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NATIONAL POPULATION POLICY

*National Population Policy of Ethiopia, Addis Ababa, Ethiopia,
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PREFACE

Since the Transitional Government of Ethiopia came to office in May 1991, a number of steps have been taken and policy instruments formulated first to rehabilitate the shattered social and economic infrastructure and secondly to lay down a strong foundation for sustainable development in the years ahead. The official adoption of the National Population Policy is an important aspect of this all round exercise.

This policy has for its major goal the harmonization of the rate of population growth and the capacity of the country for the development and rational utilization of natural resources thereby creating conditions conducive to the improvement of the level of welfare of the population. The setting of this broad goal is premised upon the realization and acceptance by the government of the importance of demographic factors in development planning and services.

The task of harmonizing the rate of population growth with the tempo of economic and social development requires the involvement and collaboration of a number of governmental and non governmental agencies. The general objectives specified in the policy cannot be handled without reference to the need for a well defined division of labor among these agencies.

While the publication of this policy represents a significant step towards the attainment of major goals, the development of specific programmes of action and their implementation represent the most important phase of the exercise. This is the point at which domestic and international technical and financial input will prove to be vital.

Tamirat Layne,
Prime Minister

1. BACKGROUND

The combined forces of political turmoil, adverse climatic conditions and an all round decline in productivity in all sectors of the economy reduced the population of Ethiopia into a state of abject poverty. There has not been any time, since the early 1980s when the economy grew at a rate higher than that of the population. GDP grew at an average rate of 2.7% between 1965 and 1980 and at 1.9% between 1980 and 1989.

Available data indicate that the population increased fourfold between 1900 and 1988. At the beginning of the present century the crude rate of natural increase was estimated at 0.3% per annum. This was a far cry from the 2.9% a year suggested by the 1984 census. The total population in 1900 was estimated at 11.8 million. It took 60 years for this to double to 23.6 million in 1960. It took only 28 years for the population in 1960 to double to 47.3 million in 1988 and at 2.9% between 1980 and 1989. If the prevailing fertility rate continues and mortality declines as would be expected under normal conditions, it is projected that the population of Ethiopia may grow at the rate of 3.1% or more a year during the remaining part of the present century.

Two demographic factors responsible for this dramatic growth are a continuing high birth rate and slowly declining mortality rate. Available data indicate that total fertility rate increased from 5.8 children per woman in 1970 to 7.7 children at present. Since there are no indications that the high fertility status of the Ethiopian population will change significantly within the foreseeable future, particularly in the absence of effective fertility regulation programmes, growth rates even higher than is the case at present are to be expected during the rest of the present decade and well into the early decades of the 21st century.

Fertility varies considerably by region and residence. Total fertility rate ranges between 5.1 children per woman in Wollo and 9 in Bale. In some of the regions such

as Arsi, Bale, Gamo Gofa and Hararghe, the difference between rural and urban fertility are significant.

Both rural and urban fertility seemed to have increased significantly between 1970 and 1990. While it is highly plausible to attribute this increase to improved data collection systems, it is also possible that fertility has actually increased over the decade as a response to generally improved health conditions among which is the reduction in the prevalence of some deadly sexually transmitted diseases. It is often assumed that there has been a slow but persistent decline in the level of mortality in the last two decades or so. But this claim is often, but perhaps, justifiably disputed on the grounds that decades of war and natural disasters can only push death rate up instead of down, Mortality, measured in terms of a number of indicators such as the crude death rate and infant mortality rate, continued to be high and life expectancy at birth remained low even by Sub-Saharan Africa standard.

Between 1970 and 1981 the crude death rate declined by only two points, while the infant mortality rate declined by 14 points. The corresponding increase in life expectancy at birth was slightly more than 8 years. Between 1984 and 1991 practically no change was registered in infant mortality rate.

POPULATION DISTRIBUTION

It is sheer numbers only that matters in the interaction between demographic factors and development variables. How a population is distributed by such characteristics as age, space and so on is an important determinant of the prospects for economic and social development. Apart from defining who works and who does not, the age structure determines future patterns of population growth.

The spatial distribution describes the degree and quality of access of a population to land and other resources. This is manifested in either declining or raising population/land and population/resources ratios. What is happening in Ethiopia today is the latter. Available data show that the man/and ration has been increasing over the

last several decades in response to two important factors. The first is the rapid rate of population growth and the second the secular decline in environmental quality.

The distribution of a population by residence (rural and urban) in some ways indicate the degree of structural differentiation in the economy and the society. But the desired structural differentiation is not only one characterized by rapid changes in the pattern of residence but one that is accompanied by significant shifts from the primary to secondary and tertiary types of economic activity. This is not happening in Ethiopia to any significant degree.

AGE STRUCTURE

The population of Ethiopia is very young with a mean age of approximately 17 years. According to the 1984 Census, the proportion of total population under the age of 15 was 48.0%. Since the level of fertility has not changed at all, there is no reason to think that there has been any change in the age composition of the population since then. Assuming that the present high fertility level continues unchanged, there will be no significant change in the age structure in the foreseeable future. The threat that the population may even get younger under a continuous onslaught of a high fertility regime is a real one. There are two possible consequences of a young population age structure: First, given the present age structure, the potential for a rapid growth remains quite high in view of the large annual addition to the population of women in their reproductive years. The continuous flow of new entrants into the reproductive cycle makes for a high population momentum. The number of women in their child bearing ages is constantly replenished by the large number of female babies being born annually and surviving to puberty and beyond thus maintaining a high gross reproduction rate (GRR).

Another facet of the problem associated with age structure is that the high proportion of total population below the age of 15 (48.0%) represents a sizeable segment of the population that is outside the labor force. When this is combined with the

approximately 4.0% of the total population 60 years and older it translates into a high age dependency burden. Even without taking into account such confounding factors as unemployment, underemployment and the high prevalence of physical disability in the population, an economically active person is obliged to carry more than one inactive persons. In such situations whatever is produced is immediately consumed limiting the opportunity for surplus production which may be reinvested in further development.

The age dependency burden is and is likely to continue to be heavy even during the first few decades of the next century if no significant and immediate changes begin to take place in the present high fertility regime. In 1993, for example, every one hundred active persons in the labor force carried 116 inactive ones.

SPATIAL DISTRIBUTION

The geographic distribution of the population is uneven a considerable regional variation in both size and density. The population density for the country as a whole is estimated at 47 persons per square kilometer. Shewa is the most densely populated region with an estimated 120 persons per square kilometre and Bale, the least densely populated, with approximately 14.5 persons per square kilometer. This presents both challenges and opportunities in terms of formulating policies and programmes facilitating the free movement of people from low to high opportunity areas and where the addition of human resources would expedite economic and social development.

DISTRIBUTION BY RESIDENCE

Most people in Ethiopia live in rural areas. In 1993 the urban population constituted only 14.6% of the total population. However, there are considerable regional variations in the level of urbanization. In 1993, the level ranged between 7.7% in Gamo Gofa and 28.2% in Shewa. As in many other developing countries the rate of growth of the urban population in Ethiopia is higher than that of the total population.

In 1993, for example the rate of growth in the urban population is 5.4% while that of the total population is 3.2%.

2. POPULATION AND DEVELOPMENT

Environment

Experience over the last couple of decades in Ethiopia has shown that as human numbers increased, the population carrying capacity of the environment decreased. A high population growth rate induces increased demand for resources and the rate at which these resources are exploited. In Ethiopia, where technology has not kept pace with the demands for greater productivity, environmentally harmful and economically counterproductive methods of exploiting land and associated resources (forests, animal resources, etc.) are resorted to in order to meet immediate needs. As a consequence of this, climatic conditions are becoming erratic and soil quality is declining at an alarming rate.

The country was ravaged by both man made and natural disasters. The proportion of land with forest cover has been diminishing at alarming rates. The land area covered by forests has gone down from approximately 40.0% at the turn of the century to approximately 3.0% at the present time. The annual rate of deforestation is estimated at 88,000 hectares per year while the rate at which this loss is being replaced through afforestation is estimated at 6,000 hectares a year.

The soil has been and continues to be eroded in the absence of coherent and sustained conservation efforts. Popular awareness of conservation issues is, still, in its nascent stage. It is estimated that over two billion cubic meters of soil is being washed down, annually, by torrential rains down the Nile valley leaving most of the Ethiopian highlands with seriously eroded landscape and severely reduced population carrying capacity.

As population increased the demand for fuel and construction materials increased, resulting in the practice of reckless tree felling. State ownership of forests and the exclusion of local communities from the management and legitimate utilization of forest resources may have contributed to the lack of any consistent effort to replace trees cut for various purposes.

Under the circumstances described in the preceding pages, achieving such important national goals as food self sufficiency, universal primary education, improving the accessibility of health services to the largest possible number in the shortest possible time, increasing employment opportunities, reducing underemployment in the labour

force and improving housing conditions, among others, are proving to be exceedingly difficult under a scenario of continuing high fertility.

Displacement of significant segments of the population due to political and war related causes further compounded the problem associated with man/environment interaction. The massive but haphazard movement of population from one part of the country to another, induced or self propelled, has aggravated the problem of environmental fragility in the 1970s and the 1980s.

Large areas of the country are inhabited by nomadic pastoralists who move over large expanses of land with large herds of livestock playing havoc on the environment. Environmental degradation in these areas has caused and continues to cause serious hardship to pastoralist groups. Non-pastoralist groups are also affected by environmental degradation in their own turfs. Thus conflict between peoples of differing social organizations of production but of overlapping needs for land come into frequent conflict with each other with serious consequences for peace and stability.

Declining Productivity in Crop Producing Areas

Crop producing areas are becoming less and less productive. There are several sides to the problem of declining productivity in the crop producing sector. Among these are: lack of proper agricultural policy designed to stimulate dynamism in the sector, forced collectivization, the limited accessibility of modern factor inputs (suitable farm implements, fertilizers, pest control systems, methods of harvesting and storage, etc.) to small farmers outside the collectivized system and, in general, the weak and ineffective organizational setup of the agricultural sector. Agricultural extension services are weak and largely ineffective.

But more importantly, declining productivity is a function of increasing man/land ratio occasioned by rapid population growth. Continued technological backwardness and absence of any vision about what the country should look like in the future have combined to render agricultural development policy and programs ineffective. Land use patterns have been affected by the expansion of large scale state agricultural enterprises and the programme of relocating segments of the population from one part of the country to another.

It is often stated that it is only a small proportion of the potential arable land that is put under crops. For instance, it is reported that for the period 1985-87, cropland represented only 12.7% of total land area, pasture land 41.0%, forest and woodland 25.0%, and other land (including wilderness) 21.4%.

The seriousness of the problem militating against the attainment of the goal of food self sufficiency is, further, illustrated by the direction in which changes in food supply have been going in relation to population dynamics. Alternative pictures of the food situation in Ethiopia under three population growth assumptions suggest that the growth in demand for food (cereals only) is primarily a function of population growth and only secondarily, a function of the increase in per capita consumption. Going by the high variant population growth assumption does not provide even the remotest hope of attaining the goal of food self sufficiency any time during the first few decades of the next century. On the other hand with significant reduction in the level of fertility the country will come close to achieving that goal sometime during the first two decades of the 21st century, especially if this is accompanied by increased effort in increasing the rate of growth in food production. Under the low variant population growth assumption, demand for food is expected to grow at the rate of 2.3 % a year between the years 2015 and 2025 while under the high variant assumption demand for food would increase at over 5.0% a year.

Education

In spite of the fact that during the last several decades enrollment figures, in absolute terms, at various levels of education have significantly increased, large proportions of the school age population still remain outside the school system. Because of the more rapid rate at which enrollment increased relative to facilities, the quality of education has seriously deteriorated. Student teacher ratios, number of students per class room and number of students per textbook at all levels have been increasing and continue to increase rapidly.

The issue of quality of education is one that revolves around, inter alia, the increase in demand occasioned by the rapid growth in the size of the school age population. Under the high variant assumption of population growth, the school age population (ages 7-18) is expected to increase from 12.0 million in 1984 to 42.5 million in the year 2020 representing an average annual growth rate of 3.5%.

Considering the country's budgetary constraints, it is not difficult to appreciate the cost implications of pursuing the goal of universal primary education and increasing access to second and third level facilities.

Health

Health policy in Ethiopia is rooted in the primary health care approach which has health education, education in personal and environmental hygiene, nutrition, immunization and family planning for standard components. The network of health care services has always been limited in scope and the situation deteriorated in the

face of intensified civil war. Rehabilitating the rundown health infrastructure and restoring [it] to the status quo ante is, in itself a tremendous task in the transitional period.

It was estimated that, around 1990, only 46 per cent or less of the population of Ethiopia lived within a reasonable distance from health care facilities reasonable distance being defined as a radius of 10 kilometres from where people live. The population/physician and population/nurse ratios were estimated at approximately 30,700 and 15,000 respectively. Daily calorie supply per capita was estimated at 76.0% of the recommended daily intake. Only 18% of the rural and 78% of the urban population has access to safe water supply and 5.3% use any form of latrines. Clearly, even in terms of the basic necessities of life the Ethiopian population is severely underserved and there is a long way to go in meeting these needs even in the most rudimentary manner. There will be no basis for expecting that significant inroads would be made towards solving these basic health problems if the present high rate of population growth continues. The figures cited above represent national averages and as such hide a considerable degree of regional disparity.

Community based health care programs and outreach services are still in their rudimentary stage. The expanded program of immunization (EPI), the establishment of which generated so much optimism, has suffered serious setbacks in the late 1980s and the early 1990s. Data for the period covering July to September 1992 indicate the following:

- a) BCG 19.0%
- b) Measles 9.0%
- c) DPT3 12.0%
- d) Polio3 13.0%
- e) TT-2+ 7.0%

Continuing shortages of basic drugs [have] stunted the development of a coherent community based approach to health care.

Fertility and Maternal and Child Health

Studies in a number of countries have shown that wherever fertility is high, maternal, infant and child mortality rates are high. Fetal deaths, low weight at birth and related problems are also associated with unregulated fertility. More specifically, high

maternal, infant and child mortality rates are associated with such reproductive practices as short birth intervals, pregnancies in women under the age of 20 and above the age of 35 and so on. The situation is made more complex by the high prevalence, in the population, of infectious and communicable diseases as well as malnutrition.

The National Maternal and Child Health Centre of the Ministry of Health was established as a practical expression of the belief that many of the causes of maternal, infant and child morbidity and mortality can be dealt with an effective MCH program combined with family planning.

Budgetary allocations to the health sector have been very limited and are likely to continue to be so in the foreseeable future because of the general budgetary constraints in the country compounded by a variety of contending demands for investment resources. It must also be recognized that side by side with shortages in resources, this country has the problem of low resource utilization capacity.

In the face of such constraints, which are likely to continue for some time to come, significant reduction in the rate of growth of the population will ease the future burden of rapidly increasing demand and help in bringing the country a step or two closer to the attainment of the goal of health for all by the first decade of the next century.

The emphasis on reducing maternal, infant and child morbidity and mortality is a well-placed health policy concern because the health problems of this segment of the population contribute significantly to the high morbidity and mortality situation in the country. But the probability that this goal will, at least, be, partially, met depends, among others, on how effectively and expeditiously the issue of population dynamics is managed.

Housing

The quality of housing in Ethiopia, in general, is exceedingly low. Data from the census of population and housing of 1984 draw a grim picture of the situation. Since one of the major goals of development policy is improving the standard of living of the population, improvement of housing conditions is an item of concern with considerable implication for the health and wellbeing of citizens. Census data indicate the following features of the housing problem.

- a) 70.2 % of dwelling units in the country have one room only;
- b) In terms of structure the majority of the dwelling units in the country are below standard and lack adequate living space. The average number of rooms per dwelling unit is 2.3;

- c) A considerable proportion of dwelling units are shared by more than one household.
- d) The majority of dwelling units lack even the most basic sanitary facilities.

Population, Labour Force and Unemployment

The problems of employment and underemployment have beleaguered the Ethiopian society during the second half of the century. There are, currently, thousands of school leavers who are without jobs and the situation had progressively deteriorated in the 1970s and the 1980s. As the economy and the society were brought under the total control of the state, there was very little room for employment generation through private sector initiatives. Additionally the situation of a war-time economy that obtained since the mid 1970s starved the productive sector of the economy with the consequence that the sector practically came to a standstill. The situation is likely to be further aggravated by the rapid rate at which the population of working age is expected to increase under the high variant population growth assumption. Even taking the middle of the road view, the total economically active population is expected to grow at the rate of 3.6% a year while the economically active female and male populations are expected to grow at average annual rates of 4.4% and 3.1% respectively. Between 1995 and the year 2000 the corresponding expected gender specific growth rates are 3.0% and 3.4%. The total economically active population is expected to grow at an average rate of 3.2% a year.

The Situation of Women

The economic, social and political status of women [has] direct bearings on the level of fertility in any society. Where women's roles are exclusively defined in terms of household management and matrimonial duties, as is the case in Ethiopia, they are subjected to the expectation that they replenish the race by bearing a large number of children and assume full responsibility for maintaining them almost single handedly. Since women are, by and large, economically dependent on men, the decision to have or not to have children rests, primarily in the husband and his relatives. The conscious but unarticulated realization that not all children born survive serves as an inducement to high fertility performance in order to compensate for the high rate of attrition by death.

The low female participation rate in formal education further reinforces the expectation that women play their domestic managerial and matrimonial roles to the fullest possible extent. School enrollment statistics for 1984 show the female participation rate to be somewhat lower than that of males (21.8% for females against 26.2% for males). Another indicator of the degree of female deprivation pertaining to

access to education is the literacy rate. Census data indicate that, around 1984, female illiteracy rate was considerably higher than that of males (80.4% for the former and 65.4% for the latter). An important factor explaining the relatively low access of females to the educational system is the traditional value system placing greater premium on males than on females. Since educational resources are scarce, parents often decide to use the limited resources available to them in sending male children to school in preference to females. It must, however, be noted that there has never been any government policy to restrict female access to formal education.

Another feature defining the low status of women in this country is the fact that their participation in the labour force is low. Even when they are employed they are found in non-professional and deadend type of jobs. Women represent negligible proportions of persons employed in the professional/technical and administrative/managerial occupations.

Family laws, currently in force, restrict the right of women to regulate their fertility and discourage the widespread use of modern birth control methods. Thus, technically, all institutions providing family planning in this country, including government health institutions, are doing so illegally. Consequently, the contraceptive prevalence rate in Ethiopia is very low.

In the past a number of policy related and administrative problems impeded effective service delivery. Among these are:

- a) The practice of limiting family planning service delivery to formal health institutions;
- b) The inability of health facilities to retain personnel trained in family planning;
- c) Restrictions concerning the involvement of NGOs in family planning service delivery;
- d) An inefficient system of delivery of contraceptives and related supplies to regional health facilities and the absence of accountability about how regional medical stores distribute such supplies to health facilities;
- e) A near total absence of cooperation between regional medical stores and service delivery agencies in the regions, resulting in a considerable wastage of supplies due to expiry of the shelf lives of contraceptive supplies and drugs.

Given the fact that the vast majority of the population has exceedingly limited access to family planning, the unmet needs are immense suggesting that innovative

approaches have to be adopted in order to make any headway in dealing with the problem of excessive fertility in this country.

Existing laws permit female marriage at age 15. This provision is made in compliance with the cultural requirement that females enter into the state of matrimony at an early age so that they begin their reproductive careers early enough. But practices in a large number of culture groups allow for marriage to take place at even younger ages. Early marriage for girls is one of the factors contributing not only to the maintenance of a high fertility regime but also to high maternal, infant and child morbidity and mortality.

Unwanted pregnancy is known to represent a serious problem in this country today although only limited empirical data are currently available. A study conducted in five hospitals in Addis Ababa around 1988 provides sufficient indication that many women resort to abortion on account of the inaccessibility of effective family planning services. During the reporting year 1985/86, 3244 (55.2%) women out of a total of 6198 cases reporting to the obstetrics/ gynaecology departments of the said five hospitals were abortion cases. This went up to 58.6% in the reporting year 1986/87. Clearly, this can only represent a very small proportion of women, particularly those of younger ages who seek abortion from unauthorized sources.

The conclusion to be drawn from the discussion of the current situation of women in Ethiopian society is that vigorous steps have to be taken by government to remove all the cultural and social impediments militating against their full enjoyment of fundamental human rights. Raising the status of women involves, inter alia, increasing female participation in the educational system at all levels, removing all social and cultural impediments militating against their competitive involvement in the economy in general and the market place in particular. More importantly conditions must be created to increase their access to every amenity that facilitates the development of their entrepreneurial potential.

The situation cannot be changed without significant changes in societal attitudes to and perception of the place of women in a society aspiring to become democratic. This change of attitude has to take place at the national, regional, local community and household levels. Thus, information, education and communication programmes should and will be mounted to bring about such changes in attitude and perception. Efforts to change the situation should begin at the family [and through] early and subsequent educational levels. For example, the practice of differential assignment of males and females to different social, educational and professional roles must stop.

The Situation of Children and Adolescents

Among the segments of the population most affected by drought, famine and war-related displacement are children and adolescents. One only has to look at the streets of our cities and towns to realize this truism. Thousands of children have lost their parents either to war or to one or another type of natural disaster as a consequence of which they are forced to fend for themselves as best they can provided they survive the initial shocks of abandonment.

Even the most fundamental housing and sanitary facilities are not accessible to them. They are not only exposed to the vagaries of climate but also exposed to the risk of death by epidemic, hunger and violence. As their number increases so do the chances of outbreaks of epidemics. City and township administrations cannot, without the participation of the community, cope with the increasing demand, by this segment of the population, for shelter, potable water and toilet facilities. Whatever gains are made in the improvement of social and physical infrastructure in towns and cities are soon eroded by the persistent onslaught of rural to urban migration and migration between towns/cities.

Social services addressing the needs of such persons are still in a rudimentary stage and it is not likely that they will grow fast enough in scope to serve those who are already facing the problem, let alone new entrants. The government will do everything possible, in the years ahead, to mobilize official and nonofficial efforts to deal with the problem.

Many children are born and raised in the streets and they are, from an early age, exposed to the street culture. Among the risks adolescents are exposed to is those of unwanted pregnancy and criminal abortion. For instance, the study in five hospitals in Addis Ababa cited earlier shows that out of 7364 reported abortion cases 916 or 13.0% were under the age of 20, some of which could very well be from the streets.

Immediate steps need to be taken in finding ways and means of enabling street families and other persons marginalized by adverse social and economic conditions to be self-supporting by means of selfemployment promotion programmes. This can be done through the development of small scale enterprises involving the production of goods and services that can be produced with relatively easily obtainable factor inputs. At the same time family planning services would be accessible to them so that by practicing responsible parenthood they reduce burdens which often prove to be impediments to self-improvement.

Childhood malnutrition is rampant. Approximately 60.0% of all children under the age of five are 80.0% or less of the expected weight for this age group. It is estimated that only 10.0% of approximately 9.2 million children under the age of 5 attend modern health services. Of children under 1, 59.0% were immunized against DPT3 in

the reporting year 198990. Because of adverse security and related conditions the momentum gained could not be maintained. The Government plans to look into various options of dealing with the problems of children and adolescents by mobilizing governmental and non-governmental resources to reduce the plight of this important segment of the population.

3. RATIONALE FOR A NATIONAL POPULATION POLICY

The analyses of the interrelationship between demographic factors on the one hand and developmental variables on the other reveal that demographic factors such as rapid population growth, young age structure and the uneven spatial distribution of the population fueled by a continuing high fertility regime exacerbate the severe state of underdevelopment that characterizes contemporary Ethiopian society. Underdevelopment manifests itself, among others, in the following ways:

- a) Low productivity in almost all sectors of the economy resulting in high rates of unemployment and underemployment and hence in absolute deprivation and apathy;
- b) Low accessibility of basic social services such as education, health and housing;
- c) The perennial problem of food insecurity affecting many parts of the country;
- d) High prevalence of maternal, infant and child morbidity and mortality problems that are partially attributed to the low status of women and high fertility; and
- e) Low life expectancy at birth.

The picture emerging from a discussion of the general social and economic environment and the way these impact on the life chances of the people of this country is not one that permits the facile conclusion that the force of demography is the only cause of underdevelopment and that solving the demographic problem, in itself, solves other developmental problems. The situation in Ethiopia clearly illustrates the truism that demographic and developmental factors reinforce each other. High fertility and rapid population growth exert negative influences on economic and social development and low levels of economic and social development provide the climate favouring high fertility and hence rapid population growth. Because of an unholy combination of these forces, Ethiopia finds herself in a vicious circle of failure and defeatism.

Thus the major task of government, in its role as a catalyst of development, is to identify critical points through which to break into the circle of failure and defeatism and mobilize sufficient energy and resources to that end. Among the major steps the

Transitional Government of Ethiopia has taken to deal with the current economic and social crises are:

a) The adoption of an Economic Policy for the Transitional Period aiming at introducing fundamental structural changes in the economy designed to significantly reduce the public sector dominance in critical sectors of the economy and creating conditions by which market forces, by and large, determine the supply and demand of goods and services and promote private sector participation in the production and distribution of such goods and services;

b) The decentralization of certain aspects of the decision making process to the regions and their zonal subdivisions in regard to the development and utilization of natural resources in ways that will benefit the peoples of the regions as well as the citizens of the country as a whole. This is premised upon the role of grassroots participation as an engine of development. This also allows policy makers at all levels of government a large measure of latitude in development- related decision making on the basis of the principle of comparative advantage, thus increasing more effective exchange relationships among the various parts of the country on the basis of reciprocity.

An effective and realistic population policy aims at ensuring that the rate of economic and social development is ahead of the rate of population growth. The Government believes that this aim will be achieved if population programmes are planned and implemented in the context of integrated and holistic development.

4. GOALS, OBJECTIVES AND STRATEGIES OF THE POPULATION POLICY

This policy has for its major goal the harmonization of the rate of population growth and the capacity of the country for the development and rational utilization of natural resources to the end that the level of welfare of the population is maximized over time. The necessity of pursuing this goal is dictated by the fact that the rudimentary state of technological development combined with rapid population growth has made the effort of extricating this country from its severe state of underdevelopment an extremely difficult task. Significant reduction of the rate of population growth by, primarily, addressing the problem of high fertility will, in the long run, be helpful in easing the pressure from contending demands on development resources.

General Objectives

The paths to the attainment of the goal of harmonizing the interrelationship between population dynamics and other factors affecting the probability of development are

many. Given the assumption that there is a two way interaction between demographic factors on the one hand and other development indicators on the other, sound fertility reduction policy requires that action be taken in carefully selected areas in both spheres. Thus population policy aims at pursuing the following general objectives:

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

Specific Objectives

- a) Reducing the current total fertility rate of 7.7 children per woman to approximately 4.0 by the year 2015;
- b) Increasing the prevalence of contraceptive use from the current 4.0% to 44.0% by the year 2015;
- c) Reducing maternal, infant and child morbidity and mortality rates as well as promoting the level of general welfare of the population;
- d) Significantly increasing female participation at all levels of the educational system;
- e) Removing all legal and customary practices militating against the full enjoyment of economic and social rights by women including the full enjoyment of property rights and access to gainful employment;

- f) Ensuring spatially balanced population distribution patterns with a view to maintaining environmental security and extending the scope of development activities;
- g) Improving productivity in agriculture and introducing offfarm non-agricultural activities for the purpose of employment diversification;
- h) Mounting an effective country wide population information and education programme addressing issues pertaining to small family size and its relationship with human welfare and environmental security.

Strategies

- i) Expanding clinical and community based contraceptive distribution services by mobilizing public and private resources;
- ii) Promoting breastfeeding as a means of dealing with the problem of childhood malnutrition and increasing the time span between earlier and subsequent pregnancies through IEC;
- iii) Raising the minimum age at marriage for girls from the current lower age limit of 15 to, at least, 18 years;
- iv) Planning and implementing counselling services in the educational system with the view to reducing the current high attrition rate of females;
- v) Providing career counselling services in second and third level institutions to enable students, especially girls, to make appropriate career choices;
- vi) Designing and implementing a coherent long term policy that is likely to create conditions facilitating an increased integration of women in the modern sector of the economy;
- vii) Undertaking feasibility studies and experiments in respect to micro enterprises, and creating a system for providing technical and credit support to men and women who

have the aptitude for engaging in small to medium sized private enterprises;

viii) Making population and family life related education and information widely available via formal and informal media;

ix) Establishing a system for the production and effective distribution of low cost radio

receivers and information materials such as posters, flyers and all kinds of promotional materials;

x) Amending all laws impeding, in any way, the access of women to all social, economic and cultural resources and their control over them including the ownership of property and businesses;

xi) Amending relevant articles and sections of the civil code in order to remove unnecessary

restrictions pertaining to the advertisement, propagation and popularization of diverse conception control methods;

xii) Ensuring and encouraging governmental and non-governmental agencies involved in social and economic development programs that they incorporate gender and population content in their activities by establishing, within their organizations, appropriate units to deal with these issues;

xiii) Establishing teenage and youth counselling centres in reproductive health;

xiv) Facilitating research program development in reproductive health;

xv) Developing IEC programmes specially designed to promote male involvement in family planning.

xvi) Diversifying methods of contraception with particular attention to increasing the

availability of male oriented methods.

5. MAJOR AREAS OF POPULATION ACTIVITIES REQUIRING PRIORITY ATTENTION

a) Improving the Quality and Scope of Service Delivery:

Existing service delivery systems are limited in both scope and diversity. At present family planning services are available only through the formal health structure. User choice of methods [is] restricted by the fact that the contraceptive mix currently available is limited. Steps will, therefore, be taken to expand coverage and afford greater choice of methods to users by:

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

b) Population Research, Data Collection, Analysis and Dissemination:

Among activities to be given priority attention in programme development and implementation processes is improving and strengthening domestic capacity for generating, analyzing and disseminating demographic and population related information by making more domestic and external funds available to institutions engaged in demographic and population related research and training. In addition, collaboration with foreign research and academic institutions will be actively sought. Further, research activities will focus attention on the study of the complex interrelationship between population factors and development variables. Thus the information generated this way will represent critical inputs in development planning processes and provide relatively more accurate bases for forecasting probabilities and trends of development. Work in this important area will be considerably facilitated by:

- i) Enacting laws/regulations making the registration of vital events (marriage, birth and death) compulsory;
- ii) Providing existing research institutions (Population Analysis and Studies Centre (PASC), the Demographic Training and Research Centre (DTRC), etc.) with the necessary technical and material support in order to enable them to process and

disseminate data generated by censuses, sample surveys (intercensal surveys, demographic and health surveys, household consumption surveys, labour force surveys etc).

c) Expansion and Strengthening Domestic Capacity for Training in Population:

The requirements for high level technical personnel are currently met by sending men and women abroad for graduate training in demography and population studies as well as providing graduate training in population studies at the Demographic Training and Research Centre of the Addis Ababa University. Training of family planning workers is currently provided by the Family Guidance Association of Ethiopia (FGAE) and the Ministry of Health through its institutions for the training of nurses, midwives and health assistants. But in view of the critical need for more trained personnel to man the expanded population programs envisaged in this policy it is necessary to expand existing domestic capacity. Accordingly:

i) The capacity for the training of high level personnel in demography and population studies will be strengthened by making more resources available to existing institutions;

ii) Training for family planning will be integrated into the curricula of:

- Medical schools
- Nursing and health assistants' schools
- Junior colleges
- Technical and vocational schools (e.g. institutions for the training of home economists and teachers training institutions) in order to accelerate the integration of family planning with existing social services, particularly health.

iii) Inservice training for teachers and other development agents will be organized.

d) Expansion of IEC and Social Mobilization:

Information, Education and Communication (IEC) pertaining to population and development issues play a vital role in increasing popular awareness of the issue of population and development and facilitate community participation in the implementation of programs. An effective implementation of a carefully designed IEC program calls for the mobilization of all available institutional and manpower resources directly or indirectly involved in the sphere of population and development information. Specifically IEC policy will focus on formulating comprehensive policies and programs that will permit:

- i) A wider and more systematic use of multimedia channels to facilitate the use of population IEC in expediting behavioural change relative to family size, reproductive behaviour, reproductive health, family nutrition, personal and environmental hygiene;
- ii) The dissemination of population related information through community organizations, interest groups, political bodies, women and youth groups, NGOs, adult education classes, industrial and other work establishments where there is a significant concentration of workers and so on;
- iii) The incorporation of population and family life education topics as integral parts of formal education curricula at relevant levels of education;
- iv) The incorporation of population related topics in the package of information carried to the rural population by agricultural extension workers, informal community leaders, and other community level development practitioners;
- v) The strengthening of the capacity of population and women's affairs units in relevant government development agencies to produce and disseminate IEC programmes.

6. ORGANIZATIONAL MECHANISMS FOR THE IMPLEMENTATION OF THE POPULATION POLICY

The Multidisciplinary Nature of Population Programs:

The population concern touches upon nearly all facets of economic and social life of people. Given the magnitude and complexity of the developmental problems our country faces, it no longer makes sense to justify the enactment of a population policy on health grounds only. Population policy is justified by its multifaceted impact on all aspects of economic and social life. Population/demographic factors have to be regarded as both determinants and consequences of the level of economic and social development. Such an insight [into] the scope and importance of the role of population in nation building efforts determines the type of organizational mechanism required to effectively implement policies pertaining to it.

In this country population matters have been, heretofore, accorded low priority. The current view that demographic variables permeate all aspects of economic and social life makes it imperative that population policy be managed in such a way that all the relevant sectors of the economy and society are equitably served by it.

Structural Arrangements for the Implementation of Population Policy

In view of the difficulties likely to be encountered in ensuring interagency concerted action via the option of designating one ministry as a coordinating agency for population matters, the most effective structural alternative, strategically speaking, for the implementation of this policy is to view it as a special sector in the Office of the Prime Minister. This involves two things, namely, the establishment of a National Population Council (NPC) to be chaired by the Prime Minister or a senior official to be designated by him and an Office of Population within the Office of the Prime Minister.

Population activities in this country will be undertaken under the general framework defined by this policy and the technical and programmatic guidelines to be developed by the Office of Population in consultation with the NPC.

Implementation of programmes takes place at the grass roots level and therefore, a close relationship between the Office of Population and other bodies with related functions at the regional, zonal and wereda levels is vital. It is equally important that a clearly defined division of labour be indicated at the outset and once agreed upon adhered to.

Members of the National Population Council:

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

The restriction of membership to the National Council is necessitated by the requirement of efficiency and the need to create a forum for those who are more directly involved in the varied facets of the programme. However, larger groups of interested persons from the regions will be convened, from time to time, to consider basic issues concerning programme implementation and make recommendations

about how things may be rectified. The requirement of broader participation in programme management will be further ensured through grass roots involvement in the programme evaluation process. Additionally, to link the activities of the NPC and the Office of Population with the broad spectrum of governmental and non-governmental bodies involved in population and development activities at all levels, such bodies will be convened in a consultative framework at least once a year and as the need arises to deliberate and advise the government on ways and means of facilitating implementation processes.

The National Population Council will be responsible to the Council of Ministers for:

- i) Developing specific policies and programs pertaining to population and development to be undertaken in the various sectors of the economy and creating conditions conducive to intersectoral collaboration;
- ii) Defining a broad legal framework within which population and development related information (IEC) are to be accessible to the general population by various governmental and non-governmental groups;
- iii) Reviewing short, medium and long term plans of actions leading to a significant reduction of the current high level of fertility as soon as possible and recommending same for adoption by government;

Functions of the Office of Population:

The Office of Population will be composed of a team of experts in the various dimensions of population activities without whose contribution the goal of harmonization of economic, social and demographic concerns cannot be attained. The office will be headed by a senior member of the Prime Minister's staff with the rank of Minister, who will be directly accountable to the Prime Minister and who can effectively work with personnel of varied expertise and must be vested with considerable authority so as to enable him/her to do effective program enforcement and coordinating work on behalf of the Council through its chairman. The Office will be technically supported by a multisectoral committee whose members are to be drawn from a wide variety of institutions

The Office of Population will have the following duties and responsibilities:

- (i) Serving as the secretariat of the National Population Council;
- (ii) Guiding the development and articulation of operational programs in the field of population and related activities;

- (iii) Coordinating the activities of the various sectoral agencies (governmental and nongovernmental) operating population and development related activities at different administrative levels;
- (iv) Monitoring and evaluating the impact of population programs;
- (v) Promoting policyoriented national research program on population and development;
- (vi) Ensuring that the programs conducted by various ministries and other agencies comply with the population policy and Council guidelines;
- (vii) Establishing multisectoral technical committee and special task forces as required to assist in the effective implementation of the Policy;
- (viii) Organizing and carrying out national and international events (Conferences, symposia, seminars, etc.) on population issues;
- (ix) Ensuring that intersectoral programs in population activities are effectively coordinated by instituting a sound information exchange system;
- (x) Facilitating the effective operation of existing family planning service delivery institutions;
- (xi) Facilitating conditions that will promote the creation of domestic capacity for the production of a variety of contraceptives;
- (xii) Facilitating conditions that will promote the creation of domestic capacity for the production and distribution of materials and equipment to increase people's access to population and development information;
- (xiii) Establishing effective working relationships with international agencies like the World Bank, the African Development Bank, the United Nations Population Fund and other global agencies for the purpose of facilitating the mobilization of technical and material resources that will be useful in goal attainment;
- (xiv) Ensuring the smooth functioning of existing demographic data mobilization systems and establishing new ones including the establishment of nationwide registration systems of vital events like birth, marriage, death and change of residence, *etc*;

(xv) Strengthening domestic capacity for demographic and population related research and problems by mobilizing internal and external resources;

(xvi) Strengthening national capacity for training demographic personnel by facilitating the mobilization of technical material and financial resources.

Structure at Regional and Zonal Levels:

a) Structure at the Regional Level:

The structure at the National level will be replicated downwards through the regional to the zonal levels. There shall be a Regional Population Council (RPC) to be chaired by the Chief Executive Officer of the region or his representative. The members will be:

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

The Regional Council will be assisted by a secretariat to be located in the Office of the Chief Executive of the region. While it is not possible to replicate the staffing pattern at the national level, efforts must be made to staff the regional secretariat with appropriate personnel. The size and composition of the regional secretariat must reflect the magnitude and complexity of the tasks to be performed.

Duties and responsibilities of the Regional Population Council:

The RPC shall be responsible to the National Population Council through the Chief Executive Officer of the Region for:

i) Determining the relevance of population related goals objectives and strategies and ensuring that such goals, objectives and strategies are set by taking into account prevailing socioeconomic realities in the Region and its subdivisions;

ii) Identifying unmet needs in the sphere of population related activities and services and mobilizing regional and zonal resources for the purpose of strengthening existing services and creating new ones where they do not exist;

iii) Issuing guidelines on ways and means of financing family planning services;

iv) Consulting with the Office of Population in regard to legislative and administrative measures to be taken at the regional level to make service delivery more effectively accessible to the peoples of the regions;

v) Submitting periodic reports to the Secretariat of the National Population Council.

Duties and Responsibilities of the Regional Population Office:

The Office will have the following duties and responsibilities:

i) Serving as the secretariat of the Regional Population Council;

ii) Coordinating the activities of the various sectoral agencies (governmental and non-governmental) undertaking population and development related activities at the regional and zonal levels;

iii) Monitoring and evaluating population programs in the Zones;

iv) Promoting regionally focused policy relevant research and undertaking research on population and development;

v) Establishing technical committees as required for the effective implementation of the population policy at regional levels;

vi) Providing information as well as advisory and technical assistance on population matters to zonal population Office(s);

vii) Organizing and carrying out events on population issues at regional levels;

viii) Participating, actively, in the collection of data on population and development;

ix) Stimulating community participation through effective IEC;

x) Undertaking such activities as may be required by the Office of Population at the National level.

b) Structure at the Zonal Level:

There shall be a Zonal Population Council (ZPC). The ZPC shall be chaired by the Chief Executive Officer of the Zonal administration. The members of the ZPC will be representatives of ministries/agencies responsible for Planning, Education, Health, Labour and Social Affairs, Women's Affairs and Natural Resources and Environmental Protection at the zonal level. There shall also be a zonal office for population [which] shall be headed by a senior officer to be appointed by the head of the zonal administration and who will also be a member of ZPC.

Functions and responsibilities of The Zonal Population Council:

The Zonal Population Council shall be responsible to the Regional Population Council for the following:

- i) Ensuring that guidelines for the establishment and effective functioning of a system of registration of vital events marriage, birth, death and migration throughout the zone are in accordance with principles and formats stipulated by the National Population Council;
- ii) Establishing a system for the systematic mobilization of population and related data including those on unemployment and underemployment in accordance with principles and guidelines developed and provided by the National Population Council;
- iii) Creating conditions that will stimulate and encourage community participation in population and related activities;
- iv) Submitting periodic reports to the Regional Council;
- v) Doing such other things as may be required of it by the National Population Council.

Duties and Responsibilities of the Zonal Population Office

The Office will have the following duties and responsibilities:

- i) Serving as the secretariat of the Zonal Population Council;
- ii) Coordinating, supervising and monitoring all population and development related activities in the Zone;
- iii) Assisting and facilitating the collection of data on population and development and reporting same to the regional population office;

iv) Ensuring that population related service providers maintain performance statistics in accordance with formats established by the National Population Council:

v) Evaluating population programmes and activities in the Zone;

vi) Ensuring that the different bureau representatives at the zonal level and Wereda Committees comply with the National Population Policy in the management of programs;

vii) Establishing technical committees as required;

viii) Providing information as well as advisory and technical assistance on population matters to wereda population units;

ix) Organizing and carrying out public events (seminars, workshops etc.) on population issues at the zonal and Wereda levels;

x) Stimulating community participation through effective IEC;

xi) Performing such other tasks as may be required by the regional and zonal councils.

c) Structure at the Wereda levels

At this stage of the development of the country it is difficult, if not impossible, to visualize specialized structural arrangements of any meaningful degree of complexity at the Wereda level, primarily because of the difficulties likely to be encountered in mobilizing the required technical expertise at this level. However, Chief executive officers at wereda levels may operate through wereda committees on population.

Wereda Committees on Population and Related Activities

The Wereda Committees shall be responsible to the wereda legislative council and the chief executive officer of the Wereda for:

i) Enforcing laws concerning the establishment of population registration systems at the wereda level and ensuring their effective functioning;

ii) Mobilizing voluntary community participation and support for population and development related activities;

iii) Establishing mechanisms by which the functions assigned to them are properly discharged;

- iv) Acquiring such technical and material resources from governmental and non-governmental agencies which will permit them to discharge their responsibilities as effectively as possible;
- v) Monitoring and supervising population and development related activities at their levels;
- vi) Facilitating the collection, compilation and reporting of data on population and development;
- vii) Organizing and carrying out public events (seminars, workshops etc.) on population issues at the wereda level;
- viii) Submitting periodic reports to the secretariat of the ZPC;
- ix) Performing such other functions as may be required by the regional and zonal offices.

7. FRAMEWORK FOR POLICY AND PROGRAMME IMPLEMENTATION

In order to more clearly define the roles of the multiplicity of agencies that are involved in the development, implementation, monitoring and evaluation of programs, the following organizational format is put in place There are three major sets of actors in this format. The first is the policy organ which comprises the Council of Ministers (COM), the National Population Council (NPC), the Regional Population Council (RPC) and the Zonal Population Council (ZPC). The second set comprises the Multisectoral Technical Committee and the various specialized task forces called upon to provide technical backup to the policy organs and their secretariats that are responsible for implementation. The Office of the Prime Minister (OPM), the Office of Population (OOP) and the various administrative and technical units at various levels constitute the executive organs.

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8. RESPONSIBILITIES OF VARIOUS GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS

The share of each ministry in the implementation of policy and the various programs emanating from the Population policy are described below.

Ministry of Education

- Introduce population and family life education in curricula of junior and senior secondary schools and in the higher institutions of learning.
- Expand Population and family life education and assist in basic training of IEC through the Educational Media Agency.
- Study the factors militating against female participation in the educational system and design appropriate corrective measurements.

Ministry of Information

- Expand IEC by increasing appropriate air time.
- Increase coverage of population related materials in the print media.
- Provide training opportunities to journalists in Demography and/or population studies.
- Strengthen media facilities for a better IEC.

Ministry of Health

- Strengthen and expand existing MCH programs.
- Provide FP services at all levels of the health service delivery stations.
- Strengthen reproductive health content in health education programs.
- Strengthen and expand training of health personnel in collaboration with relevant institutions.
- Set standards for the provision of family planning services.

Ministry of Labour and Social Affairs

- Establish mechanisms within the ministry that will permit the collection and reporting of data concerning employment and underemployment.
- Monitor the implementation of legislation of fair hiring and firing practices in the various sectors of the economy with particular reference to women.
- Promote understanding of the humanitarian, economic, social and cultural implications of aging of the population for the development process.
- Introduce social services and educational programs to promote the family as the integral unit for supporting the elderly.
- Propose and stimulate action oriented programs aimed at guaranteeing social and economic security for the elderly as well as providing opportunities for them to contribute to and share the benefits of development.
- Integrate population and family planning elements in the home economics and other related activities.
- Render counselling services for families in relation to family planning.
- Establish conducive population and family planning programs in collaboration with governmental and nongovernmental agencies

Ministry of Housing and Urban Development

- Keep track of trends of change in the demand for housing and harmonize this demand with population trends.
 - Design medium to longterm plans for the development of intermediate towns and cities in the context of general urban master plans to stem uncontrollable rural to urban migration.

Ministry of Planning and Economic Development

- Incorporate activities related to the implementation of the population policy in the national development plan.
 - Encourage and extend technical assistance to sectoral agencies in the integration of demographic variables in development processes.
 - Develop guidelines for the incorporation of these variables at both micro and macro planning levels.
 - Evaluate and monitor planning activities in the various sectors for the purpose of ensuring that the guidelines indicated above are taken into consideration in their respective planning activities.

Ministry of External Economic Cooperation

- Facilitate the mobilization of external resources for the development and implementation of population programs.
- Monitor, evaluate and followup population programs.

Ministry of Natural Resource Development and Environmental Protection

- Provide training and deploy environmental extension workers,
 - Formulate appropriate environmental education policies particularly addressed to ways and means of stimulating community participation in environmental protection activities,
 - Develop sets of guidelines to be used by local communities in their efforts to use effective water and soil conservation measures and restoring lost forest resources.
 - Extend technical assistance to regional, zonal and other bodies to promote effective performance in the areas listed above.

Ministry of Justice

- Revise all laws, government and public practices pertaining to population and demographic issues, amend all legal provisions and practices that have

heretofore militated against rational consideration and handling of population and related issues and formulate and enforce legislative measures designed to be instrumental in eradicating all harmful customary practices such as gender (sex) discrimination.

- Revise all laws, regulations, administrative measures and practices relative to population and related issues.
- Ratify and fully incorporate international instruments and bill of rights into domestic laws.
- Develop legal instruments that will remove restrictions against personal enjoyment of such important civil rights as access to information, education, employment, occupation, housing, health, *etc.*
- Amend existing laws and ordinances that restrict the right of individuals and families to regulate their family size.

Ministry of Agriculture

- Integrate population and family planning elements in agricultural education and agricultural extension programs and services.
- Promote female participation in rural areas in population activities in the context of general rural development programs.
- Provide training to field staff in information dissemination.
- Increase efforts at enhancing agricultural productivity to meet the growing demand for food by a growing population.

Ministry of Culture & Sports

- Mobilize, for purposes of promoting population awareness, traditional folkloric, performing arts, as well as modern indigenous theatrical institutions and creative arts groups and individuals, at the national, regional and community levels.
- Organize and encourage writers, theatrical and other performing groups to participate in the production of promotional literature and public presentations at national regional and local levels.

Addis Ababa University

- Provide inservice training on issues related to population and development in collaboration with other agencies.
 - Provide trained manpower in demography/population studies for managing the various tasks related to the implementation of the population policy.

- Engage in varied research activities in the field of population and disseminate findings through appropriate media.
- Assist in the monitoring and evaluation of programs designed to facilitate the implementation of the population policy.
- Provide advisory services in data collection, research, *etc.*

The Central Statistical Authority

- Collect demographic data through Censuses and sample surveys.
- Facilitate the establishment of vital registration systems.
 - Participate in the evaluation and monitoring of population related programs in collaboration with appropriate academic and research institutions.
 - Determine patterns and trends in gender specific activity rates through labour force sample surveys in both rural and urban areas in collaboration with appropriate academic and research institutes.
 - Determine trends in household consumption patterns of basic items and relate same with changes in household sizes in collaboration with appropriate academic and research institutions.
 - Publish and disseminate statistical data.

Family Guidance Association of Ethiopia and Other NGOs

- Expand networks of family planning service delivery by increasing the number of family planning clinics and reaching out heretofore unreached communities with community based distribution and social marketing systems.
- Provide inservice training and contraceptive technology workshops to health personnel involved in family planning service delivery in collaboration with MOH and other agencies.
- Operate controlled trials in new methods of contraception in collaboration with medical research institutions and participating in programs of replication of methods of proven safety and utility.
- Undertake operational research activities in alternative methods of service delivery.
- Introduce gender specific career counselling within the framework of existing counselling services.