

Implementation of the Population Policy of Ethiopia: Achievements and Challenges

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Abstract: *Background:* The Ethiopian government promulgated its first ever explicit, comprehensive and multi-sectoral population policy in 1993. The policy aimed at harmonizing population growth rate with that of the economy and the capacity of the country for sustainable socio-economic development. As with any population policy, there are important lessons to be learnt from the problems and challenges encountered during its implementation.

Objective: The paper assesses the extent to which the population policy objectives have been realized; highlights the successes registered and identifies challenges encountered in its implementation and proposes the way forward.

Methodology: Trend analysis using secondary data from censuses, surveys and UN sources were used and policy documents, research findings, development plan and program reports reviewed.

Results: Fertility, infant, under-five and maternal mortality have declined significantly. Female participation in education and labour force increased. A range of legal, policy and institutional frameworks have been developed and implemented on environmental security and on gender equity, equality and the empowerment of women. Legislative measures were also taken to remove harmful traditional practices. However, the pace of implementation has been slow and there are areas where not much progress was made.

Conclusion: Despite the progress made, there are critical challenges. Failure to establish the National Population Council; weak coordination and institutional arrangement due to absence of legally defined structure for implementation, lack of monitoring and evaluation system, absence of a comprehensive population program and financial constraints, among others are the major barriers. There is need to revise the policy and address these impediments and continuing and evolving challenges.

Keywords: Population Policy; family planning; fertility; mortality; gender equity, harmful practices

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Introduction

In 1970 Ethiopia had an estimated population of 28.4 million growing at 2.65% *per annum*. By 1990, the population had increased to 48.1 million and the annual growth rate stood at 3.0% (UN, 2015). High fertility combined with declining mortality generated fast population growth and a youthful age structure. Children under the age of 15 years constituted 46.3% of the total population (UN, 2015). This large number of would-be parents constituted a massive potential

force for growth built into the structure of the population. At the same time, the combined forces of political turmoil, hostile weather conditions, and an all-round productivity decline in all sectors of the economy, was keeping the population in a state of abject poverty (TGE, 1993). GDP growth rate was much lower than that of the population (1.9% against 3.2% in 1990). The population was exposed to food insecurity and recurrent famine, high rates of unemployment and poor health (Hailemariam and Gebre-Selassie, 1993). The government decided that these challenges

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necessitated the formulation of an explicit, comprehensive and multi-sectoral population policy, one that recognized the links and interrelationships between population, resources, environment and development. The launch of the National Population Policy (NPPE) in 1993 was a landmark measure taken by the government of Ethiopia to expedite the process of economic and social transformation in the country.

The NPPE was drafted by a multi-sectoral committee of experts drawn from various sector ministries, academic institutions and non-governmental organizations and guided by review of policies of other countries, research findings, consultative meetings and seminars and workshops on population and development inter-relationships. The goal of the policy was to harmonize the rate of population growth and the capacity of the country for the development and rational utilization of its natural resources (TGE, 1993).

The policy specified several targets to be achieved by 2015. Total fertility was to be reduced by nearly 50%, from 7.7 children per woman to 4.0. The contraceptive prevalence rate, which stood at 4.8% in 1990, was to be increased to 44%. The policy also aimed (but with no fixed targets) to reduce infant, child and maternal mortality rates, and to increase female participation at all levels of the educational system. The policy proposed the elimination of all legal and customary practices affecting women's economic, social and political rights; and incorporated an ambitious programme of measures to guarantee spatially balanced population distribution patterns, and improve productivity in agriculture and introducing off-farm non-agricultural activities. The policy also proposed the launching of a country-wide population information, education and communication programme (TGE 1993). For the implementation of the NPPE, it was proposed to view the policy as a special responsibility of the office of the Prime Minister. A national population council (NPC) to be chaired by the Prime Minister, and supported by an office of population within the office of the Prime Minister, would oversee implementation at federal level, with parallel structures replicated at the regional and zonal levels.

Twenty two years have elapsed since the policy was launched, and it has not yet been properly evaluated. Although efforts in this direction have been made by some researchers (Hailemariam and Worku, 2003; Minas, 2008; Hailemariam *et al.*, 2011), these assessments did not take note of important changes in the policy context as a result of emerging rapid socio-

economic development in the country. The extent to which the policy objectives have been realized is not completely clear. Nor has the policy document been revised and updated to address emerging issues that were not critical at the time the policy was formulated. Moreover, since 2015 was set as the final year in the policy to realize some of the objectives, it is timely to consider what has been achieved as well as the challenges that militated against the implementation of the policy. This study reviews the progress made towards achieving the original policy objectives, highlights its successes, identifies major challenges encountered in its implementation, and makes some proposals for the way forward.

Methodology

The study uses secondary data from the 1994 and 2007 Population and Housing Censuses, the 2000, 2005 and 2011 Ethiopian Demographic and Health Surveys, the 2014 Mini Demographic and Health Survey as well as data from the United Nations Population Division. The analysis relies on simple descriptive statistics: frequencies and percentages. This has been supplemented by a desk review of policy documents, research findings, development plans and programme reports.

Results

Demographic Objectives

Since the policy was launched, all the relevant demographic indicators – total fertility, the population growth rate, infant and child mortality, and maternal mortality – show that substantial progress has been made towards achieving key policy targets.

Decrease in Fertility

During the period 1970 through 1995, Total Fertility Rate (TFR) remained well above 7 children per woman (UN, 2015). The country recorded its peak TFR in 1990, with an average of 7.7 live births *per* woman of childbearing age (CSA, 1993). Since then, however, it has been declining. It fell from 7.7 in 1990 to 7.1 in 1995, then down to 5.9, 5.7 and 4.8, respectively in 2000, 2005 and 2010. By 2015, the last year for which data is available, it had further declined to 4.0 children per

woman (Figure 1). As the trend line shows, the decline was quite slow at first, and then later accelerated. During the 10 years from 1990 to 2000, TFR declined by 23.3% (2.1% per year), but between 2000 and 2010, it declined by 18.6% (1.7% per year) and between 2010 and 2015 by 16.7% (3.1% per year). It appears, therefore, that fertility decline coincided, more or less, with the launching of the population policy. This particular target has been met.

Decrease in Infant, Under-five and Maternal Mortality

Infant and Under-five Mortality

As Figure 2 shows, very high infant and under-five mortality prevailed in Ethiopia during the period 1975-1990. Although it started to decline in 1985-90, a more pronounced and much faster decline began after 1995. Infant mortality rate declined from 114 deaths per 1000 live births in 1990-95, to 78 in 2000-05 and it further declined to 50 in 2010-15 (UN, 2015). Child mortality (under the age of five) has also shown significant and progressive decline during the same period, from 191 deaths per 1000 in 1990-95, to 123 in 2000-05 and to 74 in 2010-15. The average annual rate of decline for IMR in the 25 years since 1990 is 2.3%, 2.4% per year for U5MR. The country has made significant progress towards achieving the UN Millennium Development Goal 4 (MDG 4).

Maternal Mortality

In the 1980s maternal mortality in Ethiopia was the highest in the world. The maternal mortality ratio (MMR) was estimated at about 1250 maternal deaths per 100,000 live births in 1990, and about 1080 deaths per 100,000 live births in 1995. Since then, however, it has been declining steadily, and for 2010, it was estimated at 532/100,000 (Figure 3). Though MMR has been declining throughout the period 1990 to 2015, the rate of decline was much accelerated after 2000. Between 1990 and 1995, MMR declined by 13.6% only but between 2000 and 2005, it declined by 17.2%, between 2005 and 2010 by 29.6% and between 2010-2015 by 32.5%. The overall decline in MMR between 1990 and 2015 was 71.8%. Thus, significant progress has also been made in reducing maternal mortality and Ethiopia is likely to achieve the MDG target in maternal mortality as well.

The Health Extension Programme (HEP), an innovative community based programme introduced

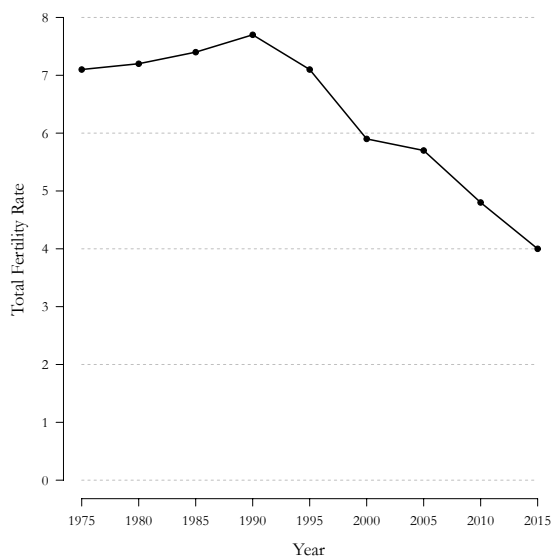


Figure 1: Total fertility rate 1975-2015. Source: CSA (1993, 2014), CSA and ORC Macro International, (2001, 2006), CSA and ICF International 2012; UN (2015).

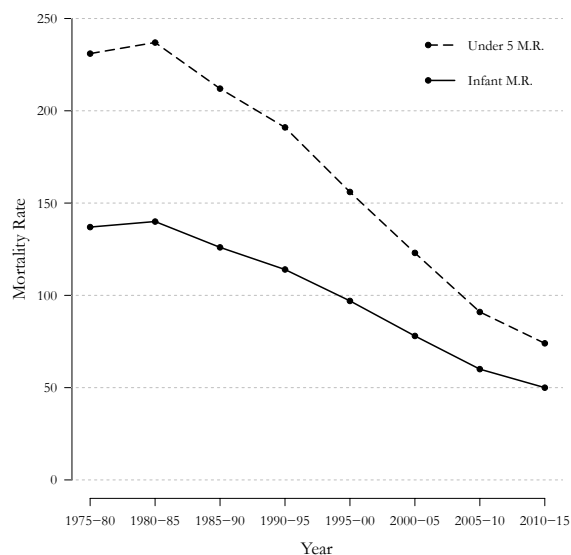


Figure 2: Infant and under 5 mortality rates 1975-2015 (deaths per 1,000 live births). Source: United Nations (2015).

in 2003 with the aim of creating healthy environment and healthy living, has almost certainly contributed to the decline in Ethiopia's annual maternal mortality rate (Karim *et al*, 2013, Gebrehiwot 2015). The HEP uses specially trained cadres of Health Extension Workers (HEW) to address the challenge of providing access to basic preventive and curative health services at grass roots level (FDRE, 2004a). One of the main roles of the HEWs has been to improve women's utilization of maternal, neonatal and child health interventions.

After the introduction of HEP, women’s association members were trained in strategies for addressing social and structural barriers to sexual, reproductive, maternal and newborn health (WHO, 2015).

Population Growth Rate

Ethiopia, like many sub-Saharan African countries, experienced a big increase in population growth rates towards the end of the last century. In 1980-85, Ethiopia’s population was growing at the rate of 2.92% per year, and this increased to 3.5% in 1990-95 (UN, 2015). The country has, however, managed to slow its population growth rate significantly over the past 20 years. Since 1995-2000, the population growth rate has been declining and in 2010-2015, Ethiopia’s population growth rate was estimated at 2.5% (Figure 4). If current trends in fertility continue, Ethiopia’s population growth rate will decline to 2.2% in 2025-30 and to 1.8% in 2030-35. Even though GDP growth now outpaces population growth (around 10% in the last year), this is still a relatively high growth rate. To bring it down further would require an acceleration in the current rate of fertility decline.

Increase in Knowledge and use of Family planning Methods

In 1990, less than two-third (63%) of women of childbearing age knew of a method of family planning (CSA, 1993). In 2000, however, this increased to 82%, in 2005 to 86% and in 2011 to 97.2% (CSA and ORC Macro, 2001; 2006; CSA and ICF International, 2012). Thus, knowledge of family planning methods has increased by 54.3% between 1990 and 2011.

Knowing about family planning and actually using a modern method of contraception are quite different things. In the years immediately before the NPPE was launched, only a very small percentage (<4%) of currently married women of reproductive age were using family planning. In 1990 for instance, only 3.9% of all women (4.8% of those who were ‘currently’ married) of childbearing age were using family planning. This increased to about 6% of all women (8% of currently married) in 2000, to about 10% (14% of currently married) in 2005 to 19% (27% of currently married) in 2011. By 2014, it had further increased to 30% (40% of currently married) of childbearing age (Figure 5). Thus, both knowledge and use of family planning methods have increased significantly since the inception of the policy.

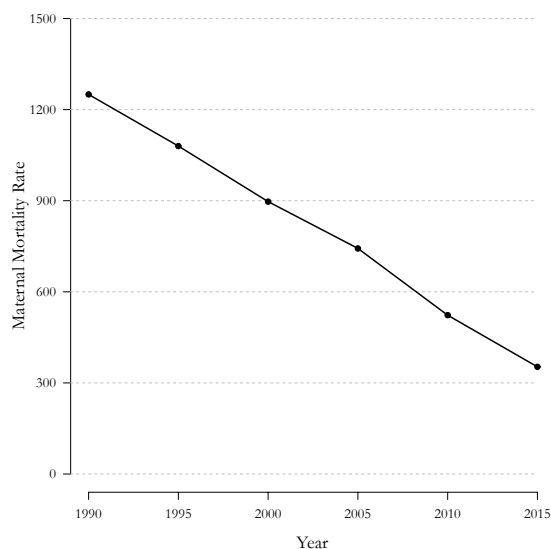


Figure 3: Maternal mortality rate 1985-2015 (per 100,00 live births). Source: World Health Organization. (2015).

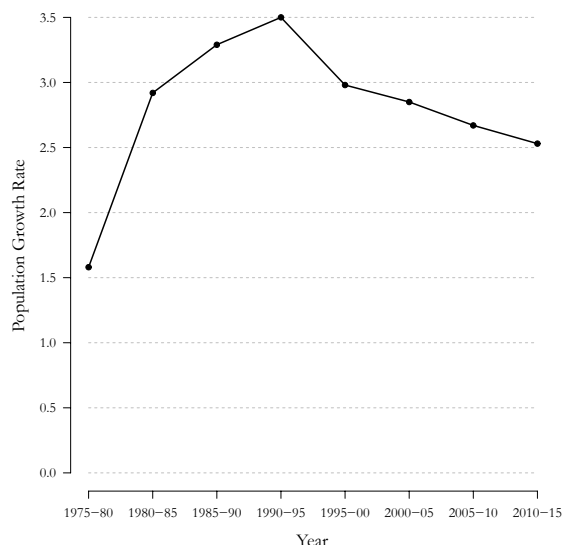


Figure 4: Population Growth Rate. Source: United Nations (2015).

The increase in level of knowledge as well as use of family planning is directly related to the increase in the number of facilities providing family planning services and the diversification of approaches to provide services. At the time the population policy was launched, there was not a single government health facility providing family planning services in the country, and there was only one NGO, the Family Guidance Association of Ethiopia (an IPPF affiliate and the pioneer of family planning in Ethiopia), providing family planning services in the country, and that was in only one clinic in Addis Ababa. After the policy was launched, however, all government health service delivery facilities began providing family

planning services. Moreover, due to the favorable environment created after the introduction of the NPPE, the number of national and international NGOs providing family planning services or supporting such efforts increased considerably. These NGOs introduced different strategies such as community based reproductive health services, social marketing, mobile clinics, and social franchising as means of increasing awareness about and access to family planning and other reproductive health services. The introduction of the Health Extension Package (HEP) has further contributed to increased knowledge about and use of family planning services. Despite these efforts, however, there is still a considerable amount of unmet need for contraception. In 2011, it was estimated to be 25.3%, with 16.3% for spacing births and 9.0% for limiting total births (CSA and ICF International, 2012).

Socio-economic and socio-cultural Objectives

Increase in minimum age at marriage

Ethiopia is known for early and universal marriage. High proportions of girls get married at a very young age and by age 50 virtually all women of childbearing age have been married. In 1990, among ever married women aged 15-49, 34.1% had married before age 15, and the proportion married before age 18 was 75.5% (CSA, 1993).

Early marriage is widely recognized as a harmful customary practice that militates against the full enjoyment of the economic and social rights by women. It affects their sexual and reproductive health, denies them the opportunity for education, autonomy and decision-making and exposes them to gender-based domestic violence (Bankole *et al*, 2004; Bruce and Clark, 2004; Clark, 2004). It is for this reason that the Ethiopian Population Policy proposed that the minimum age at marriage should be increased to 18 years and highlighted this change as one of the key strategies for achieving its objectives.

A major step taken to end the practice of early marriage was revising the family law in 2000. The revised family law set the legal age of marriage at 18 for both females and males (FDRE, 2000). In addition, several local as well as international NGOs have been working to bring behavioral change and forestall the practice of early marriage. In spite of all the efforts

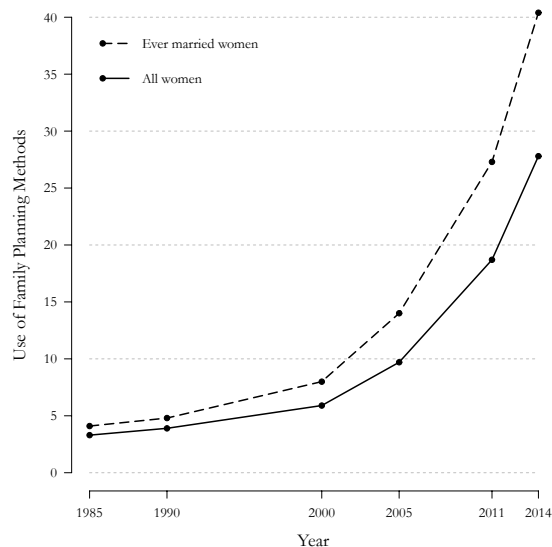


Figure 5: Percent of women currently using family planning methods. Source: CSA (1993, 2014), CSA and ORC Macro International (2001, 2006), CSA and ICF International (2012).

made, no significant progress has been made in reducing the practice of early marriage. The proportion of ever married women who got married before age 15 decreased by only 5.4 percentage points between 1990 and 2011 and those married between ages 15-17 years decreased by only 6.3 points from 41.4% to 35.1%. The proportion of those who got married after age 18 increased by 11.7 points from 24.5% to 36.2% in 2011 (Table 1). The median age at first marriage increased from 15 years in 1990 to 16 years in 2000 and it has not shown any change since then. In other words, a significant number of girls still get married before the minimum age of 18 regardless of all the efforts made.

Increased Female participation at all levels of the educational system

Education plays a crucial role in female empowerment, gender equality and sustainable development (Shetty and Hans, 2015). It is also increasingly recognized as a key factor in lowering fertility (Behrman 2015, Pradhan & Canning 2015). Moreover, the gender gap in education has been a problem throughout the 'least developed countries' and it remains particularly severe in sub-Saharan Africa (Medel-Anonuevo, 1995). In Ethiopia, many girls, especially those who came from poor families or lived in rural or remote areas (with limited access to nearby schools considered to be safe), were not able to attend. This is why the NPPE set out to improve female participation at all levels of the educational system.

Table 1: Percentage distribution of ever married women by age at marriage: 1990 - 2011

Age at marriage	Year of Survey			
	1990	2000	2005	2011
< 15	34.1	33.7	29.4	28.7
15 -17	41.4	41.3	37.6	35.1
≥ 18	24.5	29.3	31.2	36.2
Median Age	15	16	16	16

Source: CSA, (1993), CSA and ORC Macro, (2001, 2006), CSA and ICF International (2012).

Following the launching of the NPPE, an Education and Training Policy (ETP) was initiated in 1994. The goal of ETP is the cultivation of citizens with an all-round education capable of playing conscious and active role in the economic, social, and political development of the country (TGE, 1994). Within the framework of ETP, the first five year Education Sector Development Programme (ESDP-I), intended as the first part of a twenty-year plan, was adopted in 1997. The main thrust of ESDP is to improve quality, relevance, equity, efficiency and to expand access with emphasis on primary education in rural and underserved areas, as well as to promote education for girls (FDRE, 1996). The ESDP is now in its fourth and final phase.

ESDP-I led to the construction of primary schools in every kebele¹, and secondary schools at places that are easily accessible to girls; more and more teachers were trained and effort was made to improve provision of teaching materials. Accordingly, enrollment in primary education increased significantly. Gross enrollment rate for girls increased from 21.8% in 1995 to 95.2% in 2014 (Figure 6). The gender gap has also narrowed considerably. The gender parity index (GPI) in primary education increased from 0.60 in 1995 to 0.92 in 2014 (IndexMundi, 2016).

At secondary level, female gross enrolment rate (GER) increased from 9.3% in 1995 to 34.51% in 2014 (Figure 7) and GPI increased from 0.80 to 0.91 over the same period (IndexMundi, 2016).

The gap is much wider at tertiary education. There are many more men than women benefiting from expanded access to tertiary education. In 2013/14 academic year, females constituted only 30.3% of the undergraduate enrollment and GPI was 0.43 (UNESCO, 2015). The Government has been taking measures to further reduce the gender gap in

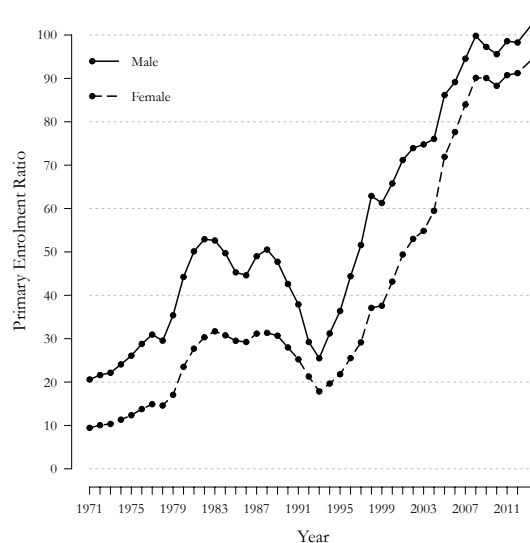


Figure 6: Primary school gross enrolment rates. Source: (IndexMundi 2016).

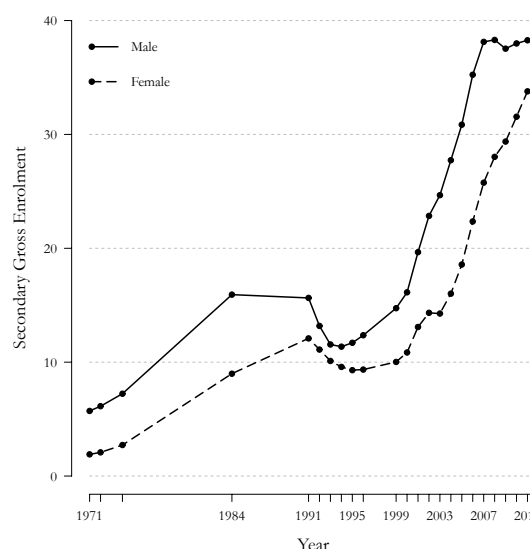


Figure 7: Secondary school gross enrolment rates. Source: (IndexMundi 2016).

¹ Kebele is the lowest level of administration in Ethiopia.

education by incorporating gender issue as one of the priority agenda in its development policies and programs.

Removal of all legal and customary practices militating against gender equity, equality and the empowerment of women

Gender equality, equity and the empowerment of women is a fundamental prerequisite for the attainment of sustainable development (Women U. N., 2014). Accordingly, NPPE included proposals to remove all legal and customary practices militating against women's full enjoyment of economic, social and political rights as one of its main objectives. In order to tackle practices that militate against gender equity, equality and women empowerment, extensive law revision exercises were taken over the years that brought the country's laws in conformity with its international and regional commitments.

The revised labor law protects women's rights in employment both within the public and private sectors and provides for measures ranging from maternity leave and occupational safety to affirmative action during recruitment and promotion and increased women's bargaining power in employment. The revised penal code forbids different forms of violence and harmful traditional practices including child marriage, abduction and female genital mutilation/cutting.

A National Action Plan on gender equality was developed, institutional structures were established and initiatives were taken by the Government to create women's associations at various levels, all with the objective of protecting and promoting the rights of women and ensuring their independence and wide participation in the social, economic and political domains. Steps were taken to encourage the formation of women's association in platforms such as trade unions and professional associations with a view to creating a critical mass of women leaders .

As a result of all these initiatives, significant progress has been made in improving female participation in education, increasing representation in parliament, facilitating access to sexual and reproductive health services, and reducing the prevalence of harmful practices such as female circumcision and adduction. The percentage of circumcised women dropped from a high of 80% in

2000 to 74% in 2005. A study carried out in 2011 found that 23% of girls aged 0-14 years had been circumcised (CSA and ICF International, 2012). Abduction declined from 23.3% in 1997 to 12.7% in 2009. Women's access to political power and decision making improved significantly as well. The representation in parliament increased from 2.7% in 1995 to 7.7% in 2000 and to 27.8% in 2010. In 2015, women represented 38.7% of parliament members (HOPR 2015). The key domain in which little significant progress has been made over the years is female participation in the formal labor force. Female participation increased from 66.5% in 1994 to 67.3% in 2007, less than 1 percentage point increase over a period of 13 years and the ratio of female to male labor force participation increased from 0.74 to 0.81 (FDRE, 2013).

Ensuring spatially balanced population distribution patterns with a view to maintaining environmental security and extending the scope of development activities

It was only one year after NPPE affirmed the goal of spatially balanced population distribution that Ethiopia committed itself to the Programme of Action of the 1994 International Conference on Population and Development (ICPD PA). This emphasized the integration of population, environmental and poverty eradication factors in sustainable development policies, plans and programmes, and the reduction of negative impacts of demographic factors on the environment (UN, 1996). As part of its effort towards meeting the NPPE objectives and those of the ICPD PA, the Government has developed and implemented a series of legal, policy and institutional frameworks on environment, water, forests, climate change, and biodiversity; established the Environment Protection Authority in 1994; strengthened the Institute of Biodiversity and the Ethiopian Wildlife Conservation Authority with more power and mandate in conservation of biodiversity and its sustainable use; formulated a policy on environment in 1997 that again encapsulated the principles of sustainable development; and developed an overarching framework and national strategy, the "Climate Resilient Green Economy" for seven sectors that offer the highest greenhouse gas abatement potential (FDRE, 2011a).

These measures have contributed to a significant improvement in forest cover, biodiversity, pollution

control, land degradation and sustainable land management and in reducing the effect of climate change. Though these efforts are encouraging, the improvements that have been made in conserving and developing environmental resources including land and forest have not kept pace with population growth. In other words, there has been little positive change in the carrying capacity of the environment. Consumption of forest resources has increased despite the efforts that have been made to conserve and replenish them (FDRE, 2004b).

Improving productivity in agriculture and introducing off-farm non-agricultural activities for the purpose of employment diversification

Agriculture plays a key role in the national economy employing over 80% of the workforce and generating more than 40% of GDP. The aim of the NPPE was to improve agricultural productivity *and* promote an increase in off-farm non-agricultural activities in rural areas in order to create new types of employment opportunity for rural youth. This would ease the pressure on farmland and reduce rural-urban migration. Though efforts have been made to improve agricultural productivity through the introduction of irrigation, use of improved seeds and fertilizers, the gains so far have been relatively small. Ethiopian agriculture remains predominantly traditional and rain-fed, which means that the country is still food insecure. Moreover, shortage of farmland and fragmentation of landholdings affect smallholder agriculture and sustainability of rural livelihoods (Teshome, 2014). The development of off-farm non-agricultural activities has failed to keep pace with the demand for employment in rural areas, and far from stabilizing, the rate of rural to urban migration has been increasing. Rural-urban migrants increased from 23.5% in 1999 to 39% in 2012 (CSA, 2014b). Even though Ethiopia remains the least urbanized country in sub-Saharan Africa, urbanization has recently been increasing at an alarming rate.

An area of increasing concern currently is the migration of children and youth. The migration of children and youth to urban areas within the country (and outside) has increased sharply in the last few years. Children of age 10-19 years move to urban areas in large numbers looking for job opportunities (Erulkar

et al, 2006). Land scarcity and lack of livelihood choices force rural youth to abandon agriculture and migrate to urban areas in search of other livelihood choices. Sosina and Holden (2014) show that only 9% of the rural youth plan to pursue agriculture as their livelihood.

Accomplishments in the areas of population information and education programme

In pre-1993 Ethiopia, the knowledge base of the general population on socio-cultural issues pertaining to small family size, reproductive health and rights, and population-environment nexus was very low. There were also laws that restricted women's reproductive health rights and discouraged the manufacturing, importation and advertising of family planning commodities in Ethiopia (Haile, 1991).

Since the adoption of the NPPE, several programs have been put in place to promote the integration of population issues into the overall development initiatives of the country. A national population information, education and communication (IEC)/Advocacy Strategy was developed and launched in 1997 (Hailemariam *et al.*, 2011). Furthermore, since 1992, population and family life education has been integrated into the curricula of primary and secondary schools (FDRE, 2011b).

The establishment of an IEC/Advocacy Strategy created an enabling environment to produce and disseminate IEC/Advocacy materials and for organizing and conducting seminars, workshops and meetings dealing with the broad issue of population and development. Moreover, a number of advocacy and awareness creation activities using the media have also been undertaken. A typical example in this area is the work of the Population Media Center-Ethiopia, which produced and aired 740 episodes of radio serial drama, several radio magazine programmes and talk shows, and conducted numerous workshops addressing various issues of reproductive health, family planning, HIV/AIDS and harmful practices (Hailemariam *et al.*, 2011). These measures and interventions undertaken by different organizations at federal and regional levels have contributed to improvement in level of knowledge and brought change in attitude and behavior of the general population on various population and development related issues.

Challenges

As stated earlier, since the promulgation of the population policy, a number of sector specific policies and programmes have been designed and adopted, as a result of which the country has made steady progress in expanding access to education and health services, gender equity, equality and women empowerment and economic growth and development. Accordingly, significant progress was made towards meeting the many of the objectives of the policy. However, there are a number of continuing and emerging challenges that have impeded the more effective implementation of the policy.

1. **Lack of legal basis:** The Policy document proposed the establishment of Population offices at regional as well as national level with the down-line leadership skill and capacity needed to coordinate, guide and direct policy implementation activities across sectors. A National Office of Population (NOP) was established immediately after launching the policy² and the creation of regional offices followed. Nevertheless, there has been no legally defined basis for their establishment and no structure put in place within which to operate. The evidence suggest that the lack of legal basis for the establishment of these offices has hampered their access to resources (financial, material and human) both at Federal and regional levels and impaired their capacity to undertake their coordinating and executing role (Hailemariam *et al*, 2011).
2. **Failure to establish the National Population Council (NPC):** The policy document states that a national population council, chaired by the Prime Minister, should be established as the main organization mandated to develop specific policies and programmes pertaining to population and development to be undertaken in the various sectors. The NPC was to be charged with the creation of favorable conditions for inter-sectoral collaboration and coordination and provide guidance for executing population related programmes and activities for implementing the policy. It was thought that if only one ministry was designated as a coordinating agency, inter-departmental conflicts of interest would emerge,

² The national office was soon moved to the Ministry of Finance and Economic Development and later downgraded to the position of a department.

and it would be difficult to coordinate population activities and programmes during implementation (TGE, 1993). The NPC, however, remains an idea on paper, and its absence has deprived the government of a well-structured and powerful office to develop programmes and coordinate policy implementation. There is no agency within government to ensure that proper attention is given to institutions established at national, regional and lower levels for coordination of the population policy implementation. The failure to create NPC has also weakened the coordination and institutional arrangement for policy implementation activities across sectors (Hailemariam *et al*, 2011; Minas, 2008).

3. **Inadequate Integration of Population Variables into Socio-economic Development Planning:** The integration of population variables into development planning requires that demographic variables are incorporated as inputs into national, sub-national, sectoral and programme or project level planning. It is essential to assess the demographic impact of development programmes, and also to define complementary and specific actions needed to reduce the increasing imbalance between demographic dynamics and development potential. Although some effort is being made in integrating demographic variables in development planning, there are clear weaknesses in the system, mainly due to lack of reliable measures of demographic factors and related variables, lack of basic understanding of the interrelationships between demographic and development variables and processes, a shortage of well-trained personnel, and a lack of appropriate institutional arrangements and required resources.
4. **No comprehensive population programme:** A comprehensive programme with fully elaborated multi-sectoral strategies is necessary for effective policy implementation. However, neither NOP nor its regional offices has prepared such strategies for implementation of the policy. A few sectors and regions have attempted to prepare strategies to implement the policy in a coordinated way but with varying degrees of progress. An explicit and detailed statement of what has to be done to ensure full implementation would provide a focus for political commitment and action.
5. **Absence of a monitoring and evaluation framework:** A monitoring and evaluation system

is a tool for measuring adequacy, progress, effectiveness, impact, efficiency and sustainability of programmes or policies. The NPPE still has no well-defined Monitoring & Evaluation framework. The national as well as regional offices did not prepare any monitoring and evaluation system to measure the progress as well as challenges encountered in the implementation of the policy. Thus, there has not been any systematic follow-up of policy implementation at any level to see how the policy implementation is progressing and what challenges are encountered.

6. **Budgetary Constraints:** Population-related activities are underfunded in Ethiopia. Government budgetary allocations to population programmes are grossly inadequate, and the government has done very little to encourage or incentivize the private sector to provide financial support for population activities. Although major international agencies, such as UNFPA, USAID, and the Packard Foundation, have been very active in their support for the NPPE implementation, budget cuts and delays in the release of funds have severely affected program execution at federal as well as regional levels. Moreover, limited capacity in the utilization of funds has led to reduction in allocations of funds for population program implementation.
7. **Changing age structure :**Meanwhile declining fertility and increasing longevity are bringing about a massive shift in the age structure of Ethiopia's population. Since 1990 the proportion of children under the age of 15 years has declined (from 46.3% to 41.4%) at the same time as that of the working age population has increased (from 50.6% to 55.1%). Among the working age population, the so-called 'mature' population (age 25-64), the population segment that has high activity rates and is constituted by important taxpayers, is expected to increase at least until 2030. The junior segment (age 15-24) - a proxy for those entering into the labor force for the first time - is declining. This decline in the ratio of the junior labor force to the mature labor force is an important indicator of the pressure on the economy to create new employment opportunities. The different growth rates within different segments of the working-age population point to the opening of a demographic window of opportunity, though it is no easy matter to make sure that the opportunity is used effectively. At the other end of the country's

population pyramid, the population aged 65 or more is expanding in relative and absolute terms, and the lack of any kind of social security plan constitutes a serious challenge for the not too distant future (Hailemariam, 2012). Not enough attention is being paid in order to benefit from the changing age structure and the resulting window of opportunity.

8. **High population density and resource pressure in rural areas:** Increasing crude population density combined with farmland shortage, fragmentation of land holdings and lack of alternative employment opportunities are the main push factors for the increase in rural to urban migration.

Conclusion and Recommendations

Ethiopia's experience of population policy implementation spans a period of more than two decades. This paper, by analyzing available data from national and international sources and reviewing policy documents, research findings, development plan and programme reports, has appraised the extent to which the objectives of the policy have been realized.

It is clear that some of the objectives of the policy have been achieved. For instance, significant reduction in fertility, infant, under-five and maternal mortality rates and increase in contraceptive prevalence have taken place; population growth rate has declined from 3.0 percent in 1990 to 2.5% in 2015. Various interventions and plans were put in place for improving gender equity, equality and women empowerment; removing harmful traditional practices and narrowing the gender gap in school enrolment.

A series of legal measures were enacted and institutional frameworks established for maintaining environmental security, improving productivity in agriculture and introducing off-farm non-agricultural activities, and expanding population information education and communication. These actions have also made some positive contribution towards meeting the population policy objectives. However, there are still areas that need serious attention. The gender gaps in employment, in secondary, tertiary and technical and vocational education are still worrisome. The widespread prevalence of harmful practices indicate that full gender equity and equality

has not yet been achieved. The promise of off-farm employment opportunities in rural areas has not really materialized and youth out-migration stands at a very high level. Moreover, even though fertility is declining along with infant and child mortality, they still stand at high levels and the population is still growing fast.

The policy set 2015 as a cut-off point to achieve its primary objective, but now that we are in 2016, we can see that huge gaps remain. This constitutes a powerful case for revising the policy in order to address the continuing and emerging challenges that have hindered the effective implementation of the 1993 policy. I have suggested that the 1993 has suffered from weak implementation, and one of the key reasons for this was the lack of a legal framework defining the duties and responsibilities of federal and regional level government agencies charged with coordinating, executing and implementing the policy. The lack of institutional arrangements for responsibility, accountability and transparency has made itself felt. The revised policy must see that a legal basis is created for allocating resources, coordination and execution of activities. The original proposal to establish a national population council to facilitate the coordination and collaboration of stakeholders (Development partners, Ministries, Departments, Agencies, Non-governmental Organizations, community Based Organizations) should be put into effect in order to avoid duplication of efforts and unnecessary replications of activities. Similar structure needs to be replicated at regional levels as well to coordinate the implementation of population related activities.

A comprehensive national population programme serves as a vehicle to achieve the goals and objectives of any policy. The lack of such a programme has seriously hindered the integration and coordination of related activities and thus the policy implementation. The revised policy must see to it that a comprehensive population programme is designed and a joint plan of action and monitoring and evaluation frameworks put in place for the purposes of both effective coordination and measuring progress of the Policy implementation.

The weak technical and institutional capacity of implementing agencies was another shortcoming in the implementation of the 1993 NPPE. The revised policy need to suggest means for strengthening the capacities of implementing agencies in programme formulation, implementation and monitoring/evaluation.

As population issues are crosscutting, the need for integrating population issues into development

planning is critical. Ethiopia has been making some effort in this regard. However, not enough has been accomplished due to lack of capacity. The revised policy can only be made to work if the stakeholders' capacity is enhanced in integrating population variables/issues into development planning.

Once the policy is revised, it will be necessary to pursue implementation strategies more aggressively than in the past two decades by involving stakeholders and releasing adequate resources for population related activities. Furthermore, alternative employment opportunities and poverty reduction efforts should be improved by providing basic infrastructures in rural areas so as to reduce the mass youth migration to urban areas and also to harness the emerging demographic dividend. Finally, as population problems do not go away, but reappear in different forms, there is a need for continued research and policy response.

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