

**Population, Health and Environment Integration in Ethiopia:  
Exploring the Opportunities and Challenges**

A Report Prepared for the Population Reference Bureau

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**Addis Ababa  
January 2007**

## Table of Contents

<b><u>EXECUTIVE SUMMARY .....</u></b>	<b><u>3</u></b>
<b><u>1.INTRODUCTION.....</u></b>	<b><u>4</u></b>
1.1 THE POPULATION-HEALTH-ENVIRONMENT NARRATIVE.....	4
1.2 BACKGROUND AND OBJECTIVES OF THE STUDY .....	6
1.3 METHODOLOGY .....	7
<b><u>2. THE POPULATION AND ENVIRONMENT NARRATIVE IN ETHIOPIA .....</u></b>	<b><u>8</u></b>
2.1 POPULATION: DISCOURSE, CONCERN, POLICY.....	8
2.2 ENVIRONMENT: DISCOURSE, CONCERN, POLICY .....	12
2.3 POPULATION AND ENVIRONMENT: INCREASING VULNERABILITY.....	15
<b><u>3. THE POPULATION-ENVIRONMENT EXPERIENCE IN ETHIOPIA.....</u></b>	<b><u>22</u></b>
3.1 THE PUBLIC SECTOR.....	22
3.2 THE VOLUNTARY SECTOR (NGOs, CSOs, CBOs) .....	24
3.3 THE PRIVATE SECTOR.....	36
<b><u>4. OPPORTUNITIES AND CHALLENGES.....</u></b>	<b><u>37</u></b>
4.1 POLICY ENVIRONMENT .....	37
4.2 POVERTY REDUCTION, ECONOMIC GROWTH AND CHANGE .....	38
4.3 STATE INSTITUTIONAL CAPACITY .....	40
4.4 CAPACITY OF NGOs, CSOs, CBOs.....	42
<b><u>5. RECOMMENDATIONS .....</u></b>	<b><u>45</u></b>
5.1 POLICY REFORM.....	45
5.2 CAPITALIZING ON THE TRANSFORMATION EMERGING FROM THE POVERTY REDUCTION PROGRAM .....	46
5.3. PHE IN SEDENTARY AREAS WHERE LAND CERTIFICATION IS ACCOMPLISHED .....	46
5.4. EXPLORING FOR PHE IN PASTORAL AREAS .....	47
5.5. POPULATION AND ENVIRONMENT HOTSPOTS .....	48
5.6. WOMEN AND PHE .....	48
5.7. THE PUBLIC SECTOR.....	49
5.8. THE NGO SECTOR.....	49
5.9. CAPACITY BUILDING .....	50
5.10. ADVOCACY WORK .....	51
5.11. MEDIA.....	51
5.12. RESEARCH CONCERNS .....	52

**REFERENCES ..... 54**

**ANNEX I: LIST OF CRDA MEMBER ORGANIZATIONS ..... 57**

**ANNEX II. ORGANIZATIONS SELECTED FOR THE STUDY ..... 58**

**ANNEX III. INTERVIEW GUIDE ..... 589**

**ANNEX IV. INDIVIDUALS INTERVIEWED ..... 61**

## **EXECUTIVE SUMMARY**

*The country's population has been growing at a fairly rapid rate since the 1950s, and the evidence suggests that the rate of growth has been increasing over the last quarter of a century. Current estimates show a population growing by about 2.9 percent per year, or an increase of 2 million persons annually. At this rate, the population of the country will double by 2025, i.e., in about 27 years. Natural resource degradation continues to be alarming high and there are some who fear that the danger of large-scale environmental collapse imminent unless urgent measures are taken soon. The rate of soil erosion and deforestation is currently quite high and deforestation is occurring on a large-scale and the pressure on the remaining forests is quite severe. The evidence is that unless the massive environmental degradation that is taking place now is soon reversed, the natural resource base of the country will have shrunk by anywhere between 10 percent in the next fifty years.*

*The combination of high population growth and environmental degradation has deepened rural poverty which affects more than half the rural population depending on the criteria one employs to measure it. Individual land holdings are getting smaller; there is endemic food insecurity, high levels of adult and child malnutrition. At the household level, more children means greater fragmentation of the family plots as parents divide the family possession to all children either in old age or at the time of death depending on customary practices. Finally, the twin impact of demographic and environmental pressure has brought added burdens on women, causing them to be further marginalized. The greater mouths to feed in the family means increased household chores for women.*

*The need for integration of population and environment in problem analysis, planning and policy making has not been widely recognized within public authorities. The common practice has been to employ a sectoral approach in line with the sectoral division of government services and institutional structures. The P-E approach incorporates a holistic approach in which problems of population growth (reproductive health and family planning) and natural resource management and environmental conservation are addressed in an integral manner. From this viewpoint, the P-E integration experience in Ethiopia, either in the public, private or voluntary sector is very limited and shallow.*

*There are a number of opportunities and entry points for integrating population, health and environment in the public as well as the NGO sector in this country. These include public and NGO engagements in the areas of reproductive health and environment, the NGO experience in program integration and the use of cross-sectoral approaches, experience in working in high population and severely degraded areas, the existence of community organizations, the emphasis on empowerment of women, and some encouraging policy measures taken by the government. The Report discusses these opportunities and entry points in some detail, on the basis of which it provides recommendations in twelve main areas.*

## **1. Introduction**

There is hardly any sector in Ethiopia that has not suffered acute crisis during the last three decades. Yet, the interrelated population, health and environmental crises stand out in terms of the severity of their crises and the direct negative impacts that this had on peoples' livelihoods. Precipitated by natural disasters, boundary conflicts, civil wars, revolution, bad governance, and ill-advised state projects Ethiopia's natural resource base was progressively degraded and shrunk to critical levels. At the same time, its population more than doubled in spite of the spread of old, new, and resurgent pandemics. For a time, around the late-1980s and early-90s, the country appeared to be sinking in a spiral of deepening natural resource degradation and human misery.

Difficulties arising from the problematic resource-population nexus such as shrinking farm size, decreasing soil fertility and retreating water and fuel sources were so serious that they have all along awakened environmental and demographic concerns. Also, in spite of the enormity of the problems and the limited capacity of the successive governments to deal with them effectively, notable attempts were made to bring environmental degradation and population growth under control. Yet, all attempts have remained sector specific and unlinked. Let alone integrating environmental interventions with those of population and health, the environmental conservation works were themselves undertaken separately and at times in disregard to crop production measures.

### **1.1 The Population-Health-Environment Narrative**

At the global level, population, environment and health concerns have been evolving over time. In fact, discussion of the interrelationships among population, environment, health and economic development long precedes the writings of Thomas Malthus in the late eighteenth century. Since ancient times, statesmen and philosophers have expressed opinions about such issues as the optimum number of people and the disadvantages of excessive population growth (United Nations, 1973). The recurrent theme was the balance between population and natural resources conceptualized as means of subsistence or, more concretely, food and water (United Nations, 2001a). Not all theorists, however, saw population growth in a negative light. In particular, mercantilist ideas in Europe during the seventeenth and eighteenth century saw the positive aspects of large and growing populations and favored policies to encourage marriage and large families (Simon, 1996).

Beginning in the late 1940s and 1950s, environmental concerns focused almost exclusively on what was felt to be the negative impact of population growth on non-renewable natural resources and food production. While little or no attention was given to environmental side effects (United Nations, 2001b). During the 1960s and 1970s, the focus was widened to incorporate the by-products of production and consumption, such as air and water pollution, waste disposal, pesticides and radioactive waste. By the 1980s and into the 1990s, a new dimension was added, encompassing global environmental

changes, including global warming and ozone depletion, biodiversity, deforestation, migration and new and re-emerging diseases (Ruttan, 1993).

The United Nations Conference on Environment and Development held in Rio de Janeiro, Brazil, in 1992 was a landmark in the evolution of an international consensus on the relationships among population, development and environment, based on the concept of *sustainable development*. The Rio Declaration on Population, Environment and Development (United Nations, 1993) identified population policies as an integral element of sustainable development. Principle 8 of the Rio Declaration stated that “to achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies”. The declaration also covered demographic dynamics and sustainability and stated that “the growth of world population and production combined with unsustainable consumption patterns places increasingly severe stress on the life-supporting capacities of our planet”.

Today, there can be no doubt that population changes and environment changes influence one another. Within the last decade or so, this commonsensical observation has given rise to hundreds of scientific articles and reports and the flow shows no sign of abating (Lutz et al, 2002).

Nash and De Souza (2002) summarized the link between Population, Health and Environment (PHE) as follows.

*The number of people on Earth, where they live, and how they live, all affect the condition of the environment. People can alter the environment through their use of natural resources and the production of wastes. Changes in environmental conditions, in turn, can affect human health and well-being. Human demographic dynamics, such as the size, growth, distribution, age composition, and migration of populations, are among the many factors that can lead to environmental change. Consumption patterns, development choices, wealth and land distribution, government policies, and technology can mediate or exacerbate the effects of demographics on the environment. The precise impact of a given change depends on the interplay among all these factors, but it is clear that demographic change can affect the environment.*

The last decade or so has witnessed an increasing trend in pre-planned Population-Environment (PE) projects although such approaches date back at least to the 1960s (Oldham, 2006). The major focus to date has been the linkage between family planning services, and natural resource management and biodiversity conservation (Engelman, 1997). Review of the experience of nongovernmental organizations (NGOs) linking conservation and reproductive health activities in a number of developing Countries including Latin America, Africa and Asia suggests that this approach can help reduce costs associated with family planning delivery in remote areas by taking advantage of personnel and support networks already developed for conservation and development work. The linkage may also encourage community receptivity and improve project

outcomes in both reproductive health/family planning and natural resource conservation (Engelman, 1997).

The very few but key actors in the population field that prompt PE linkage are the Population Action International (PAI) and Population Reference Bureau (PRB). To date, the programs are largely being implemented by major conservation organizations including Worldwide Fund for Nature (WWF) and Conservation International (CI). Funding has come in large part from the US Agency for International Development (USAID) and a few private foundations (Oldham, 2006).

## **1.2 Background and Objectives of the Study**

There is growing realization of the fact that population, health, environment problems are interlinked and that they find joint expression in the excruciating poverty of Ethiopia. The International Workshop on Population-Poverty-Environment Linkage, held in Gland, Switzerland, in 1998, engaged its participants in a mapping exercise to identify what it called PPE hotspots, i.e., areas in which PPE linkages are most in evidence. The group working on Africa chose to identify entire countries as PPE hotspots if they met any five of the following criteria:

- Per capita purchasing power parity below US\$ 1,000 a year;
- Less than 50 per cent of the population with access to safe water;
- Population growth higher than 2.6 per cent;
- More than 20 per cent of the national territory subject to land degradation;
- Per capita cropland less than 0.2 hectare; and
- More than 20 per cent of children underweight.

Not surprisingly, Ethiopia topped the list of six countries that were dubbed “severely stressed” on the basis of these criteria (UNFPA, UNEP, and IUCN, 1998). What we need to note in this regard is the fact that in 1998 Ethiopia over satisfied most of the criteria as its per capita purchasing power parity is far below US\$ 1,000 a year, not even 25% of its population had access to safe water, and the per capita cropland was in the order of 0.1 hectare.

The idea of PHE integration, as an intervention approach is, however, very new to Ethiopia having begun to circulate only recently and within limited circles. The David and Lucile Packard Foundation is at the forefront of current efforts in this regard by identifying the importance of the PHE link as the key to achieving sustainable growth in Ethiopia (see Sahlu Haile, 2004). The Foundation has also been instrumental in drawing the attention of the Population Reference Bureau (PRB) to Ethiopia and in facilitating BRB’s Ethiopia PHE opportunity assessment that is reported by this draft.

As part of its larger project to promote cross-sectoral development based on population, health, and environment (PHE) integration in East Africa, the Population Reference Bureau (PRB) undertook to work with a team of local experts in Ethiopia to “identify the

possibilities for integrated programming and policy application for Ethiopia under a project called Informing Development Entrepreneurs and Advancing Leadership in Ethiopia (IDEAL-Ethiopia).” To this end, a three-man team was set up and began work in late-November 2006 on the basis of terms of reference that were interactively finalized by the local team and the PRB office. This draft report presents the team’s country-level PHE assessment that was guided by the following three objectives given in the TOR:

- To assess existing integrated PHE project as well as organizations undertaking them in order to identify opportunities, threats, and entry points for linking environment with population and health; examine the policy environment that currently exists within the country for cross-sectoral collaboration.
- To explore the current state of integration among projects, programs and policies and their linkage with the country’s poverty reduction strategy.
- To identify concrete action steps such as: What kind of research is still needed in the country regarding PHE integration? What kind of changes in policy and strategy are needed for effective PHE integration? How can stakeholders (including program implementers, Government bodies, and donors) ensure that PHE issues are placed on the policy agenda? What are the capacity building needs of key stakeholders?

### **1.3 Methodology**

Following the stipulation made in the TOR as regards methodology, the assessment has predominantly relied on desk work. Review of the relevant literature (see Annex 1) and the team members’ own repertoire of knowledge concerning Ethiopia’s environment, population, health and poverty issues have served as the mainstay of the assessment.

Interviews were also held with relevant NGOs and governmental organizations. For the purpose of identifying the relevant NGOs, a list of all member organizations of the Christian Relief and Development Association (CRDA) was obtained and carefully screened in order to identify and select those organization that work in the population, health, and environment sectors (Annex 1). As none of the organizations in the list were found to be active in more than any one of the PHE components, a decision was made to shortlist those organizations that are most active in their respective sectors. This produced a list of ten organizations (Annex 2) out of which seven were actually depth-interviewed by members of the team, working in pairs, and on the basis of an interview guide (Annex 3). Three were found difficult to set up interviews with, and therefore grudgingly skipped.



## **2. The Population and Environment Narrative in Ethiopia**

### ***2.1 Population: Discourse, Concern, Policy***

The country's population has been growing at a fairly rapid rate since the 1950s, and the evidence suggests that the rate of growth has been increasing over the last quarter of a century. But it was only in the 1980s that social analysts, development planners and decision makers began to be aware of the significance of the demographic factor in economic growth and environmental change. Demographic historians, such as McCann, writing in the 1990s have suggested that rapid population growth has been going on since the nineteenth century, if not earlier, at least in the northern highlands where ox-plough agriculture has had a long and continuous history. McCann (1995) has argued that population growth has had a determining influence on land management, cropping practices, and land use strategies from as far back as two hundred years ago, and that the agricultural history of the country can be viewed in good part as an adaptation to demographic pressure.

But the discourse on development all through the decades up to the 1980s either ignored the population factor or gave it only marginal consideration. The dominant consensus in this period was that the country was blessed with abundant resources and if only the modernization of agriculture could be accelerated the country could easily become the bread basket of the Middle East. Lack of modernization, the inadequacy of structural reforms in the economy and institutional limitations were seen as the main factors for the country's failure to achieve rapid economic development. The successive five-year Development Plans that were the bases of economic performance, investment and resource allocation during the Imperial regime paid scant attention to the problem of population growth and its implications on the country's resource base, agricultural productivity and food security (Dessaiegn 1995).

Until the first national census of 1984, there was no accurate population data, and differing estimates were made by different sources. The Central Statistical Office undertook two major sample surveys in the mid-1960s, with the first survey putting the country's population at 22.5 million (1967) and the second at 24 million (1970). Mesfin Wolde Mariam, writing in the late 1960s, estimated the country's population to be over 25 million. Both these sources offered a fairly low population estimate relative to the geographical size of the country and to what many believed was the extensive natural resource base. This seemed to confirm the prevailing opinion that demographic pressure was not a serious factor that should be given due consideration by planners and decision makers (Eshetu 1994).

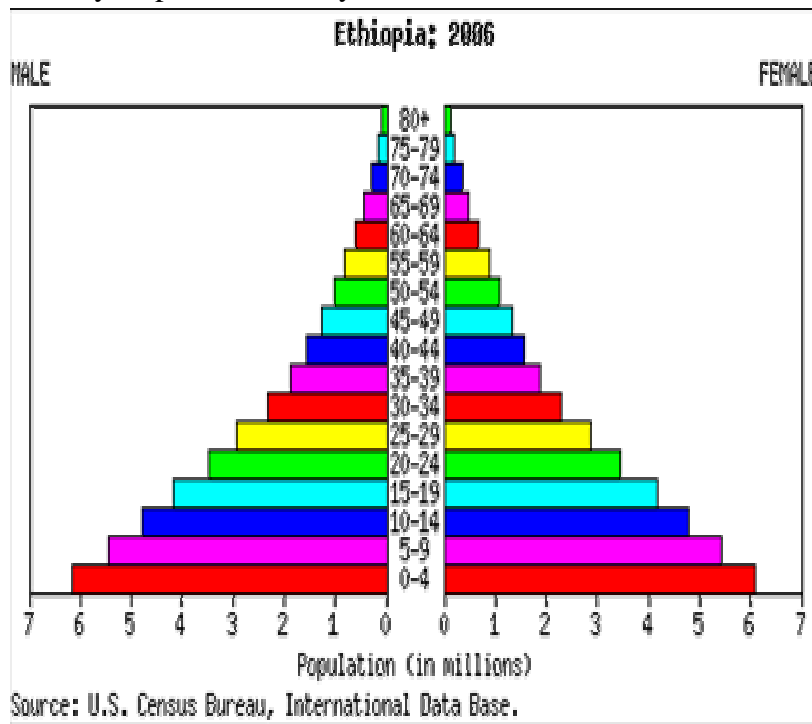
But even before the first census was undertaken, there was strong evidence on the ground indicating increasing population pressure and shrinking resources. First, it became apparent that there had been a long process of population movement in the country, and this had been occurring across provincial and regional boundaries on the one hand, and across ecological zones, on the other. This movement was in large measure a response by

peasant farmers to the growing scarcity of land and environmental resources. The shift of the farming population, in particular, from the higher elevations to the lower, i.e., from the *degga* ecologies to *woyna-degga* and *qolla* ecologies, had been going on for many decades and in the 1960s and 1970s, this shift was the cause of numerous conflicts between farmers and pastoralists. Second, case study evidence revealed that farm plots at the household level were small and becoming smaller. While there were wide variations across provinces and regions, in most places farm holdings measured between 1.5 to 3 hectares, much below the size that many had assumed was the norm in the country. When the Derg's radical land reform of 1975 put a ceiling on individual holdings at 10 hectares, the assumption behind it was that there were large holdings operated by individual peasant farmers and that such farmers should not be expropriated. However, the reality on the ground was quite different, and that few peasants held land above two to three hectares.

The third evidence was the growing problem of food insecurity among the farming population. The first census was preceded by two major famines, one in the mid-1960s, and the other in the mid-1970s. But while famine was an infrequent occurrence food insecurity was much more integral to peasant life. This was evidence by widespread malnutrition and the atrociously poor nutritional status of children in the rural areas. It was soon realized that food insecurity was a product of not only scarcity of land and other natural resources but also the deterioration of these resources.

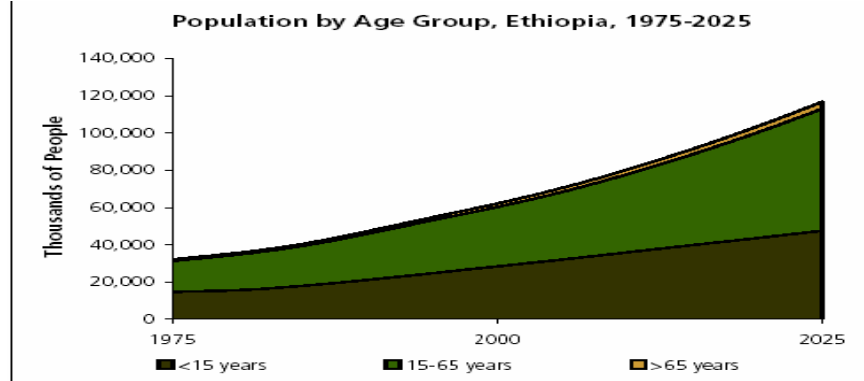
The 1984 census was an eye opener in many senses: it revealed that the country's

population, 42 million, was much larger than had been previously estimated, and that it was growing at 2.9 percent per year, which would mean that the population would double in about 27 years. The population had a pyramidal shape: over 46 percent of the population was found to be below 15 years of age and only 4 percent above 65. This is indicative of a



population with a high dependency ratio, high reproductive potential and hence high growth rate. Like in all poor countries with high populations, the young at the base

constitute the largest population group and are growing larger. The Second National Census undertaken in 1994<sup>1</sup> reveals a demographic profile and structure with a similar spatial distribution pattern. While the population has grown to over 53 million the structure and distribution remain about the same. Young persons below 15 years make up 48 percent of the population, those 15-64, 49 percent and over 65s, 4 percent.



Moreover, the overwhelming proportion of the population (84%) was rural, which makes Ethiopia the least urbanized country in Africa. Also, as in the past, the population is concentrated in the *degga* and *woyna-degga* (high and intermediate altitude) areas. The second census found more than 77 percent of the population living in the *degga* and *woyna-degga* ecologies, i.e., areas above 1800m, whereas such areas make up only a little over 35 percent of the total land surface of the country.

Current estimates show a population growing by about 2.9 percent per year, or an increase of 2 million persons annually. The population of the country will have doubled (according to CSA's medium variant projections) by 2020, i.e., in about 25 years, by which time the rural population will have grown from 46 to 85 million. A quarter of a century hence, the country would still remain one of the least urbanized in Africa, with an urban population estimated to be only 20 percent of the total. The implications of this is that the rural areas will carry an even greater demographic burden than at present, on the other hand, there is no evidence to show that there will be any appreciable increase in the natural resource base in the years to come. On the contrary, as we shall see later, unless the massive environmental degradation that is taking place now is soon reversed, the natural resource base of the country will have shrunk by anywhere between 10 to 15 percent in the next fifty years.

There are regional variations in population density and spatial distribution that is worth noting here. The lowland areas are relatively sparsely populated, though even here population growth has been fairly rapid. The *enset* culture areas in the Rift Valley are more densely populated than the cereal growing areas of the northern highlands. In Wollaita Zone (SNNPR), for example, the *woreda* of Bolosso has a population density of 637 persons per km<sup>2</sup>, Damot Gale 750 km<sup>2</sup>, Soddo Zuria 438 km<sup>2</sup>, and for the Zone as a whole the density is 360 km<sup>2</sup>. Such demographic concentrations are comparable to those found in the over populated areas of Southeast Asia. For comparative purposes, the

<sup>1</sup> For both censuses see OPHCC 1984, 1999.

population density in SNNPR is 118, in Amhara *Killil* 108, and Oromia 67 km<sup>2</sup> (Dessaiegn 2006).

Both the Imperial and Derg regimes were keen to get access to population data but in both cases such information was employed mostly for purposes of economic planning and estimation of growth rates and forecasts. The Imperial government in particular was not seriously concerned about the population problem as a serious issue by itself, and there was no attempt to formulate a population policy. The Derg, on the other hand, showed more interest and undertook a number of public discussions on population issues. The National Office of Population was also established within the government's planning body during the last half of its rule nevertheless, it too failed to issue a coherent population policy. Indeed, there was a strong opinion within the higher planning and decision-making circles of the Derg that the population issue was of minor significance to socialist planning and development.

The present government has shown a strong awareness of the deleterious impact of population on natural resources, agricultural production and growth. Among the series of policies it issued soon after it assumed power was the 1993 National Population Policy. Since then it has established within the Prime Minister's office a population advisory unit to advise on population issues. Similar advisory units have been established in some of the *killil* administrations. At present, the National Office of Population (NoP) has the responsibility for coordination among ministries and institutions involved in population activities, for advising the government on policy and program development.

The Federal Population Policy sets out a broad set of general and specific objectives. It provides a broad framework within which Regional and Zonal governments are expected to undertake programs suitable to their needs. Its overarching goal is to harmonize population growth with the rate of economic growth and encourage the rational utilization of natural resources. The goal of the policy was to reduce fertility substantially to ensure that population growth is kept below economic growth through. The other main objectives are the following:

- Planned reduction of birth rates through increased provision of contraceptives
- Reduction of the rate of rural to urban migration
- Reducing the current level of fertility of 7.7 children per woman to 4.0 by the year 2015
- Reducing maternal, infant and child morbidity and mortality
- Raising the status of women and increasing their participation at all levels
- Improving the carrying capacity of the environment

One of the major strategies of the policy has been to expand family planning program so that contraceptive prevalence increases to 44% by 2015. It aims at expanding the diversity and coverage of family planning service delivery through clinical and community based outreach services; encouraging and supporting the participation of non governmental organizations in the delivery of population and family planning related

services; creating conditions that will permit users the widest possible choice of contraceptives by diversifying the method mix available in the country.

Apart from the National Population Policy, other policies such as the country's Health Policy and the National Policy on Ethiopian Women support the expansion of family planning programs in Ethiopia. For example, the Health Policy emphasizes the need to improve the coverage and quality of family planning services in the country. The National Policy on Women also acknowledges the need to ensure women's access to family planning and other reproductive health services as one of the strategies to empower Ethiopian women.

All three policies must be seen against a background of the government's agricultural development strategy that has been evolving since the mid-1990. The Federal government's new agricultural policy is based on what is known as rural centred, agricultural-led development strategy or ADLI. The policy document argues that the goal of economic policy is to ensure rapid and sustainable development, and this will be possible only through the prior development of agriculture (FDRE 2001). The strategy emphasizes that smallholder agriculture will be given high priority, a welcome change from the rural policies of the later Imperial period and the Derg. The focus of development activity will thus be agriculture, the justification being that without a rapid rate of agricultural growth the progress of the other sectors of the economy will be slowed down. Agricultural growth is also seen as a guarantee against food insecurity. Peasant agriculture is envisaged to be the basis of the expected rapid growth, though private commercial investors are encouraged to play a "supportive role".

As is evident from this brief review, government development strategy envisages the economy to remain predominantly agrarian and the population to stay in the rural areas for a long time to come. The discouragement of rural to urban migration provided in the Population Policy is meant to support this objective. This has immense implications for the population issue.

What emerges from this brief review is that until the close of the 1980s, there was insufficient awareness about the population problem in the country and the discourse on it was either lacking or inadequate. In the end, the concern arose largely because the reality on the ground could not be ignored. Thus the response of planners and decision makers was not a proactive one but a reactive one.

## ***2.2 Environment: Discourse, Concern, Policy***

The environmental discourse in Ethiopia began in the early 1950s but it was not until the 1980s that it started to attract wide interest and participation. There are two legacies of this discourse which are still with us today and which have left a strong influence. The first is that expatriates who had very limited knowledge about the country in general, and peasant agriculture and local land management practices dominated the discourse in particular. A great many of these expatriates were foresters by profession. Secondly, the

discourse had a strong apocalyptic tone, i.e., it was filled with doom-saying and predictions of imminent catastrophe. Let me give a few examples (see Dessalegn 2001 for details).

Writing in the 1950s and 1960s, several foresters who came in as FAO technical advisors to the Ethiopian government, underlined the urgency of a forest conservation and management. The country's primeval forest, they maintained, has been in retreat from north to south by a thousand years of remorseless destruction. Forest destruction in the highlands, they argued, has started a process, which, sooner or later, will result in the total loss of soils and the drying up of the Highlands, which will thereby become absolutely uninhabitable. Formerly, 50 to 55 percent of the country's surface area was forested, but thanks to wanton deforestation only 6 percent of the country remains under forest cover. At present of course, this has further been reduced to less than 2.5 to 3 percent. Anticipating the Derg by nearly two decades, they recommended a massive program of afforestation, involving the mobilization of the nation as a whole.

In the 1980s the danger posed by soil erosion, which was said to be taking place on a large scale in most parts of the country, became another element of the expatriate environmental discourse. Hans Hurni, a Swiss soil scientist, who served as advisor on conservation to MoA, claimed that the rate of soil erosion in the highlands was 1.5 billion tons per year. He felt quite certain that at this rate of land degradation, all the topsoil from the country's farm land would be washed away in 100 to 150 years, resulting in complete and irreversible agricultural destruction. The Ethiopian Highlands Reclamation Studies, a project initiated and financed by FAO, was even more pessimistic. It estimated that nearly 2 billion tons of soil was being removed from the highlands annually, and that in 25 years' time about 18 percent of the country's farmland would go out of production, affecting the livelihoods of some ten million peasants.

The writings of the expatriates have been influential in shaping the environmental thinking of Ethiopian officials, and have left a legacy of environmentalism rooted in ecological calamity. Ethiopian environmentalists and policy planners came to believe, especially from the latter part of the 1970s, that the danger of large-scale environmental collapse was indeed imminent, and that urgent measures were needed to avoid such a catastrophe. This has had, in part, damaging policy implications.

Active public programs to rehabilitate the environment began in earnest during Derg, especially in the 1980s with the WFP back initiative known as Project 2488. This was a national campaign, based on the catchment approach, to rehabilitate denuded lands through tree planting, area closures, terracing, the building of check dams and other physical measures supported by food for work. But many of the physical structures and afforestation programs were undertaken by the Derg using coercive methods and were not popular with the rural population. When the Derg collapsed in 1991, large scale destruction of these structures and extensive deforestation took place (see Yeraswork 2000 for details).

The rate of soil erosion and deforestation is currently quite high; it is estimated that nearly 2 billion tons of soil are washed away every year (EHR 1984, Hurni, 1988). At present, deforestation is occurring on a large-scale and the pressure on the remaining forests is quite severe. It is well known that the shortage of firewood on account of the depletion of the forest cover has had a deleterious effect on agriculture (MoA 1989). Animal waste (or manure) which would have been better employed as natural fertilizer is now widely used as fuel though here again we lack accurate data.

Another aspect of environmental degradation is the depletion of the water resources of the country due in part to the loss of the vegetation cover and soil erosion. A good number of streams, springs, ponds and wetlands have either dried up or in poor condition and the damaging effect of this on the country's wildlife and bio-diversity is quite considerable. At present, the country employs only a small percentage of its water resources for economic purposes, i.e., irrigation, hydropower or the leisure industry. Less than 20 percent of the country's rural population has access to clean water. Nevertheless, as the demand for more water consumption grows in the years to come, it will become increasingly difficult to tap the country's water sources without damaging the surrounding environment.

Another area of major natural resource dispute and environmental degradation has been the countries nature parks and game reserves. There are nine such parks at present, the earliest of which were established in the 1960s. From the outset, the country's national parks and game reserves program has been beset by serious disputes that successive governments have been unable to resolve. The populations in the localities where the parks are established have opposed the program on the grounds that it excludes them from access to the resources which they claim as theirs by customary right. The trees, wild life and other resources in the parks have been "illegally" poached by the surrounding population; in some instances families and small groups have either encroached on or moved in and settled in the parks driving away the wild life. The government has established claims over the parks and gazetted them by excluding the surrounding population from any benefits arguing that these are national assets and a source of foreign exchange earnings. The tourism that is supposed to bring in foreign exchange has not benefited the local populations in terms of employment and income; to the contrary, it has caused them considerable distress. Because of the resources attached to the parks, the schemes have attracted many landless and unemployed people from distant areas, putting additional pressure on the natural resources as well as the livelihood of the surrounding populations. During the transitional period, between the collapse of the Derg regime and the consolidation of power by the present government, many of the parks were invaded by people from the surrounding areas, some of the resources were set on fire, wildlife destroyed, and there was considerable encroachment and clearing to make way for farms and homesteads. The present government's new initiative to address the problem was to place the management of some of the parks in private hands, and at present, a South African group has assumed responsibility for two of the major nature parks in the south of the country. Despite the initiative, it is unlikely that the conflict between the people and the management will be easily resolved because the causes of the dispute are deep rooted.

The Derg undertook massive programs of environmental rehabilitation without issuing any coherent policy. The present government on the other hand has formulated a broad environmental policy though most of the provisions are difficult to translate in practice. The 1997 Environmental Policy of the Federal government has set as its overall objective the goal of enhancing the quality of life of the Ethiopian people by promoting sustainable development through sound management and use of natural resources. The Policy further seeks to:

- ensure the preservation of essential ecological processes and life support systems as well as biological diversity
- encourage sound and sustainable exploitation on non-renewable resources
- improve the environment of human settlements
- prevent the pollution of land, air and water
- raise public awareness and promote understanding of the essential linkages between environment and development

At present, there are two major sectors concerned with environmental issues: the public and private/independent sectors. In the public sphere, The Environmental Protection Authority is the Federal agency empowered to oversee the implementation of the Policy, to undertake monitoring and evaluation and environmental impact assessment. At the *Killil* level environmental concerns are handled by the Environmental Protection and Land Use and Administration Authorities of each *Killil*. These Authorities are replicated down to the *woreda* level.

On the other hand, in the private sphere, Ethiopian environmentalists since the 1980s have taken up the challenge and raised a wide variety of issues regarding environmental management and the dangers posed by high rates of natural resource loss. Public awareness programs have been and are being undertaken by a large number of civil society groups, in particular by environmental advocacy organizations. Many development NGOs have incorporated conservation and related environmental management activities in their programs. It is worth noting that the President of the Federal Government is a committed environmentalist and founder of one of the main environmental advocacy groups in the country.

### ***2.3 Population and Environment: Increasing Vulnerability***

We shall examine in broad terms the impact of population pressure and environmental change in the context of rural Ethiopia and under existing circumstances, i.e., under conditions of widespread poverty, disease, and livelihood vulnerability. Since the 1980s, discourse on the combined effects of demographic pressure and environmental change has been quite encouraging, and both within and outside the public sphere there is recognition that these effects have contributed to increased vulnerability especially for rural households<sup>2</sup>.

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<sup>2</sup> For the literature see Sahlu 2004; Yeraswork 2000; ... . The discussion that follows is also based on CSA and ORC Macro 2006; Dessalegn 2003; MOFED 2005; World Bank 2005;



Vulnerability to poverty is high in rural Ethiopia, and the immediate causes are varied and numerous: they include harvest failures due to drought, rainfall variability and other environmental stresses (floods, pest infestation, frost, etc); epidemic disease such malaria and HIV/AIDS; price volatility, in particular for high value crops, modern inputs, etc; asset insecurity; and civil or political conflict and instability. While recent reports by government and other sources indicate declines in poverty, there is no strong evidence that such declines have had any impact on peasant well-being, and the country continues to be among the poorest in Africa (World Bank 2005). Similarly, declines in child and adult mortality, and improvements in children's health status have been reported nevertheless the magnitude of these problems is very high relative to other African countries. Moreover, improvements in some indicators are offset by new and resurgent hazards such as HIV/AIDS, malaria and increased incidents of flooding and natural disasters. Malaria and HIV/AIDS, in particular, are significant additions to the disease burden of the country.

In fact a strong case can be made for the argument that poverty in the rural areas is deep-rooted and structural and for that reason cannot be easily dealt with. While poverty figures for rural and urban areas differ depending on the sources one consults. Using a different methodology from that used by the government, a recent World Bank report found that 58 percent of rural households are poor and that there has not been any change in the poverty incidence from 1995 to 2004 (World Bank 2005: 14-15). On the other hand, if one uses an income level of 2 USD a day as a poverty measure, more than 80 percent of the rural population is considered poor. But what is equally important is that the structure of rural poverty is changing. There is now a sizable proportion of rural households which may be described as destitute. As some recent studies have shown, rural destitution is increasing though we do not have precise figures to indicate its magnitude (see Dessalegn 2003 for the debate)

The broad framework of rural vulnerability is well known and there is no need to present a detailed discussion here. At the top of the list must be placed the failure of the agricultural economy to make any significant improvement. Per capita productivity in agriculture has been declining for many decades and at present, despite the increased utilization of modern inputs by peasant farmers there is no sign of any improvements. Thus, as the rural population continues to increase, the food available for each individual continues to decline. In other words, each year there are more mouths to feed but less food available. Among the reasons that have held back improvements in productivity are tenure insecurity, decreasing size of individual holdings, growing population pressure on the land, increasing loss of soil nutrients and the failure to modernize agriculture.

Tenure insecurity arising from the land nationalization of 1975 and the ensuing land distributions and redistributions is another factor that has contributed to the mismanagement of land (for detailed discussion see Dessalegn, 1992, 1997; Yeraswork 2000). Tenure insecurity was a double-edged sword that forced farmers to adopt improper land use practices, at the same time as it negatively influenced their reproductive behavior. By their own reckoning, it encouraged farmers to embark on the stratagem of marrying their underage children so that they may qualify to benefit from the next land redistribution. Land redistributions impelled farmers to favor having more

children since this was the only way a family group could avoid loss of land. Under the circumstances, having many children was an effective insurance-cum-pension policy the rural people had to take out (Yeraswork, 2000: 213-14).

A number of recent positive – even if creeping – developments in the realm of land administration are noteworthy. They include the discontinuation of land redistribution in all of the regions, the progressive relaxation of restrictions on land leasing / sharecropping, and the granting of hillsides to groups of farmers as common plantation sides (the so-called ‘common hillsides’). Furthermore, currently, a novel land certification exercise is underway in four of the country’s Regional States: namely, in Amhara, Oromia, SNNP and Tigray. Yet, whereas these tenure security-inducing measures are likely to make farmers more considerate of the long-term state of the land, they cannot reverse the process of land fragmentation or that of declining trend in size of holdings.

There is evidence showing that household plots have decreased in size over the last four to five decades, and today in most rural areas average holdings are less than one hectare which is inadequate to meet the food requirements of the average household. Indeed, there has been a shift in the last three decades to what may be described as micro-agriculture in many parts of the country. Micro-farm systems are those in which households' basic farm assets (oxen, land, labor, and livestock) have become insufficient, and peasants become trapped in production for sheer survival. Such systems cannot support the basic subsistence needs of the family, cannot create assets or reserves, and are highly fragile. They tend to easily collapse under even minimum pressure, such as for example a mild drought, limited rainfall variability, or moderate market fluctuation.

As the table below shows, the population of the country has been growing over the decades as per capita food production has been declining. In other words, there has been less food produced but more mouths to feed in the last four decades.

**Population, Per Capita Landholding, and Per Capita Food Production in Ethiopia, 1960-1990**

<b>Year</b>	<b>Population</b>	<b>Per Capita Landholding</b>	<b>Per Capita Food Production</b>
1960/61	23,550,000	0.28 ha	240.2 kg
1969/70	28,784,400	0.25 ha	242.7 kg
1979/80	36,663,300	0.13 ha	204.4 kg
1989/90	48,648,800	0.10 ha	141.7 kg

Source: Befekadu and Berhanu, 2000: 85

The second major element of rural vulnerability, which flows from shrinking land size and declining per capita food production, is persistent food insecurity and periodic incidents of mass starvations. While the present government may have been relatively more successful than previous ones in disaster preparedness and management, it has not completely eliminated the threat of famine or severe food shortages. The last famine was in 2003 though its impact was mostly confined to the dry land areas. On the other hand, food insecurity has become an enduring aspect of peasant livelihood, and thus the country’s dependence on food aid has been steadily growing over the last four to five

decades. At present, nearly half the rural households do not produce enough to feed themselves for a whole year, and 12 to 15 percent cannot feed themselves at all and are dependent on assistance programs run by public authorities or voluntary groups (Dessalegn 2003).

Food insecurity has been responsible for widespread and severe forms of malnutrition among the rural population. The available evidence shows that Ethiopia has one of the highest rates of both adult and child malnutrition. Due to pervasive food insecurity, frequent droughts, and the degradation of basic environmental resources, the rural population is particularly susceptible to long-term malnutrition and health hazards. The disease burden in the rural areas is consequently much heavier than in the urban (CSA ORC Macro; World Bank 2005). While it has often not been given sufficient emphasis, ecological vulnerability contributes significantly to malnutrition and the disease burden.

Several biological and socioeconomic factors contribute to malnutrition. A conceptual framework developed by UNICEF, and extended by Engle et al. (1997), recognizes three levels of determinants of children's nutritional status. The immediate determinants of children's nutritional status are dietary intake and health status. These are in turn influenced by underlying determinants: food security, adequate care for mothers and children, and a proper healthy environment, which includes the availability of safe water, sanitation, health care, and environmental safety. The ability of households to translate resources to achieve food security, care, and a healthy environment are limited by political, economic, cultural, and social factors at the community and national level, which are the basic determinants of children's nutritional status (Smith and Haddad, 1999).

Much of the burden of deaths resulting from malnutrition, estimated to be over half of childhood deaths in developing countries, can be attributed to just mild and moderate malnutrition. Underweight children are particularly vulnerable to increased risk of death from infectious illnesses such as diarrhea and pneumonia (WHO, 2002). For those children that do survive, the impact of chronic malnutrition in the first few years of life are long lasting and can lead to cognitive and physical developmental deficits, higher levels of chronic illness and disability in adult life (resulting in reduced work capacity), as well as adverse pregnancy outcomes (low birth weight).

Rural poverty must be seen against a background of relentless ecological vulnerability, which is evidenced by severe land degradation, as noted above. The frequent occurrence of environmental shocks, such as drought, floods, pest infestation, and similar disasters further aggravates ecological vulnerability.

Such are the broad characteristics of rural poverty and vulnerability, but we need to look at the problem at the farm and household level in order to appreciate the complex effects of the twin problems of population growth and environmental change. In what follows we shall look at the integrated impact of these two problems at the farm and household level based on the experience of rural Ethiopia.

It is now widely recognized that the poorer a household is the more children it is likely to have. A similar causal link is observed with regard to education: women with less education have more children, and poorer households are less likely to have had any formal education. In other words, poor people tend to have more children which in turn contributes to their increased vulnerability. Poverty is more prevalent among rural households, and of these, staple food producers are poorer than cash crop producers. The continued concentration of the country's population in the rural areas, which we have noted above, will mean poverty will remain high and predominantly a rural problem, on the one hand, and there will be increasing pressure on the environment and natural resources, on the other.

The health consequences of high fertility for mothers and children are clear. High rates of infant, child, and maternal mortality, as well as abortion and its health consequences, are pressing health problems in many developing nations including Ethiopia. In particular, a high number of pregnancies, births to older and younger women, closely spaced births and pregnancies that were unintended are identified as important risk factors for child and maternal mortality and morbidity.

Many households, both poor and non-poor value children because they see them as assets both for their labor on the farm and in the household, as well as insurance against old age. Moreover, because infant and child mortality is high in rural Ethiopia, families tend to favor more children as insurance against loss. On the other hand, large family size has a wide variety of interlinked consequences impacting on farm assets, farming practices, agricultural productivity, household consumption, and the environment.

As was noted above, population pressure has contributed significantly to the decreasing size of per capita holdings over time. Land has become a scarce resource, and consequently people are driven to bring marginal land (including pasture), steep hillsides, and fragile ecosystems under the plough. In fact, the shift of population noted earlier has not only been downward, i.e. to the lower elevations (hence to the drier and more fragile ecosystems), but also upward to the steeper land forms and mountain slopes. Such shifts have frequently been accompanied by deforestation and the removal of the vegetation cover from the land. This has given rise to high rates of environmental degradation, and increasing damage to ecosystems that cannot sustain crop cultivation but have been turned into farms by demographic stress and land scarcity.

There have been other forms of population movement associated with high population pressure and scarcity of land, of which spontaneous resettlement is a case in point. During the Imperial regime, there were several instances of voluntary peasant relocations in southwest Ethiopia, but such settlements were abandoned following the radical land reform of the Derg. Instead, population relocation, often undertaken involuntarily, was initiated on a large scale by the military regime in the 1980s. Currently, the present government is undertaking a massive program of what it calls inter-Regional resettlement. Both these programs have been controversial, but there is broad agreement that large-scale resettlement, now as well as during the Derg, has frequently been accompanied by deforestation and other forms of environmental damage on a large scale.

The loss of pasture and other non-arable land has meant families are forced to keep fewer livestock and often smaller ruminants. There is thus less per capita animal holding and less manure for households to employ on farm land; hence the fertility of land decreases.

At the household level, more children means greater fragmentation of family plots as parents divide the family possession to all children either in old age or at the time of death depending on customary practices. The system of inheritance based on the right of primogeniture (i.e., the transfer of the family land to the first born) is rare in Ethiopia. Customary practice in many communities in the former *rist* areas of the country is that all siblings, including females, have the chance to inherit the family property. In the south of the country, only male siblings may inherit property. In both instances, the net effect is the fragmentation of the land as each sibling receives only a small portion of the farm.

Land fragmentation and decreasing farm plots has meant decreasing agricultural productivity. Moreover, as farm plots become smaller, the risks of investing on them become higher and holders of smaller plots are more reluctant to adopt new technology such as modern inputs. On the other hand, decreasing holdings force households to give up sound land and environmental management practices such as fallowing, crop rotation, ratooning, etc. and instead the land is continuously worked without rest and without improvement. This leads to soil nutrient depletion and high risk of erosion, resulting in low yield and low family income.

The larger the family (and hence the smaller its land assets), the greater its dependence on environmental resources, such forests and woodlots, grazing lands, wet lands, etc. (what collectively are called common property resources or CPRs) Increasingly, children are employed to collect firewood, grass, timber, and other resources from forests and common lands as well as to fetch water for the family's needs. Thus such families exert greater pressure on the environment. In many rural communities, common lands, forests, woodlots, and wetlands have either disappeared altogether or are in the process of disappearing. Hence access to CPRs have become more and more difficult and have placed heavy burdens on women and young females

One of the most important renewal resources for farm households is water in the form of springs, streams, ponds and lakes. There is evidence that because of the pressure on the environment many water sources have dried up forcing women and small girls to travel long distances to fetch water. Furthermore, the disappearance or shrinkage of such renewable water sources has reduced the potential for small-scale irrigation which in some communities was widely employed to raise high value cash crops (Yeraswork 2005).

Larger families, hence more population means congested living space. In some of the *enset* farming areas such as Wollaita and Kembatta, population densities of over 500/km<sup>2</sup> are not uncommon, as was noted above. In the absence of improved health services, which is often the case in rural areas, high population congestion frequently leads to increased deterioration of environmental sanitation and personal hygiene, which present favorable grounds for contagious diseases, frequent pandemics and in general a greater

disease burden. Peasants in Wollaita, for instance, have been victims of numerous pandemics in the last four decades involving high child and adult mortality.

The net result of the inter-related consequences of population growth and environmental deterioration at the community as well as national level is greater rural vulnerability, increased food insecurity, and greater natural and health hazards. The destructive floods of August 2006, which were caused by large-scale environmental degradation and in which more than 700 lives were lost and over a quarter of a million people were displaced may be considered as a foretaste of natural disasters to come unless timely action is taken to address the root problems discussed here.

Finally, the twin impact of demographic and environmental pressure has brought added burdens on women, causing them to be further marginalized. The greater mouths to feed in the family means increased household chores for women. As firewood, water and other CPR assets become increasingly scarce, women as well as girls have to travel longer distances, and face greater hardships to get access to them. This in turn will mean fewer opportunities for female members of the household to get access to education and training. Moreover, frequent pregnancies for women will lead to greater health risks for women and children.

#### **The Vicious Circle of Population Pressure, Environmental Degradation, and Worsening Livelihoods**

Environmental and natural resource degradation, which is itself an outcome of the growing population pressure, directly translates into the worsening of the means of sustenance of the Ethiopian people. At one end it reduces the supply of energy since natural resource degradation means reduced crop production, fewer animal holdings, reduced amount of biomass, and hence reduced per capita calorie intake. At the other end it raises the demand on them for energy— since degradation compels farmers to adopt more labor-intensive methods of crop cultivation, and to travel longer distances to sources of water, fuel, construction material, and grazing sites. Under the cumulative impact of degradation, farmers' standard of living is progressively deteriorating.

Diminishing farm size has made the practice of fallowing impossible. On the contrary, land hunger for land is driving farmers to bring under cultivation and expose to erosion even the nearly perpendicular sides of mountains. Overgrazing, which is worsening in direct proportion to the increase in the animal population that is going on hand in hand with that of the human population, is further aggravating the level of sheet erosion, gully formation and land slides.

Then, as if to firmly bind the vicious downward spiral of resource degradation and the deterioration of peoples' livelihood, land is being progressively deprived of the organic matter essential for replenishing its fertility. In the absence of alternative options, farmers grudgingly scrap from their fields all the dung and stalk they can in order to meet their ever-declining supply of fuel. It is thus not just the current supply of food, fodder, fuel, and construction material that is under threat, but the very resource base itself. The boundaries of agricultural and pastoral lands are progressively retreating in the face of expanding wastelands and deserts. Under the impact of erosion, lands that were once fertile are turning barren. Forests are stripped of their canopy as well as their diverse biomass and genetic resources, as land hungry and energy-poor farmers invade more and more forest areas.

### **3. The Population–Environment Experience in Ethiopia**

#### ***3.1 The Public Sector***

##### Introduction

It is worth noting that while public authorities and others recognize the scale and urgency of the population and environment problems, the attention given to address these problems, both in terms of program quality and resource allocation, is a cause for concern. It is only in the recent poverty reduction document of the government, PASDEP, that both issues were given sufficient attention and considered as “cross-cutting” issues.

##### Population and Health

As far as population is concerned, there is growing emphasis in the area of reproductive health and this section summarizes the major intervention activities in the area of family planning and RH in the public, NGO and private sectors

It is worth noting that Ethiopia has only recently begun to embrace family planning and other reproductive health services as part of the country’s programs for improved health and economic development. In particular, with the adoption of the National Population Policy in 1993, there has been a substantial effort to bring family planning services to the country. With the public sector being the major provider of family planning services in the country, several non-governmental organizations are increasingly supplementing the delivery of family planning services mainly through community-based programs. The private sector, especially through social marketing, is also contributing to making easy accesses to some of the most important family planning commodities through different outlets. At present, it is widely held that the coverage and use of family planning services have improved in the country.

Primary responsibility for the delivery of family planning services in Ethiopia has traditionally rested with the public sector. In the public sector the provision of reproductive health and family planning services is integrated into the systems for providing primary health care, although the availability of the service may vary substantially by region and urban-rural residence. The key ministry in charge of coordinating the reproductive health and family planning program of Ethiopia is the federal Ministry of Health (MOH). At regional level, regional health Bureaus are responsible for the program at their respective regions with support from the federal MOH. The MOH is responsible for contraceptive service and other reproductive health delivery through its network of health facilities (hospital, health center, health post/health extension workers). The services are free of charge to users wherever they choose to seek care within the public sector. Nonetheless, indirect cost, such as cost for transportation can be a barrier to services. Recently, the MOH has begun deploying thousands of extension health workers (HEWs) who will be responsible for delivering primary health care services including family planning and other reproductive health services at community and household levels throughout the country. There is a great hope that these

extension agents will bring family planning services closer to the community and as a result will improve the coverage and use of family planning services in the country.

### Environment

In terms of environment, programs at the local level include afforestation and the construction of soil protection structures. Some of these programs are undertaken through popular mobilization (and without payment), and some through the recently launched Productive Safety Net Programs. Government initiatives regarding conservation are often based on the watershed management approach planned at the kebele or sub-kebele level. Conservation activities at the household level, i.e., on individual farm plots, are the responsibility of the land holders concerned. The safety net program is supposed to help build community assets, including environmental assets such as community woodlots, rehabilitation of the commons, and similar other public works. However, the evidence indicates that the program has been largely unproductive and often not well targeted (World Bank 2005).

By and large, environmental programs undertaken by government give greater emphasis to activities at the “community”, sub-kebele or kebele level. Here the planting of community woodlots, protection of watersheds, hillsides and large degraded areas, gully protection on “no-man’s” land, etc are the chief undertakings. This approach was also employed during the Derg, especially in the 1980s. Such programs however have been problematic because many peasants do not have a sense of ownership of the environmental assets created in this way. Often, then as well as today, community woodlots, for example, do not actually belong to the community but are utilized by government bodies at the *woreda* or Zonal level. The absence of a feeling of ownership has created difficulties with the sustainability of government initiated conservation programs. Moreover, the community or supra-community approach places greater emphasis on physical rather biological conservation.

### P-E Integration.

The need for integration of population and environment in problem analysis, planning and policymaking has not been widely recognized within public authorities. The common practice has been to employ a sectoral approach in line with the sectoral division of government services and institutional structures. Moreover, until recently, neither the population nor environmental issues were mainstreamed into development planning and program implementation. While MOFED in its new PASDEP document has recognized the need to mainstream environmental factors into development activities, and also accepts both population and environment as “cross-cutting issues”, it does not specifically acknowledge an integrated P-E approach as being necessary. Moreover, the population policy of the government, formulated in the early 1990s, still remains largely on paper, nevertheless, it does clearly set out the links between rapid population growth and poverty.



There are inherent obstacles, though by no means insurmountable, to P-E integration within the public domain. The most important of these is the establishment of government departments and the division of their responsibilities along sectoral lines. The Ministry of Health is responsible for health matters; population is the domain of the National Population Office, while environment is that of the Federal EPA and the Regional Environmental units. In the Regions, environment is conjoined with land use and land administration, and not directly with development planning and program implementation. Such division of responsibility offers limited opportunities for P-E integration.

Nevertheless, the Environmental Policy noted above prepared by EPA does give recognition to P-E integration. An important element of a cross-sectoral policy concern set out in the policy document is the integration of population planning, resource management and environmental rehabilitation to achieve livelihood sustainability (p. 18).

Elsewhere, the discourse on P-E integration is unsatisfactory. A recent World Bank study on poverty and well-being in Ethiopia (2005) makes no mention of population or the environment. Other donor evaluations of the progress of poverty reduction similarly ignore one or both problems. Moreover, while the significance of rapid population growth and environmental degradation to economic performance was recognized in MOFED's first poverty reduction strategy document, neither their integration nor their mainstreaming in development implementation was clearly acknowledged.

### ***3.2 The Voluntary Sector (NGOs, CSOs, CBOs)***

#### **Introduction**

Before looking at the P-E experience within the NGO sector it may be useful to discuss briefly the condition of the sector at present. Since the fall of the Derg, and particularly since the second half of the 1990s, the landscape of the voluntary sector in the country has changed considerably. To begin with, there are now more non-state organizations active than in the past. From a few hundred organizations in the country as a whole in the 1980s, their number has grown to more than two thousand, of which more than half are engaged in development programs. Secondly, the composition of NGOs has changed, with the growth and increasing participation of indigenous NGOs both in emergency and development operations. During the Derg, there were only a handful of such organizations, at present they constitute more than half the total. Some of the larger international NGOs have withdrawn from operations and have turned themselves into donors.

Moreover, until recently, the voluntary sector was restricted to service delivery and issues related to advocacy, questions of policy relevance and demands for consultation on policy matters were all off limits. This has now changed to some extent and there are now advocacy, human rights and policy research organizations in the country. Environmental

advocacy has become increasingly vocal with a number of environmental NGOs doing both program implementation and public education.

Let us examine briefly the NGO contribution to the development effort at the national level and the main sectors that have received NGO attention. According to a recent information package on NGOs published by CRDA and DPPC (2004), between 1997 and 2001, NGOs working in the country invested 3.5 billion Birr, of which only 10 percent was spent on relief and rehabilitation, with the rest, i.e., 90 percent, going to a diversity of development programs. The table below shows the program components and the distribution of expenditure in this period.

**NGO Expenditure for Selected Regions by Sector (1997-2001)**  
(in Million Birr)

<i>Sector</i>	<i>Amhara</i>	<i>Oromia</i>	<i>SNNPR</i>	<i>Tigrai</i>	<i>Total</i>
Food Security	197.55	267.31	165.44	179.95	948.49
Health/Water	131.53	361.00	325.16	68.69	991.28
HIV/AIDS	14.50	2.73	9.12	2.91	48.92
Education	101.49	234.07	130.54	84.54	700.75
Capacity Bldg	128.10	12.92	31.92	28.93	287.47
Infrastructure	96.87	36.57	28.52	12.47	209.37
Emergency	158.84	26.67	14.94	119.67	346.83
<b>Total</b>	<b>828.88</b>	<b>941.27</b>	<b>705.64</b>	<b>497.15</b>	<b>3533.11</b>

*Source:* CRDA & DPPC 2004, p. 35.

*Note:* Total includes expenditures for Addis Ababa and Somalia Regions also.

*Note:* 1 USD = 8.66 Birr

The sectoral breakdown used in the document is unfortunate; putting health and water together is not a useful device. It would have been better, for our purposes, to have separated them, as will become clear later. Nevertheless, it is clear that Health/Water has attracted the largest share of NGO investment in the country in the five years for which data has been collected. A close reading of the publication shows actually that of the two, the health sector absorbed by the far the biggest expenditure, and of this reproductive health and family planning received more than half the total investment. Environmental conservation and natural resource management is included in the food security category, and investment in such activities appears to be considerable, nevertheless, by far the largest share of NGO resources in this sector went to agriculture and food production.

#### Population/Health.

Across the country a broad range of non-governmental organizations is increasingly supplementing the delivery of family planning and other reproductive health services. Many of these organizations are indigenous, others are international or at least affiliated with international bodies, and almost all are to some degree funded through bilateral and multilateral donor programs. Although the share of family planning services provided through non-governmental organizations is limited, NGOs have played important roles in

extending family planning coverage through community-based programs to sectors of the population that might not otherwise have received adequate attention.

A nationwide assessment of Community-based reproductive health (CBRH) program in Ethiopia revealed the presence of 30 NGOs with CBRH program in seven regions covering 252 *woredas* (districts) in the country. Nearly 13 thousand CBRH agents were involved in providing the services through these NGOs. Most of these programs were initiated between mid and late 1990s predominantly in the rural parts of the country with high population density. USAID supports CBRH program in five major regions of the country under its program, which aims at improving family planning/reproductive health (FP/RH) services in the NGO and private sector in Ethiopia. UNFPA and D&L Packard Foundation are among the major donors of the program in the country while the Family Guidance Association of Ethiopia and Pathfinder International/ Ethiopia are among the major implementers.

There are three different modes of CBRH service delivery systems that are presently operating exclusively or in combination in the country. The same assessment on the functioning of CBRH services in the country revealed that most NGOs (64%) use the “door step” approach, followed by “community mobilization” (50%) and “market place” models (14%). In some programs a combination of models has been employed. CBRHAs are responsible for disseminating family planning and other reproductive health information and, also for providing pills and condoms to clients through a house-to-house visit. However, agents refer clients in need of clinical methods to the nearest health facility. CBRH programs have referral and backup support from public health facilities and a functioning referral mechanism between the CBRH agents and health facilities are in place in most of the programs. Public facilities in CBRH program areas, in turn receive technical and logistic support through the NGOs in order to effectively respond to the growing demand for clinical methods that is often created through the CBRH program. It is also worth mentioning that some of the NGOs such as FGAE and Marie-stops International/Ethiopia (MSI-E) have their own family planning clinics that provide clinical methods to the needy. In particular, FGAE has over 18 family planning clinics operating in major urban areas of the country.

#### The status and trend of family planning in Ethiopia

Although there is some evidence that contraceptive use in Ethiopia has increased in recent years, the country is still characterized by considerable unmet need for contraception, poor method mix and a high level of fertility. According to the first ever-national survey on fertility and family planning in 1990, only 4% of the women in their reproductive ages were using some family planning methods, of which only fewer than 3% were using modern contraceptives (CSA, 1993). The contraceptive prevalence rate (CPR), though remained very low, has doubled between the periods 1990 and 2000. The first ever Ethiopia Demographic and Health Survey (DHS) put the CPR at 8.1% for the year 2000 (CSA and ORC Macro, 2001). A marked increase in CPR has been noted recently, as the second DHS (2005) placed it at 15%. While this trend is quite encouraging, the country is still has a long way to go to reach-out to the vast majority of women with high unmet need

for contraception. Finding of the DHS 2005 revealed that about 34% of women in their reproductive age have unmet need for family planning with 20% having unmet need for spacing and the remaining 14% for limiting (CSA and ORC Macro, 2006). Urban-rural and regional variations in CPR have been apparent, as revealed by both the 2000 and 2005 Demographic and Health Surveys.

Data from the 2000 and 2005 DHSs also confirmed the widely noted pattern of use of a limited number of family planning methods in the country as well as the dominant emphasis on the injectables and Pills. According to the 2005 DHS, injectables was the predominant contraceptive method reported by women (9.9%), followed by the pill (3.1%), and all other methods including the traditional ones together make up only about 2. It means that 66% of contraceptive prevalence in that year was accounted for by the injectables and 20.7% by the pills.

There is no doubt that the Ethiopia's family planning program plays an important role in the expansion of family planning services in the country in recent years. Nevertheless, the program faces several challenges that limit its success. One of the greatest challenges facing the country's family planning program is determining how best to narrow the gap between existing service delivery facilities and the population whose access to them is so limited while ensuring availability of a wide range of family planning methods. Apart from problem of access to family planning services, the lack of continuous supply of family planning commodities and the prevailing poor contraceptive logistic management system is an important deterrent to expand the service in the country. The sustainability of family planning program in the country is another area of concern since the program heavily dependent upon international donor support.

### Environment.

The main environmental programs undertaken by NGOs have been soil and water conservation. While attention has been given to community based conservation, NGOs have also emphasized programs at the household level. Such programs have encouraged biological conservation as opposed to physical conservation; the latter is frequently undertaken at the larger, community or supra-community level.

### Water

A good deal of progress has been made in the area of clean water supply for domestic consumption, particularly for rural households. According to the 2005 DHS, 56 percent of rural households have access to "an improved source" of drinking water, and 46 percent take less than 30 minutes to fetch drinking water. If true, this is a considerable improvement. According to PASDEP, however, 34.5 percent of rural households had access to "safe" drinking water in 2005, and that women had to walk over 5 km to fetch such water. The goal set by PASDEP is to raise access to "safe" water in the rural areas to more than 77 percent in the next five years.

NGOs have made considerable contributions to the progress that has been made in the water sector in the rural context. They have undertaken spring protection, constructed hand-dug wells with and without pumps, community water points, and small-scale irrigation schemes. Since NGOs work at the household and community level and have frequent interactions with individual households, the rate of success of their water programs is higher than those undertaken by the government. On the other hand, many NGO's water program are undertaken jointly with local governments and their agents in the field.

### P-E Integration

The voluntary sector has had a better record of integrated program implementation than the public sector. The most common approach here has been what is known as Integrated Rural Development (IRD). Development NGOs with an IRD approach may be put into three main categories: a) those broadly focused on agriculture, food security and income generation; b) those with natural resource management/environment as the main focus but working in agriculture, water development and health; c) NGOs largely concerned with children at risk, and undertaking health, food security and education within a children's framework. Outside of the integrated framework are NGOs focused primarily on one broad sector such as health (including HIV/AIDS), or water, but with some involvement in other sectors.

Many NGOs run programs related to population/health and environment, but in many cases these are either parallel programs or linked or integrated to one degree or another. Over the years, it has been recognized that poverty and under-development are the combined product of diverse problems that must be addressed in an integrated manner.

The P-E approach incorporates a holistic method in which problems of population growth (reproductive health and family planning) and natural resource management and environmental conservation are addressed in an integral manner. From this viewpoint, the P-E integration experience in Ethiopia, either in the public, private or voluntary sector is very limited and shallow. On the other hand, there is considerable experience in program integration of one sort or another. As we have seen above, Many NGOs undertake programs in more than one sector, and even those with a predominant focus in one sector, such as for example reproductive health or water, are aware that they will have sooner or later to address other problems, such as the environment. Thus while P-E integration experience might be shallow, program integration experience is fairly widespread.

#### *3.2.1 Closer Look at the NGO Experience*

In order to get a closer understanding of the NGO experience, we selected ten NGOs from CRDA's membership roster for in-depth interviews and discussion regarding the integration of population and environment in program activities. With a membership of over 250, CRDA is the largest and oldest umbrella organization for NGOs in the country.

Many of the larger and more experienced national and international organizations working in the country are members. The NGOs selected were a mixed group with some running programs weighted to environmental management and others with a greater focus on health matters, including reproductive and family health. All of them operated in localities subject to a high degree of environmental degradation.

**Ethiopian Environmental NGO (EENGO).** Established in 1993, this is a small indigenous NGO working mainly in two *woredas*, Ambo which has a high population and Sellale, with a low population. Both areas suffer from high levels of natural resource degradation. While the population density is low in Sellale its land resources consist of large plains that are better suited to animal grazing than crop farming. The organization's core programs focus on improvements in food security through improvements in agricultural production, natural resource management, water development, and gender awareness and women's empowerment. All four programs are planned and implemented in an integrated manner. Each program does not stand alone but is closely linked to the others, because, according to our informants, the problems in each sector are intertwined with those of the others.

Thus, for instance, they were able to successfully introduce the *enset* plant in Sellale both for its food security as well as its environmental benefits. The *enset* plant (which is often called false banana because of its resemblance to the fruit plant) takes between four to six years to mature, but it can withstand considerable environmental stress, serves as soil stabilizer, windbreak (Sellale is a very windy *woreda*), and parts of the plant can be used for small household utensils thus aiding women in their household chores.

The Organization believes that program integration has many advantages. First, it is more advantageous to the beneficiaries who prefer integrated service delivery. Secondly, program integration delivers better results, is cost effective, and improves staff skills. On the other hand, planning and implementing integrated programs requires high human resource capacity and greater monitoring and evaluation capabilities.

EENGO also undertakes programs of public awareness in the area of reproductive health and family planning, but these programs are not part of its core program. There is strong awareness among its staff that family planning (hence reducing fertility) impacts on the environment management. Our informants saw no difficulties in integrating reproductive health and family planning into their core programs. However, they have been unable to do so because of donor concerns and lack of funding. Donors, they pointed out, do not encourage environmental NGOs to add a reproductive health component, the argument being health is a sector requiring specialist skills that NGOs working in the food security and natural resource management do not have. Moreover, the requirements of each donor for separate financial reporting by partner NGOs makes the work of integration difficult.

**Self Help.** This is a fairly large NGO working in four major areas in Oromia (Alemaya and Huruta/Dodota, Meki) and SNNPR (Butajera) and active since 1988. Most of the areas where it is operational are high population areas. Its three core programs are integrated rural development, capacity building for cooperatives, and promoting savings

and credit cooperatives. In each area it attempts to focus on one of its core programs but there are overlaps from time to time. Each core program consists of a number of integrated components. Thus for instance, its IRD program includes improvements in crop and livestock production, natural resource management, water supply and integrated health services.

The Organization believes that the problems people and communities face are integrated and therefore the solution to them must be based on an integrated approach. Food insecurity has an impact on the environment which in turn impacts on health matters. IRD undertakes integration from the conceptual to the planning, implementation and monitoring stages. The programs are further integrated at the level of the household which is the core unit of Self Help's activity. On the other hand, natural resource management is difficult to undertake at the household level alone without addressing the problem at the community level. Thus, the Organization undertakes community based environmental management work (area closures, gully control, etc.) and also at the household level through homestead woodlots, and fruit tree planting. One innovation that the Organization has tried at this level is the introduction of the *enset* plant to families in areas where the plant was unknown, including the *qolla* (lowland) areas. The objective was to promote food security, environmental conservation and household income.

Self Help's experience is that beneficiary communities prefer an integrated approach because it is more effective, less costly, and more efficient. One needs less personnel than if the programs were run as parallel programs.

The Organization has two methods by which it undertakes programs. One is to manage the programs itself, and the other to provide the basic services and infrastructure and have the relevant government office be responsible for the management. In the health sector, Self Help's responsibility is to build the health posts and clinics and acquire the necessary drugs and equipment; the provision of the service is undertaken by the local health office. This presents difficulties in integrating health programs into its core operational programs.

Self Help has seven donors but it provides only one integrated program proposal to all of them for funding. Donors pick and choose the programs they wish to support. At the end, some require separate audits and financial report, others an integrated audit and report. These are challenges the Organization can handle and willing to live with although it would prefer to provide one integrated report to all its donors. For a small organization, the demands of donors for a sectoral approach could be counter-productive.

On the other hand, Self Help's experience is that the integrated approach has challenges: it requires increased resources, more hard thinking, more effort and greater commitment on the part of NGO staff.

**InterAide France.** This organization which has been running programs in Ethiopia for over 18 years is an exception to the rule. It strongly believes that the integrated approach is counter-productive and runs its programs in parallel. It is against integration because

each program sector requires its specialization and specialized personnel. It believes in delivering professional and high quality services which can only be provided if one has high caliber professions and specialists. An agronomist, it argues, cannot run a health program, and vice-versa. The Organization believes that specialization leads to greater skills through experience and exposure.

Its core programs are water supply and sanitation; health, particularly TB, leprosy and reproductive health; agriculture and food security; and soil and water conservation. Each program is run separately and even in separate locations although there are overlaps from time to time. The areas it operates are the high population density and high natural degradation areas in SNNPR, Wollaita, Kembatta, and Dewaro.

InterAide France is operational in many countries in Africa and Asia, the experiences gained in one country are employed to support programs in another. In addition to this advantage, the Organization makes a determined effort to expand its expertise through experience. As a result, the Organization believes its services are highly successful. It claims, for instance, that 96 percent of its rural water supply schemes are working effectively long after they were delivered to the community.

InterAide France is also different in that it provides its services on demand. It goes into a community to undertake programs only when the community formally requests it. Such requests must be submitted in writing, and occasionally an agreement must be signed between the community and the organization. One of the conditions in the agreement is the commitment by the community to contribute to the cost of the project to be undertaken. The rationale for this is to create a sense of ownership of the project by the community and a commitment to manage it in a sustainable manner. It also intervenes in a community if there is a need and a gap to be filled.

The Organization believes that the parallel approach is more efficient and effective. Because its staff acquire more expertise and capacity through experience they are able to provide high quality professional service.

**CARE-Ethiopia** The CARE Ethiopia country office was established in 1984 in response to the country's 1983-84 famine. Although emergency feeding continues to be a focus, CARE now concentrates on rehabilitation and development projects. CARE Ethiopia's involvement in non-emergency programming includes agricultural extension services, income generation and food-for-work (primary infrastructure, conservation, agriculture), as well as family planning and HIV/AIDS education.

Although most of the projects run by CARE in Ethiopia focus on agriculture, food security, conservation, and the like, some projects appear more pertinent to others in terms of addressing issues relevant to the environment and population. Below is a brief summary of the three projects that are relevant to this particular study.

*The Awash Conservation and Development Project:* In the Awash area, population growth and population pressure reduce the land available to the pastoralist and increases



the risk of inter-tribal conflicts. The political and park boundaries (Awash Park) are not yet defined and are subject to speculation. The subsistence economy does not allow the population to plan for a long term. Insufficient rainfall can destroy the limited economic resources of the pastoralists. The Awash Conservation Area and the Irrigation schemes have taken away valuable dry season grazing land and access to permanent water points. Thus, the Awash Conservation and Development Project, combines an innovative approach to conservation and development. The aim of the project is to enhance the local communities by providing them with the capacity to manage their natural resources under a conservation aspect and to manage their own development towards food security. This will be achieved through community education programs, institutional capacity strengthening programs, through participatory project management and through technical interventions. The project will gradually phase over more and more responsibility to a development and Conservation Committees which will finally establish a local NGO, with representatives of all three pastoral groups.

*Borena Rangelands Project:* Conservation of Borena Eco-Systems Project collaborates with the Ministry of Agriculture to help 30,000 Borena pastoralist families gain access to a permanent supply of food and water. CARE works with project participants to develop sustainable methods of raising livestock, constructing water tanks and water holes, as well as purchasing and storing food. CARE trains people in each community in basic veterinary practices and supplies medicines and equipment to combat disease. The project also helps women develop income-generating activities such as handicraft production and monetization of food grains.

*Urban Family planning and HIV/AIDS project:* The Family Planning and HIV/AIDS project started in 1996. The goal of the project is to improve awareness of and access to family planning services. In addition, the project strives to increase community awareness and prevention of HIV/AIDS. Major program activities include the design and implementation of a culturally-sensitive information, education and communication (IEC) strategy, and the distribution of condoms and oral contraceptives through community based distributors. Another project goal is to build capacity of the government service delivery system by assisting the government to acquire equipment, renovate health facilities and train staff. The organization implements the program in integration with five of CARE's on-going community based development projects. The focus of the projects include emergency management and prevention of maternal and child malnutrition through targeted food supplements, food-for-work and community development initiatives, including women group education and income generation. The Family Planning and AIDS project supplements these interventions by working with the MOH and other relevant partners to improve access of the community to basic reproductive and child health information and services.

A closer look at the aforementioned and the other CARE projects in Ethiopia suggests that the organization is probably the most suitable one to take part and/or implement integrated PHE projects in the country. In fact, CARE has been successfully implementing PHE projects in several places in Asia, Africa and Latin America.

The key informant from CARE threw a number of interesting points that she believed qualifies the organization for PHE works - (1) CARE operates in areas where both environmental degradation and population pressure prevail. This situation, according to the informant, would create a good entry point for PHE program integration and community mobilization (2) CARE has accumulated a great deal of experiences in integrated rural development activities in Ethiopia and elsewhere in the world, and that the art of program integration is well understood in the organization, (3) PHE integration often addresses community concerns and, thus, enhances community participation and program success and (4) PHE integration is cost effective.

While the opportunities for PHE integration within the CARE's program appear to outweigh the potential threats, the informant also pointed out some of the likely obstacles and challenges to PHE works. Although the organization has a good track record in running integrated projects, this was not without any challenges. Integrated projects were reported to suffer from poor management as well as lack of commitment from the side of implementers. Lack of special skills and professional competence to handle integrated projects was also mentioned among the potential threats. It was also indicated that changing the mindset of the people working in different programs to accommodate innovative ideas such as PHE integration is sometimes daunting. Of note, funding was not considered among the main challenges in PHE works although the informant did not totally dismiss the possibility of donors' rigidity.

**WaterAid** WaterAid started funding projects in Ethiopia in 1983 and began working through established non governmental organizations (NGOs) in 1986. A country office was set up in 1991 and two sub-offices opened in Benishangul Gumuz and Oromia Regions in 2004 and 2005. So far the program covers selected areas in five regions, namely; Oromiya, Amhara, SNNP, Tigray and Benishangul Gumuz. WaterAid works closely with eight local NGOs, the local private sector and local and regional government departments in water, sanitation and hygiene projects. It also works with a wide range of other organizations in networks to influence water and sanitation policies.

WaterAid's aim is to improve the livelihoods of poor people in Ethiopia through the provision of safe water, sanitation and hygiene education using technologies that are appropriate to local conditions, affordable and easy to maintain. However, projects vary from region to region depending on the natural environment which varies greatly.

To date the program (1) helped over 820,000 people gain access to safe water, (2) establish the local NGO Water Action and supported the formation of the water unit of the Ethiopian Orthodox Church and Inter Church Aid Commission, (3) influenced the development of water projects managed by community boards and is seen as the main proponent of large sustainable gravity flow water schemes in the country, (4) coordinated WASH Ethiopia, a country-wide water, sanitation and hygiene movement linked to the international Water Supply and Sanitation Collaborative Council, (5) helped set up and now hosts the Ethiopian Country Water Partnership (ECWP), the Ethiopian branch of the Global Water Partnership, an international network focused on promoting integrated water resource management, and (6) piloted rope pumps and composting latrines.

These being the many activities of the organization, the two core program areas *i.e.* integrated water resource management, and sanitation and hygiene projects have attracted our attention, as potential intervention areas for PHE works. Of particular interest, the integrated water resource management project, which encompasses water point's catchments area protection through environmental management including afforestation, conservation and the like, could be considered as a potential entry point for PHE integration. Undoubtedly, intervention targeting sanitation and personal hygiene benefits child health and, there by, contributes to the reduction of mortality and morbidity among children. Such programs with a health dimension could easily be integrated with reproductive health and family planning program, as demonstrated by the recent works of the health extension workers in the country. Health extension workers in Ethiopia are equipped to provide family planning/reproductive health and environmental health services (provide education on personal hygiene and construct latrines), among the many other preventive services they are providing to the needy.

It appears that PHE integration is not in the agenda of WaterAid Ethiopia and its partner organizations. For example, the 5-year organization's strategic plan made no mention of population issue despite the fact that the organization operates in areas where population density and pressure are quite prevalent. Our informant from the organization also stressed that water is the single most focus of the organization, and that funds are mobilized solely for the purpose of improving population access to water. Thus, the chance of taking-up projects such as that of PHE integration appears highly unlikely. However, it is worth noting that, despite the organization's policy, the informant saw the many advantages and benefits of PHE integration in areas where they are operating.

**Pathfinder International-Ethiopia (PIE)** PIE is the leading Non-Governmental Organization (NGO) on reproductive health and family planning (RH/FP) in Ethiopia. The major focus area of PIE in Ethiopia is to expand quality reproductive health and family planning (RH/FP) services to underserved communities through innovative approaches. Pathfinder's approach in Ethiopia supports implementation of RH/FP programs through sub-granting mechanisms to local implementing partner organizations, including religious organizations, community-based organizations, public health offices and facilities, local non-governmental organizations and the private for-profit health sector. This approach builds local capacity in planning and implementing RH/FP programs, and aims to ensure sustainability of these services in the long run.

Pathfinder is working with at least 50 local organizations in the 5 major regions of the country, where over 80 percent of the population resides (Oromiya, Amhara, SNNPR, Tigray and Addis Ababa). In partnership with the local implementing partner organizations, Pathfinder is operational in 250 woredas; people of these woredas are able to access a wide range of RH/FP services through community-based, marketplace and workplace family planning/reproductive health agents (PIE, 2005). Providing the backbone of these services is a network of more than 8,000 Pathfinder-trained Community-Based Reproductive Health Agents (CBRHA's), who reach clients in their communities through home visits, by disseminating information at social and religious gatherings, and by offering referrals to participating health facilities. Pathfinder also trains merchants and market traders, farm and factory workers, and so-called depot

holders individuals working closely with CBRHA's from their homes or from small kiosks, rather than going door-to-door to provide information about reproductive health, family planning, and methods of contraception, to people going about their daily lives.

Pathfinder has also been involved on women's and girl's empowerment project to improve the reproductive health, rights, and social status of adolescent girls and women in regions of Amhara, Oromia, and Addis Ababa. The project educates girls and women about reproductive health, provides disadvantaged girls with opportunities for education, promotes life skills and leadership development, and advocates for the elimination of harmful traditional practices and gender-based violence.

Although PIE has not been engaged itself in integrated PHE projects to date, there is a clear recognition from the side of the organization concerning the link between population and environment in the Ethiopia context. Our key informant from PIE indicated the fact that most of their project areas are characterized by high population pressure as well as severe environmental degradation and that the PE issues are inseparable. In fact, PIE and its local partners promote the use of family planning in the project areas by drawing on locally relevant issues/examples depicting the impact of rapid population growth on the socioeconomic development of the community, including health and environmental problems.

Pathfinder's experiences in the area of community-based RH/FP programs through partnership with grass root organizations places it among the few NGOs that have the real potential to work on integrated PHE projects in Ethiopia. Interestingly, the informant attested that the organization has a real concern in the area of PHE and would be willing to take up integrated PHE projects. Some of the anticipated challenges mentioned by the informant if such integrated projects are to be initiated within their program include difficulty in mobilizing funds and donors' rigidity. Currently, PIE receives funding from USAID and the D&L Packard Foundation.

**Anti Malaria Association (AMA)** The Anti Malaria Association of Ethiopia was established in 1998. Whereas the prevention and control of malaria is the major focus of the association, its intervention activities extend to embrace HIV/AIDS prevention, promotion of personal and environmental hygiene, and reproductive health. The association is actively operating in 5 Zones and 34 Woredas of the Amhara region. The association's intervention strategy builds on community mobilization and involvement.

Integration of activities and interventions is the mainstay of the association, as most of the health-related programs are managed in integrated fashion both at the policy and field levels. Some examples of integrated activities include community awareness programs addressing issues on Malaria and environmental health simultaneously. Program activities also focus on the link between susceptibility to Malaria infection and HIV/AIDS. Family planning/reproductive health and congenital malaria are among the issues of focus in integrated activities. According to the informant from the association, they were able to record quite considerable achievements in most of their target intervention areas through such integrated approaches.

Recognizing the negative impact of rapid population growth on the environment in the project areas, the association envisages initiating population and environmental related works by integrating them with the already existing intervention activities. As part of this effort, it was indicated that project proposals that are relevant to PE works were prepared and submitted for a number of agencies for funding. The proposals focused on soil conservation and other environmental protection issues as well as those targeting at addressing the high influx of people from their project areas (mostly rural) to urban areas. Nevertheless, these projects have not been implemented to date mainly due to lack of interest from the side of the funding agencies.

According to the informant, the organization has been suffering from lack of funding for most of its activities and programs including its major target intervention (i.e. Malaria). However, its HIV/AIDS related programs are better funded than the other programs.

### ***3.3 The Private Sector***

#### **Health**

The private sector, though at its rudimentary stage, plays an important role in the provision of family planning services especially in the urban part of the country. The major disadvantages of private family planning services are the relatively high prices and sales staffs often lack accurate information about family planning. To overcome the issue of price a social marketing program is in place in Ethiopia since 1990. Social marketing that utilizes private market mechanisms to distribute contraceptive supplies play an important role in family planning service provision in the country. DKT Ethiopia, a social marketing organization, is actively involved in social marketing of condoms, pills and injectables throughout the country. There is also a concerted effort by some of the NGOs such as Pathfinder International/Ethiopia to increase affordable and sustainable access to family planning services by replicating successful programs in private for profit sectors, such as private health facilities, workplaces, petty traders, etc. To improve the quality of family planning services provided by the private sector, Pathfinder International/Ethiopia is also actively providing management and service delivery training and supplies.

## 4. Opportunities and Challenges

### 4.1 Policy Environment

#### *The Population Policy of Ethiopia*

Opportunities and strengths	Weakness and Threats
<p>The National Population Policy fully acknowledges the link between population and environment, and sets out three objectives relevant to PHE linkage.</p> <ul style="list-style-type: none"> <li>▪ Ensuring spatially balanced population distribution patterns with a view to maintaining environmental security and extending the scope of development activities</li> <li>▪ Improving productivity in agriculture and introducing off-farm non-agricultural activities for the purpose of employment diversification</li> <li>▪ Mounting an effective country wide population information and education program addressing issues pertaining to small family size and its relationship with human welfare and environmental security.</li> </ul> <p>The policy contains some strategy provisions which will enable the attainment of the objectives set out above.</p> <p>Furthermore, the policy identifies the then Minister of Natural Resources Development and Environmental Protection as one of the members of the National Population Council. Specific responsibilities of the Ministry in relation to PHE works has been identified and stipulated in the policy.</p> <p>The fact that the policy does not focus only on population growth reduction activities but rather integrates issues of agricultural productivity, off-farm alternative livelihoods and the need to bring about a rational distribution of population commensurate with the carrying capacity, makes the population policy quite relevant for environmental issues and to the combating desertification and mitigating the effects of drought. Thus, the national population policy signals the presence of a supportive policy and political will for PHE works in Ethiopia.</p>	<p>The policy fails to provide specific and workable strategies for PHE integration at sector, institution, and program or community level.</p> <p>Institutional partnership and capacity building for PHE has not been addressed in the policy</p> <p>The policy make no mention of on how to coordinating PHE works among sectors</p> <p>The actual implementation of the policy as a whole is dubious.</p>

#### *The Environment Policy of Ethiopia*

Opportunities and strengths	Weakness and Threats
<p>The environment policy under its sector policy attempted to address the issues of population and environment. The key objectives that are relevant to PHE are:</p> <ul style="list-style-type: none"> <li>▪ To integrate population planning, resources management and the rehabilitation of and care for the environment to achieve a sustainability of life styles</li> <li>▪ To tackle simultaneously the issues of poverty, health, education and empowerment as these are interlinked with those of population growth, availability and access to resources and the well-being of the environment</li> <li>▪ To ensure a complete empowerment of women especially to enable their full participation in population and environmental decision making, resource ownership and management</li> </ul> <p>Thus, this policy also attests the presence of supportive policy environment for PHE integration at the higher level.</p>	<p>The strategic directions as well as the institutional arrangements that help support the integration of PHE have not been stipulated in the policy</p> <p>Institutional partnership and capacity building for PHE has not been addressed in the policy</p> <p>The policy make no mention of on how to coordinating PHE works among sectors</p>

### ***Health Policy of Ethiopia***

Opportunities and strengths	Weakness and Threats
<p>Specific objectives of the health policy relevant to population and environment are:</p> <ul style="list-style-type: none"> <li>▪ Intensifying family planning for the optimal health of the mother, child and family</li> <li>▪ Acceleration the provision of safe and adequate water for urban and rural populations.</li> <li>▪ Developing safe disposal of human, household, agricultural, and industrial wastes, and encouragement of recycling.</li> </ul> <p>A closer look at these objectives suggests that the health policy could be relevant to PHE integration in regards to family planning, child health, environmental health, and waste management.</p>	<p>The policy neglects some key environmental issues affecting health (e.g. climate change, environmental degradation, etc).</p> <p>The policy makes no mention of program integration.</p> <p>The role of other sectors and issues of partnership/collaboration are not addressed in the policy although some of the policy objectives (e.g. waste management and increasing access to water and sanitation) require the involvement of other sectors.</p>

### ***National Policy on Women***

Opportunities and strengths	Weakness and Threats
<p>The following objectives of the policy are pertinent to PHE issues.</p> <ul style="list-style-type: none"> <li>▪ Acknowledges the need to ensure women’s access to family planning and other reproductive health services</li> <li>▪ Encourages women’s participation in the implementation of actions to combat desertification and mitigate the effects of drought</li> </ul> <p>Experiences from elsewhere show that, most successful PHE integration works actively involve or collaborate with women. In this regard, the policy objectives should be seen as good intention and opportunity for PHE works.</p>	<p>The policy makes no mention of program integration.</p> <p>The role of other sectors and issues of partnership/collaboration are not addressed in the policy.</p>

## ***4.2 Poverty Reduction, Economic Growth and Change***

By the government’s own admission the Ethiopian economy finds itself in a dismal state and the challenges it faces are daunting. At about the time the first phase of its PRSP was completed, the number of people that lived below a poverty line equivalent to 45 US cents per day was in the order of 31 million, while 6 to 13 million people were at risk of starvation each year. Ethiopia was also lagging far behind other low-income and even Sub-Saharan African countries in terms of some basic aspects of life and infrastructure coverage. In spite of some significant improvements in the provision of services, in particular, long term economic growth remains elusive. “Economic growth averaged about 5% p.a. over the period 1999/2000 to 2004/05 adjusting for population growth average per capita incomes rose only by about 2.1% per annum. ... More broadly, the overall growth performance has not yielded the hoped-for poverty reduction results over the long-term” (MoFED, 2005: 7).

Yet, despite the overall grim picture, it is also true that there are certain sectors and pockets that have witnessed relative improvement. In the course of the last decade, Ethiopia has registered significant progress regarding some basic aspects of life.

According to MoFED (2005), during the period literacy increased by 50%, primary school enrollment increased from 3.7 million to 11.4 million reaching a gross enrollment rate of 79.2% (female 70.9% and male 87.3%), the percentage of the population with access to clean water reached 38%, and the rate of malnutrition fell by 20%. Ethiopia's classified road network increased from about 23,000 to 37,018 kilometers, and the proportion of roads in good conditions from 25% to 38% from the early 1990s to 2004/05, allowing traffic along most roads to grow at rates as high as 20% per annum.

The second phase of Ethiopia's PRSP that is currently underway, the Plan for Accelerated and Sustainable Development to End Poverty (PASDEP), foresees further expansion in all sectors. Its targets for 2009/10, its final year, include, achieving universal primary school enrollment; reducing maternal mortality to 600/100,000; providing clean water to 85% of the population; constructing almost 20,000 km of new roads and raising the proportion of good roads to 84%; designing, constructing and rehabilitating 738, 514 and 228 towns respectively; increasing electric power supply three-fold, and creating access to electric power for 50% of the population; to increase the number of fixed telephone, mobile telephone and internet subscribers to 4.264, 1.64 and 0.15 Million from the 2005 level of 610,317, 410,603 and 15,000 respectively (MoFED, 2005).

It is quite possible, even likely, for the actual achievements of the PASDEP to fall short of the above stated targets. The PASDEP document does not hide the existence of overwhelming problems and challenges confronting the implementation of the five year program. Yet, its realization even at a moderate level of around 75% would significantly transform the basic aspects of life and the social landscape of the country in general, and those of its small towns and rural areas in particular.

Furthermore, Ethiopia's PRSP exercise has served the cause of PHE integration by highlighting the need for it, in that it has established beyond doubt the linkage between population, environment, and poverty, and the importance of empowering women through education, maternal/child health, and the reduction of their chores if poverty is to be reduced/eradicated. To that effect, the PASDEP document identifies the PPE nexus as one of the five poverty traps in Ethiopia and goes on to state as follows:

*A crucial mechanism, which has perpetuated poverty in Ethiopia, is the interaction of poverty and **population pressures with the productive resource base**. Unprecedented population pressure has resulted in decreasing plot size (average landholding declined from 0.5 hectares per person in the 1960s to 0.11 in 1999), making an increasing number of households dependent on inadequately small and unproductive plots, and more vulnerable to the vagaries of unpredictable rainfall, and rendering some traditional farming practices unsustainable. These households are too poor to leave land fallow or invest in it, leading to a progressive deterioration of their asset base. In the past moving onto new lands absorbed this additional population growth, but in many areas the limits of useable land have been reached, forcing farmers onto lower productivity, more fragile lands (MoFED, 2005: 6).*



Whereas the Ethiopia's PRSP holds the promise of creating favorable conditions for PHE integration, the overall dismal state of the economy and the extreme poverty of its people thereof that are mentioned in the opening paragraph of this section represent a major stumbling block and a veritable challenge in achieving PHE integration. Therefore, the level of success of the PRSP (i.e., in its current PASDEP form) and hence the extent to which poverty is going to be reduced in the foreseeable future will be the make-or-break factor behind the realization of many ingenious development interventions, those that are based on PHE integrated approach included.

Another notable challenge in this regard is the regional imbalance in the poverty reduction measures that are underway. Unfortunately, and for the obvious pastoral way of life that make the provision of services more difficult, in 2004/5 the Gross Enrolment Rates for Afar and Somali Regional States, for instance, were very low (17.1% and 15.1% respectively) as compared to the national average that stood at 79.2% (MoFED, 2005: 81). This is indicative of the fact that national averages might hide the extreme level of deprivation and lack of significant improvement in addressing basic needs in the lowlands of the country that account for some 60% of its land area. For this as well as other reasons that are due to Pastoralism and their fragile ecosystem, lowland Ethiopia requires specific ways of addressing population, health, and environment and also peculiar ways of PHE integration customized to its needs.

The major threat to the reduction of poverty and the emergence of a conducive environment for integrated PHE interventions lies in the volatility of economic growth due to vagaries of nature, regional insecurity, fluctuating terms of trade, and unpredictability of external resource inflows (MoFED, 2005: 10). Rainfall variability is the key natural factor behind the precariousness and instability of the agricultural sector that is almost totally rain-fed, and hence growth in general. This situation is likely to continue by and large in spite of the highly orchestrated attempt at water harvesting, as the latter is applicable only to few areas the physical attributes of which are conducive for water harvesting and irrigation. Obviously, not much can be done to the rest of the factors behind the volatility of economic as they are external and beyond what Ethiopia can do on its own.

### ***4.3 State Institutional Capacity***

The public sector has undergone major transformations since the 1960s with the succession of three governments each of which has been different in many respects and has brought with it radical restructuring of the state apparatus. Moreover, there has been considerable change in state structures within the last decade under the present government. These changes present both opportunities and challenges for development activities in general, and implementation of integrated population and environment programs in particular.

Among the institutional changes that have occurred in recent years, decentralization presents favorable opportunities in many respects. The goal of decentralization is to bring

development effort closer to the local community and to make service delivery more efficient and effective. The *woreda* has now become the focal point of development planning and program implementation. It prepares and controls its own budget, formulates its own plans based on community needs and manages its own programs. The link between the *Killil* and the *woreda* is now direct and not mediated through the Zonal administration as was the case in the past. In effect the Zone has largely been bypassed. Below the *woreda* is the *kebele* which is responsible for needs assessment and service delivery and is considered to have direct links with the rural household. Both structures are governed by elected councils and thus are expected to be democratic institutions.

Local level democracy, which is the aim of decentralized, obviously opens up immense opportunities for all community-directed programs. Such an institutional set up is supposed to enable peasant communities and individual households to express their preferences, needs, problems and demands. In turn, program planning and implementation benefits by greater beneficiary participation, and better opportunities for monitoring and evaluation. Since population and environment will have to be planned and undertaken both at the household and community level, integrated P-E programs will have better chances for success under these circumstances.

On the other hand, there are at present considerable hurdles that need to be overcome. The decentralization program has been largely completed, including the shifting of staff from both the *Killil* and Zones to the *woredas*. However, the institutional capacity of a great majority of the *woredas* at present is a cause for great concern. Many *woredas* lack basic infrastructure, proper equipment as well as capable and trained staff. The duties and responsibilities that they shoulder compares poorly with the capacity of the staff and institutional setup that they are able to call upon. As a result, decentralized planning and programming has been severely constrained and the opportunities for local level democracy have been limited.

The problem of weak institutional and staff capacity has been compounded by a related problem, that of staff turnover. For reasons that are too numerous to mention, there is in many *woredas* high staff turnover. Public employees who have higher qualification are especially less likely to stay in the *woreda*. Staff turnover has impacted badly on program planning and implementation, raising issues of sustainability and program quality.

At the same time, while decentralization has opened new opportunities, public program implementation at both the *woreda* and *kebele* level is still undertaken using the regular sectoral approach. At the *woreda* level, there are separate desks for separate services and programs, and the chances for integration and program mainstreaming do not appear to have improved. Moreover, while the *woreda* and *kebele* are responsible for the deployment and supervision of field level staff, the package approach introduced by the government for most services tends to discourage program integration and encourage instead the parallel or sectoral approach. The government has devised packages for numerous services and programs: thus there are packages for crop cultivation, livestock, natural resource management, health, water, small enterprises, etc.

Yet another challenge that is pertinent and needs to be raised is the problem of institutional instability. There have been frequent changes in legislation, institutional structures, government procedures, and approaches to planning and programming in the last decade which have contributed significantly to institutional instability. For example, the legislation on land use and administration, which is an important instrument to environmental planning and natural resource management, has been revised several times within a period of less than ten years. Government structures have frequently been shifted from one context to another, and together with such changes have come staff transfers and removals.

Decentralization was accompanied by considerable institutional instability and staff transfers, but there were expectations that this instability was temporary and that once the decentralization process was completed, there will be greater consolidation. However, there is at present a new round of *woreda* divisions and reconstitutions, as well as the redrawing of both *woreda* and *kebele* boundaries. Many previous *woredas* have now been re-divided to create one or more new *woredas*, while some *woreda* and *kebele* boundaries have been redrawn. All this has caused further instability and uncertainty.

Decentralization has created chances for closer partnership between government and NGOs. The new development policy envisages closer consultation and collaboration between the *woreda* and *kebele* on the one hand, and NGOs working in the area on the other. The policy envisages NGO participation in at least three important committees at the *woreda* level: the *Woreda* Development Committee, Disaster Preparedness and Prevention Committee, and the Productive Safety Net Committee. However, many NGOs complain that their participation is not actively sought by local authorities (see Dessalegn 2006).

#### ***4.4 Capacity of NGOs, CSOs, CBOs***

As was noted above, the policy environment for NGOs, as well as the voluntary sector in general, has improved in the last decade or so relative to the period of the Derg and the Imperial regime. There are now not only indigenous, national organizations but NGOs have emerged in the *Killils* and *Zones* as well, though their number and strength is still limited. The existence of local based organizations is an important asset. Since NGOs have been active in the country since the 1970s, the sector has accumulated considerable experience and expertise. Moreover, there are now no obstacles for NGOs as well as other non-state groups to undertake advocacy work, which was not the case in the past, and in our case, both population and environment require considerable advocacy work. All these gains open up valuable opportunities for expanded engagement in P-E integration.

We have already noted above the increasing “integration” experience among many NGOs. To this must be added the fact that a large number of them are engaged in the health sector, particularly in reproductive health. As was noted earlier, the major investment of NGOs in the recent past has been in the health sector. Moreover, a

considerable number of NGOs run programs related to environment, mostly natural resource management. The evidence from the NGOs that we held discussions with strongly suggests that given the opportunity many NGOs have the capacity to integrate population with environmental programs.

NGOs have considerable capacity working in small areas and at the community and household level. Their advantage over the public sector is that they are more flexible, more innovative, more efficient and less bureaucratic. Because they operate on a smaller scale relative to the government, they have a higher success rate than the public sector. On the other hand, the positive sides of small-scale outreach may be outweighed by disadvantages in integrated P-E activities because both population growth and environmental degradation are widespread and urgent problems requiring broad participation by the rural population.

Furthermore, the emergence of advocacy organizations concerned about a wide variety of human rights, social, environmental and health issues must be seen as a welcome opportunity. There are now about half a dozen or so environmental advocacy groups active in the country. While this is inadequate compared to the strength of environmental advocacy in many African countries, it is a good beginning especially considering the fact that environmental advocacy was unknown in the country until a decade or so ago.

Mention must also be made of the emergence of community-based organizations (CBOs) that are beginning to be socially engaged. There are now CBOs undertaking environmental work as well as work around health issues, particularly HIV/AIDS. For example, youth associations and anti-AIDS clubs, especially in urban areas, are involved in the dissemination of IEC messages, and providing peer education in cooperation with anti-AIDS school clubs. These clubs use different media to put their message across, especially creative and entertaining activities such as drama, poetry, music and other art forms. A particular focus for such clubs has been the promotion and distribution of condoms and the provision of information on condom use. The major venues for this type of campaign are recreation centers, schools and outdoors on the streets.

There are however a number of challenges and threats facing the voluntary sector that need to be carefully considered. To begin with, while, as noted above, the policy environment for NGOs has improved, there are still threats because the legislation on NGOs the government is now presenting to Parliament contains provisions which will restrict the freedom of action of non-state organizations. Secondly, the relation between the state and NGOs has been unstable, sometimes reflecting hostility on the part of the former and sometimes positive tolerance. Moreover, many NGOs hold the view that they are not considered as important development partners by the government. While there have been frequent workshops and dialogues involving government and NGOs, the outcome of these efforts has not often been very fruitful and has not led to much genuine effort at greater partnership or closer consultation.

The size and institutional experience of NGOs are also factors that have a bearing on the quality of integrated program work. A considerable proportion of the NGO sector

consists of small organizations with limited operational experience. Many operate in two or three *kebelles* in one or two *woredas*. Similarly, a large percentage of CBOs are equally constrained. Because such organizations cannot compete in the job market they do not attract high caliber staff, however, in some cases employees make up in dedication and enthusiasm what they lack in skill and experience. On the other hand, most NGOs, large as well as small, suffer from high staff turnover. Employees with high qualifications do not often prefer to work in rural areas or locations with limited social amenities.

A major challenge that may be an obstacle to integration of P-E work by NGOs is the problem of donor support and funding practices. Many organizations obtain financial support for their activities from many sources, and frequently there are different requirements by different donors with regard to reporting and financial accountability. Indeed, funding raising from multiple sources means preparing separate project proposals for each activity and submitting it to separate donors. Such donor requirements and fund raising practices discourage program integration. Even when an integrated project proposal is prepared, donors pick and choose the specific projects they wish to support.

Another challenge is the view among many donors that an NGO whose core program is focused in one major area should not venture into another, particularly if this other requires specialist and professional skills. It is common for donors to discourage environmental NGOs or NGOs working primarily on agriculture and food security issues to add a reproductive health component because they say this requires specializations which the organizations do not have.

There are also problems related to the mode of operation adopted by individual NGOs. Some organizations are operational in one sphere and donors/supporters in another. The common practice among IRD-based organizations is to undertake all programs themselves except programs related to health. Self Help, for example, provides all the necessary health facilities, equipment and drugs to the government health department which is responsible for managing the facilities and providing the services to the community concerned. In such circumstances, P-E integration may present difficulties.

We believe integrated P-E work is best undertaken by large and established organizations such as for example Pathfinder or Self Help. Since such organizations have greater experience and are likely to attract qualified staff, the chances for quality programming and success in implementation will be higher.

Integrated P-E program operations are likely to be more successful if they are combined with effective advocacy work. However, most NGOs both large and small in this country do not have sufficient experience in undertaking advocacy programs. Until the mid-1990s advocacy work was discouraged by government authorities, hence there were few chances for gaining experience. It is encouraging to note that the environmental advocacy organizations that have emerged since the mid-1990s are gradually gaining valuable experience. On the other hand, some of the more established international NGOs working in Ethiopia have a wealth of advocacy experience which can be tapped by local organizations.

## 5. Recommendations

There are a number of opportunities and entry points for integrating population, health and environment in the public as well as the NGO sector in this country.

### 5.1 Policy Reform

The conclusion that emerges from our study is that there is a need on the part of government for revisiting some of the policies we have examined earlier in this Report. The population policy is one of those that should be reconsidered in the light of PHE objectives. A major goal of PHE programs is de-linking family size (high fertility) from livelihood security. Thus there will be greater reception for programs involving family planning, for example, if the household is aware that economic well-being can be achieved without having more children. Livelihood diversification leading to increased household income is one means of achieving this goal. The stipulation of the population policy that rural to urban migration must be discouraged poses a serious obstacle to opportunities for increased income.

In this connection we would like to point out that the problem of population pressure in Ethiopia stems from the spatial distribution of the population as it does from its growing size. The slow rate of urbanization and the concentration of the population in the rural areas is a major problem that is not addressed by the Population Policy. In Ethiopia where the urban population accounts for only 16% as compared to 38% for Sub-Saharan Africa, achieving optimal spatial distribution of the population by encouraging the growth of cities ought to top the population agenda and provide for the removal of all sorts of impediments that are placed on the urbanization process.<sup>3</sup> The recent official statement in

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<sup>3</sup> Ever since the nationalization of land in 1975, access to land has been, and remains to be, contingent on continued rural residence. To date, the only exceptions to this rule are the handful of commercial farmers who mostly operate in the river valleys and lowland areas. This state of affairs and the tenure insecurity there of in turn impose severe constraint on territorial mobility, including rural-urban migration. Rafiq and Assefa, who studied urbanization in Ethiopia during the period 1967 to 1984, affirmed that the urbanization of the country has slowed down in the latter part of the period – a development they consider to be not essentially desirable in itself – and went further to state that “the post-revolution land reforms and the new socio-economic structure emerging from the reorganization of the society appear to have a rural-urban migration inhibiting effect” (Rafiq and Assefa, 1987: 198-199). Diamantini and Patassini, too, in describing urbanization in Ethiopia of the 1980’s, assert that rural-urban migration has been stymied by the land policy since “leaving the rural world meant (except [in] rare cases) giving up the rights to the land and with these, losing a cultural identity and its material and symbolic value” (1996: 19-20). It ought to be noted also that the land policy has effectively blocked oscillatory migration and the two-way free flow of people and capital, paving the way to the emergence of a truly dichotomized society in which a family is either rural or urban and nothing in between. The urban and the rural worlds are in effect de-linked to the disadvantage of both — rural areas are drained of their best human and material resources without getting much in return, and urban populations are, except in some exceptional cases, effectively barred from the rural areas, from agricultural enterprise, and from making their contribution towards the material and social development of the rural areas (Yeraswork *et al.*, 2003).

the PASDEP document under the title “The Emerging Urban Agenda”, although encouraging, is by no means a substitute to a policy item.

It is also important to revisit the environment policy discussed above but for different reasons. The good side of the policy is that it recognizes the link between population growth and environmental change and the need to address both problems. However, the policy does not provide any strategies or directions and is therefore difficult to translate into programs or practical action.

## ***5.2 Capitalizing on the Transformation Emerging from the Poverty Reduction Program***

On the basis of the discussion presented under section 4.2, we believe that a transformation of such a scale in services close to basic human needs such as education, health, and communications is likely to create conditions that are conducive to integrated PHE interventions. It is likely to raise the receptiveness and the capacity of Ethiopian people, particularly rural women, for PHE projects. It is also likely to make available the community networks, the means of communication, the knowledge, as well as the “disposables” and the free-time that are the necessary conditions for, and ingredients of, community-based collective action – by forming the basis for the rise and proliferation of school-based clubs, radio-clubs, as well as school and water committees, to mention a few.

The opportunity that is created by the emergence of a better educated population that is provided with clean water and basic health care, and served by swifter means of transportation and communication, cannot be overstated. Other things being equal, such a population can better appreciate and readily accept family planning / reproductive health services as well as natural resource conservation and development measures and messages.

The rise and proliferation of school-based club (such as environment, tree-planting, animal right/protection clubs), radio-clubs, as well as school, water, and health committees provide strategic entry-points for NGOs and GOs that are committed to work with integrated PHE approach.

## ***5.3 PHE in Sedentary Areas Where Land Certification is Accomplished***

As noted in Section 4.2, various measures that are meant to deal away with periodic land redistributions and the resultant tenure insecurity are currently underway. In particular, the recent government initiative to provide land certificates to holders may come a long way in improving tenure security motivating them to use land and land-based resources in a sustainable manner. The measures can also make the social environment more conducive for the emergence of a positive attitude towards family planning by returning

not just the benefits but also the costs of having more children – which would have remained as “externality” – to the family that is the reproductive decision making unit.

Tenure security is likely to clear the ground for the emergence of responsible productive and reproductive behavior, but it is not a sufficient condition. The recent government measures regarding tenure security and the resultant motivational restructuring can only create an opening for action, an opportunity that can be seized through the introduction of integrated PHE projects. The integrated PHE projects being proposed should be promoted in sedentary areas that are hotspots of both land degradation and population pressure, and where certification is taken through and developments contradictory are unlikely to take place. NGOs, in particular, can be encouraged and supported to exploit the emerging situation by launching such integrated PHE approach based intervention.

#### ***5.4 Exploring for PHE in Pastoral Areas***

The large expanses of semi-arid lowlands of Ethiopia that are home to its pastoral population represent both opportunities and formidable challenges to all development initiatives, which ever their approach, whatever their scale. The pastoralist way of life, its seasonal mobility in particular makes the provision of services a daunting task, as demonstrated by the very limited impact that the Ethiopian PRSP has so far made on the pastoral population.

Water scarcity is the main constraint on economic and social development of the pastoral areas of Ethiopia. Water scarcity is often a causal or a compounding factor that looms large behind most other problems. In many cases, it also complicates and frustrates interventions that are meant to overcome existing problems, as when the development of water points have the unintended effect of setting off unprecedented land degradation as they unavoidably lead to the concentration of large numbers of herds to small areas around them.

In concert with lack of trained manpower and infrastructure, tradition, which is essential to the pastoralist way of life, is another important constraint on development interventions that to one extent or another imply change. Attitudes and behavioral patterns that are deeply embedded in a tradition that is intertwined with religion are hard to overcome, making the task of introducing new ideas such as family planning quite hard if not impossible.

Water scarcity and tradition are there to stay and ways of working around them must be explored. In some cases it might be possible to turn them around to provide opportunities for integrated PHE initiatives. Water schemes and provision of water can be made the entry points and the center-pieces of integrated PHE projects to be implemented in a creative and flexible manner. Indigenous CBOs and traditional leaders can be brought on board as partners – as has been demonstrated in the attempt to spread HIV/AIDS related messages in deeply traditional areas of the country. We believe that local NGOs – although currently in very short supplies in pastoral areas – can, and should be encouraged to play an important role in this regard as they are, by their very nature, well



suited to undertake interventions that flexibly adopt to the situation under which they operate.

### ***5.5 Population and Environment Hotspots***

Forests, wetlands, lakes and afro-alpine mountain areas (some of them gazetted/delineated as national parks or state forests) that are home to rare, mammal, bird and plant species, are under threat of severe degradation, in some cases to the point of disappearance. The activities of commercial and state logging companies, poachers, and encroachment by members of the surrounding communities, as well as neglect by the custodian state agencies have contributed to their current dismal state. Moreover, the population concentration in these areas has been on the rise either because people from other areas are attracted to them by the opportunities they offer in terms of illegal logging, fishing, grazing, game, and the like; or because people that have been effectively barred from access to land in other areas have moved to these areas of virtual open access having nowhere to go. The interrelatedness of the environmental degradation and population pressure in these areas provides an opportunity for integrated PHE intervention.

It ought to be pointed out, also, that these environmental hotspots are in most cases pockets of extreme poverty as well – even by Ethiopian standards. They are located in remote areas (for example, Semien Mountains, Bonga Forests, etc.) that suffer from lack of infrastructure and services. Some are agriculturally unproductive on account of the special attributes of their ecosystems that are characterized by extreme cold and frost (Semien and Bale Mountains), poor soils (Semien and Bale Mountains), and saline waters (Rift Valley lakes). Residents of these areas and even those that are potentially suited to agriculture (Bonga forest) face all sorts of difficulties regarding access to the basic necessities of life and are extremely poor. Therefore, integrated PHE initiatives in these environment/population hotspots must be guided by two broad objectives. Firstly, they need to focus on the improvement of the welfare of the people in general; and secondly, they must secure the participation of the people in natural resource conservation and management by learning from the positive and negative experiences of new participatory arrangements such as the Participatory Forest Management approach that has been experimented with by GTZ and FARM-Africa.

### ***5.6 Women and PHE***

In spite of the emphasis placed by the MDGs, the Ethiopian PRSP, the GoE and its development partners, as well as CSOs and NGOs on addressing the special needs of women, achieving gender parity in the provision of services, and encouraging women's participation in community/public affairs, Ethiopia is not anywhere near to achieving these objectives. Women are generally excluded from, or are given only nominal roles, even in activities that are closer to them. Such is, for instance the case of women's participation in the management of water schemes (Berhanu Mamo, 2007). On the other

hand, for integrated PHE initiatives to succeed, the full involvement of women in the decision making process and as well as in the implementation of water, sanitation, health, family planning , and natural resource schemes and programs is essential. Hence, in order to be guaranteed with a measure of success, future attempts at introducing integrated PHE in Ethiopia must be women-focused and dedicated to addressing the special needs of women and gender issues.

### **5.7. *The Public Sector***

The potential role of community-based programs, such as health and agricultural extension, as well as community-based reproductive health programs in PHE integration works at community level requires proper emphasis.

The primary focus of the health extension program is to provide basic primary health care services such as environmental sanitation, domestic water supply, latrine construction, solid waste disposal, personal hygiene, food safety, family health, communicable diseases and first aid. According to the MOH, the plan is to deploy two health extension workers (HEWs) per Kebele throughout the country by the end of 2010. So far over a third of the Kebeles in the country reported to have at least one health extension worker. The agriculture extension workers disseminate agricultural information and technologies to rural farmers. Some of these information have to do with how to apply fertilizers, insecticides and fungicides to crops, soil conservation, improved food processing techniques, seed multiplication etc. While the health and agriculture extension programs run by the government, the community-based reproductive health programs in the country are implemented by a broad range of NGOs. The CBRH program predominantly focuses on the provision of family planning.

The fact that these different community-based programs and their agents present at a Kebele or village level creates a good opportunity for PHE service integration at grassroots level. Indeed, if PHE integration is to be realized at community level, there is a need to device ways on how best to coordinate the works of these different organizations and their agents at the policy, program as well as grassroots level.

### **5.8. *The NGO Sector***

As was noted above, while the experience in PHE integration is inadequate, there is considerable experience among organizations working in the rural areas in cross-sectoral programming and integrated service delivery. Many NGOs are engaged in integrated rural development activities and are well aware of the advantages and benefits of the integrated approach. Cross-sectoral program integration for many starts at the conceptual stage, proceeds to the planning and finally implementation stages. Such experience is a valuable entry point for PHE programs. Moreover, a good number of them are engaged in Reproductive Health /Family Planning activities, and this can be used as a good opportunity for PHE integration.

Moreover, a large majority of rural-based NGOs work in areas which often combine high population density and serious natural resource degradation, and thus are well aware of the impact of over population on the environment. High population growth and environmental loss are pervasive throughout the rural areas, and there are few NGOs that do not attempt to deal with one aspect of this problem in one form or another.

A great majority of rural based NGOs work at both the community and the household level and, thus, have a good experience of tailoring development programs to community and household needs. This is an important asset especially in environmental programming because natural degradation has to be addressed through both community as well as household approaches. Focusing on one and neglecting the other will in the long run be counter productive. For example, the experience of promoting both community and household woodlots, or introducing environmentally useful food plants such as *enset* into a community, as has been done by a number of NGOs, ensures that conservation programs have immediate as well as long term benefits. Moreover, access to wood and food resources close to the homestead will mean, in the long run, less need for additional labor, hence less need for more children.

Partly through the effort of NGO interventions and partly due to other initiatives, a wide variety of community organizations are to be found in rural communities. Such organizations consist of cooperatives, saving and credit societies, water users associations, women self help groups, seed bank owners associations, etc. Such local level organizations can play an important part in promoting PHE programs if NGOs or others provide sufficient public education regarding the benefits of such programs.

While the variety of NGO experiences noted here can serve as important entry points for engaging the organizations in PHE programs, just how such programs may be integrated is a question that needs to be carefully considered. One of the challenges facing an organization that wishes to promote PHE programs among NGOs is the lack of close collaboration among them, even among those working in the same *woreda* and close by each other. The issue of “integration” or “collaboration” is thus an important issue.

At present, the customary practice is for each NGO to work largely by itself, in isolation within a given locality and without much coordination of effort with others. There is considerable duplication of work, and limited sharing of experiences and best practices. There is thus a need for greater coordination of work and harmonization of approaches. Coordination could be effected through either division of responsibility based on expertise and program experience, or division of responsibility based on location or constituency.

### **5.9. Capacity Building**

We believe it will be easier to draw NGOs into the PHE initiative than public sector agencies because of the reasons given above. There is a long sectoral tradition among government agencies and even when policy guidelines may promote cross-sectoral programs, the established sectoral division of responsibility may present problems for the

implementation of such programs. In our case, for example, health work is the responsibility of the Killil Health Bureaus and their line offices at the *woreda* and kebele level. Similarly, the Environmental units from the Killil down are entrusted with the work of environmental management. To our knowledge there has not been any attempt to bring the two agencies to work together. On the other hand, one may argue that it may be a worthwhile effort to try to have these two agencies to coordinate their work in the context of PHE. Such effort will require considerable advocacy work on the one hand, and capacity building programs for the agencies on the other.

Both the public and NGO sectors require considerable capacity building in order to be drawn into PHE programs. Capacity building here will involve training programs for staff, programs of experience sharing, and upgrading skills and expertise relevant to PHE and advocacy work.

As part of capacity building, there should be support to a regular program of national conferences for experience sharing and learning opportunities. The conferences should bring together all organizations and state agencies working in the areas of population and environment as well as other stakeholders and donors to discuss experiences (both local and international), challenges and lessons learnt.

#### **5.10. *Advocacy Work***

As has been noted above, PHE programs should combine a high level of advocacy work with practical program activities. Families, communities and local level organizations need to be convinced that improved economic well-being is possible without having many children. Advocacy work should use innovative methods to make people aware that low fertility is a condition for improved living standards.

Advocacy work must also be an important aspect of the program of donors which wish to promote PHE activities. Such work should attempt to encourage public sector agencies as well as NGOs to engage in PHE programs. Donors should make efforts to sell the idea of PHE integration both on its own merits as well as a cost effective approach to poverty reduction. They should therefore make plans for an effective and sustained advocacy program.

#### **5.11. *Media***

The promotion of integrated PHE requires its dissemination through mass media. Appropriate and innovative use of the media and communication services can contribute towards positive attitudinal and behavioral changes regarding family planning/reproductive health and the sustainable use of natural resources.

Yet, having come into existence only after the fall of the military dictatorship in 1991 and the repeal of its draconian censorship, independent media is still at its infancy in Ethiopia.

In spite of the 16 long years that have elapsed since then, the free press has led a precarious existence while independent radio and television is virtually nonexistent, and Ethiopia shares the infamous title of land of major repression of journalists with a few other countries. Genuine and impartial investigative journalism, in particular, is witnessed very rarely.

For these reasons, the propagation PHE integration can hardly count directly on any independent radio, television, or even newspaper as such. But, it is possible to capitalize on the relatively richer experience that has been acquired by CSO-sponsored thematic radio programming such as those of FSS' "*Dewel*", EWLA's "*Berchi*", PANOS-Ethiopia's "Environment and Health", etc., which make use of the media by leasing radio air time hour and newspaper column, in particular. Future PHE-integration based programs should explore the possibilities of these and similar mass media opportunities.

### **5.12. Research Concerns**

#### *5.12.1. Identification of Population-Environment Hotspot*

Although this study has recommended the need to take population and environmental hotspots in the country in general, its limited scope has not allowed it to make the specific identification of such areas for PHE program intervention. Thus, there is an obvious need for proper studies aimed at hotspot identification.

#### *5.12.2. Identification of Locally Relevant PHE Activities*

Actual PHE program activities must be based on local needs and opportunities. Hence, future integrated PHE initiatives need to be preceded by a through investigation of the local contexts.

#### *5.12.3. Program Monitoring*

In order to assess the success or failure of PHE programs it is necessary to monitor them from time to time to assess achievements and to correct shortcomings. Donors that wish to promote PHE programs should therefore establish a monitoring capability for this purpose. Such capability should employ a system based on clear and measurable indicators. The system should use international standards as well so that PHE programs here can be compared with similar programs elsewhere in Africa or Asia.

#### *5.12.4. Impact Assessment*

A more systematic and comprehensive land certification program, the 'Ethiopia – Land Tenure and Administration Program' (ELTAP)<sup>4</sup>, is currently underway in 16 pilot

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<sup>4</sup> Federal Ministry of Agriculture and Rural Development in collaboration with the four Regional States of Amhara, Oromiya, SNNP and Tigray. ELTAP is a three-year program funded by USAID and the

*woredas* located in four of the country's four regions – Amhara, Oromia, SNNP and Tigray – that are home to a quasi-totality of its sedentary farmers. The program, which has the objective of assisting the government implement a sound land certification system that provides holders of land use rights in Ethiopia with robust and enforceable tenure security in land and related natural resources, undertakes the strengthening of tenure security through legal reforms, developing regularized land survey and certification systems, strengthening public awareness through media campaigns, and implementing land titling programs in four ELTAP supported regions that are registering and certifying landholder rights. The stated outcomes of the program are “improved tenure security is expected to encourage farmers to increase their investment (labor and capital) in land in order to improve land management, increase productivity, and enhance food security, income, and rural livelihoods. It is also expected to facilitate land related transactions (i.e. land use right rentals, sharecropping, etc.) and reduce land disputes” (ELTAP, 2006: 1).

The systematic nature of this program as well as the provision that it has made for the assessment of its impact through a series of baseline and evaluation studies, render it attractive for integrated PHE projects with research components to be launched on the footsteps of the ELTAP program in some of the communities in the pilot *woredas*. NGOs working in the PHE sectors and think-tank CSOs with interest in these fields can be encouraged to jointly undertake action-research operations that are properly designed to control for important confounding variables such as proximity/remoteness, highland/lowland, cash-crop area/cash poor area, that could be as influential as the projected interventions themselves.

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Government of Ethiopia. ARD Inc. (Ethiopia Branch), a US based international development firm, is providing technical assistance to ELTAP under contract with the U.S. Agency for International Development

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## **Annex I: List of CRDA Member Organizations Engaged in Health, Environment & Related Areas**

<b>Organizations</b>	<b>Main Programs</b>
1. Abebech Gobena	Children-centered program; RH, FP, HIV, Community-based health
2. Action Aid	IRD; HIV
3. Adventist Dev't & Relief Agency	RH, FP, HIV
4. ADA (Amhara Dev Assoc)	Health, inc. RH, FP, malaria. Educ.
5. Anti Malaria Assoc	Prevention & control of malaria. Environmental health
6. CPAR	Community health; NRM; Water; DPP
7. Christian Aid	<i>Funder:</i> HIV; RH; Children at risk
8. Ethiopia Aid	FP, RH, HIV; IRD
9. Ethiopian Catholic Sec	Basic Health, Ed., Water
10. Ethiopian Environmental NGO	Environment; SWC, Water
11. Ethiopian Gemini Trust	RH, FP, Children, Youth
12. Ethiopian Orthodox- DICAC	Env., Agric., Water, Health
13. FCIDF	Health, Environment, SC
14. InterAide France	Agric, Water, RH, SWC
15. KMG	Health, inc. RH, NRM, Harmful practices
16. Lutheran World Fed	NRM
17. Marie Stopes	RH, FP
18. OXFAM GB	<i>Funder:</i> Food sec; Health, SWC
19. PLAN	Child-based health, water, HIV,
20. Self Help	NRM, Agric., Health
21. SIM	Conservation, Health (communicable disease), Agric, Water
22. Water Action	Water, SWC; Sanitation & Hygiene
23. World Vision	ADP (IRD); SWC; Health; HIV

In addition to these, there are:

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| a) The Save the Children Federations | (about 5 separate organizations) |
| b) Africa Humanitarian Action:       | RH, FP, HIV                      |
| c) Family Guidance Assoc             | FP                               |
| d) Grantees of Packard               | RH, FP, HIV                      |

## **Annex II. Organizations Selected for the Study**

1. Ethiopian Environmental NGO (EENGO)
2. Self Help
3. InterAide France
4. CARE-Ethiopia
5. WaterAid
6. Anti-Malaria Association
7. Pathfinder International-Ethiopia (PIE)
8. Amhara Development Association (ADA)
9. Environmental Protection Authority (EPA)
10. Ministry of Health (MoH)

## Annex III. Interview Guide

*Purpose of Interview: Many NGOs in this country and elsewhere have taken an integrated approach to addressing development problems. The most common in this country is what is known as Integrated Rural Development. However, other approaches to integration have not been widely practiced. The interest of this interview, which we are conducting for PACKARD, is what is known as PHE, Population-Health-Environment. This approach aims to achieve results in two or more sectors. PHE projects are most often situated in rural areas and focus on the links between population growth, community health, and conservation and environmental management.*

Your organization is engaged in Health and/or Environment programs in one way or another and we would be glad to learn about your experience.

1. Could you briefly inform us of the kind of programs your organization is engaged in with particular reference to P (R H) and/or E.
2. Would you say these programs are parallel programs or integrated programs? If they are integrated, is the integration implicit or explicit? Could you explain to us how you have achieved the sectoral linkage? What are the difficulties and challenges you have faced in program integration?
3. One expert has argued that local communities welcome integrated interventions because they reflect the reality of people's lives. Does your experience support this observation? In what way are people's lives integrated?
4. Do you think better results can be achieved if the programs are managed as parallel or integrated programs? For example, Reproductive health/Family planning requires an individual approach, while Environmental conservation or Natural resource management requires a group or community approach. How do you integrate these two?
5. What do you see as the opportunities of P or H-E integration? Do you consider any of these as opportunities missed by your organization? What can you achieve in sectoral integration that you can not achieve by running the programs in parallel? For instance: do PHE programs provide better opportunities for strengthening and empowerment of local communities, households?
- 6 Do you think the integrated approach requires more resources, effort, planning or management than the parallel approach or vice versa? Why do you say that? Do you see any other possible stumbling blocks on PHE integration in this country? If so, which ones, and what can be done to remove them?
7. Could you give us a list intervention programs/projects currently sponsored and/or implemented by your organizations?

Ser. no.	Title of intervention project/program	Site (region, Zone, Woreda, PA)	Target population (women, youth, men)
1			
2			
3			

8. What are the major environmental and /or population/health related problems (if there is any) in any of the aforementioned intervention program/project areas?

Ser. No.	Population related problems (e.g. high fertility, over population, in-or out-migration, high maternal and child morbidity/ mortality, etc)	Environmental problems (land degradation, deforestation, soil erosion, water problems, etc)
1		
2		
3		

9. Do you see any possibility of integrating PHE in these intervention areas? how ? which population and environmental components? What are the opportunities and/or threats?

10. Does your organization have a plan to integrate PHE in any of the intervention areas? If so, can you elaborate on the plan? (e.g. specific components of the program(s), target community, and the like)

11. Does your organization have the capacity (such as technical expertise and know-how, resources and community mobilization capability, funding source, etc) to engage itself into a PHE integration project/program/intervention?

Thank you very much.

## **Annex IV. Individuals interviewed**

Awole Melle	Executive Director, Self Help
Bekele Hambissa	Executive Director, Ethiopian Environmental NGO
Moges Gobena	Program Coordinator, Ethiopian Environmental NGO
G. Francois	InterAide France (Manager)
Dr. Barbra	CARE-Ethiopia
Ms Kuribatchew	WaterAid
Tilahun Giday	Pathfinder (Country Representative)
Abere Mehrete	Anti-Malaria Association (Director)