CHILD POVERTY IN ETHIOPIA

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The African Child Policy Forum

Table of Contents

List of Tables

List of Figures

Preface

Children account for a large proportion of the income-poor and the severely deprived worldwide. At least 600 million children under the age of 18 are surviving on less than US $1 a day around the world; 40 per cent of these children live in developing countries. Every second a child in developing countries is deprived of even the minimum opportunities in life.

Growing up poor means being disadvantaged from before birth; it means shorter lives; it racks up social and economic costs for societies; and it wastes precious human potential. All this adds up to a hugely credible moral case for tackling child poverty. At the same time, social and economic changes challenge African societies to improve living standards for all children, whilst ensuring that inequality does not lock poorer children out of opportunities.

Despite the widespread incidence of child poverty in the continent, most of the data available is anecdotal, outdated and often of questionable quality. Where survey data is used, this often means household data, compressing differences within households. Child poverty is overlooked in serious research undertakings, as children often have no voice. There is an incorrect assumption that children respond in the same way as adults to development interventions, or that policies formulated by adults will always act in the best interests of children.

Data and information influence policy, so good quality information is indispensable to policy development, as is good access to relevant evidence about successful interventions. Better statistical data and more effective analysis is the first step towards influencing policy and changing it for the better. Conducting studies to build the knowledge base on the issue and disseminating the results as widely as possible are pivotal in the policy advocacy arena. The African Child Policy Forum therefore initiated desk-based studies on child poverty and policy experiences in selected African countries. The findings of the studies were intended to inform the Third Policy Conference on the African Child, organised under the theme of child poverty and held from May 12-13, 2008 at the UN Conference Center in Addis Ababa. This publication is one of those commissioned studies, and we take pleasure in making it now available for a wider audience.

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The situation of children in Ethiopia: factsheet		
Indicator	Year	Value
General		
Population (millions)	2006	74.8
Child Population (millions)	2006	41.3
Share of children in population	2006	55%
GDP per capita	2005	US $146
Child labour	1999-2006	53%
Birth registration		
Births registered before five years of age	1999-2006	7%
Health & nutrition		
Deliveries attended by skilled health worker	2005	6%
Infant mortality per 1,000 live births	2005	109
Children underweight (moderate & severe)	2000-2006	38%
Children with ARTI[1] taken to a health facility	2000-2006	19%
Immunised against measles (aged 12-23 months)	2005	59%
Share of population with access to improved drinking water	2004	22%
Share of population with access to adequate sanitation facilities	2004	13%
Share of government expenditure on health	2004	9.4%
Education		
Net primary enrolment - girls	2004	44%
Net primary enrolment - boys	2004	49%
Secondary school enrolment (gross) - girls	2004	21%
Secondary school enrolment (gross) - boys	2004	34%
Ratio of orphans to non orphans attending school	2000-2006	60
Pupil teacher ratio (primary)	2004	65

Source: Africa Development Indicators (2007), UNICEF (2007) , World Development Indicators (2007), DHS (2006), PRB (2006), MDG (2005), WSS Info (2004) and WHO (2004)

[1] Acute Respiratory Tract Infections (i.e. pneumonia)

Introduction

The Convention on the Rights of the Child defines a child as any person below the age of 18 years. Given that children and young people (under 18 years) constitute over half of the Ethiopian population and have distinct developmental needs and experiences of poverty, they necessitate a special policy focus. Moreover, poverty in its many dimensions affects diverse groups including children in different ways - girls and boys, urban and rural children, able-bodied and disabled children and children of different ages. It is also important to recognize that children born into poverty are more likely to become impoverished adults and in turn pass on their poverty status to their children. Tackling childhood poverty can break long-term cycles of poverty -both life-course poverty and the inter-generational transmission of poverty.

The Government of Ethiopia has been implementing pro-poor programmes with in the framework of Ethiopia's first generation PRSP known as the Sustainable Development and Poverty Reduction Programme (SDPRP) during the three years period ending in 2004/05. The successor Plan to the SDPRP which deepened and broadened the fundamentals of the SDPRP known as the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) which span the five year period (2005/06 to 2009/10) is currently in its third year of implementation. Education, health, HIV/AIDS, Water and Sanitation, infrastructure (roads), and Rural Development and Food Security which have had direct bearing on child poverty/welfare are the pro-poor sectors/programmes upon which the SDPRP and the PASDEP rests. Pro-poor budgets on those sectors have increased from about 40 per cent of total public spending to over 60 per cent by the end of fiscal year 2006/07.

Despite these encouraging developments, it is important to recognize that poverty reduction policies with a general focus on the poor may not automatically address childhood poverty in its entirety. In order to tackle poverty in a holistic and child-sensitive manner, it is important to consider the potentially differential impact of economic growth and poverty reduction policies within the household -on adults and children, males and females. Ethiopia has given focus to universal access to primary education, primary health services, reproductive health, rural growth, food security and gender equity all of which have positive impact on children.

Besides, in order to address the concern of children in a coordinated manner, Ethiopia has formulated *the National Plan of Action for Ethiopian Children (2003-2010).*

There is a need for mainstreamed and disaggregated analysis on poverty and welfare of children to monitor progress on NPA for Children. Child poverty is overlooked because of the powerlessness of children and because of incorrect assumption that either children respond in the same way as adults to development interventions, or that adults will always act in the best interest of their children. But neither of these assumptions may always be correct in practice. Thus, a human right approach to child poverty/wellbeing implies the need to focus on the individual child.

This case study is meant to fill such information gap through conducting a disaggregated analysis on child poverty based on the recent available mainstreamed socio-economic information.

This deskwork study report is structured in four chapters. The first chapter provides an overview of the overall socio-economic conditions of the country. Chapter II provides review of the state of poverty among children in Ethiopia. Chapter III provides a review of policy experiences aimed at addressing child poverty in Ethiopia. The last Chapter, Chapter IV, with focus on what more could be done to holistically address child poverty concludes, outlines key findings, and suggests recommendations.

I. Background: An overview of the socio-economic situation in Ethiopia

With a surface area of 1,104 million square kilometres and an estimated population size of about 75 million in mid-2006 (CSA, 1998), Ethiopia is the second most populous country in the Sub-Saharan Africa (SSA) next to Nigeria which has a total surface area of 924 million square kilometres and estimated population size of 132 million in 2005. According to some estimates (World Bank, 2007), Ethiopia belongs to the 18 most populated countries in the world. According to World Bank (World Bank, 2007), at the average population density of 64 persons per square kilometre, Ethiopia's population density is more than twice that of the average for SSA (with 31 persons per square kilometre).

In the economic domain, with an average annual real GDP growth rate of 5.5 per cent in the decade ending in 2005, the Ethiopian economy has been one of the fastest growing non-oil and mineral economy in the SSA region (World Bank, 2006). Following the recovery from the 2002/03 drought, with an average annual real GDP growth rate of over 10 per cent, the Ethiopian economy has shifted to a higher growth path during the four years period ending in 2006/07. Notwithstanding these developments, real GDP per capita still remained very low at US$ 181 in 2006/07 (MoFED, 2007) and is well below the SSA average of US$ 601 for 2004 in 2000 prices (World Bank, 2006). In 2006/07, Ethiopia's domestic saving rate averaged 6 per cent of GDP while the rate gross domestic fixed investment averaged 25 per cent GDP showing a 19 per cent saving-investment gap (MoFED, 2007). As noted in Ethiopia's five-year development plan, on average 30 to 40 per cent of the development spending has been financed by external sources (MoFED, 2006).

Ethiopia's population is predominantly young, where children under 18 years of age account for well over half of the population. According to the Central Statistical Agency (CSA), by July 2010, total population of Ethiopia is projected to reach over 83 million, while the proportion of children will be a little over 51 per cent. The dependency ratio reached 0.84 in 2004/05. The population of primary school age children (7-14 years old) and those in secondary and high schools (15-18) reached 14.8 and 6.4 million, respectively by the end of 2005. Annual average growth rate for primary school age children averaged about 3.2 per cent (more than population growth) while that for secondary schools averaged 2.2 per cent

during the 2000-2005 period. The population of the respective categories of children was also projected to reach 17.7 and 6.8 million by July 2010. This shows the pressure that the child population would exert on the socio-economic scene of the country in the years to come and its implication on child welfare.

In countries like Ethiopia, one important reflection of child poverty is child labour, among others. Data on child labour have not yet been well documented as there have not been regular surveys to track changes over time. The first ever survey of national scope on child labour was conducted in 2001 by the Central Statistical Agency (CSA) in collaboration with the Ministry of Labour and Social Affairs (MoLSA) and the International Labour Organization (ILO). The Survey has not been updated since then.

According to this survey, it was found that only 38 per cent of the children aged 5-17 years were attending schools (formal and non-formal), 85 per cent of the children were engaged in some kind of productive and household activities, and 33 per cent combined schooling and work (CSA, 2001). The survey further showed that rural children were engaged in herding cattle, weeding, harvesting, cooking, fetching water and firewood, and caring for siblings. Additionally, the survey indicated that 92 per cent of working children had been engaged in unpaid family work. According to the survey, urban children had been engaged in cleaning dwellings, cooking, washing clothes, street vending, messenger services, shop and market sales, shoe-shining, manufacturing, and other daily labours. Child work, which contributes to acquiring life skills and to supplement family income, is not usually considered illegal. But child labour, which is exploitative and dangerous and undermines the child's physical and psychosocial health and development, and which deprives children of education is illegal. "Child work becomes child labour when children work too young, work too long hours, work for too little pay, work in hazardous conditions or work under slave-like conditions." (GFDRE & UNICEF, 2001, p 66)

According to the child labour survey of 2001, the average number of hours worked in most parts of Ethiopia was 32.8 hours per week (CSA, 2001) which is too long for children. The need for labour assistance of children in the family business or farm and the desire to supplement household income are the two most important reasons that drive children to work

(CSA, 2001). The reasons put forward by children for not going to school included: being too young to go to school, to help in household chores, non-availability of schools, to generate income for the family, cannot afford school expenses, and family not allowing them to go to school, etc. Ethiopia's Labour Proclamation (42/1993) prohibits children below 14 years of age from working, and limits conditions for those between 14-18 years old. But this has not been strictly adhered to especially in the rural setting for various reasons.

Another aspect of the reflection on child welfare is the number and profile of children under difficult circumstances such as street children; children orphaned by HIV/AIDS, children with disabilities, and juvenile delinquents, etc. According to the Ministry of Labour and Social Affairs (MoLSA), the number of street children was estimated at over 100,000 (MoLSA, 2004). According to this assessment, the total number of HIV/AIDS orphans was estimated at over 1,000,000 in 2003 and the figure has been estimated to reach 1.8 million by the end of 2009/10 (MoLSA, 2004).

II. Poverty among children in Ethiopia

2.1. The overall conceptual framework of poverty

The World Development Report (World Bank, 2001)[2] had articulated the many faces of poverty extending beyond the low level of income or consumption. According to the report, the first dimension refers to lack of access to material goods or services (lack of opportunity), which is measured by a certain threshold level of real income or consumption as appropriate. The second dimension refers to low achievement in education and health (low capabilities). The third and the fourth dimensions of poverty are vulnerability (exposure to risk or low level of security) and voiceless (powerlessness), respectively (World Bank, 2000).[3]

Although each of the four dimensions of poverty could be measured, the first dimension is more amenable to setting a single aggregate threshold indicator value such as the poverty line computed based on national household income, consumption and expenditure surveys. Income poverty measurement assumes that there is a predetermined and well-defined level of standard of living – called the poverty line, below which a person is deemed to be living in poverty. That is, there exists a level of income or consumption of various goods (food and non-food) below which the very survival of an individual is threatened. Regarding the other three dimensions of poverty, although an indicator value could be developed for each dimension or sub-dimension, a single composite threshold value similar to the income/consumption poverty line of analytical significance has not so far been computed. Thus, each dimension is being treated in its own right as far as information availability allows under the category of 'non-income' dimensions of poverty.

Income or consumption has been traditionally used as measures of material deprivation. Consumption is viewed as the preferred welfare indicator than income as the former is believed to capture long-run welfare level than current income. Besides, consumption may better reflect households' ability to meet their basic needs. Income is one of the factors that enable consumption, while consumption reflects the ability of a given household's access to credit and saving at times when their income is too

[2] Cited from MoFED, 2002

[3] *Ibid*

low. Moreover, in a developing country setting, households are likely to underreport their income level more than they do with their consumption level. Hence, in practice, consumption is better measured and serves as better indicator than income.

Child poverty is seen with in the overall standard conceptual framework of poverty/deprivation. For consumption to be an indicator of household's welfare, it has to be adjusted for the age composition of each household via an adult equivalent scale that best reflects the nutritional requirement of each family member taking each one's age into account. The adult equivalent scale must therefore be different for different age groups and the gender of adult members. Therefore, many of the aggregate income/ consumption poverty measures, such as the head count index, poverty gap index, and the squared poverty gap index are based on adult equivalent consumption level.

The other question that may be asked is "how is the income poverty line computed?" Commonly used method of setting national poverty line based on household income, consumption and expenditure surveys[4] is the cost of basic needs method. First, the food poverty line is defined by selecting a 'basket' of food items typically consumed by the poor. The quantity of the basket is determined in such a way that the given bundle meets the predetermined level of minimum caloric requirement. This 'basket' is valued at local prices or at national prices if the objective is to arrive at a consistent poverty line across regions and groups with in a given country. Then a specific allowance for the non-food component consistent with the spending patterns of the poor is added to the food poverty line to arrive at the overall national poverty line.

To account for the non-food expenditure, the food share of the poorest quintile divides the food poverty line. This method yields a representative poverty line in the sense that it provides a monetary value of a poverty line that accounts for the food and non-food components. Unlike the food energy intake method, this method does provide consistent poverty lines across spatial entities in a given country. Adjustments for spatial and inter-temporal variations could be made to establish a poverty line that is consistent across regions, groups and periods. These adjustments include using common bundle of food items for the whole country, using national

[4] It is referred to as living standard survey in some other countries

average price, and deflating each region's consumption expenditure by the relative (relative to the national average) price index. Many countries often use this method to set their poverty lines.

In defining child poverty, the United Nations views poverty as *"a human conditions, characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security, and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights."* According to the UN, while poverty encompasses deprivation of basic goods and services, it also includes deficiencies in other vital elements of human rights - such as rest and recreation and protection from violence and conflict - that expand people's choices and enable them to fulfil their potential. Because children experience poverty as an environment that is damaging to their mental, physical, emotional and spiritual development, expanding the definition of child poverty beyond traditional conceptualizations, such as low household income or low levels of consumption (material deprivation) is particularly important.

According to UNICEF, children are often hardest hit by poverty. This is because the first few years are critical to the physical, intellectual and emotional development of children. Poverty in early childhood can prove to be a life long handicap. Children are disproportionately represented among the poor, as income poor families generally tend to have more children than wealthier ones.

Understanding and highlighting the ways poverty prevents children from realizing their full potential and participating as equal members of the community is a key step towards reducing it. Children living in poverty face deprivations of many of their rights for survival, health and nutrition, education, participation, and protection from harm, exploitation and discrimination. These deprivations cause suffering in the short-term and hinder development in the long term. They tend to be associated with three underlying factors: low household income, poor physical infrastructure, often due to low levels of public investment; and weak institutions.

The many dimensions of poverty - including mortality, morbidity, hunger, illiteracy homelessness and powerlessness - are difficult to aggregate into

a single measure. UNDP's Human Poverty Index (HPI)[5] is an aggregate measure of poverty; however, it does not provide information on child poverty separately. One of the most widely used de facto measure of income poverty is the US$ 1 a day per person benchmark expressed in purchasing power parities, introduced in 1990 by the World Bank. Together with a measure on hunger, this is one of the two targets employed in the Millennium Development Goals for measuring progress on poverty reduction.

The United Nations Development Programme's Human Development Index (HDI) and its derivative poverty measure, the human poverty index (HDI), are powerful competitors to income measures of human well being described above. They focus, respectively, on human capabilities and human deprivations. Attainment of the survival, health, education and gender related targets of the Millennium Development Goals would significantly reduce poverty as measured by the human poverty index. Comparisons between the human development index and income measures of poverty such as per capita gross domestic product (GDP per capita) have shown that countries with the same level of per capita income can have very different levels of human development. This suggests that low-income countries may have some scope for addressing literacy or poor health even if they fail to generate rapid economic growth (and hence high level of income). Economic growth may not necessarily translate into poverty reduction one-to-one.

As noted above, all conceivable dimensions of poverty may not be amenable for quantitative analysis. Accordingly, standard quantitative poverty analysis approaches have identified two broad and related dimensions of poverty: *income and non-income dimensions of poverty.* This framework is being adopted in providing an update on the status of Child poverty in Ethiopia based on the 1999/2000 and 2004/05 Household Income, Consumption and Expenditure Survey (HICES) and Welfare Monitoring Survey (WMS) data sets. The details are shown in the subsequent sections. These are twin surveys of national scope conducted in tandem every five years since 1996. These surveys are the second and third in the series, respectively. The first ever HICE and WMS of national scope were conducted in 1996.

[5] The HPI is an aggregate measure of deprivation. For developing countries, it is computed as a composite index of 3 dimension indices: probability at birth of not surviving to age 40, adult literacy rate, and simple average of proportion of population without sustainable access to an improved water source and children under weight for age.

2.2. The income dimension of poverty among children

According to the latest HICES (2004/05), the proportion of people below the poverty line as measured by the poverty head count index was estimated at 38.7 per cent while the total population in 2004/05 was estimated at over 64 million (note that the survey covers the sedentary population). Of this, children under the age of 19 years or between 0-18 years of age, were estimated at a little over 36 million (56 per cent of the total population) for the survey year. Of the total child population of over 36 million in 2004/05, over 15 million were below the poverty line. This translates into child poverty head count index of about 42 per cent. This means that about 42 per cent of Ethiopian children were below the poverty line in 2004/05. The child poverty head count index is over 3 percentage point higher than the total poverty head count index (42 per cent versus 38.7 per cent).

Looking at the trend over time, as shown from Table 2.1 below, according to the 1999/2000 HICE & WMS, total estimated child population increased from about 32 million in 1999/2000 to a little over 36 million by the end of 2004/05. Accordingly, in 1999/2000, children accounted for nearly the same proportion of the population (57 per cent) both in 1999/2000 and 2004/05. The proportion of child population declined significantly in urban areas (by over 3 percentage points from 51.3 per cent in 1999/2000 to 48 per cent in 2004/05), while the proportion of the child population in rural areas has almost stagnated at about 58 per cent during the same period. At national level, the proportion of children below the poverty line declined from 47 per cent in 1999/2000 to about 42 per cent in 2004/05. Looking at from rural and urban dimensions, incidence of child poverty in rural areas declined from 47.7 per cent in 1999/2000 to 42.4 per cent in 2004/05.

In urban areas, poverty incidence merely declined from 41 per cent in 1999/2000 to 39 per cent in 2004/05. In terms of absolute size, the number of children below the poverty line increased slightly from 14.9 million in 1999/00 to 15.3 Million in 2004/05. As shown in Table 3.1, both in rural and urban areas in both periods as well as at national level, child poverty was well above the national poverty rates. At national level,

Table 2.1: Trends in child poverty based on the 1999/2000 and 2004/05 HICES and WMS

Item	1999/2000			2004/05		
	Rural	Urban	Total	Rural	Urban	Total
Total estimated population (million)[6]	48.4	7.6	56.0	55.2	9.0	64.2
Total estimated child population (million)	27.9	3.9	31.8	21.1	15.2	36.3
Per cent of child population	57.7	51.3	57.0	58.0	48.0	56.5
Child population below the poverty line (million)	13.3	1.6	14.9	13.5	1.7	15.3
Per cent of child population below the poverty line	*47.7*	*41.0*	*47.0*	*42.4*	*39.1*	*42.1*
Per cent of total population below the poverty line	*45.4*	*37.0*	*44.2*	*39.4*	*35.1*	*38.7*

Source: Author's computation based on data from the 1999/2000 and 2004/05 HICE and WMS

in 1999/2000, child poverty stood at 47 per cent while total poverty averaged 44.2 per cent. After five years (in 2004/05), national child poverty incidence stood at 42.1 per cent while total poverty averaged 38.7 per cent.

Comparison of trends in poverty incidence across regional states for children versus total population based on the 1999/2000 and 2004/05 survey data sets revealed interesting results as shown in Table 2.2. In regional states that have witnessed a decline in poverty incidence between 1999/2000 and 2004/05 such as Southern Nations, Nationalities and Peoples Region (SNNPR), Tigray, Afar, Addis Ababa, Benishangul-Gumuz, and Oromia, the decline has been more pronounced for the total population than for the child population. For instance, in SNNPR, poverty incidence for the total population declined by about 25 per cent between 1999/2000 and 2004/05, while child poverty incidence showed a 22 per cent decline during the same period.
On the other hand in regions that have witnessed an increase in poverty

[6] The population size indicated here refers to the population estimate based on the HICE and WM sample surveys conducted in both periods (1999/2000 and 2004/05). The Surveys in both periods cover the sedentary population of the country.

incidence between 1999/2000 and 2004/05 such as Dire Dawa, Harari, and Somali; the increase in poverty incidence has been higher for children than for the total population. At national level, poverty incidence among children declined from 46.8 per cent in 1999/2000 to 39 per cent in 2004/05 (16.7 per cent decline), while poverty incidence for the total population declined from 44.2 per cent in 1999/2000 to 38.7 per cent during the same period (12.4 per cent decline). The decline among children has been pronounced owing to the significant reduction in the level of child poverty in the capital city (Addis Ababa). There was a modest increase in poverty incidence among children in Dire Dawa compared to the increase among the total population (an increase of 2.2 per cent among children versus 6.3 per cent increase among the total population). Besides, household characteristics have had direct bearing on the income

Table 2.2: Trends in regional poverty incidence: children versus total population

Region	Children			Both (children and adult)		
	1999/2000	2004/2005	Per cent change	1999/2000	2004/2005	Per cent change
Tigray	65.6	52.4	-20.1	61.4	48.5	-21.0
Afar	61.0	43.5	-28.7	56.0	36.6	-34.6
Amhara	43.5	43.6	0.2	41.8	40.1	-4.1
Oromia	42.3	39.7	-6.1	39.9	37.0	-7.3
Somali	40.9	46.9	14.7	37.9	41.9	10.6
Benishangul-Gumuz	56.9	49.8	-12.5	54.0	44.5	-17.6
SNNPR	53.6	41.9	-21.8	50.9	38.2	-25.0
Harari	27.6	30.1	9.1	25.8	27.0	4.7
Addis Ababa	41.4	35.0	-15.5	36.1	32.5	-10.0
Dire Dawa	36.9	37.7	2.2	33.1	35.2	6.3
Country	46.8	39.0	-16.7	44.2	38.7	-12.4

Source: Author's computation based on the 1999/2000 and 2004/05 HICE and WM Surveys

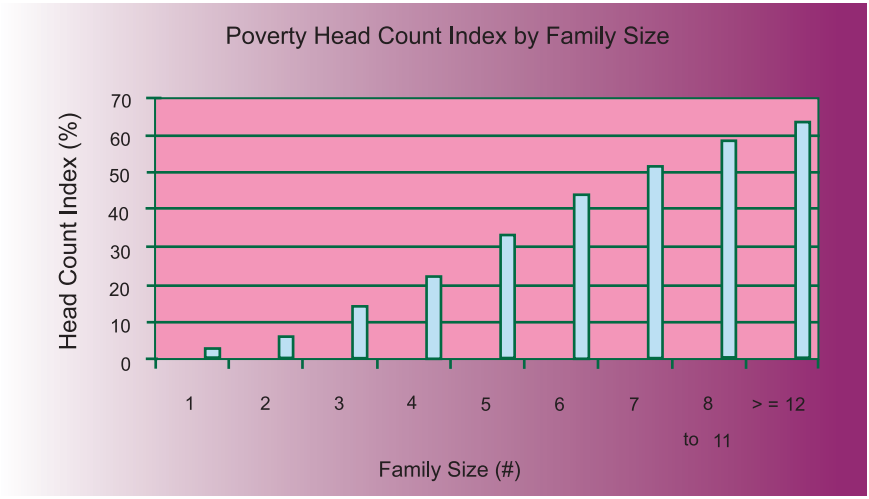
dimensions of child poverty. These household characteristics with direct bearing on child income poverty *include: family size, gender of the household head, education level of the household head, occupation of the household head, etc.* Linking the information from the twin surveys (HICE & WMS) has helped to undertake disaggregated analysis on

poverty/welfare. One important aspect to be noted is the findings in regard to the impact of various household characteristics on the poverty head count index.

Family size versus head count index

Analysis of poverty with family size showed a positive relationship. Poverty head count ranges from 2.6 per cent for a one-family household to 51.5 per cent for a seven-family household. Furthermore, for a household with 8 to 11 family members, poverty headcount averaged 58.5 per cent and for households with family member's equal or greater than 12, poverty head count averaged 63.5 per cent. This indicates that, controlling for other factors, child income poverty is on average higher among households with larger family size than smaller family size.

Figure 2.1: Poverty head count index by family size based on the 2004/05 HICE and WM surveys

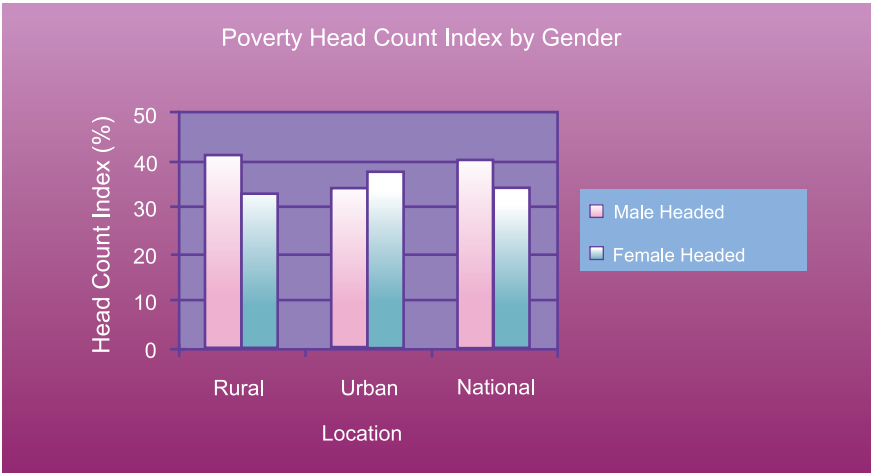


Gender of head of household versus poverty head count index

According to the 2004/05 HICE and WM surveys results, national poverty was lower for female headed households (33.9 per cent) while poverty for male headed households was estimated at 39.9 per cent. In rural areas, poverty was also noted to be lower for female headed households (32.7

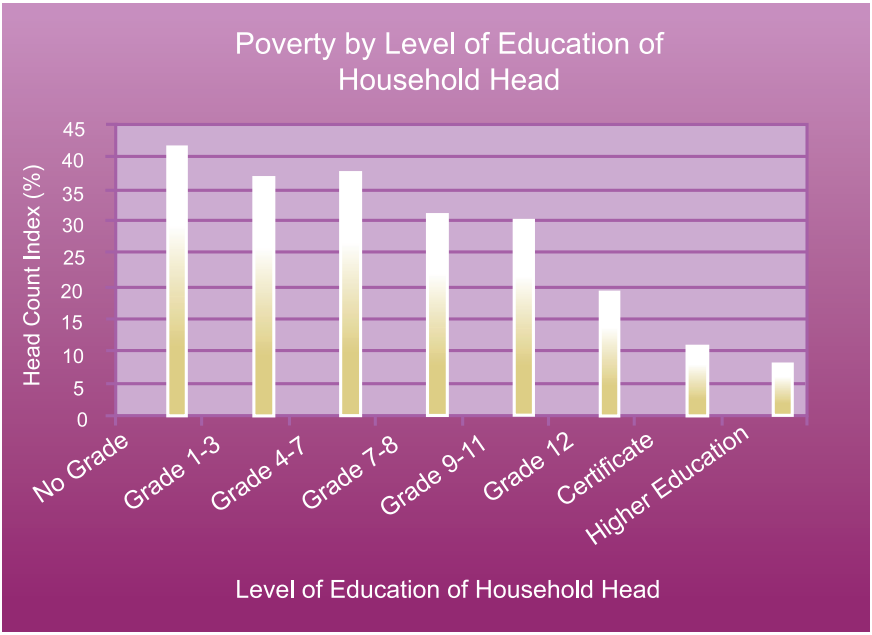
per cent) than male headed households (40.6 per cent). The situation was, however, reversed in urban areas. Poverty was higher among female headed households (37.2 per cent) in urban areas than male headed households (34.1 per cent). However, even in rural areas, when allowance is made for other control factors (such as level of education of the household head and ownership of assets), poverty remained to be higher among female headed households than male headed households. *Thus, all other things being equal, children among female headed households are more income-poor than children among male-headed households* (Figure 2.2).

Figure 2.2: Poverty head count index by gender of household head based on the 2004/05 HICE and WMS



Educational level of the head of the household versus poverty head count index Poverty level among household heads consistently declines as their education level increases. Poverty head count index was the highest among those households headed by illiterates (41.2 per cent) and lowest for those headed by person who have completed grade 12 (19 per cent). The incidence of poverty further declines in households where the heads have attained a certificate level education (10.3 per cent) and even lower among those with tertiary education (7.8 per cent). *In general, the incidence of poverty was nearly 8 percentage point lower, than the national average poverty head count index (38.7). when the head of household in which they live has at least primary education. See Figure 2.3.*

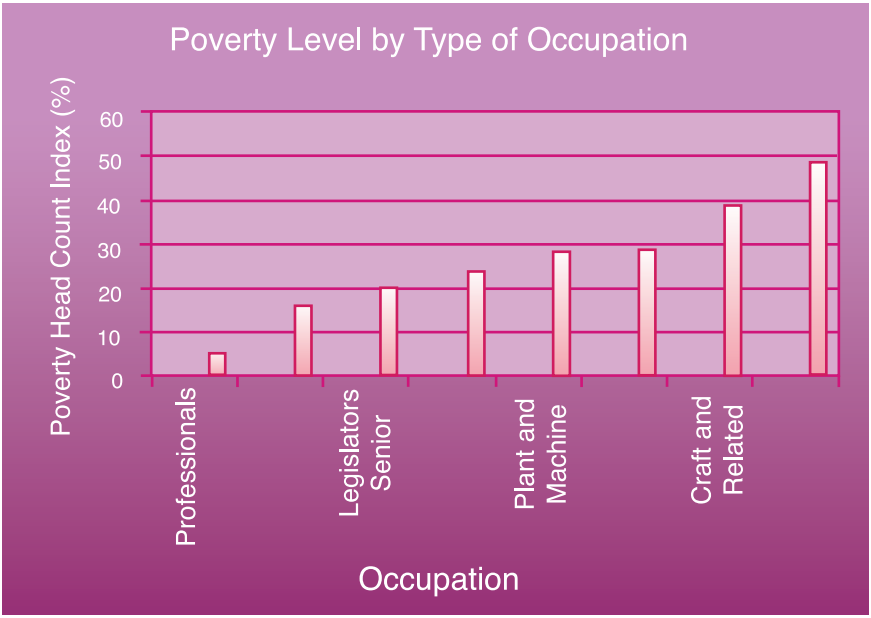
Figure 2.3: Poverty head count index by level of education of household head based on the 2004/05 HICE and WMS



Occupation of head of household versus poverty head count index

Poverty was lowest among household members when the head is in a professional and technical occupation (5.1 and 15.7 per cent, respectively) and highest among those engaged in elementary occupations (48.7 per cent). In general, poverty was below the national average (38.7 per cent) for those persons engaged in clerical works (23.8 per cent), plant and machine operators (28 per cent), service workers and shopkeepers (28.7 per cent). See Figure 2.4.

Figure 2.4: Poverty head count index by occupation of household head based on the 2004/05 HICE and WMS



2.3. The non-income dimensions of poverty among children

2.3.1. Health and nutrition deprivation

Malnutrition among children manifests itself in several ways and there are numerous different measures of nutritional status. One dimension is anthropometry, or the measurement of body size and gross body composition. The basic principle of anthropometry is that prolonged or severe nutrient depletion eventually leads to retardation of linear (skeletal) growth in children and to loss of, or failure to accumulate, muscle mass and fat in both children and adults. These problems can be detected by measuring body dimensions, such as standing height or total body mass (weight). All of these measures are expected to vary by the age and sex of the person measured, so that there is a need for the measurements to be standardized for age and sex before they can be interpreted (Morris, 1999).

Assessments of anthropometry pay particular attention to children under five and under three, since children are especially vulnerable to adverse environments and respond rapidly to changes. In particular, when children do not receive the nutrients they need, their growth is rapidly compromised, with long-term implications on their future productivity. There is a growing body of evidence that indicates the causal link of malnutrition in pre-school children to reduced stature, poorer cognitive functioning and diminished economic productivity in adulthood. Particular attention is paid to two measures of anthropometry: the prevalence of low height-for-age (stunting) and low weight-for-height (wasting) among preschool children. Stunting is a long-term marker, or cumulative indicator of nutritional deprivation arising from a combination of poor nutrition, health, or mother-infant interactions. Wasting, on the other hand, reflects inadequate energy intake, disease-induced poor appetite, mal-absorption, or loss of nutrients and thus is a reflection of current, rather than longer term, factors. For completeness, prevalence of low weight-for-age (underweight) is also reported on in this paper. Underweight among preschool children is a composite measure that captures both elements of long-term nutritional deprivation and short term factors. Attempt has also been made to show the trend in these nutritional measures over the last decade.

The 2004 WMS (CSA, 2004) shows that in 2004, 46.9 per cent of children aged 3 to 59 months were stunted (see Table 2.3). While still unacceptably high, this represents an impressive improvement compared to the rates of stunting observed in 1996. There is a significant difference in the prevalence of stunting in rural and urban areas. While stunting has fallen in both rural and urban areas, it has fallen much faster in urban localities than in rural areas. As in much of Africa, and unlike parts of South Asia, there are no meaningful gender differences in nutritional status of children in Ethiopia.

Table 2.3: Trends in malnutrition

Year	Wasting			Stunting			Underweight		
	Boys	Girls	Both	Boys	Girls	Both	Boys	Girls	Both
Country level									
1996	7.8	6.9	7.3	67.6	63.8	65.7	47.8	42.9	45.4
1998	10.7	8.4	9.6	55.9	53.5	54.7	46.5	43.2	44.9
2000	10.2	8.9	9.6	58.1	55.3	56.7	45.9	44.1	45.0
2004	8.6	7.9	8.3	48.3	45.5	46.9	37.6	36.7	37.1
Rural									
1996	8.0	7.2	7.6	68.4	64.8	66.6	49.3	44.0	46.7
1998	10.8	8.6	9.7	57.4	55.0	56.2	47.9	44.7	46.3
2000	10.4	9.2	9.8	59.4	56.3	57.9	47.6	45.6	46.7
2004	8.8	8.1	8.4	49.9	47.1	48.5	39.1	38.3	38.7
Urban									
1996	6.4	4.1	5.3	61.0	55.5	58.4	35.1	33.6	34.4
1998	9.8	7.2	8.5	42.1	38.9	40.5	32.8	28.7	30.7
2000	7.0	5.8	6.4	44.2	44.7	44.4	26.7	27.4	27.0
2004	6.9	6.0	6.5	31.1	27.9	29.6	21.5	20.0	20.8

Source: CSA (2004) Welfare Monitoring Survey: Analytical Report Statistical Bulletin 339-A

In 2004, 8.3 per cent of children aged 6 to 59 months were wasted. Again, there are no major differences by gender. But unlike stunting, there was no marked difference in wasting of children over the last years (between 1996 and 2004). The difference between rural and urban areas has also remained minimal. According to WMS 2004 (CSA, 2004), the prevalence of low weight-for-age (underweight) among all children was estimated at 37.1 per cent. This too signals extensive levels of malnutrition and is more prevalent in rural areas (38.7 per cent) than in urban areas (20.8 per cent).

Do higher incomes help reduce malnutrition in Ethiopia? Combining the WMS and HICES data sets allowed analysis of malnutrition by level of income and shed an insight into this question. As in other parts of the developing world (Alderman et al; Behrman, Alderman and Hoddinott, 2004) stunting shows some responsiveness to income with prevalence falling from 56.3 per cent for the poorest quintile to 44.1 per cent among the richest quintile. As Table 2.4 and Figure 2.5 show, this reduction

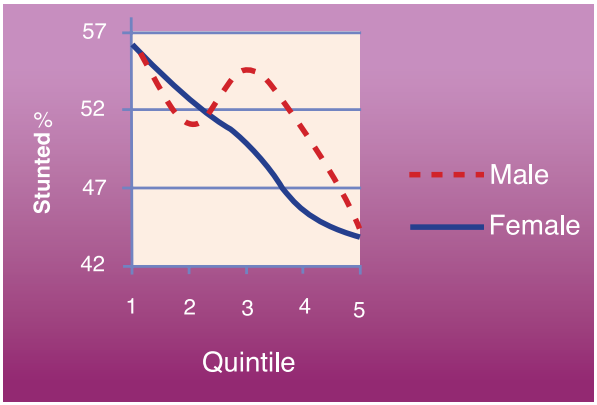
occurs for both boys and girls. In contrast, prevalence of wasting remains almost stagnated across all consumption quintiles.

Table 2.4: Per cent of children below 5 years old who are wasted, stunted and under weighted by consumption quintile and sex, 2004/05

Consumption quintile [7]	Wasting			Stunting			Underweight		
	Both	Male	Female	Both	Male	Female	Both	Male	Female
1st	16.4	15.9	16.9	56.3	56.4	56.2	45.7	44.9	46.5
2nd	15.4	15.4	15.5	51.8	51.0	52.6	42.0	42.8	41.1
3rd	14.6	15.1	14.1	52.2	54.6	49.9	41.4	40.2	42.5
4th	13.6	13.4	13.9	48.2	50.8	45.5	37.2	39.5	34.8
5th	13.8	13.1	14.6	44.1	44.4	43.8	32.0	31.7	32.3

Source: Author's calculations using data from WMS 2004 and HICES 2004/05

Figure 2.5: Per cent of children stunted by consumption quintile and sex, 2004/05



Nutritional status

The poorest segment of the population has fared less for all anthropometric measures (wasting, stunting and underweight). Stunting

[7] Quintiles refer to one-fifth of the population after the population is arranged in ascending order of their level of wealth. The first quintile refers to the bottom twenty per cent of the population while the fifth quintile refers to the richest twenty per cent of the population

which is a measure of long-run malnutrition has declined considerably since 1996. It has declined from about 66 per cent in 1996 to 47 per cent in 2004. In general, stunting has been higher in rural than in urban areas for all years. On average, stunting has been lower among females than males (see Fig 2.6 below).

Figure 2.6: Trends in stunting based on welfare monitoring surveys of 1996 and 2004

Sex	Primary				Secondary			
	1996	1998	2000	2004	1996	1998	2000	2004
Country								
Male	24.0	32.5	35.8	38.9	8.8	10.9	12.2	16.6
Female	17.9	24.6	31.6	36.8	8.7	9.6	10.9	12.4
Both	21.0	28.7	33.8	37.8	8.8	10.2	11.6	14.5
Rural								
Male	17.4	27.0	30.7	34.2	1.9	3.6	5.0	10.6
Female	9.9	17.8	25.2	31.2	0.9	1.5	2.6	5.9
Both	13.7	22.5	28.0	32.8	1.4	2.6	3.9	8.3
Urban								
Male	67.6	76.0	74.1	78.8	48.6	48.6	52.2	50.1
Female	70.2	70.2	74.8	75.8	38.6	44.0	45.3	40.1
Both	68.9	72.9	74.5	77.2	42.9	46.1	48.4	44.5

Table 2.5 demonstrates that the reduction in stunting occurred in all regional States of Ethiopia. There is, however, a significant variation among regional States. The largest percentage improvement was observed in Tigray and Oromia. Relatively lower improvement (less than 3.5 per cent) was recorded in Afar and Amhara. In most of the urban areas of the country, most notably in Addis Ababa, Dire Dawa and Harari, there was especially much improvement in the nutritional status of girls.

Table 2.5: Per cent of children stunted by survey year, region and sex

Region	1999/2000			2004/2005			Per cent change (1999/2000 - 2004/2005)		
	Male	Female	Both	Male	Female	Both	Male	Female	Both
Tigray	57.9	59.8	58.9	50.7	46.2	48.6	-12.4	-22.7	-17.5
Afar	36.8	46.9	41.8	42.6	38.5	40.7	15.8	-17.9	-2.6
Amhara	66.2	63.0	64.6	63.4	61.5	62.5	-4.2	-2.4	-3.3
Oromia	54.9	52.2	53.6	46.3	43.9	45.1	-15.7	-15.9	-15.9
Somali	50.3	45.6	48.0	43.3	42.0	42.7	-13.9	-7.9	-11.0
Benishangul-Gumuz	53.3	49.6	51.4	49.4	44.5	47.0	-7.3	-10.3	-8.6
SNNPR	58.8	54.1	56.5	49.7	49.3	49.5	-15.5	-8.9	-12.4
Gambella	42.5	38.0	40.2	-	-	-	-	-	-
Harari	49.5	44.1	46.9	40.3	28.1	34.7	-18.6	-36.3	-26.0
Addis Ababa	34.4	39.5	36.9	34.2	29.7	31.9	-0.6	-24.8	-13.6
Dire Dawa	39.3	39.4	39.3	31.1	29.3	30.2	-20.9	-25.6	-23.2

Source: Author's calculation; MoFED (2002)

2.3.2. Education deprivation

Table 2.6 shows net enrolment rates by location, sex, survey year and level of education. According to WMS (CSA, 2004), although gross enrolment has increased significantly, net enrolment rates still remain very low, especially in rural areas. In 2004, in rural areas, only one out of every three girls of primary school age was actually enrolled in primary school and only one girl in every twenty of secondary school age girls enrolled in secondary school. The difference in enrolment rates between rural and urban areas is still large at the primary level and extremely high at secondary level. A secondary-school aged boy is five times more likely to be enrolled in secondary school if he lives in urban area than in rural area.

Table 2.6: Net enrolment rates by urban/rural, sex, and level of education

Sex	Primary				Secondary			
	1996	1998	2000	2004	1996	1998	2000	2004
Country								
Male	24.0	32.5	35.8	38.9	8.8	10.9	12.2	16.6
Female	17.9	24.6	31.6	36.8	8.7	9.6	10.9	12.4
Both	21.0	28.7	33.8	37.8	8.8	10.2	11.6	14.5
Rural								
Male	17.4	27.0	30.7	34.2	1.9	3.6	5.0	10.6
Female	9.9	17.8	25.2	31.2	0.9	1.5	2.6	5.9
Both	13.7	22.5	28.0	32.8	1.4	2.6	3.9	8.3
Urban								
Male	67.6	76.0	74.1	78.8	48.6	48.6	52.2	50.1
Female	70.2	70.2	74.8	75.8	38.6	44.0	45.3	40.1
Both	68.9	72.9	74.5	77.2	42.9	46.1	48.4	44.5

Source: Author's calculation; MoFED (2002)

Table 2.7 uses data from the 2004 WMS to explore the relationship between income, as measured by consumption quintiles and enrolment. Table 2.8 also provides further disaggregated information by place of residence (urban/rural). In general, net primary enrolment rises with income, but rises faster for boys than for girls. At the secondary level, there is no significant difference in enrolment rates for girls when moving from the poorest to the richest quintiles. Net secondary enrolment rates increase with income for boys, albeit very slowly.

Table 2.7: Net enrolment rates by consumption quintile, sex and level of education, 2004

Consumption quintile	Net primary enrolment			Net secondary enrolment		
	Total	Male	Female	Total	Male	Female
1	32.6	36.1	28.8	8.4	9.3	7.2
2	38.7	41.7	35.5	8.8	11.6	5.7
3	38.2	38.7	37.8	8.4	10.3	6.2
4	45.6	46.3	44.8	11.4	15.5	7.8
5	46.7	54.6	39.2	8.0	11.8	5.2

Source: Author's calculation; MoFED (2002)

As enrolment rates are lower in rural areas, moving up on consumption quintiles is associated with larger increases in enrolment than comparable changes in urban areas. At the secondary level, girls' enrolment is higher in urban areas than in rural areas. However, in both rural and urban areas, girls' secondary school enrolment rates change very little as income rises. This suggests that other factors, such as proximity of secondary school may play a role in determining the likelihood of girls attend in secondary school.

Table 2.8: Net enrolment rates by consumption quintile, sex, location and level of education, 2004

Enrolment	Gender	Rural consumption quintile					Urban consumption quintile				
		1st	2nd	3rd	4th	5th	1st	2nd	3rd	4th	5th
Net primary enrolment rate	Both Sexes	32.6	38.7	38.2	45.6	46.7	79.5	82.6	80.8	83.9	86.4
	Male	36.1	41.7	38.7	46.3	54.6	80.5	84.9	81.4	87.7	89.1
	Female	28.8	35.5	37.8	44.8	39.2	78.4	80.6	80.3	80.6	84.4
Net secondary enrolment rate	Both Sexes	8.4	8.8	8.4	11.4	8.0	40.9	43.4	42.9	43.7	43.4
	Male	9.3	11.6	10.3	15.5	11.8	43.7	44.7	50.2	50.3	52.0
	Female	7.2	5.7	6.2	7.8	5.2	37.7	42.1	37	39.2	38.4

Source: Author's calculation; MoFED (2002)

2.4. The casual factors that determine child poverty in Ethiopia

Child mortality has been a driving force behind Crude Death Rate (CDR). Infant mortality rate declined from 199/1000 in 1950 to 77 in 2005 (ORC Macro and CSA, 2005). It is estimated that the under five (U5) mortality has declined from 216 in 1984 (CSA, 1984) to 123 in 2005 (ORC Macro and CSA, 2005). Although the precise size of the decline varies across data sources, the reduction of mortality rates for infants and children under the age of five has been substantial over the past years. Yet, there is substantial scope for further rapid declines in mortality with 77 infant deaths before the age of 1 per 1000 live births and 123 children dying before reaching their fifth birthday (ORC Macro and CSA, 2005).

According to World Bank study (World Bank, 2007), which attempted to discern the driving forces that changes the Crude Death Rate (CDR) over

time, it was found that 4.2 out of 22 deaths (estimated crude death rate) per year result from children dying before reaching the age of one; 9.7 out of 22 deaths from children dying between the age of one and four. Altogether, deaths among children under age five accounts for 63 per cent of the total number of deaths in Ethiopia. The corresponding figure for persons in the age category of 15-49 year is only 15 per cent (World Bank, 2007; ORC Macro and CSA, 2000).

2.4.1. Major causes of child mortality

According to a study Report entitled *Ethiopia: Child Survival Situation Analysis 2004* (FMoH, 2005), the proportion of attributable cause of under-five mortality has been estimated as follows: pneumonia (28 per cent), neonatal complications (25 per cent), malaria and diarrhoea (20 per cent each), measles (4 per cent), AIDS (1 per cent), and other causes (2 per cent). Malnutrition, though not recorded as a primary cause of death other than in times of famine, it exerts its influence primarily through exacerbation of other causes such as diarrhoea or pneumonia. The Report indicated that a wider-scale implementation of interventions aimed at reducing malnutrition would reduce the risk of mortality for about 274,000 under five children each year. On the basis of these proportions of attributable mortality, it was estimated that each year in Ethiopia, 132,160 children die from pneumonia, 118,000 from neonatal complications, 94,400 from malaria, 94,400 from diarrhoea, 18,800 from measles, 4,720 from AIDS and 9,440 from other causes (FMoH, 2005).

The study further shows that the causes of child deaths outlined above are compounded by malnutrition and seen from this vantage point, malnutrition accounts for 57 per cent of these deaths and HIV/AIDS for about 11 per cent. Additionally, it was indicated that most of the deaths due to the causes outlined above are preventable (FMoH, 2005).

Looking at child mortality trends from 1960 to 2000, there has been on average a 1.2 per cent annual decline in mortality among children below five years of age (FMoH, 2005). When this trend is compared with the rate of reduction needed to achieve the MDG to reduce child mortality by 2015 (which is about 7 per cent per year starting from 2004), it shows that much more needs to be done to accelerate the pace to the required level (FMoH, 2005).

Looked at from the spatial (regional) dimensions of child mortality in a country as diverse as Ethiopia, child mortality is not evenly distributed across the country. Child mortality is much lower in Addis Ababa and higher in Gambella and Afar regional States (ORC Macro and CSA, 2005). The three largest regions- Oromia, Amhara and SNNPR - altogether accounted for over 80 per cent of the child deaths. Thus, progress towards the child survival MDG in Ethiopia would not be realized without bringing about significant change in these regions.

2.4.2. Socio-economic determinants of child mortality

A host of factors affect child mortality, which among others, include gender, birth order, birth spacing, multiple births (individual characteristics); nutrition status, genetic endowments, education and income of parents, and health knowledge and practices (household characteristics); and quantity and quality of water provisions, sanitation services, and access to health facilities (community characteristics).

The relative importance of these different factors in determining the probability of dying before the age of five was estimated by the World Bank (World Bank, 2007) using data from DHS 2000 (ORC Macro and CSA, 2000). According to the findings of the research, the following key issues were observed:

a) Girls from rural areas are 2.2 percentage points less likely to die before reaching age five compared to boys;
b) Particularly in rural areas, infant and child survival would benefit from postponement of early motherhood;
c) There is a strong positive effect of mother's education on both child and infant mortality;
d) Mothers in rural areas with an additional four years of education are 4.8 to 6.4 percentage points less likely to see their children die before the age of five;
e) Mother's nutritional status also affect under five child mortality rates;
f) Access to clean water is an important determinant of child mortality;
g) There was no evidence of a strong discernable effect of access to sanitation on child mortality rates;
h) Electricity is associated with reduced child mortality in both rural and urban areas.

These findings provide indications on the possibility of substantially reducing infant and under-five mortality in Ethiopia. In addition, a simulation exercise conducted by the World Bank (World Bank, 2007) to assess the impact of giving all mothers a four years of education and providing access to safe drinking water (piped water) to those households which currently use surface water showed that these interventions together would reduce child mortality by 6.8 percentage points in rural areas and 2.5 percentage points in urban areas.

III. Review of policy and strategy experiences and achievements

3.1. The National Plan of Action (NPA) for Children

In line with the Recommendations of the 27th General Assembly of the United Nations Special Sessions held in May 2002 which adopted a Resolution *A World Fit for Children,* the Government of Ethiopia formulated a National Plan of Action (NPA) for Children (2003-2010) and was issued in 2004. According to the Ministry of Labour and Social Affairs (MoLSA), the NPA was prepared with the participation of all stakeholders including children themselves (MoLSA, 2004).

This latest NPA has been the second in the series prepared on the basis of the assessments of its predecessor: *The National Programme of Action (NPA) for Children* which spanned the five year period, 1996-2000.This was prepared with focus on the theme of the 1995 World Social Summit *The Survival, Protection, and Development of Children.* According to the Assessment made, previous NPA (1996-2000) was not adequately implemented (MoLSA, 2004). It was also noted that the weakness of the implementation of the Programme of Action was mainly due to unrealistic targets, inadequate resources and lack of clear defined duties and responsibilities to the specific institutions involved in the programme. It was also indicated that the Ethio-Eritrea border conflict (1998-2000) had also further weakened implementation capacity.

The NPA for Children (2003-2010) has focused on four major themes that the UN Special Session on Children agreed on:

a) Promoting healthy lives
b) Providing quality education
c) Protecting against abuse, exploitation and violence
d) Combating HIV/AIDS

3.2. The national strategy for child survival

The Federal Ministry of Health issued a National Strategy for Child Survival in July 2005. This strategy was the outcome of the National Child Survival Conference held from April 22-24, 2004. The overall objective of the strategy is to reduce mortality rate among children below five to 67 per

1000 live births by 2015, which amounts to a 52 per cent reduction from the level in 2004. The Health Service Extension Programme (HSEP) launched in 2004 is the main pillar of the child survival strategy for increasing access to preventive and basic essential curative health services to the majority of the under served population, particularly in the remote rural areas of the country.

The specific objectives of the strategy are:

a) To proportionally reduce the neonatal, infant and child mortality rates while achieving the overall objectives
b) To ensure the greatest possible reduction of mortality among children of the poorest and most marginalized sections of the population
c) To contribute to the reduction of maternal mortality to achieve the Millennium Development Goals (MDGs) by 2015
d) To ensure the availability of quality essential health care for women and children in the community and health facilities

Although the success of the National Strategy primarily hinges on the functioning of the health system, it was noted that long-term gains will also depend on progress in the other areas of socio-economic activity including reducing poverty, improving food security, raising levels of maternal education and the status of women in society, and the provision of safe water and sanitation.

Accordingly, the strategy envisages interventions that start at the community and Health Post level given that much of the preventive and promotional work is the responsibilities of health extension workers. These actions are in turn to be supported by the health centre staff (the second tier) through the provision of referral care, technical support and close collaboration with the HEWS. The district hospitals (the third tier of the health system) have important roles in referral care, training and in operational research. The strategy, therefore, requires actions to build and maintain the capacity at all three levels. The district (Woreda) Health Office will be strengthened to effectively plan, support and monitor the necessary actions and inputs at all three levels. The focus will be on overcoming the major bottlenecks of access to care, increasing availability of skilled human resources, increasing supply and logistics, system strengthening for the effective supervision and the referral of women and children who need higher level care.

The strategy is contingent on the implementation of the HESP and the Primary Health Care (PHC) expansion plan. Progress in those areas according to plan will enable 85 per cent of the population to have access to essential care. The strategy takes the PASDEP period (2005/06-2009/10) as its first phase, the second phase being aligned to the second five year phase of the PASDEP running from 2010/11 to 2014/15. The strategy also proposed close monitoring of the implementations of its interventions and their impact with frequent reviews of progress.

Full implementation of child survival interventions as planned by 2009 is expected to achieve mortality reductions of children less than five years of age by 48 per cent from the current level which is very close to the MDGs target of 52 per cent reduction by 2015. This level of achievement will require investing an average marginal cost of US$ 2.43 per capita per year over the four year period ending in 2009.

By investing an average marginal cost of US$ 3.53 per capita per year over the ten-year period ending in 2014/15, Ethiopia could achieve a 61 per cent reduction of under-five mortality by 2015 which exceeds the MDG target in this regard. Besides, these interventions will contribute to the reduction of Maternal Mortality Rate (MMR) by 23 per cent during the first

Table 3.1: Summary of mortality reduction and marginal cost by service delivery mode

Service delivery mode	Under five mortality reduction*		Maternal mortality reduction*		MC per capita per year ($US)		Average MC per capital
	2005/06 -2009/10	2010/11 -2014/15	2005/06 -2009/10	2010/11 -2014/15	2005/06 -2009/10	2010/11 -2014/15	per year ($US)
Family-/ community-based care	27.0	32.0	1.8	2.6	0.83	1.72	1.27
Population -based outreach	11.0	15.0	4.7	7.2	1.04	1.26	1.15
services Clinical based care	15.0	28.0	17.4	30.2	0.56	1.65	1.10
Total	48.0	61.0	22.6	36.8	2.43	4.62	3.53

* The reduction is expressed in percentage
Source: Federal Ministry of Health (2005)

phase (2005/06 - 2009/10), and 37 per cent in the second phase (2010/11 - 2014/15). It is to be recalled that MDGs calls for a three-fourth reduction in MMR by 2015 from its 1990 level.

It has been noted in the strategy that these achievements are contingent up on effective implementation of the selected key interventions taking in, to consideration the following five critical assumptions:

- The government of Ethiopia and national and international child survival partners will commit themselves to doubling resources for child survival.
- The child survival strategy being highly dependent on the implementation of the HSEP, it has been assumed that it will be carried out in an optimal manner by recruiting and training community health workers so that they become the back bone of community health services.
- According to the Ministry of Health plan, the expansion of primary health facilities including health post, first level and second level referral health facilities as well as training and development of adequate human resources will be fully realized by the year 2009
- There will be a strong partnership for child survival between the MoH, UN, multilateral and bilateral organizations and NGOs that are based in Ethiopia.
- It is also planned to use a common Plan of Action as well as Monitoring and Evaluation system.

3.3. Population policies, strategies, and goals

The National Population Policy guides the overall approach with the main objective of matching the country's natural resource with the population growth rate. As noted in Ethiopia's Five Year Development Plan (PASDEP), the Government focused on reducing total fertility rate to 4 by the year 2015; increasing the contraceptive prevalence rate to 44 per cent by 2015; and reducing maternal, infant and child mortality and morbidity rates (MoFED, 2006). The policy emphasizes the following population activities that require priority attention: improvement in the quality and scope of reproductive health service delivery; population research, data collection and dissemination; expansion and strengthening of domestic capacity for training in population; and expansion of Information, Education, Communication (IEC) activities and social mobilization.

The National Population Policy goals and targets include:

- Reduce the current total fertility rate to approximately 4.0 by 2009/10.
- Increase the prevalence of contraceptive use from the current rate of 15 per cent to 60 per cent by 2009/10.
- Reduce maternal, infant and child morbidity and mortality rates as well as promote the level of general welfare of the population.
- Significantly increase female participation at all levels of the educational system; and remove all legal and customary practices militating against the full enjoyment of economic and social rights by women.
- Ensure spatially-balanced population distribution patterns with a view to maintaining environmental security and extending the scope of development activities.
- Mount an effective countrywide population information and education programme addressing issues pertaining to small family size and its relationship with human welfare and environmental security.

3.4. Review of recent achievements, challenges, and prospects

3.4.1. On the income dimensions of poverty

What has been discussed above on the status of child poverty was based on the nationally representative surveys carried out by the Central Statistical Agency (the 2004/05 HICES and Welfare Monitoring Surveys). However, four years have elapsed since then and does not show the most recent changes are not shown. Secondary data has been used and discussed to provide information on the most recent situations and shed light on the current state of children in Ethiopia.

One may ask what changes have taken place since 2004/05 on both the income and non-income dimension of child poverty. With regard to the income dimensions of poverty, the economic landscape of the country has witnessed significant developments during the last two years. The Ethiopian economy has registered a growth rate of over 10 per cent per annum over the last four years in a row while the PASDEP target was 7 per cent on average over the planning horizon. Overall, real GDP growth rate for the first two years of the PASDEP (2005/06 through 2006/07) averaged 11.5 per cent. Although the major sources of growth in the

economy has been agriculture, it has also been complemented by strong performance in manufacturing, construction, and service sectors (particularly trade and tourism, banking and insurance, real estate and as well as education and health). Small and medium enterprise development has also been enhanced during this period.

The construction boom supported by significant push in private sector investment expansion and increased public investment in infrastructure (roads, rural development and food security including the productive safety net programme, telecom, power, and irrigation, etc) has helped enhance income earning capacity of both the rural and urban poor. Improved infrastructure (roads) and rural connectivity (telecom) coupled with the development of cooperatives has also helped improve farmers' bargaining power in selling their produce at local markets. On farm and off-farm diversification has also helped farmers augment their income.

The wide-ranging and multi-faceted pro-poor programmes that have been implemented in rural areas, such as menu based extension programme to support commercialization of smallholder agriculture, expansion of cooperatives, the Food Security Programme, and the recent Productive Safety Net Programme, among others. Employment expansion through small and medium enterprise development and job creation through the construction of low cost houses in Addis Ababa which was subsequently replicated to other regional towns. This scheme is primarily aimed at the ultra- poor in urban areas with limited training and medium level technical skills. Given these developments in both urban and rural areas, the current poverty head count could be lower than what was estimated using the 2004 surveys.

3.4.2. On the non-income dimension of poverty

Given that the HICE and WMS data sets are the major sources of data to update the poverty status of the country and that the latest available information has been for 2004/05 on the non-income dimensions of poverty, the welfare status of children could be ascertained based on data generated from administrative official sources on education, health and nutrition, as well as access to clean water and sanitation.

3.4.2.1. Education

According to the Ministry of Education (2006), at the pre-primary level, of the total estimated 6,959,935 children of the appropriate age group (children of ages 4-6) in 2005/06, only about 186,728 children (2.7 per cent) have been reported to have access to pre-primary education in 1794 kindergartens across the country. In 2000/01, only 2 per cent of pre-school children were enrolled at the pre-primary level. At 2.7 per cent by the end of 2005/06, not much improvement has been witnessed since the early 2000. Looking at the spatial dimension of pre-primary school enrolment rates, in 2005/06, enrolment in the pre-primary education ranges from the lowest for Afar Regional State (0.5 per cent) to the highest for Addis Ababa City Administration (40.3 per cent MoE, 2007).

The number of students in primary schools increased from 4.5 million in 1996/97 to 14 million (more than threefold) by the end of 2006/07 taking the gross primary enrolment ratio from 34.5 per cent in 1996/97 to 91.6 per cent in 2006/07. First cycle (1 to 4) Gross Primary Enrolment Rate (GPER) for girls has increased from 68 per cent in 1998/99 to 111.3 per cent in 2006/07 while Net Primary Enrolment Ratio (NER) or enrolment for school age children (7-14) has increased from 51.2 per cent in 2001/02 to 78.6 per cent in 2006/07. The main reason for the success in access to primary education has been the increase in the number of primary school to 21,000 in 2006/07 from 10,204 in 1996/97. This has been facilitated by constructing more than 80 per cent of the schools in rural areas where the demand for education is high. Moreover, community awareness and participation towards girls' education seems to have contributed for the reported success rates.

Table 3.2: Trends in GER at primary level

Year	Primary 1st Cycle (1-4)			Primary 2nd Cycle (5-8)			Primary (1-8)		
	Boys	Girls	Both1	Boys	Girls	Both	Boys	Girls	Both
1998/ 99	82.9	52.6	68.0	27.3	16.8	22.1	55.9	35.3	45.8
1999/ 00	88.6	61.0	75.0	31.9	19.3	25.7	60.9	40.7	51.0
2000/ 01	95.3	70.2	83.0	38.3	22.9	30.8	67.3	47.0	57.4
2001/ 02	96.2	73.3	84.9	45.4	27.4	36.5	71.7	51.2	61.6
2002/ 03	94.6	73.5	84.2	52.5	31.9	42.4	74.6	53.8	64.4
2003/ 04	95.2	78.3	86.9	57.0	36.9	47.1	77.4	59.1	68.4
2004/ 05	109.8	95.5	102.7	62.0	42.6	52.5	88.0	71.5	79.8
2005/ 06	123.9	111.2	117.6	67.4	49.8	58.8	98.6	83.9	91.3
2006/ 07	123.3	111.3	117.4	67.7	53.1	60.5	98.7	85.0	91.6

Source: Ministry of Education annual reports for the respective years

With the substantial success in raising enrolment rates, educational quality appears to be the main challenge of policy makers. Regional disparities in access to education have been another challenge. For instance, by the end of 2006/07, gross enrolment rate in underserved regions such as Afar and Somali stood at 39 and 49 per cent, respectively. To overcome the challenge of addressing regional equity in access to education, alternative basic education programmes that suits the living styles of pastoralist children has been designed and implemented over the years. This has helped bridging gaps between advanced regions and underserved regions.

To overcome the quality challenge, programmes have been designed and implemented over the years including upgrading teacher's quality and increasing the number of teachers through on job training and summer training. Accordingly, pupil-teacher ratio for grades 1-4 reached 64:1 in 2006/07. Student text book ratio reached 1.25:1 from 2:1 in early 2000/ 01. However, high dropout rate and high repetition rates have still remained challenges for primary education. Grade one dropout rate averaged about 22 per cent by the end of 2006/07 while average repetition rates for both girls and boys for grades 4 to 8 stood at 8.7 per cent. Average repetition rate for girls for grades 4 to 8 stood at 8.4 per cent. The Plan in ESDPIII was to reduce repetition rates for grades 4 to 8 to 4.11 per cent for both boys and girls and to 4.7 for girls by the end of 2006/07. However, achievement has fallen short of the planned target by about 50 per cent. Grades 5 and 8 completion rates averaged about 65 and 43 per cent by the end of 2006/07.

Table 3.3: Net enrolment rate at primary (1-8) level by region, 2005/06

Region	Male	Female	Both
Tigray	85.0	88.8	86.8
Afar	16.6	14.5	15.6
Amhara	77 2	76.4	76.8
Oromia	83 7	70.5	77.2
Somali	31.3	22.5	27.2
Benishangul-Gumuz	91.7	77.3	84.7
SNNP	83.5	66.9	75.2
Gambella	110.0	77.9	94.5
Harari	92.1	77.1	84.8
Addis Ababa	94.7	107.7	101.2
Dire Dawa	64.7	55.6	60.3
Total	**78.0**	**69.8**	**73.9**

Source: Ministry of Education Annual Report 2005/ 06

mprovement has also been registered in secondary education enrolment in both phases of secondary enrolment. Accordingly, in 2006/07, first cycle gross secondary enrolment reached 36.2 per cent. Despite the fact that the total number of secondary schools in the country increased to 971 in 2006/07 from 386 in 1998/99, not much improvement has been realized in student section ratio. This has been in part owing to the fast growth in student enrolment than the construction of new secondary schools. Similarly, student teacher ratio has been declining. This has had negative impact on the quality of education. Secondary school intake capacity increased to 101,791 in 2006/07.

With regard to TVET, with increasing the construction of new TVET centres, annual intake capacity increased to 73,969 (male 43,876 female 30,093) in 2006/07. With the construction of new universities; upgrading the existing ones and recognizing private sector participation, higher education intake capacity has significantly increased over the years. The number of Government-run universities reached 21 by the end of 2006/07 from just 2 in the early 2000. By the end of 2006/07 academic year, annual intake capacity of universities reached 48,506 (male 34,511 female 13,995). Accordingly, the total number of students in universities reached 180,000 in 2006/07.

3.4.2.2 Health and nutrition

With regard to health, primary health care service coverage reached 87 per cent in 2006/07 from well below 50 per cent in 2000/01. According to the Federal Ministry of Health (FMOH,2007), the coverage for DPT3, Measles, and fully immunized children showed consistent increase over the last years and reached in 2006/2007 at 73 per cent, 65 per cent, and 53 per cent, respectively. Owing to the rigorous prevention and control measures undertaken, the proportion of households in malaria prone areas with access to insecticide treated bed nets reached 91.3 per cent in 2006/07 from almost nothing two years a go. HIV/AIDS prevalence rate has declined from 7.3 per cent in early 2000 to 2.1 per cent by the end of 2006/07 while the MDGs target is to contain the prevalence rate at 4.4 per cent. Postnatal care coverage increased to 19 per cent in 2006/07 and proportion of deliveries attended by skilled health personnel increased to 16 per cent in 2006/07. A consistent increasing trend has

been witnessed in the contraceptive prevalence rate from 14 per cent in 2001/02 to 33 per cent in 2006/07. In 2006/07, per capita OPD attendance rate stabilized at 0.32.

IV. Conclusion and recommendations: What can be done and what are the opportunities for action?

4.1. Are there policy gaps?

As has been already noted, children and young people (0-18 years of age) constitute about 50 per cent of Ethiopian population and have distinct developmental needs and experiences of poverty and calls for a special policy focus. In line with this, as noted in Ethiopia's Five Year Development Plan entitled *"Plan for Accelerated and Sustained Development to End Poverty-PASDEP (2005/06 - 2009/10),"* the Government seems to have well recognized the multi-dimensional nature of child poverty/welfare as well as the differential impact of government policies, strategies and programmes on the poor in general. The need for a special policy focus on child poverty/welfare cannot be more emphasized than what is in the statement that reads "It is important to recognize that *poverty reduction policies with a general focus on the poor may not automatically address childhood poverty in its entirety.* In order to tackle poverty in a holistic and child-sensitive manner, it is important to consider the *potentially differential impact of economic growth and poverty reduction policies within the household -on adults and children, males and females."* (PASDEP, p175)

Another statement worth citing in PASDEP which emphasized the importance of addressing childhood poverty as a prerequisite to break the cycle of poverty in the long-run in Ethiopia reads as follows *"Moreover, poverty in its many dimensions affects diverse groups including children in different ways - girls and boys, urban and rural children, able-bodied and disabled children and children of different ages. It is also important to recognize that children born into poverty are more likely to become impoverished adults and in turn pass on their poverty status to their children. Tackling childhood poverty can break long-term cycles of poverty -both life-course poverty and the inter-generational transmission of poverty."* (PASDEP, p175)

The approach to addressing the poverty agenda in holistic manner is clearly articulated in the eight overarching pillar strategies of the PASDEP:

a) Building all-inclusive implementation capacity
b) A massive push to accelerate growth

c) Creating the balance between economic development and population growth
d) Unleashing the potential of Ethiopia's women
e) Strengthening the infrastructure backbone of the country
f) Strengthening human resource development
g) Managing risk and volatility
h) Creating employment opportunities

As noted above (Chapter III), in order to address the concern of children in a coordinated manner, Ethiopia has formulated the National Plan of Action for Ethiopian Children (2003-10). It has been clearly stated in the PASDEP that the National Plan of Action for Ethiopian Children will be reviewed, implemented and monitored during the period of the PASDEP. The obvious question one may ask is about the extent to which this has been realized on the ground. There do not seem to be gaps in terms of policy directions in addressing children's agenda. However, there still seem to be gaps in implementation and this revolves around two broad and related issues: limitations in proper mainstreaming of children's and women's agenda into sectoral programmes and projects; and coordination (both vertical and horizontal at all levels of government) among pertinent sector institutions during implementation of programmes and projects.

4.2. Are we on the right track? Implementation challenges and opportunities for action

A holistic approach is critical to address children's developmental needs given the highly cross-cutting nature of children's issues which are further compounded by various household characteristics including their parents' socio-economic status, location, etc. Accordingly, Ethiopia has given focus to universal access to primary education, primary health services, reproductive health and family planning, rural broad-based growth, small and medium enterprise development, food security, and gender equity all of which have positive impact on children. The PASDEP includes many of the elements relevant to children's welfare, for example, through improved school participation, child health and HIV/AIDS interventions, as well as selected programmes designed to protect children from abuse, exploitation, and violence; to improve the situation of children in especially difficult circumstances, such as those orphaned or affected by conflict; and to protect children from harmful traditional practices.

As noted above, according to the latest poverty analysis results based on the 2004/05 HICE & WMS data sets, poverty incidences among children are on average higher than that among the total population. Anywhere and at any point in time, a child is likely to be poorer than an average adult seen from any dimension of poverty. As shown in Table 2.1 above, both in rural and urban areas as well as at national level in both 1999/2000 and 2004/05, child poverty was well above the national poverty rates. At national level, in 1999/2000, child poverty stood at 47 per cent while total poverty averaged 44.2 per cent. After five years (in 2004/05), national child poverty incidence declined to 42.1 per cent while total poverty averaged 38.7 per cent. As shown above, the poverty linkage analysis (between education level of household heads and level of poverty) has also shown that poverty incidence is on average lower for households with higher level of education. This shows how the growth effort and the human development effort complement each other in addressing the poverty eradication agenda in Ethiopia.

In regard to human development objectives (Goals 2 to 6), which have had direct bearing on children's welfare, several assessment studies conducted indicate that Ethiopia would meet Goal 2 of the MDGs well ahead of the MDGs time line. This is because gross primary enrolment has been increasing at the rate of over 9 per cent during the last two years while the required rate of change to achieve universal access by 2015 is 3.8 per cent per annum. The growth in primary enrolment averaged over 12 per cent during the pre-SDPRP period and 5 per cent during the post-SDPRP period (2005/06 - 2006/07).

Mortality rate among children under 5 years of age has been declining at the rate of 6.5 per cent while the required rate of change is 7 per cent. The pre-SDPRP period witnessed a slow down in the average rate of decline in child mortality (about 1 per cent) whereas the decline had been accelerated during the post-SDPRP period (at the rate of about 5 per cent per annum).

At this juncture, it would be appropriate to reflect on how the recent progress in Ethiopia fares compared to what has been observed in other regions of the world particularly with that of Sub-Saharan Africa (SSA). According to UNICEF (The State of the World's Children 2008: Child Survival December 2007), progress for the Region has been reported as insufficient. In addition to having by far the highest rate of child mortality

(on average), 1 in every 6 children dies before age five. The region as a whole has shown the least progress since 1990, managing to reduce the burden of children mortality by only 12 per cent between 1990 and 2006.

What has even become a concern is that a number of countries in the SSA Region are still registering increases in under-five mortality rates. According to the Report, in 2006, 49 per cent of all deaths of children under age five occurred in sub-Saharan Africa, despite the fact that only 22 per cent of the world's children are born there. According to the same Report, the Eastern and Southern Africa region has fared better than that of Western and Central Africa Region although the progress has been still insufficient at the level of the sub-region. According to this same Report, Ethiopia has been reported to be among countries that have been able to reduce mortality among children below five years of age by about 40 per cent during the 16 year period (1990-2006). This is tantamount to an average decline of 2.5 per cent per annum during the 16 years period. The recent decline as noted above (since the on set of the SDPRP) averaged over 5 per cent per annum. If the momentum in the recent trend is maintained, Ethiopia would be able to meet MDG4.

Access to clean water has been increasing at the rate of 7 per cent per annum while the required rate of change to meet the MDGs has been 6.5 per cent per annum. Access to clean water had been increasing at the rate of about 1 per cent per annum during the pre-SDPRP period while it accelerated at the rate of 6.5 per cent during the post-SDPRP period. Thus, as has been noted already, the progress in recent years has been over the required rate of change and way above past trends for most MDGs.

The opportunities for action in achieving children's developmental needs include: the ambitious and still well thought out programmes being implemented in the areas of food security and rural development, Health Extension Package, Urban Housing Programmes, Universal Access Programme for Water Supply, rural roads, electricity, telecommunication, women and youth packages, and MSE development.

On the other hand, the challenges as noted above include the limited or in some instances lack of coordination in the implementation of these cross-cutting programmes that have had far-reaching implications on children's developmental needs. There is also a need for further mainstreaming of children's issues into sector development programmes such as education,

health & HIV/AIDS, water and sanitation, roads, etc. Mainstreaming may have been done at the programme formulation level, but what is equally important is the need for coordination during programme implementation. The recent move by the three ministries that sign a memorandum of understanding - Ministry of Education, Ministry of Health, and Ministry of Water Resources-to coordinate their activities has been commendable. Despite the recent moves to delineate roles and responsibilities, there still seems to be coordination gaps in the activities of the Ministry of Health and that of the Ministry of Agriculture and Rural Development in the areas of nutrition which has had direct bearing on child welfare in Ethiopia. The engagement of the Ministry of Labour and Social Affairs and its regional counter parts vis-à-vis other pertinent ministries (such as Ministries of Health, Education, Water Resources, Agriculture and Rural Development, etc) during planning and programme formulation and subsequent implementation seems to be very loose at best.

4.3. Key findings and recommendations

Child poverty has rarely been differentiated from general poverty and its special dimensions are seldom recognized. There is, therefore, a need for a multi-dimensional approach (analysis of the linkages among the various dimensions of poverty) and disaggregated analysis of both the income and non-income dimensions of poverty and inequality among children. For instance, one of the key finding in this exercise is that poverty incidence among children (under 18 years old) is on average higher than that of overall poverty incidence (among children and adults taken together). It is also interesting to note that these finding is true across both time and space (between 1999/2000 and 2004/05 and for rural and urban areas).

However, the decline in child poverty incidence has been on average relatively faster than the decline in income poverty for the total population between 1999/2000 and 2004/05. The impact of human development (education) on growth and poverty reduction seems to have been already felt as shown by the negative correlation between levels of education of household heads and poverty head count indices. Malnutrition as measured by child stunting has declined by 19 percentage points (from 65.7 to 46.9) between 1996 and 2004, which is equivalent to an average rate of decline of 2.1 per cent per annum. This, seen against the annual average real GDP growth rate of 5.5 per cent registered during the decade

ending in 2005 (World Bank, 2006), seems to be a reflection of the impact of growth on poverty reduction.

The recent accelerated decline in under five mortality (over 5 per cent on average) is also another reflection of synergy between growth and human development efforts as well as improvements in access to social services and basic infrastructure (such as roads and rural connectivity). Ethiopia's stand relative to the SSA region in respect to under five mortality has also been found to be encouraging. The required rate of decline for the SSA region for the remaining MDGs period is 10.5 per cent per annum. For Ethiopia, the corresponding rate is about 7 per cent per annum, which is 2 percentage points less than the observed rate. There is an indication that concurrent and all rounded effort is a way out to achieving the poverty eradication agenda in general and child poverty in particular.

Review of the policies and strategies under implementation that have had direct bearing on child welfare has indicated that mainstreaming child and women issues in sectoral programmes and coordination during programme design and implementation have continued to be challenges with far-reaching implication in sustaining hither to achievements.

The following recommendations emerge from the discussion in this study paper:

a) As noted earlier, children account for a significant proportion of the poor. It has been shown that poverty has been transmitted within society through children (inter-generational poverty) as the likelihood of a child of the poor being poor in the future is significant. Thus, *enhancing the ongoing pro-poor growth agenda is one important avenue to break the cycle of poverty in general and child poverty in particular.* The on-going human development effort (education, health and HIV/AIDS, water and sanitation), infrastructure expansion (roads and rural connectivity) needs to be further enhanced both in terms of expanding access to the services as well as improving the quality of service delivery. Besides, given that children's issues are highly interlinked to the situation of Ethiopian women, the designing and implementation of *well structured and comprehensive women-focused programmes and projects* (such as the Women and Youth Packages) is of paramount importance to enhance the employability and, more importantly, the

earning capacity of women. This would help women in general (including women headed households) particularly in urban areas to build assets and redress the increasing inequalities, which has to an extent dampened the poverty-reduction impact of growth in recent years in urban areas. As women and children constitute the bulk of the working poor, creating decent jobs is of paramount importance. The on-going small and medium enterprise development endeavour needs to be enhanced as women and youth are the main beneficiaries of this scheme. This would help significantly improve the situation of children in Ethiopia. As children are the most affected by economic shocks (such as drought and price shocks), *the ongoing effort being waged to addressing risks and shocks at the level of the whole economy, community level, and household level needs to be further mainstreamed and enhanced.* Youth dependency is a significant challenge, with far-reaching implication on saving and enhancing future growth, so *family planning efforts needs to be enhanced and sustained to balance population growth with the growth of the economy.* Thus, the pent up demand for family planning needs to be bridged with special focus on rural areas by creating awareness among women.

b) Strengthening the institutional capacity of the Departments of Mothers and Children's Affairs at both national and regional levels to coordinate and implement children's rights policies effectively. Further, in line with the decentralisation process, districts (Woredas) are focal areas of implementation and coordination. Therefore, establishment of permanent committees within the Woreda administration with clearly defined duties and responsibilities will enhance the implementation of children's rights, particularly to majority of children living in remote rural parts of the country.

c) The need to further focus on a disaggregated data and analysis which encompasses both adults and children from all walks of life (including orphans, children with disabilities and other children who are under difficult circumstances), by income groups of households (quintile), by areas of residence (rural-urban), family size, child-headed households, child poverty by education level of households, child poverty by age of the child, etc. Survey strategies by the CSA needs to be designed in such a way that data sets from such

surveys help undertake disaggregated analysis to inform public policy that is aimed at addressing children's agenda in a holistic manner;

d) Child poverty needs to be differentiated from poverty in general and its special dimensions be properly understood. As noted in this paper, when it comes to children, poverty need not be confined to deprivation of basic goods and services alone as has been conventionally understood, given that breaking the cycle of poverty (inter-generational poverty) calls for squarely addressing childhood poverty. The message is that when it comes to issues that concern children's wellbeing, special treatment needs to be accorded to the design of policy interventions as well as in conducting analysis that informs policy interventions;

e) Effective implementation of policies and strategies pertinent to child welfare such as the Population Policy, the National Plan of Action for Children (2003-2010), the National Strategy for Child Survival calls for closer coordination both (horizontally across government executive bodies and non-state actors at a given level of administration) and vertically (Government executive bodies and non-state actors at the different levels of Government) among the different actors. The desired level of has been at best loose and worse non-existent.

f) The HICE and WMS have been and are being currently conducted every five years. In respect of enhancing the Monitoring and Evaluation system to assess the situation of children on a regular basis, there is a real need to conduct HICE and WM type surveys of national scope in the interim years (half way during the survey cycle) to update poverty/welfare status of the people in general and children in particular in a more frequent manner given the dynamism that is being witnessed in the Ethiopian economy in recent years. There is also a need to undertake panel surveys as a subset along with these interim surveys.

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