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Demographic Data for Development: Ethiopia

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I. INTRODUCTION

This case study of Ethiopia is one of four looking at data for social and economic development in sub-Saharan Africa. The goal of the studies was to identify activities to enhance data demand, utilization, and quality in each of the focus countries. The case studies involved interviews with key stakeholders in the four countries to solicit their views on country-level data needs, utilization, access, and demand.

One of the oldest countries in the world, Ethiopia has a population of 76.9 million[1] people spread over 1,127,127 square kilometers. The population is composed of more than 100 ethnicities, who speak over 70 different languages. Approximately 83.8%[2] of the population lives in rural areas; and of the total urban population, 40%[3] is concentrated in the three largest cities, Addis Ababa, Dire Dawa, and Nazret. Economic development in Ethiopia is currently growing, and was estimated at 11.1%[4] real GDP growth in 2007. However, with more than 40%[5] of the population living below the poverty line, a large segment of the populations remains one of the poor.

Recent emphases on programs for poverty reduction and improved development have highlighted the need for data to identify the specific problem areas, and assess the progress of new initiatives. The overriding national framework for development – the Sustainable Development and Poverty Reduction Program (SDPRP) – has had a considerable effect on the demand for data. One outcome of the SPDRP is the Medium Term National Statistical Program, which defines the mechanisms for monitoring development strategies regardless of whether they have national or international origins.

For monitoring purposes, the Ethiopian Government's focal point for data is the Central Statistical Agency (CSA), which is a public institute that reports to the government-administered National Welfare Committee. In collaboration with other government agencies and international organizations, CSA oversees many of Ethiopia's socio-economic data collection and analysis efforts. The main sources of data are the census (last conducted in 2007); the Demographic Health Survey (most recently in 2005); the Welfare Monitoring Surveys (1996 and 2000); and, the Household Income, Consumption, and Expenditure Surveys (1996 and 2000).

The Ethiopian case study sought a broad range of views from individuals working for the government, non-governmental organizations, development partners, civil society organizations, and academia/researchers. The entities represented data users and producers, and the discussion that follows synthesizes the multifaceted views of those interviewed, in addition to highlighting the lessons that can be learned from the opinions that they shared.

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[1] http://www.google.com/hostednews/afp/article/ALeqM5i-WtiPcdGx83wuVl-kZ8ZT8tQGRg ; http://www.ruralpovertyportal.org/english/regions/africa/eth/index.htm

[2] http://www.google.com/hostednews/afp/article/ALeqM5i-WtiPcdGx83wuVl-kZ8ZT8tQGRg

[3] http://www.ethiopianembassy.org/investing/investing_in_ethiopia.shtml

[4] http://www.citypopulation.de/Ethiopia.html

[5] http://www.ruralpovertyportal.org/english/regions/africa/eth/index.htm

II. DATA DEMAND AND USE

The respondents concurred that the demand for data/information in Ethiopia has recently increased. They cited improvements in data use in policy/strategy formulation as well as in monitoring program activities. Despite this general trend, however, most respondents cautioned that such encouraging progress should not be overemphasized, as policies and decisions are yet to be fully supported by and scrutinized with data.

Current demand for data was attributed to internationally led development frameworks, such as the MDGs and other donor supported programs (e.g. the Global Fund & PEPFAR programs). These programs influence policymakers' demand for data as well as the types of data to be collected. For instance, recent surveys by the CSA, such as the Demographic Health Survey (DHS), Behavioral Surveillance Survey (BSS), Welfare Monitoring Surveys (WMS), and the national census have received both financial and technical support from bilateral and multilateral organizations.

As the government endorses international programs, policymakers at various stages are expected to understand and appreciate these programs while also tracking their progress and reporting their achievements. Since most of the internationally supported programs involve clear targets and indicators, data are crucial in tracking their progress. Some respondents felt that sector targets and goals in the MDGs/PASDEP that require data have created ample opportunity for policymakers to appreciate and use data.

There are also indications of the presence of demand for data emanating from the local policymakers themselves. The parliamentarians interviewed reported inquiring about the 1994 census data because of its influence on the allocation of financial resources for their regions and constituencies. In fact, the 1994 census had to be reprinted due to high demand for census data by regional and local administrations. Recent advocacy efforts by the Population Affairs Department of the Ministry of Finance and Economic Development (MOFED) have also allegedly improved policy makers' and Parliamentarians' understanding of the link between population and socioeconomic development, which in turn have supposedly fueled the demand for data.

Sector ministries, especially health and education, have recently begun using data in their policy decision process as well as in monitoring relevant programs. For example, the Ministry of Health (MOH) conducts annual program review meetings to track and report on progress made in its Health Sector Development Program (HSDP). This process involves many stakeholders, including development partners and non-governmental organizations. The review process mainly compares and contrasts annual targets against achievements, and several indicators are involved to gauge progress.

While there is a general consensus among respondents that policies and strategies in the country are yet to be entirely evidence-based, some positive trends have been

noted. Most policies in the country were endorsed in the early 1990s. The national health, education and population policies were all endorsed in 1993. At the time there was limited data to use in the process and most of these policies lack supporting baseline evidence. Nevertheless, some respondents indicated that national strategies/policies recently developed and adopted by the MOH had data used in their formulation. As a result of increased demand for data, all government organizations now have a Planning and Programming Department charged with program planning and monitoring; these often consist of a statistics and data section. However, as indicated by the table below, there remain some impediments to data use, both on the demand and supply sides.

Table I: Impediments to Data Use

Demand Side Impediments	Supply Side Impediments
• Limited awareness of the value of data • Limited awareness of the amount and type of data available in the country • The absence of a coordinating mechanism linking the data and policy makers appears to have hindered use.	• Sometimes differing sources of information (often with differing magnitude) are available that put policymakers in a dilemma regarding which ones to use • The virtual absence of priority data for policymakers • Research/survey findings are not communicated well to policymakers • Policymakers do not get quality and reliable data due to poor research and data generation capabilities in the country

Demand for Raw Data

Respondents indicated that demand for data is limited to processed data. Aside from academia and some researchers, other data consumers rarely solicit raw data from surveys or censuses (with the exception of the DHS).

While supply side barriers inevitably obstruct sharing of raw data, this assessment underscores that user-related barriers are also relevant for several reasons:

- Most respondents did not see the relevance of inquiring for the raw data when the results of the surveys are published, and key indicators and findings are made available;
- Most respondents are not aware of the amount of information collected in the different surveys;
- The capacity for data management and analysis is limited;
- Preoccupation with the idea that data analysis is the responsibility of institutions such as the CSA and the universities;
- Lack of awareness that raw data exist; and

- Concerns about how to share data

Furthermore, a list of problematic issues arose that are particularly pertinent for researchers and university students alike:

- DHS raw data is frequently solicited by students and researchers while demand is low for the other data generated by the CSA;
- Due to limited utility at the sub-national level, many surveys, including the DHS, have little or no relevance for students who want to focus on sub-national level health or population related problems. As a result, most students often resort to doing pocket studies and primary data collection on their own; and
- The lack of control of the surveys by the university further complicates the usefulness and acceptability of the data generated by the students

III. DATA SUPPLY AND ACCESS

Over the past three decades, Ethiopia has conducted three censuses, the first ever in 1984, the second in 1994, and the most recent in 2007. A number of sample surveys have also been conducted nationwide; these include the Household Income, Consumption and Expenditure (HICE) Survey, the Welfare Monitoring Survey (WMS), the National Family and Fertility Survey (NFFS), and Demographic and Health Survey (DHS). In the 1990's, CSA additionally attempted to put in place a sample Vital Registration System in selected localities; this was, however, not scaled up. In addition, CSA has published several survey and census results since its establishment in 1960. The publications have been available to users, and can be purchased from the CSA sale shop. It is reported that in recent years the demand for these publications has increased dramatically.

The documentation, storage and supply of CSA's raw data for the many surveys and censuses conducted over the years have been rudimentary. They are, however, being strengthened through a recently developed database. Since 2004, the CSA has created an Information and Communication Technology (ICT) Division with technical assistance from the Canadian International Development Agency (CIDA) in order to strengthen data access and dissemination. Some major activities under the new division include availing survey data and documentation in the secure central warehouse; producing CD-ROMs for some of the surveys conducted by CSA; and launching a basic internet website to enable access to selected surveys. It is, however, important to note that CSA policy limits access to the entire raw data of a given survey. While this policy is universal for most CSA data, the DHS is an exception. The whole DHS data set can be available to users on CD-ROM, in addition to being downloadable from the ORC Macro Inc. website.

Recent national trends suggest that the demand for data has surpassed the supply. The advent of the PASDEP and a number of programs supported by development partners and NGOs in the country has led to an improvement in data supply with more surveys being carried out by the CSA, but these are reported to be limited in scope and coverage. Capacity limitations in terms of manpower, logistics, and organizational

structure were cited as the major deterrents in CSA's response to the growing demand for data.

CSA has reportedly been receiving many requests from different Government and non-government organizations to help conduct surveys on specific topics and also provide technical support in data production. Unfortunately, existing manpower, organizational setup, and the advent of highly competing priority government surveys mean that the agency can only respond to few of the data demands.

Moreover, decentralization in the country has led to sub-national planning and program execution, which creates demand for data at regional levels, and enhances data demand at these levels. The vast number of districts (over 500) in the country undoubtedly renders such data demand much more complicated. Most CSA surveys have also been blamed for having limited utility at regional levels.

Perception on data quality

Overall, data that are produced by the CSA, including survey and census data, are perceived to be of high quality. The perception was that data were mainly compromised during data collection and/or interviewing, even though the CSA employs internationally accepted methodologies. The quality of surveys is supposedly affected by a lack of proper training for data collectors, lack of good supervision, and data collectors with limited appreciation for the value of the data that they collect. These factors are further exacerbated by low remuneration for data collectors, which reportedly influences the type of data collectors to be recruited and the quality of the information they collect.

Timeliness, consistency and comparability of data were also mentioned as factors affecting quality of data. This is due to several reasons:

- There often are long delays between data collection and report production, for example, the third (2007) national population census has been highly demanded by policymakers and others, but its results were released over a year after the data had been collected.
- The National Behavioral Surveillance Survey (BBS) was released in 2007, although it was conducted in 2005; an unacceptable 2-year delay by any standards.
- The most recent Welfare Monitoring Survey was initially conducted in 2004 as a bi-annual initiative, but two consecutive surveys have since been missed, purportedly due to other competing and urgent assignments.
- In terms of comparability, the 1984 census collected data on disability and adult mortality, but the 1994 census dropped these important indicators for unknown reasons.
- The DHS 2000 uses a 5-year reference period for the fertility questions, while the 2005 uses a 3-year period, which limits proper comparison of the two surveys.

The MOH collects, compiles, and reports health service statistics on the outcomes of health-related administrative and operational activities, in what is called the Health

Management Information System (HMIS). A wide variety of health service-based data form components of the HMIS. These include facility-based data on morbidity and mortality among those using services; types of services delivered; drugs and commodities provided; information on the availability and quality of services; and financial and management information. This data has been a major basis for planning and program monitoring activities of MOH.

The annual publication that contains this information, known as "Health Indicator" presents the service statistics disaggregated by region and type of health institutions. Every year the MOH prints 5,000 Health Indicator booklets that are distributed throughout the country in addition to being posted on the MOH website. However, most respondents viewed the HMIS data as incomplete, distorted and biased. A recent assessment of the Ministry concluded that the Ethiopian HMIS had been entangled in a number of problems such as a lack of coordination, redundant reporting systems, delay and incompleteness of reports, financial constraints, and lack of basic communication technology infrastructure at all levels. Major reform is, however, currently underway to improve the system. The improvement work has involved standardizing data collection and reporting formats, defining and standardizing indicators, and devising mechanisms to streamline the flow of information.

Regarding budget data, the Ministry of Economy and Finance (MOFED) has used an Integrated Budget and Expenditure System (IBEX) since 1998. The system was established with the support of the US government, and is designed to automate and support public finance in Ethiopia. It is composed of different modules, which include Budget, Accounts, Budget Adjustment, Budget Control, Accounts Consolidation and Administration.

The Budget Module has been used to prepare annual budgets for budgetary institutions to help them consolidate data of specified regions, and to help them manage the preparation of their budgets. The Module's main functions are comprised of managing the budget structures of regions, recording recurrent and capital budget data, recording budget ceilings and commitments, and producing numerous reports for budget preparation and management. Many respondents were, however, unable to comment on the access and quality of budget data, as most are unaware of the existence of budget data, and the way they are shared.

IV. SUB-NATIONAL PERSPECTIVE

Decentralized planning and decision-making in the country, stretching to the woredas (districts), has made the local demand for data apparent. The following assessment is limited to one specific zone, and therefore does not provide a full picture of demand at the lower level, even though it acts as a good example.

Various indicators related to the PASDEP are collected and reported at a sub-national level. The PASDEP data come from the health, education, water, roads, and agriculture sectors. These data are in addition to population and other socio-economic data, which are all annually reported to the highest level of government. The different sector data focuses on several specific indicators:

- Water sector indicators include the number of people using clean water, coverage of potable water, schemes that need renovation/repair, disaggregated by urban/rural residences.
- Road sector indicators consist of the number of bridges and the roads available/constructed (in Km), these are further broken down into the type of road and the institutions engaged in the construction.
- Agriculture sector indicators are made up of the total production and productivity by type of agricultural crops, type of livestock, number, services (vet clinics, poultry production, demonstration sites etc), the number of farmers participating in the agricultural extension program, number of farmers trained on the extension program, and he number and type of agricultural extension workers available, among many others.
- Health sector indicators include the number and type of facilities, number, qualification and salaries of health professionals as well as support staff and budgets needed to complete, renovate or construct additional facilities.
- Education sector indicators are reported as the qualification and number of teachers and support staff, number of schools, number of classrooms, and number of students.
- Population and socio-economic indicators are the population size (by age and sex), number of heads of households, and household possessions (livestock and land holding).

V. INTERVENTIONS

The following recommendations for potential interventions were provided by the individuals interviewed:

- Greater advocacy on the value of data to policymakers at the federal as well as sub-national levels. Such efforts can be complimented /supplemented by experience sharing programs with African countries that have been successful in improving data demand and use in their policy processes.
- Enhancement of national dialogue on data use and evidence-based decision-making to ensure political commitment to the use of data for policy/program development.
- Creation of a national forum that brings together data producers, data users, international development partners, NGOs and civil society.
- Harmonization of data production activities in alignment with the CSA. The CSA needs to be strengthened and supported for this cause.
- Creation of a national data clearinghouse for storing, standardizing and availing key national data to general users.
- The donors for data generation and international collaborators must build national capacity and empower local researchers to lead nation-wide surveys. Large scale surveys (such as the DHS) need to be accompanied by data management /analysis capacity components for local institutions and individuals.
- Strengthening of data storage, analysis and management capacities of universities. This would involve linking universities and research centers with

data producers such as CSA and MOH, while using national survey and census data in the teaching process.

- Development of a tangible retention strategy for CSA technical staff to ensure that the Agency continues to produce quality and relevant data/information.
- Placing proper data compilation and reporting structures at the district level. Hardware and software needs as well as career structures of staffs constitute among the priority areas at sub-national level.
- Initiation of a vital registration system at district level.