

# **Good news on basic service provision in Ethiopia**

By Belayneh Akalu 04-30-15

It has increasingly become harder to listen to positive news from the media these days. Despite a lot of positive and good things happening around the world, all those that get reported are the negative ones. The news is making it hard for people of the world to promote peace, collaboration and mutual understanding. Instead the world is depicted as a place of war, corruption, betrayal and social Darwinism.

The criteria for newsworthiness has become "if it bleeds, it leads." It is not the social responsibility that the power of the media carries with itself that is prioritized; it is the sales and profit that it wields that come before everything else. With all the negative happenings and the push for war inundating the media, it seems as though there is no room for good in the world anymore.

So, when I heard news of success in basic service provision in Ethiopia that came out of the 12<sup>th</sup> Joint Review and Implementation Support (JRIS) conducted by the Ministry of Finance and Economic Development and donors, I was struck with the lack of positive international news and even domestic news these past ten days.

That is why I set myself up for an article on the positive side of life for all mankind in the last few years. In doing so, I have integrated the data from the JRIS into progresses made in Ethiopia. Since the JRIS reviews changes in education, health, rural roads, water supply and agricultural development, I have only focused on these major issues. However, before we embark on to changes in Ethiopia, let's take a look at some significant achievements at the world stage.

## **International positive changes**

A few of the most notable positive international changes made include the fact that the world has successfully halved the proportion of people living in extreme poverty. The 2013 Millennium Development Goals (MDGs) report states that the world reached the poverty reduction target five years ahead of schedule. The report goes on to say that in developing regions, the group Ethiopia belongs to, the proportion of people living on less than \$1.25 a day fell from 47 percent in 1990 to 22 percent in 2010. About 700 million fewer people lived in conditions of extreme poverty in 2010 than in 1990.

The other positive development, according to the report, is that over 2.1 billion people gained access to improved sources of drinking water. The report states that the proportion of the global population using such sources reached 89 per cent in 2010, up from 76 percent in 1990. It concludes that this means the MDG drinking water target was met five years ahead of the target date, despite significant population growth.

The same source shows that mortality rates from malaria fell by more than 25 percent globally between 2000 and 2010. An estimated 1.1 million deaths from malaria were averted over this period. Death rates from tuberculosis at the global level and in several regions are likely to be halved by 2015, compared to 1990 levels. Between 1995 and 2011, a cumulative total of 51 million tuberculosis patients were successfully treated, saving 20 million lives.

The last of the positive changes addressed by the report has to do with the fact that the proportion of undernourished people in developing regions decreased from 23.2 percent in 1990–1992 to 14.9 percent in 2010–2012. Given reinvigorated efforts, the target of halving the percentage of people suffering from hunger by 2015 appears to be within reach.

## **Positive changes in Ethiopia**

The Growth and Transformation Plan (GTP), as stated in the document, is a tool being used to craft the country's vision "to become a country where democratic rule, good governance and social justice reign, upon the involvement and free will of its people, and once extricating itself from poverty to reach the level of a middle-income economy as of 2020-2023." The vision set specifically for the economic sector includes "building an economy which has a modern and productive agricultural sector with enhanced technology and an industrial sector that plays a leading role in the economy, sustaining economic development and securing social justice and increasing per capita income of the citizens so as to reach the level of those in middle-income countries."

### **1. Primary education**

The MDG target under this goal is to ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. The 2013 data analysis by ONE show that Ethiopia scored 0.5 in this section, meaning it has made tremendous strides towards achieving the goal.

The 2012 Ethiopia MDG report, a year earlier than that of ONE's, an organization working to rectify the misrepresentation of Africa's efforts to meet the MDGs, on the other hand states that Ethiopia is on track to achieve this goal. Considering the time gap, the anomaly might be the result of not so strong activities in 2013 as compared to the previous year. The Net Enrolment Ratio (NER) in the lower primary school cycle (grade 1-4) increased from 77.5% in 2004/05 to 92.2% in 2011/12 and in the upper cycle of primary education (grade 5-8) from 37.6% to 48.1% during the same period. Overall, the NER for primary education (grade 1-8) increased from 77.5% in 2005/06 to 85.4% in 2011/12.

The latest figures from the 12<sup>th</sup> Joint Review and Implementation Support (JRIS) show that Net Enrolment Rate of elementary education has increased from 77% in 2006 to 90% in 2015.

## **2. Child Mortality**

The MDG goal is set to reduce by two-thirds, between 1990 and 2015, the under-five mortality rate. The 2013 data analysis report by ONE gives Ethiopia a score of 1 in its effort to achieve this goal. UNICEF's 2013 progress report on child mortality entitled "Committing to Child Survival: a Promise Renewed" has brought Ethiopia the good news that it has already achieved the Millennium Development Goal (MDG) for child mortality three years ahead of schedule. MDG 4 aims to reduce child mortality by two thirds. With three years remaining on the MDG deadlines, Ethiopia has managed to reduce child mortality by 67% in the year 2012.

The 12<sup>th</sup> JRIS of 2015 states that child mortality in Ethiopia has gone down from 72 per 1000 deaths in 2006 to 30 per 1000 deaths in 2015. That is a decline of about 42% in just the last decade. This percentage means that millions of children have been kept alive because of the improvements in the health sector in the country.

Infant and child mortality rates are basic indicators of a country's socio-economic situation and quality of life (UNDP, 2007). Accordingly, it appears obvious enough to guess that Ethiopia's child mortality rate would be among the worst. Between 1990 and 2010, under-five mortality dropped by 35% worldwide. Yet, every day, nearly 21,000 children under-five die mostly from preventable causes, according to the World Health Organization (WHO). Close to 99% of all under-five deaths occur in developing countries.

A 2013 report on child mortality states that about three-quarters of all child deaths happened in two regions – Africa (46%) and South-East Asia (28%). More than 50% of these deaths were clustered in only six countries: China, Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan. Under five mortality is higher in rural areas and among poorer and less educated communities. More than 70% of almost 11 million child deaths every year are attributable to six causes: diarrhea, malaria, neonatal infection, pneumonia, preterm delivery, or lack of oxygen at birth.

A few years back, an Ethiopian child used to be 30 times more likely to die by his or her fifth birthday than a child in Western Europe. At that time, the under five mortality was reduced to 88 per 10,000 live births from 217 deaths a few more years ago. However, recent development efforts in the country in general and the health sector in particular have helped change things for the better. The 2011 Ethiopian Demographic and Health Survey (EDHS) shows a rapid decrease in infant and under-five mortality during the five years prior to the survey compared to the period 5-9 years prior. The levels are also considerably lower than those reported in the 2005 EDHS. For example, infant mortality has decreased by 23 percent, from 77 to 59 deaths per 1,000 births, while under-five mortality has decreased by 28 percent, from 123 to 88 per 1,000 births.

The United Nations Children's Fund (UNICEF) has announced a few years ago that Ethiopia has reduced its child mortality rate by 40 percent over the last two decades. The report confirms that Ethiopia has laid a solid foundation to sustain and accelerate the decline in child mortality. Ethiopia also became the fourth out of 10 African countries which managed to reduce preventable deaths of children under the age of five. Senegal is currently leading the decline in the under five mortality rate followed by Malawi and Zambia. The Ethiopian Radio and Television Agency (ERTA) had reported two

years ago that the under five mortality rate in the country is 80 per one thousand births.

Strengthening the health system and integrating the interventions into packages of care that can be delivered at all levels – from home to hospital – during pregnancy, childbirth, neonatal period, and childhood will be key to increasing the coverage of health interventions and saving the lives of under-five children. UNICEF highlighted a national immunization program against measles and the distribution of millions of insecticide-treated bed nets enough to protect over 10 million families in malaria-prone areas since 2005. Ethiopia has already deployed a large national network of more than 35,000 trained health workers and expanded the network of health centers to quickly scale up the government’s delivery of basic health services, in close alliance with international donors, organizations and NGOs.

Most people associate this success to the Health Ministry’s endorsement of Integrated Management of Childhood illnesses developed by the government in 1997. This includes training and empowering village members and caretakers to standardize and institutionalize “village” health care delivery. The widespread use of bed nets, prevention of mother to child transmission of HIV and increased access to safe drinking water have been instrumental in bringing about the change.

### **3. Agricultural Development**

The growth and transformation plan envisages that the agricultural sector will continue to be the major source of economic growth and that the sector will grow on average at least by 8.6% per annum. Accordingly, a growth rate of 9% in the sector was registered in the 2010/11 fiscal year while the plan could not be met for the fiscal year 2011/12 which saw a growth of only 4.9% in the sector. The contribution of agriculture to GDP was 41% in

2010/11 while it went up to 44% in 2011/12. Evidently, the role of agriculture as the major source of economic growth has declined in the fiscal year 2011/12, sending strong warning signals that should be received loud and clear and acted upon in time to ensure the achievement of the GTP. The relative slow down in the pace of economic growth in 2011/12 to 8.5% is mainly associated with, as mentioned above, lower performance in the crop production and productivity sector. On the other hand, the 9% growth in agriculture in the 2010/11 fiscal year contributed a lot to the overall good performance of the country's economy. That vividly shows the strong role agriculture still plays in determining how well the country's economy does.

To realize the plan of 8.6% per annum average growth in the sector, specific targets were set for 2010/11 to increase agricultural production and productivity, improving natural resource management and utilization, building the capacity for disaster prevention and preparedness, improving the agricultural marketing system, promoting the participation of the private sector in agricultural investment and reducing the number of food insecure households.

#### **4. Road Development**

Generally during the five year span of the GTP, it was planned to rehabilitate 728 Km of trunk roads, upgrading 5023 Km of trunk and link roads, construction of 4,331 Km of new trunk and link roads, periodic maintenance of 4700 Km of asphalt and gravel roads and routine maintenance of 84,649 Km of road network as well as construction of 71,522 Km of new all-weather roads that connect all rural woredas. Regional road authorities also have a plan to construct 11, 212 Km of rural roads in the five years period.

In 2010/11, the target at country level was to construct and maintain a total of 39,723 Km by federal, regional and district road authorities and offices. At the end of the fiscal year, 34,795 kms were constructed indicating a

performance of 88% of the target. Disaggregating the performance by federal and regional authorities along with districts, the federal target was to construct 16,538 kms. The achievement was 19, 159 kms, which is 116% of the target. Similarly, the regional road offices planned to build 13,357 Kms of road in the fiscal year and ended up building 14,650 Kms (110% of the target). With regard to the district road offices, however, the performance was only 9% of the target. The low performance was due to the fact that the focus of the target was mainly on activities related to preparatory works.

Generally, the national road length (federal and regional total road length) has increased from 48,793 Kms in 2009/10 to 52,042 kms in 2010/11. There was no all-weather woreda road in 2009/10, but a total of 854 kms of woreda road was built in 2010/11. As a result of the increased road construction and maintenance in the country, road density measured by kms per 1000 Kms<sup>2</sup> of area increased from 44.5 to 48.1 and the proportion of kebeles connected by all-weather roads increased from 39% in 2009/10 to 42% in 2010/11.

Moreover, roads in acceptable condition (good and fair conditions) increased from 79.7% in 2009/10 to 82% in 2010/11, indicating improvement in the quality of roads. Owing to increase in road density and improvement in the quality of roads, the average vehicle coverage per day (measured by km of travel per day) has increased from 9.6 million km to 12.1 million km. As a result of all these accomplishments in the road sector, the average travel time to all-weather roads declined to 3.5 hours in 2010/11 from 3.7 in 2009/10. Recent data show that the time has still gone down to 2.9 hours in 2011/12. Moreover, road construction and maintenance activities have created 69,617 employment opportunities.

## **5. Potable water supply**

The 12<sup>th</sup> Joint Review and Implementation Support (JRIS) of 2015 indicates that rural potable water supply has increased from 46% in 2006 to 77.5% in 2015. The leap is indicative of the tremendous efforts in the country to universalize potable water supply in the country. The implications of this achievement also span various social issues such as the amount of time women spend on fetching water, protection from rape and other health problems associated with untreated water. Potable water supply has definitely ceased to be a privilege enjoyed by urban residents as the figures show.

In 2010/11, the plan was to increase rural, urban and national potable water supply coverage from 65.8%, 91.5% and 68.5% in 2009/10 to 73%, 93% and 75% in 2010/11 respectively. A number of activities were performed to achieve these targets during the fiscal year. These include digging 93 deep boreholes, 1313 shallow boreholes, 4833 hand dug wells, to develop 3502 springs and construct 474 rural pipe systems. In total, 11,811 rural potable water supply schemes were constructed. Medium and big maintenances were performed for 5,513 rural potable water supply schemes. Moreover, while construction, expansion and rehabilitation activities of potable water supply schemes for 22 towns were completed in the plan period, construction of potable water supply for other 127 towns are underway.

As a result, coverage for rural water supply increased to 71.3% providing access to 4.9 million more rural people, while urban and national coverage for potable water supply increased to 92.5% and 73.3% respectively in 2010/11. Though this is an encouraging achievement, the target of decreasing percentages of damaged potable water supply schemes could not be realized, which remained at 20% at the end of 2010/11.

## **Conclusion**

The Ministry of Finance and Economic Development had accordingly coordinated the design and implementation of the Sustainable Development and Poverty Reduction Program (SDPRP), which covered the years 2002/03-2004/05 and A Plan for Accelerated and Sustainable Development to End Poverty (PASDEP) that ran from 2005/06 to 2009/10. PASDEP had a medium term development perspective and aimed, at a minimum at achieving the Millennium Development Goals (MDG).

During the PASDEP implementation period, high and sustained economic growth and significant social and human development results were realized. During the same period the economy grew on average at 11% per annum. By sustaining the economic growth over the next five year period, the government has managed to achieve about six of the eight MDG targets by 2015. Generally, during these plan periods remarkable achievements of economic growth, social development and good governance were registered.

With GTP 2 already designed and ready for implementation, the country is set to receive yet another round of good news. GTP 2 is expected to push the country ever closer to the middle-income status it has aimed for in the year 2020-2023. Hopefully, the period till then will be one of peace, stability, cooperation and mutual understanding.