

E T H I O P I A

R E P O R T

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POVERTY INDICATORS

The Ethiopian economy has been growing since 1992 after coming out of the war economy that characterised the country in the 1980s and earlier. The economic performance has also been supported by the favourable weather and the support the government secured after adopting a structural adjustment programme negotiated with the international financial institutions and the prelude to the Emergency, Relief and Rehabilitation Programme introduced immediately after the war. The economic reform programme led to the creation of an economic climate that is increasingly bringing forth a free market, but the implementation of policies to mitigate the social effects of the reform seems to be slow. It has not been possible to monitor the effect of the programme on poverty levels nor its social effects. On the positive side, the plan for the expansion of primary health care and elementary education need to be mentioned. These plans are already being implemented and the rate expansion has been at a record level. An important element of the plans is the financing of the services, and it is expected not to leave out the low income people, particularly after the initial experiment in introducing user fees in the educational system led to a major drop in the enrolment rates.

The extent and depth of poverty have not been properly measured though attempts have been made to estimate the number of the poor in the country. The available information is based on defective methodology and data. One such attempt was the World Bank commissioned study launched in the early 1990s. Recently, the Central Statistical Authority has launched the first nation-wide household level survey to establish the number of the poor, and a poverty monitoring unit in the Ministry of Planning and Economic Co-operation has been established. These steps are the result of the recognition of the possible negative social consequences of the Economic Reform Programme (Structural Adjustment Programme). National level figures to establish the proportion of the poor is not available, though there are figures that could be used as proxy and there are micro level data with results of a very high quality that could help in establishing and monitoring poverty in the country.

It has been estimated that 52% of the Ethiopian people are chronically food insecure and further numbers indicate that transitory food insecurity is particularly caused by drought. In the period between 1991 to 1995 the proportion of people had been the 7% in 1995, while it reached 15% in 1992.

TABLE 1.

Drought affected population 1991–1995			
Year	Total population in millions	Disaster/drought affected population in millions	Proportion of the population affected
1991	50.74	7.22	14.2
1992	52.4	7.85	15.0
1993	54.09	4.97	9.2
1994	55.81	6.7	12.0
1995	57.59	3.99	6.9

Source: Disaster Preparedness and Prevention Commission.

Among the micro level studies is the one conducted by the Addis Ababa and the Oxford Universities in rural areas of the country. This study showed that in 1994 the percentage of the people who were poor was of 37% of the total population while it was 48% in 1989. However, there are 12% of the households who were not poor in 1989 but who become poor in 1994. At the same time, there were 26% of the households who were poor in 1989 and who moved out of poverty in 1994.

TABLE 2.

Movement in and out of poverty			
All	Poor 1994	Non-poor 1994	All
Poor 1989	36%	26%	48%
Non-poor 1989	12%	26%	52%
All	37% (170)	63% (182)	100% (352)

Note: figures in brackets are totals

Source: Table 10 (Dercon and Krishnan 1994).

OTHER SOCIAL INDICATORS

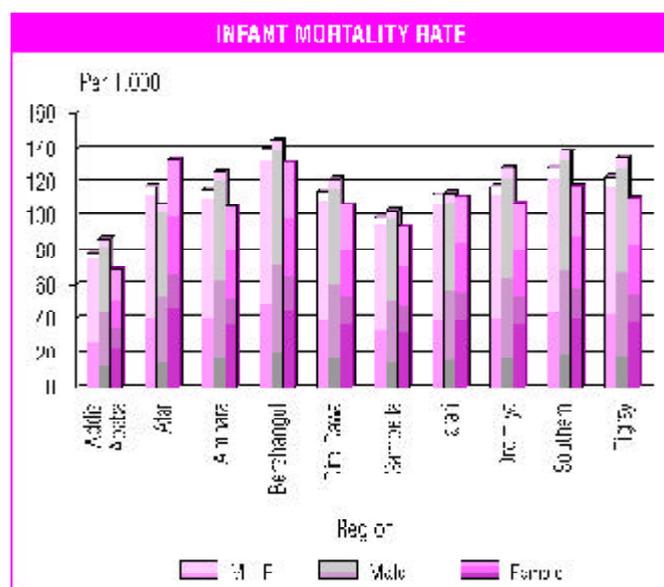
Available statistics indicate that social conditions in the country are far from desirable and more worrying is the disparity among the regions of the country. Nearly all of the social indicators put Ethiopia in the worst group countries, but the regional disparity within the coun-

try is even more alarming indicating that there are rural areas in some of the regions with the worst indicators in the world.

Perhaps the most serious social indicator is infant mortality rate. Recently released figures show that there are wide variations in infant and child mortality among the regions of the country. Table shows that infant mortality rate ranged from 139 in the Benshangul region to 78 in the Addis Ababa region. Similar results are also obtained for child mortality rate.

TABLE 3.

Infant and child mortality rates									
Region	Infant mortality rate <1			Child mortality rate <5			Life expectancy		
	M + F	Male	Fem.	M + F	Male	Fem.	M + F	Male	Fem.
Addis Ababa	78	87	69	108.7	121.7	95.3	58.4	56.6	60.3
Afar	118	107	133	174	150	206	50.3	53.1	47.0
Amhara	116	126	106	170	179	160	50.8	49.6	52.2
Benshangul	139	145	131	206	210	203	46.8	46.3	47.3
Dire Dawa	115	122	107	168	173	162	51.1	50.3	52.0
Gambella	99	103	94	142	144	140	54.2	53.8	54.5
Harari	113	114	112	166	161	172	51.4	51.8	50.9
Oromiya	118	128	108	173	182	164	50.4	49.2	51.7
Southern	128	138	118	189	197	181	48.6	47.6	49.7
Tigray	123	134	111	181	192	169	49.4	48.2	51.0



Life expectancy also shows variations within the country. Up to 10 years of difference between the worst and the best life expectancy regions has been seen (see graphic).

Table 3 shows the difference between males and females in infant and child mortality and life expectancy. Infant mortality rate

differences show that male infant mortality rates are higher by about 18% compared to female infant mortality rates except in the Afar region where the rate for females is much higher than males. Child mortality rate figures also show similar results, except in the Harari region where the differences have a negative sign just as in the Afar region. In terms of life expectancy females live longer than males, except for the Afar and Harari regions, where males live longer than females. The difference in Afar is much higher (6 years) compared to Harari (1 year). The reasons behind such differences among the regional figures should be an area of investigation necessary in designing programmes and projects.

TABLE 4.

Differences between males and females in mortality rates and life expectancy			
Region	Infant Mortality Rate (Male - Female)	Child Mortality Rate (Male - Female)	Life Expectancy (Male - Female)
Addis Ababa	18	26.4	-3.7
Afar	-26	-56	6.1
Amhara	20	19	-2.6
Benshangul	14	7	-1.0
Dire Dawa	15	11	-1.7
Gambella	9	4	-0.7
Harari	2	-11	0.9
Oromiya	20	18	-2.5
Southern	20	16	-2.1
Tigray	23	23	-2.8

Another indicator of the health status of the population is the disability rate. This is important in the Ethiopian context as the country has a recent history of war. The worst war affected region, Tigray, has a high figure of 3% disability, which more than doubles that of the lowest disability (see Table 5).

Perhaps, next to infant mortality rates, access to drinking water is a major indicator of the health status of the population rates.

TABLE 5.

Disability rates in the regions of Ethiopia			
Region	All persons	Disabled	Proportion disabled
Addis Ababa	2,100,031	45,936	0.022
Afar	1,097,064	14,140	0.013
Amhara	13,828,909	281,291	0.020
Benshangul	460,325	7,341	0.016
Dire Dawa	248,549	4,226	0.017
Harari	130,691	2,909	0.022
Oromiya	18,465,449	333,653	0.018
Southern	10,368,576	174,941	0.017
Tigray	3,134,470	90,742	0.029
Gambella	162,271	2,581	0.016

The overwhelming majority of the people in the country do not have access to safe drinking water. If one considers access to tap water as safe, then the percentage who have access to this source of water is very limited in the rural areas while the picture is mixed in the urban centres. Table 6 shows that in most of the regions less than 5% of the rural people have access to tap water for drinking, whereas the figures in the urban areas are much better. It may be necessary to mention that the quality of tap water does not make it safe to drink in all seasons. Most of the water supplied through taps is not safe particularly during the rainy seasons.

TABLE 6.

Access to tap water for drinking in urban areas regions		
Region	Percentage receiving tap water	
	Urban	Rural
Addis Ababa	98	23
Afar	71	3
Amhara	70	3
Benshangul	39	10
Dire Dawa	95	14
Harari	97	3
Oromiya	64	5
Southern	56	5
Tigray	67	3

The unemployment rate in urban Ethiopia is very high though this is offset by the very low open underemployment in the rural areas. A striking feature is the higher female unemployment rates compared to the male rates in nearly all of the urban centres.

TABLE 7.

Unemployment rate in urban Ethiopia			
Region	Male and female	Male	Female
Addis Ababa	35.14	30.68	40.53
Afar	11.06	11.97	9.23
Amhara	11.81	11.98	11.61
Benshangul	7.21	7.57	6.64
Dire Dawa	35.40	31.42	40.66
Gambella	11.18	11.16	11.23
Harari	27.13	25.13	30.03
Oromiya	35.14	30.68	41.53
Southern	11.41	11.22	11.73
Tigray	9.78	9.81	9.74

IN ORDER TO REDUCE POVERTY

Perhaps the most important steps for reducing poverty and eliminating it gradually are expanding the employment opportunities for those who are employable, increasing the productivity of those who are already employed, making the educational system responsive to the generation of employable youngsters, and supporting those who cannot work. The government is taking the necessary steps, except in the creation of a social security network to support those who cannot work. This is an area of increasing concern as the social fabric in the urban areas has been disintegrating with the change in the economic life of the people. But it should also be ensured that measures taken to increase productivity (particularly in the rural areas) do not result in depressing the income of those who are not covered in the programmes.

- Interafrica Group