree of complexity at the woreda level, primarily because of the difficulties likely to be encountered in mobilizing the required technical expertise at this level (TGE,1993:27).

According to the researcher's view now (at this time) the capacity of woreda is developing, woreda has the power to have grants from regional government and has the expertise that have power to allocate its budget; therefore, there should be a well developed structure at woreda level. In the literature of this study, this is true that problems in the implementation of policy are common in all countries be it developed or developing. Implementation deficit may be due to inefficiency of requisite resources of time, money or man power, weak institutional arrangements and structures (Smith 2006).

3.3 Major Impacts to Population Policy Implementation

In order to understand the impact of challenges to population policy implementation, respondents were asked to answer the questions about the main problems to implement the National Population Policy of Ethiopia depending on

Population and Development

Reproductive Health

Gender

5.4 Information Education communications (IEC)

The respondent’s responses given to these questions are summarized in Table 7, below

Table 7, Response of respondents on interview questions on Population and Development

No	Item	Responses of the Respondents	Percentage of Respondents
5.1	What are the main problems in Population and Development?	Absence of stable and strong organizational arrangements	100
		Still rapid population growth fertility rate is high i.e. 5.1	100
		There are high dependency ratio (young dependency)	100
		highly degraded environment	50
		In adequate capacity in the area of population data collection research and training	100
		absence of vital registration	90
		Inadequate capacity of planners in integrating population variables in to development planning.	70

Source: Compiled from personal interview

As indicated in Table 7 above, regarding to the main problems in population and development, 100 percent of respondents answered that, absence of stable and strong organizational arrangements for the coordination of the implementation of the National Population Policy of Ethiopia in the Amhara region is the main problem; there are high dependency ratio (young dependency; still rapid population growth, fertility rate is high; inadequate capacity in the area of population data collection research and training; out of 10 persons interviewed, 70 percent of them reported that, there is inadequate capacity of planners in integrating population variables in to development planning. 50 percent of the respondents said that population increase follows highly degraded environment. Here, the findings showed that, all the points raised by respondents were believed by majority of the participants. Therefore, the problems are really obstacles in the area of population and development.

Table 8, Response of respondents on interview Questions on Reproductive Health and gender

No	Item	Responses the Respondents	Percentage Respondents
5.2	Problems in Reproductive Health	- Donor dependent reproductive Health commodities	100
		- In sufficient coordination	100
		- Wide spread traditional and cultural beliefs	100
		- High attrition of Health Professionals	60
5.3	Problems in Gender	- Lo level of literacy among women	100
		- Low socio economic status and decision making power of women	100
		- Heavy of gender based violence	100
		- Existence of gender based violence	70
		- Low level of awareness among the public on the revised family and criminal laws	40
		- Limited access of women to information and technological innovations	50
		- Limited involvement of men, in domestic activities including child care, still patriarchal set up of male are existing in the Amhara region	100

Source: Compiled from personal interviews

As indicated above in Table 8, attempts have been made to assess problems in reproductive health, 100 percent of the respondents indicated that, there are donor dependent reproductive health commodities; Insufficient coordination between government organizations, NGOs and private sectors; there are also wide spread traditional and cultural beliefs and practices affecting reproductive health services. Out of 10 persons interviewed 60 percent of them said that, in the area of reproductive health, there are high attrition rate of health

professionals. In addition to these participants, in focus group discussion raised that, the above problems are existing in the area of reproductive health.

In order to understand the problems in the issues of gender, respondents in this study, were asked to indicate their responses. As indicated in Table 8 above, 100 percent of the participants explained that, there are low level of literacy among women; low socio-economic status and decision making power of women; heavy work load on women that prevent them accessing health services even where services are available; limited involvement of the domestic activities including child care, still patriarchal set up of male are existing in the Amhara region. Out of the 10 persons interviewed, 70 percent of them said that, existence of gender based violence affecting women's rights of health and advancement. The findings also showed that all the study participants supported the ideas that are listed above. As the result indicated, men are the primary decision makers on issue related to fertility and fertility control.

It is true in the literature, if men are not open to use modern family planning methods, then the women are greatly limited in their own discussion and approval of family planning methods utilization (Abebe Gizaw, 2009). This shows that, though changes are there, patriarchal set up of male is still existing in the region. These problems also contributed for the low achievement of population policy in the Amhara region.

Table 9. Response of respondents on interview questions about Information Education communication. (IEC).

No	Item	Responses Respondents	Percentage of Respondents
5.4	What are the problems in the issue of IEC?	- Most of the current information education efforts concentrate on raising awareness and not on behavioral changes	100
		- Lack of trained staff supervision, monitoring and coordinating capabilities, office equipment and adequate budget	100
		- The roles and contributions of mass media are very limited in supporting advocacy efforts in the area of population	70
		- In adequate advocacy efforts to policy and decision makers and donors to implement the policy	30

Source: Compiled from personal interview

As indicated, above respondents were asked to answer questions about the problems in the issues of information education communication. 100 percent of the participants believed that, most of the current information education efforts concentrate on raising awareness and not on behavioral changes; and lack of trained staff supervision, monitoring and coordinating capabilities, office equipment and adequate budget. On other hand 70 percent of the respondents said that the roles and contributions of mass media are very limited in supporting advocacy efforts in the area of population. In addition to this 30 percent of the participants said that, there are inadequate advocacy efforts to policy and decision makers and donors to implement the policy.

In addition to the above findings, the head of Population Affairs Core process said that since the population activities are multi-sectoral in nature less

attention is given on the side of the government. According to the respondent response, the government did not commit to establish the institutions that listed (envisaged) in the population policy.

Chairman of Family Guidance Association of Ethiopia Bahirdar branch in his response said that, patriarchal set up of male, cultural factors such as religion and traditional teenage marriage highly influence reproduction and affect the utilization of family planning in the Amhara region.

According to the representative of Education Bureau, there is low level education of women. It is clear that, education gives women the opportunity of decision making on such matters as how and where to obtain family planning and other social services and not to enter in to traditional marriage. The respondent who is the representative of Bureau for Environment and Natural resources responded that, one of the problems in implementing population policy of Ethiopia in Amhara region is the attitude of the people and economic trends, it is true that in agrarian society and in countries with low per capita income, children are highly valued as economic assets that contribute to the labour force. Respondents in group interview also assured that the problems that raised above by personal interview participants were real problems.

In the literature, among the major factors contributing to population growth: increased fertility rate in the country, low participation of women in education is the basic one, this low participation is mainly followed from the persistent gender inequality, lack of independent income and poverty (MoFFED, 2006).

The other question in this category in which respondents were asked to answer was "Is there enough resources (financial, human and material) to implement the population policy in Amhara region". The responses given to this question indicated that there are no enough resources for population policy implementation in the Amhara region, no enough qualified personnel whether in relation to quality and quantity. According to respondents, there are high attrition rate of health professionals and high employee turnover in the Population Affairs Core Process. With regard to budget, respondents said that,

the government’s budget for population program is inadequate and most population programs including information education communication /Behavioral change communication and advocacy are mainly financed by donors, hence the extent and coverage of interventions vary with the availability of external funds. In addition to this, the head of Population Affairs Core Process responded that there are no enough vehicles to facilitate population issues in the region. He also added that the regional government didn’t allocate budget for population issues except for salary.

The above findings are also triangulated by focus group discussion respondents. According to researcher’s view, the causes of the problems encountered were: due to the weak institutional arrangements, the non existence of regional population council and the absence of population program.

As IGNOU (2006) noted in Christopher Hood problems that Occur in the policy implementation are due to lack of institutional capacity, lack of qualified personnel and financial resources, pressure of time, lack of administrative will and motivation, lack of coordination and cooperation and public involvement in policy implementation.

Table 10, Response of respondents on interview questions regarding resources and the commitment of political leadership

No	Item	Responses of Respondents	Percentage of Respondents
6	Are there enough resources to implement the National population policy of Ethiopia in the Amhara region?	- There are no enough resources	100
7	What about your opinion about the commitment of political leadership to implement the population policy in the Amhara region?	There is lack of political commitment for population issues	90
		Leaders are committed	10

Source: Compiled: from personal interview questions.

As indicated in table 10 above, except the representative of the president, the rest 90 percent of the respondents assured that there is lack of political commitment for population issues. But the head of the representative office of the president said that, the political leadership has been performing its roles, the policy was issued, and implementation should be expected from bureaucrats and experts

In this regard, the head of Population Affairs Core process explained that, there is lack of commitment from the side of political leaders; they have little attention to wards population issues. According to him the above problems were the results of poor feed back in implementing population policy in the region. As explained previously the population council not yet established and the policy also was not revised.

The respondents in focus group discussion agreed that there is lack of political commitment for the implementation of the National Population Policy of Ethiopia in the Amhara region. As one respondent indicated that coordination of policy implementation activities across sectors in the region has been poor and the down line leadership skills have not been adequate to guide and direct the policy implementation activities. This is true in the literature, for any policy to implement effectively political and executive support for successful implementation of the policy goals, adequate personnel and financial resources are also essential (Thomas dye 1984).

3.4 Impacts in Using Contraceptive Prevalence Methods

Table 11, Response of Respondents on interview questions regarding impacts in using contraceptives prevalence methods

No	Item	Responses of Respondents	Percentages Respondents
8	In your view what are the main problems that impede contraceptive tools?	- Not delivered by regional governments	70
		- donor dependent	70
		- insufficient coordination between government, NGOs and other stakeholders	70
		- wide spread traditional beliefs	70
		- low level of literacy among women	10
9	were the contraceptive tools accessible to all people in the region?	- Not supplied according to the clients preference	90
		no delivering problem	10
10	Are there enough supply up to grass root level of the population?	- No enough supply	80

Source: Compiled from personal interview questions

As indicate in Table 11 above, in order to understand factors that impede contraceptives, respondents in this study were asked to the problems regarding to contraceptive tools in the Amhara region. According to their responses, 70 percent of the respondents indicated that the contraceptive tools are not adequately addressed the needs of special groups (youth and adolescences young couples), the unmet needs are increasing in the region (almost 30

percent and above). 70 percent of respondents in personal interview reported that contraceptive tools have not been delivered by the regional government; still it is donor dependent commodities, there is insufficient coordination between government organizations NGOs and other stakeholders wide spread traditional and cultural beliefs and practices are also affecting the use of contraceptives. Though Information Education Communication and advocacy have been undertaking by different stakeholders in the region, the religious leaders still hinder the program especially in remote areas of the region.

As one informant pointed out, in personal interview there is low level of literary among women, low socio-economic status and decision making power of woman hinders them in using contraceptives. Based on the information obtained from focus group discussion, heavy work load on women prevented them in accessing health services even when services are available. In addition they indicated that the existence of gender based violence affected women's rights of health and advancement. On the other hand limited access to information and technological innovations is one of the factors in using contraceptives.

Regarding the accessibility and supply of contraceptives, most of the respondents answered that (90 percent), due to the geographical environment and dispersed population of the Amhara region and infrastructure problem, clients sometimes faced delivering services and they could not get the tool according to their preference. For instance most of the women have preferred injectables but the supply may be pill or other tablets, this problem leads them to unexpected pregnancy. According to the respondent's response, there are more problems in delivering and supplying contraceptive tools, though the health extension agents have been started working in each kebeles. However only one of the respondents answered that there are no delivering problems. But based on the information obtained from focus group discussion, all members confirmed that there are problems in delivering and supplying of contraceptive tools.

According to the key informants, the reasons for the discontinuation of contraceptive tools include: due to the problems of its side effects, inconvenient to use, became pregnant while using, husband partner disapproval, health concerns, lack of access /too far and wanted more effective method.

Similar findings were also reported from other parts of Ethiopia, majority of the rural residing participants said that contraceptives are not widely used because of various fears of side effects; they thought that the tools are very much harmful to their health. Men in Asosa complained that contraceptives have adverse effects during pregnancy and hence not very suitable for the women (Brook and shabbir.2000).

On the hand Samson Gebre (2006) on his thesis also suggested that empowering mothers in education, income, decision making and involving men in family planning programs as a remedy to over come high fertility.

3.5 Population policy implementation problems in view of targeted individual institution (Regional Bureaus)

The researcher asked questions to the head of Regional Bureau for Planning and Development, about the activities of his organization relating to the implementation of population policy in the Amhara region.

He reported that their role is coordinating the population issues and consolidating information and reporting, regarding the problems a respondent said that, since the population council is not established it hinders for the effective implementation of the population policy. Regarding the reasons why the regional population council was not established he said that, they are waiting for the National Population Council to be established at the country level, (it is not also established yet). On the gaps of policy implementation the respondent believed that lack of coordination between stakeholders, weak institutional arrangement (it is not strong from national up to woreda level), absence of follow up and evaluation systems and absence of population program would definitely affect the realization of the goal of the policy. In

addition to this a respondent said that fertility rate in the Amhara region is still high and the population is still growing fast due to its young age structure. This results in high dependency which frustrates efforts to reduce poverty.

In order to know the problems that impeding family planning the researcher asked questions for the representative of Bureau of Health and the Chairman of Regional Branch Association of the Family Guidance Association of Ethiopia. Both participants pointed out similar answers. According to their responses, ensuring reproductive health commodity security of the region is the major challenge they need to be resolved, if we need to attain the goal of fulfilling the unmet need of family planning users. Contraceptives are imported commodities and hence require foreign currency, international procurement protracted transportation and custom clearance. These coupled with a great deal of donor dependency; usually widen the demand supply gap in contraception especially in relation to the latest contraceptive technologies which are costly. In general, in Amhara region inject able form of contraception is coming out as a predominant favorite, thus the potential for expanding this method will need to be explored both to meet potential demand for this method (It is not supplied enough according to the client preference). The other problems in family planning that the respondents pointed out are economic trends, low status of women, low literacy of women and cultural factors.

According to the two respondent's response to avoid or minimize such problems, there are no incentive mechanisms for those who use family planning properly and maintaining their families.

In the literature review of this study, it has been discussed that, successful population control in china comes with its own risks as well as rewards. Although rapid growth and coercion in family planning may account for part of china's drop infertility; other factors include greater female literacy, improved child health and greater economic opportunities for women. These have also been factors in the strong success in fertility reduction in the Indian state of karala. Population and family law of china article 27 listed that, the state shall issue to a couple who volunteer to have only one child in their life time a

“certificate of Honour” for a single child parents and also incentives (Todaro and Smith, 2006).

The representative of Bureau of Communication Affairs was also asked to answer questions, “What types of media your organization use regarding population policy implementation, to address information to all levels of the region and was the population policy given equal attention as other policies in getting appropriate air time”. The participant said that since the launching of the population policy, both the electronic (particularly radio) and print media transmit regularly population related messages in various formats. According to him, the organization also distributes news papers with the name “Hidase” monthly. 15 thousand copies have been distributed freely up to grass root level of the government structures. Press conference and panel discussions were undertaken with related population issues. He also added that lack of access to radio (most of the rural people have no radio) high number of illiteracy is among the problems in media coverage systems.

In addition to this, he believes that most messages concentrate on raising awareness, sharing facts and instructing audiences about what they should and should not do. Too many of the implementing institutions information Education Communication and advocacy means producing and distributing print materials (brochure, flyers, leaflets, etc) and posters. According to the view of a respondent, these print materials are usually text heavy and fact-oriented. It is questionable how many people read and understand print materials and posters in the predominantly rural community where the literacy rate is very low. Similarly, most of the interpersonal approaches are didactic few are interactive and participatory. This means according to the researcher’s view and from respondent report most the current Information Education Communication and advocacy messages are not based on formative audience research and the materials produced are not adequately protested. The representative of Bureau of Communication Affairs also responded that the population issues didn’t give equal attention as other sector policies. This shows that the population policy has no responsible institution to follow, monitor and evaluate about its implementation.

The head of Bureau of Labour and Social Affairs responded that about their role in population activities, though they are initiated to work the activities, the political leaders informed them that the population policy issues are not their concern. This shows that in population policy implementation the Amhara region has given poor attention.

On the other hand the vice head of Bureau for Education was asked to answer “Does the Education Bureau introduce population and family life education in the curricula of junior and senior secondary schools and in the higher institution of learning?” The respondent stated that population and family life education issues are not integrated in higher learning institutions, he also reported that there is an on going program to integrate population family life education in to the curricula of primary, secondary, vocational and non formal education. But in the policy document it is listed that, population and family life education shall be incorporated in the curricula of all education levels (TGE, 1993). This problem also shows lack or commitment of the leadership as they couldn’t give attention towards population policy implementation.

The vice head of Women Affairs Bureaus was also asked questions “Does your organization observe problems to protect women in using contraceptive tools? Is there patriarchal set up of male in the Amhara region, are men involved in family planning?”. The respondent answered that there are patriarchal set up of male in the region especially in remote rural areas. There is limited involvement of men in domestic activities including child care. Though some of them are in the process of doing, most men are not involved in family planning. From this idea the researcher can understand that there is inadequate capacity and low awareness on the laws related to reproductive rights and women’s empowerment among law enforcing bodies.

3.6 Regarding to Future Betterment of the Population Policy Implementation and other Raised Issues in the Amhara Region

Respondents (10 members of personal interviewees and 6 members of group interviewees /focus group discussion/ were asked to respond about the measures to be taken in future to implement the population policy in the Amhara region properly.

The participants' responses are summarized below:

- The first main idea that was pointed out by all respondents showed that the population policy should be revised. The revision process should take in to account efforts made to achieve the goal and objectives of the policy and problems encountered in the process of implementation.
- The regional population council should be established and the institutional arrangement should be strong.
- There should be regional population program. The absence of population program will definitely affect realization of the goal of the policy.
- The coordination of the public organization, donors, NGOs and the commercial sectors is essential to ensure access to reproductive health or family planning services.
- In addition to NGOs, the government also should be involved in supplying contraceptive tools.
- There should be integration of population and family life education issues in the curricula of junior and Secondary schools and in the higher learning institutions.
- Women's participation in management and decision making should be improved.

- Commitment and support of government, community and opinion leaders as well as development partners for effective implementation of the National Population Policy in the region should be encouraged.

Particularly, out of the 10 persons interviewed, 30 percent of them reported that the regional government should take in to account about the population issues. Uncontrolled population growth leads to extreme poverty. To implement the population policy effectively there should be adequate system for monitoring, evaluation and feed back. Men play a dominant role in the decision making process in the Amhara /Ethiopian/ society, so their influence on reproductive decisions within the family has significant implication for reproductive health. In order to reduce such problems, programs should be designed to promote male involvement in reproductive health.

Two of the respondents recommended that, there should be separate institution for population matter from Federal up to woreda level. But one respondent opposed this idea, according to him, since population activities are multi-sectoral in nature and could be complementary with other sector policies; therefore, there should not be the need of separate institution. But respondents in focus group discussion stated that, there should be separate institution to implement the population policy effectively in all level of the government. Regarding the role of stakeholders, all the participants believed that, there should be a program, to show their role and implementation modalities clearly, the direction of evaluation and reporting systems which will be indicated in the program. The role of civic societies and other stakeholders in population affairs should be stated in the law.

As in the literature discussed, NGOs have been encouraged to work and contribute to the fulfillment of the goal of the National Population Policy of Ethiopia in Amhara region. In turn, the NGOs have rendered their services in various fields of population and within their mandates. Most of them were engaged in reproductive health services, mainly provision of contraceptives (Hiruy, 2004). In this context NGOs used the population policy as a lodestar that guided their activities. In all round, the role of government, coordinating

agencies, executing agencies and implementing agencies should be clearly defined by legal means. Such specification of roles is useful to indicate accountability, responsibility and transparency at all levels of government structure.

The last scheduled interview questions in which respondents were asked to recommend their opinion was about 2007 Population and Housing Census result of the Amhara region. Annual population growth rate is 1.7 percent, as indicated in the achievement session; it is the lowest of all federal states. Most participants believed that, for any country, variables that affecting population growth are birth, death and migration. It is miracle that the Amhara region population growth rate is 1.7. According to the 90 percent of respondent's response, there is no rational that makes Amhara region unique from other Ethiopian federal states in terms of annual population growth rate, instead it is similar with other regions..

As respondents pointed out, there are also other indicators i.e. fertility rate of Amhara region is 5.1 children per woman. Default may create in one place in the process of census. Participants in focus group discussion believed that the enumeration is unbelievable.

One participant, in his response labeled in the following manner

I feel tired when I heard the result. 1.7 percent annual growth rate is very much under estimated. It is even below Addis Ababa and Dire dawa cities “ምን አዲስ ነገር ተገኝቶ ነው የአማራ ክልል ሀዝብ አንፃራዊ ባልሆነ መንገድ የቀነሰው በተአምር አላምንም”

Out of 10 persons interviewed in personal interview 90 percent of them, and in group interview all the 6 respondents didn't accept /didn't believe the census result of the Amhara people. But one respondent in personal interview said that, the enumeration is not sampling, it is clear that the whole population were enumerated. Though the annual growth rate is very small since it is enumerated officially, we must accept the result.

According to 2007 Population and Housing Census result, total fertility rate of Amhara is 5.8, Tigray 5.2 Oromia 6.5 and SNNP 6.4. This was calculated with the help of the method called “Arriaga”. Where as it was calculated by the method of “Gompertz” total fertility rate of Amhara 5.9, Tigray 5.7, Oromia 6.0 and SNNP 6.0 (CSA, 2009). Based on the information obtained from Central Statistics Authority the reduction of Amhara population was not due to fertility reduction but due to death and migration. I think this logic as per my understanding is not convincing, though inter-censal survey may take place. The Ethiopian population has grown at an average rate of 2.6 percent between 1994 and 2007, a decrease of 0.2 percent from the annual rate during the previous period 1984-1994. The highest annual growth rate during the period 1994-2007 from the federal state indicated that, Gambella region is 4.1 followed by Beneshangul gumz 3.0 SNNp and Oromia 2.9. The lowest annual growth rate is in the Amhara region which is 1.7 percent (CSA, 2008).

In the literature review of this study, it has been noted that, Africa now has the highest crude birth rate of any continent. Sub-Sahara Africa currently exhibits a population growth rate of 3.1 percent per annum, a level which results in a doubling of population in about twenty two years. This compares with a rate of 2.5 percent in North Africa, 2.8 percent in Middle East, and 2.1 percent in Latin America, 1.9 percent in Asia as a whole, 0.8 percent in North America and 0.2 percent in Europe. This shows that developed countries have strong population program in maintaining their population and they are well informed that decreasing population growth means fastening economic development (Mafeje and Kadwan, 2004).

From the respondents view and the literature, it can be concluded that the Amhara annual population growth should be triangulated and the policy makers also should give attention on it (the Amhara region population should be re enumerated). Adjustment should be needed, though inter-censal survey would take place.

Chapter Four

Summary of findings, Conclusions and Recommendations

4.1 Summary of findings

4.1.1 Outcome of the National Population Policy of Ethiopia in Amara Region

The general objective of the study was to identify the achievements, challenges and gaps in implementation of the National Population Policy of Ethiopia: in the Amhara region. In order to achieve the objectives of the study, 10 persons were interviewed in personal interview and 6 persons were interviewed in group interview (focus group discussion). After data gathering, analysis was made step by step by creating teams to the scheduled interview questions.

In this study attempts has been made to assess major achievements of the National Population Policy of Ethiopia in the study area. Achievements are presented here with the reference to major targets set in the policy document. As a result, the following major achievements have been registered.

- ❖ At national level total fertility rate declined to 6.7, 6.4 and 5.4 in 1994, 1998 and 2005 respectively. Where as, in the Amhara region, total fertility rate was declined, from 6.7, 5.9 and 5.1 in the year 1994, 1998 and 2005 respectively.
- ❖ The next main target of the population policy was to increase contraceptive prevalence rate from 4.0 percent in 1993 to 44 percent in year 2015. At the national level the Demographic and Health Survey reported that contraceptive prevalence rate is 15 percent, where as the Amhara region contraceptive prevalence rate is increased to 16 percent. Most of the increase of contraceptives rate was attributed to wider use of pills and injectables.
- ❖ On other hand, one of the specific objectives mentioned in the population policy is the reduction of maternal and infant mortality. Infant mortality

has declined by 19 percent over the past 15 years from 95 deaths per 1000 live births to 77. Maternal mortality is declined from 871 (2000) to 673 (2005) deaths per 100,000 live births (CSA, 2005). Though efforts have been made by government institutions and NGOs to reduce maternal, infant and child mortality, there were no specific targets set in the policy for reduction of mortality rates, thus measurement of performance to ward set targets seems difficult. In the study area efforts have been made to reduce maternal, infant and child mortality at all levels, a growing number of NGOs and public health facilities were created to deliver reproductive health and family planning service at all levels of the region.

- ❖ The other target of the population policy is the reduction of annual population growth rate. At the national level the population growth decreases from 3.1 in the year 1984 to 2.8 percent in year 1994, recently it reduces to 2.6 in the year 1994-2007 (CSA, 2008). The highest annual growth rate during the period 1994-2007 is indicated as, Gambella region 4.1 percent followed by Beneshengul gumz 3.0, SNNP and Oromia growing at a rate 2.9. The lowest annual population growth is in the Amhara region which is 1.7 percent. In the Amhara regional state, in the area of population and development, a wide range of efforts have been made by different stake holders, government and NGOs.
- ❖ Girl's school enrolment at primary level increased from 20 percent in 1993 to 81.1 percent in 2008 and at secondary education level increased from 7.1 percent in 1993 to 34.7 percent in 2009. Guide lines for gender mainstreaming and gender budgeting have been developed and being utilized by various sectors. Increased participation of stakeholders in population related programs in the study area. The increasing numbers of health extension agents, the establishment of various institutions have a great contribution for the implementation of the National Population Policy of Ethiopia in the Amhara region.

4.1.2 Major Impacts of Population Policy Implementation in Amhara Region

Some of the important findings from the analysis showed that, regarding the major impacts in implementation of the National Population Policy of Ethiopia in the study area are: rapidly growing population and high youthful dependency population. This rapid population mainly fuelled by high fertility (5.1) is seriously affecting citizens and house holds livelihoods and the regions effort at sustainable development and poverty reduction. Though on the decline, as indicated in the previous chapter, the population growth is still high. Notwithstanding efforts have been made by the regional government to support basic social services such as education, health, water and other services, there is a lot to be done to further improve these services. High fertility is also affecting women's lives and empowerment, which is important for the economic development of the region. The rapid increase in population also contributes to environmental degradation, rural-urban migration and unemployment (CSA, 2005). The result of the study also showed that other problems of population policy implementation in Amhara region is the absence of Regional Population Program. It is through effective Regional Population Program that significant achievements could be registered in a tangible manner.

It is believed that to improve the quality of life of the region people in the region by reducing mortality, empowering women, alleviating the pressure on environment and enabling the people and government to achieve sustainable development. Though, it is vital, as all respondents assured that, no population program yet in the region.

The regional office of population (now core process) was either non-existent or inefficient. According to the result of the study, inefficiency was witnessed during the implementation process in the regional office of population that was handicapped due to shortage of qualified staff, material and counter part budget. The regional government of Amhara has expressed its commitment not only establishing the population office, but also in providing the necessary

resources for the implementation of the policy. This office (core process) was given the required budget staff and materials to work with. It is also clear that; population programs in the country were mainly externally financed. Donors, both multi lateral and bilateral, provided funds for financing population activities in the country. Respondents in the study region assured that, the regional population activities are donor dependent reproductive health commodities. The donor's budget was not also delivered on time. The time lag between program formulation signing of document between government and donors is too long and it puts a break on the flow of fund to the region.

Low level of literary among women, low socio-economic status and decision making power of woman hinders them in using contraceptives. Based on the information obtained, heavy work load on women that prevent them accessing health services even when services are available. In addition, the existence of gender based violence affecting women's rights of health and advancement, limited access to information and technological innovations is one of the factors in using contraceptives.

4.2. Conclusions

In light of the findings made, the following conclusions are forwarded

- ❖ Challenges and constraints in implementation of the National Population Policy of Ethiopia in Amhara region are: rapidly growing population and high youthful dependency Population, inadequate resources such as qualified personnel, budget, office equipment and vehicles; low commitment of political leadership; inadequate capacity of planners integrating population variables into development planning; low contraceptive prevalence rate and huge unmet need for family planning; and the roles and contributions of mass media are very limited in supporting advocacy efforts in the area of population and inadequate advocacy efforts to policy and decision makers and donors to implement population policy.
- ❖ The impacts in using contraceptive methods are: inadequate supply; wide spread traditional and cultural beliefs and practices still affecting

reproductive health behavior and donor dependent reproductive commodities; low socio economic status and decision making power of women; low level of literacy among women and heavy work load on women; existence of gender based violence affecting women's rights of health and advancement; though there are changes, patriarchal set up of society is still existing; and side effects, inconvenient to use and husband partner disapproved.

- ❖ Major gaps of the population policy implementation in the study region are: weak institutional arrangements, coordination between stakeholders responsible for the implementation of the population policy is weak; the regional population core process affairs was not organized in a manner that allows functioning as coordinating agent of the population activities; inadequate or weak monitoring and evaluation process to measure progress; population and family life education issues are not integrated in the curricula of higher learning institutions and TVET; and there were gaps in the proper use of data from census survey and administrative records (studies conducted and its use for policy and plan formulation and evaluation).

4.3 Recommendations

In light of the findings and the conclusions made, the following recommendations are forwarded

- ❖ First and for most, there should be strong institutional arrangement. The regional population council and woreda committees should be established, since they are responsible for population policy implementation. The institutional arrangement in which the regional office currently operate needs to be improved to enhance the implementation process.
- ❖ Revision of the population policy: it is the time now to revise the National Population Policy of Ethiopia so as to incorporate new developments, since it was first issued in 1993. The revision process should take in to account

efforts to be made to achieve the goal and objectives of the policy and problems encountered in the process of implementation.

- ❖ Parallel with the revision of the National Population Policy, it is necessary to develop a comprehensive regional population program that serves as a vehicle for the achievement of revised policy goal and objectives.
- ❖ The roles of Government, coordinating agencies, executing agencies and implementing agencies should be clearly defined by legal means. Such specification of roles is useful for authority, accountability, responsibility and transparency at all levels of government structures. The role of civic societies and other stakeholders in population affairs should be clearly stated in the law and demarcating the role of NGOs. Coordination cooperation and collaboration among agencies that are responsible for population activities are the key for success in the field of population
- ❖ There should be provision of resources: since population policy and program implementation require resources, it is absolutely necessary to provide adequate financial, human and material inputs at the disposal of implementing agencies.
- ❖ Population program and activities should have inbuilt monitoring and evaluation mechanisms for measuring performances and follow up to ward achieving stated goals and objectives.
- ❖ Improving government budget allocation is needed to ensure allotment to the strengthening of reproductive health and health systems. Since Population issues are the base for development, besides development partners, the government should give support to explore mechanisms for the scaling up of successful family planning projects by sharing experiences and net working.
- ❖ It is necessary to increase the awareness of leaders, planners and staffs on the interrelationships between population and development in order to enable them appreciate the nexus between the two. In addition, enhanced

knowledge and change of behavior of women /families/ other community members, influential people and providers to increase utilization of services.

- ❖ Gender mainstreaming should be the focal point of social and economic development of the region. Therefore, there should be a need to improve women's participation in management and decision making.
- ❖ Support and commitment of government, policy and decision makers, community and opinion leaders as well as development partners is needed for effective implementation of the National population policy in the Amhara region
- ❖ There should be commitment and support of policy and decision makers to integrate population and family life education and TVET curriculum and continuous professional development.
- ❖ The most acceptable communication methods and strategies recommended by communities are utilization of religious institutions, schools, and local community organizations, peer education extensive use of appropriate information education communication materials, effective use of mass media as well as the traditional media and role models should be facilitated.
- ❖ The capacity to formulate population programs and projects should be developed through continuous training of staff. Such training should include not only formulation, but also project implementation, follow-up, monitoring and evaluation and developing the ability to act on reports.
- ❖ All segments of the population in the region should be targeted for reproductive services; contraceptive tools should be delivered according to the preference of clients in order to reduce low contraceptive prevalence rate and huge unmet need for family planning.
- ❖ Motivation program should be scheduled for those couples who use contraceptive methods effectively.

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Appendix I

Addis Ababa University Faculty of Business and

Economic MPA program

Interview questions designed to gather information from the Amhara regional population office.

Objective: this interview Schedule is prepared by the student of Addis Ababa University masters program on public administration (MPA) its objective is to study” Achievements, Challenges and gaps on implementation of the National population policy of Ethiopia: In Amhara region”.

Thus Considering its importance you are kindly requested to give your collaboration and support and I would like to thank in Advance

Issue of Confidentiality

I assure you that any information collected here will be strictly kept confidential.

A. Personal profile of the respondent

- I. Name of the organization -----
- II. Name of the person (representative) interviewed on behalf-----
- III. Position -----
- IV. sex-----
- V. Education level-----

B. Contents of the interview

- I. Regarding to the general information of institutional arrangement of the study region.
 - 1. Did the regional population council established in the region?
 - 2. Did the regional population council have a population program?

3. How the Amhara regional population council integrate the activities of population issue? please express your opinion
4. What are the monitoring and evaluation mechanism of the population issue of the Amhara region?

II. Regarding to the barriers of population policy implementation

5. What are the main problems to implement the National population policy of Ethiopia in the Amhara region depending to the following issues?

Population and Development

Reproductive Health

Gender

Information Education communication

6. Are there enough resources (financial, human, material) to implement the National Population Policy of Ethiopia in the Amhara region? How do you express it
7. What about your opinion about the commitment of political leader ship to implement the population policy in the region?

III Regarding to contraceptive prevalence

8. In your view what are the main problems that impede contraceptive tools in the Amhara region?
9. Did the contraceptive tool are accessible to all people in the region?
10. Do you think that are there enough supply up to grass root level of population?

V For future betterment of population policy implementation and other issues

11. What measures should be taken in the future to implement the population policy in the region? Please give your view and recommendation as per your understanding?
12. What should be the role of all stakeholders?
13. Would you please give your opinion about 2007 population and housing census of Amhara region? It was reported that annual growth rate of the population is 1.7 percent; it is the lowest of all federal state.

Appendix II

Interview questions designed to gather information from all members of Amhara regional population council

Part one

Common interview Questions to all council members of the region

- I. Regarding to the general information of institutional arrangement of the study region.
 1. Did the regional population council established in the Amhara region?
 2. Do you know that the regional Population council has a population program?
 3. Please give your opinion how the Population issue is integrated and implemented?

II Regarding to the barriers to population policy implementation

4. What are the main problems to implement the National population policy of Ethiopia in the Amhara region depending on the following issues?
 - Population and Development
 - Reproductive health
 - Gender
 - Information education communication
5. Are there enough resources (financial, human, material) to implement the National population policy of Ethiopia in the Amhara region? How do you express it
6. What are the main problems that hinder contraceptive prevalence in the Amhara region? Please express your feeling concerning it?
7. What about your opinion regarding to the 2007 population and housing census of the Amhar region?

Part two

Individual interview questions for each member of regional population councils

A. To the Head of the Regional Bureau for Planning and Development

1. what are the activities of your organization related to the implementation of population policy in the Amhara region? what are the problems regarding to the activities?
2. How your organization evaluates and monitors planning activities in various sectors for the purpose of population policy implementation? What are the gaps and problems in this section?

B. To the head of the Regional Bureau for health

1. What are the problems, in family planning services at all levels of the health services delivery stations? Is it accessible to all areas of the region?

C. To the Head of the Regional Bureau for Education?

1. Did the Education Bureau introduce population and family life education in curricula of junior and senior secondary schools and in the higher institution of learning? What problems observed here?

D. To the Head of Regional Bureau for Information

1. What type of media your organizations use regarding population policy implementation, address information to all peoples in the region? Are there sufficient coverage?
2. Would the population policy be given equal weight as other policies in getting appropriate air time? What are the problems encountered here?

E. To the Head of the Regional Bureau for Labour and Social Affairs

1. What are the roles of your organization regarding population issues in collaboration with governmental and non governmental agencies? Express the problem?

F. To the Head of Regional Women's Affairs Bureau

1. Did your organization observe problems to protect Women's are using contraceptive tools? Is there men's patriarchal set up of male in the region? Are men involved in family planning?

G. To the Chairman of the Regional Branch Association of the family Guidance association of Ethiopia

1. What is your opinion in expanding net works of family planning service delivery? Is it accessible to all people at grass root level for un reached communities? What problems do you observe?

Appendix III

focus group discussion /group interview/ designed to gather information from six Amhara regional Bureau professionals(experts).

Contents of the group interview questions

Theme 1. Would you give information that you have about the institutional arrangement of the Amhara Region?

- a. Was the Amhara regional population council established?
- b. Did the council have a population program?

Theme 2. What are the main problems to implement the National population policy of Ethiopia in the Amhara region depending on the following issues?

- 2.1 Population and Development
- 2.2 Reproductive Health
- 2.3 Gender
- 2.4 Information Education Communication

Theme 3. What about your recommendation on the following issues?

- 3.1 Commitment of the authorized bodies for the implementation of the National population policy of Ethiopia?
- 3.2 About budget, qualified personnel and other resources for implementation of the population policy

Theme 4. Regarding to use of contraceptives

- 4.1 what are the problems that impede different contraceptive tools in family planning
- 4.2 Do you think that problems from supply and demand side? It is accessible?
- 4.3 What about the attitude of the people religious leaders towards contraceptives tools

Theme 5. What about your opinion about the gaps on implementation of the National Population policy of Ethiopia in the Amhara region?

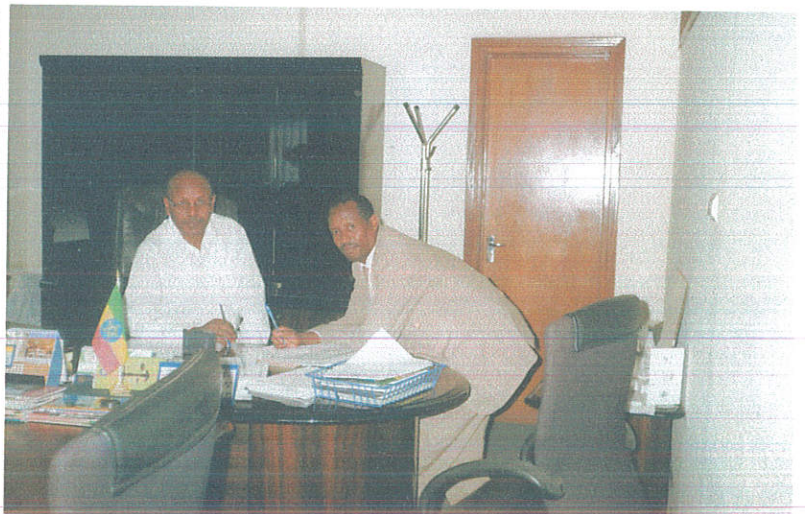
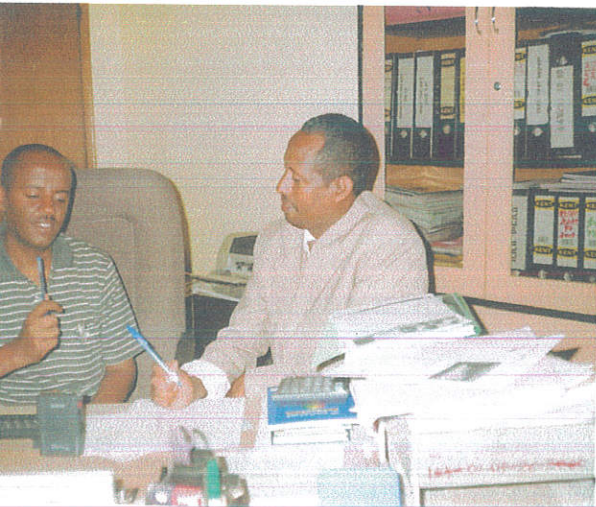
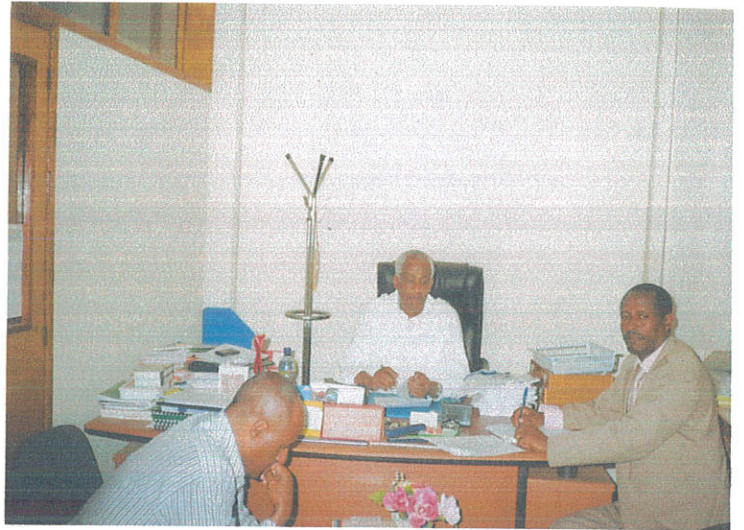
5.1 About coordination between different stake holders

5.2 Do you know that the population policy was revised?

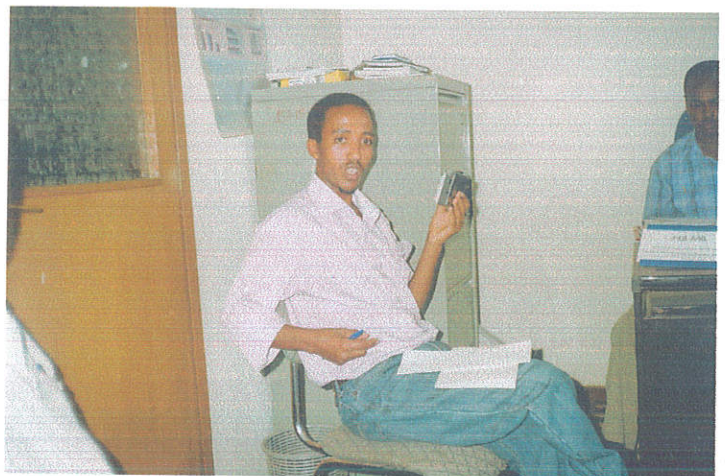
Theme 6. What about your recommendation about 2007 population and housing censuses result of the Amhara region, annual population growth is the lowest of all the federal state which is 1.7 percent

Theme 7. What measures should be taken to minimize or solve the problems of population policy implementation

Participants in Personal interview(in partial)



Participants in Group Interview (FGD)



Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any other university and that all sources of material used for this thesis have been duly acknowledged.

Declared by

Name: Dossegna Mammo

Signature -----

Date June 30, 2010

Confirmed By

Name: Meheret Ayenew (PH.D)

Signature -----

Date 6 July 2010

Place and date of submission: Department of Public Administration and Development Management, Masters of Public Administration (MPA) June 2010