

PRO-POOR SERVICES IN ETHIOPIA

A PILOT CITIZEN REPORT CARD

**POVERTY ACTION NETWORK ETHIOPIA (PANE)
ADDIS ABABA**

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Foreword

This study report presents the results of a pioneering exercise on assessing the quality of critical public services in Ethiopia. Anchoring around the concept of user feedback. This pilot Citizen Report Card study narrates the voices and experiences of citizens while accessing and using public services.

It must be clearly emphasised at the outset that the intention of this exercise is not to “point fingers” or to complain about services. The intention here is to demonstrate how innovative tools like Citizen Report Card can help in diagnosing causes of shortcomings and help service delivery agencies to improve the reach and quality of services. PANE believe that in the emergent reform-driven environment in Ethiopia, pointers from exercises like this will certainly help in bringing the government closer to communities and also, facilitate joint problem solving actions.

We also believe that the findings and policy pointers emerging from this exercise provide valuable inputs to the finalisation of the SDPRP II formulation and insights for Annual Progress Reports (APRs) on the Sustainable Development and Poverty Reduction Programme (SDPRP). Though the APR is designed to capture supply side indicators as key pointers to measure progress and compliance with committed benchmarks, there is an increased awareness and acceptance for the need for participatory and demand-driven indicators to widen the lens to examine the impact and spread of pro-poor strategies and reform measures. These complementary measures are expected to generate a wider awareness and trigger proactive involvement of non-state actors.

It is in this context that participatory tools like CRCs have been envisaged to highlight a series of critical qualitative and quantitative outcomes based on public service delivery processes. Therefore, this study definitely would complement other study results conducted through other conventional methods and tools.

Further, since Citizens Report Cards could serve as a yardstick on quality of public services as witnessed by the users of the services, PANE intends to keep on doing similar studies in the future. In doing so we believe we can contribute to an improved performance of SDPRP on concrete feedbacks from citizens.

Finally, we wish at this juncture, to express our gratitude to the United Nations Development Programme (UNDP) and Action Aid Ethiopia for providing the financial and technical assistance for this exercise. We also would like to extend our sincere gratitude for all member organisations that directly or indirectly supported this remarkable exercise. Last, but not least, the external technical consultants, Public Affairs Foundation (India) deserves acknowledgement for training and implementing this innovative pilot.

Eshetu Bekele
Executive Director

What is PANE?

The Poverty Action Network Ethiopia (PANE) is a network of civil society organisations from a broad range of sectors working to reduce poverty in Ethiopia by influencing the policy process. PANE hopes to do this through research, policy analysis, advocacy and information sharing. PANE's members represent a broad range of civil society and PANE has regional chapters throughout Ethiopia

PANE's Vision

PANE aspires to see absolute poverty eradicated and the people of Ethiopia Living with dignity and freedom.

PANE's Mission

Using the human rights based approach, the network will:

Empower citizens to enable their active participation in policy design, implementation, monitoring and evaluation in order to bring the voice of the poor to decision makers and make civil society, government and donors more accountable to the poor.

Objectives

- Encourage the formulation of pro-poor development policies
- Realise the active involvement of civil society groups in policy design, implementation and evaluation
- Strengthen and build the constituencies of civil society and marginalized groups so that their voices are brought to the policy making agenda
- Strengthen civil society partnership with government and donors
- Develop community based organisations capacity

The History of PANE

Ethiopia has a broad and diverse civil society sector, working in different areas but all concerned with reducing poverty. In light of this civil society has been keen to engage with the government on the policies that work towards poverty reduction. Many organisations saw the launch of the **Sustainable Development and Poverty Reduction Policy** as a good opportunity to do this.

To facilitate this participation the **NGO's PRSP Taskforce** was established in 2001. This taskforce produced the '**NGO's perspective on PRSP for Ethiopia**'

which outlined NGO perspectives on the necessary policies for poverty reduction and was shared with the government during the consultation process. In order to strengthen CSO engagement with the SDPRP the taskforce transformed into the **Poverty Action Network of civil society in Ethiopia** in 2004. Regional chapters were established in Afar, Dire Dawa, Oromiya, SNNPR and Tigray.

Achievements so far...

PANE has been striving to enhance civil society engagement with the SDPRP. This has included:

- Regional familiarization workshops on the SDPRP and the Millennium Development Goals in 5 regions in Ethiopia
- A citizen report card survey in 5 regions to assess a clear picture of the nature of poverty and the impacts of government policies
- An official response into the SDPRP Annual Progress Reviews
- Input into the development of the second SDPRP from CS perspective
- Establishing PANE regional chapters in five regions of the country
- Preparing a five year [2006 - 2010] strategic plan
- Food Aid study to promote policy discourse on decision-making processes and the impact of Food Aid in Ethiopia (ongoing research project).

PANE's Members

PANE is made up of more than 70 organisations who represent many different sectors of civil society. These include:

- Local NGOs/CSOs;
- Networks (inc. Women's groups, education, HIV etc)
- International NGOs
- Research focused organisations
- Religious organisations
- Professional Associations
- CBOs, etc

The Structure of PANE governance

The elements of PANE's structure are as follows:

- General assembly, in which the members participate
- Executive Board governed by the general assembly and overseeing the executive director.
- The Secretariat, which handles the day to day work of PANE
- Regional Chapters, who coordinate work with the grassroots communities.

PANE's members feed directly into the work through a core group, each working on a particular element of PANE's work. These are:

- Policy Research and Design Core Group
- Community Development, Implementation, Monitoring and Evaluation Core Group
- Capacity Building, Networking and Advocacy Core Group.

PANE's Activities

PANE works to reduce poverty in Ethiopia through:

- Undertaking and encouraging research on key poverty and development issues
- Promoting dialogue on policy and strategic issues and playing a proactive role in policy design
- Monitoring and evaluating the impact of development measures
- Providing capacity building support to civil society groups, community organisations and local governments.

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ABBREVIATIONS & ACRONYMS

APR	Annual Progress Report
CRC	Citizen Report Card
CSO	Civil Society Organization
ESDP	Educational Sector Development Programme
ETP	Education and Training Policy
FGD	Focus Group Discussions
GER	Gross Enrolment Ratio
GoE	Government of Ethiopia
HSDP	Health Sector Development Programme
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MoFED	Ministry of Finance and Economic Development
PAF	Public Affairs Foundation
PANE	Poverty Action Network in Ethiopia
PPET	Participatory Public Expenditure Tracking
SDPRP	Sustainable Development and Poverty Reduction Programme
ToT	Training of Trainers
UNDP	United nations Development Programme

1. INTRODUCTION

1.1 What is the Citizen Report Card?

The Citizen Report Card (CRC) is a simple but powerful tool to provide public agencies with systematic feedback from users of public services. CRCs elicit feedback through sample surveys on aspects of service quality that users know best, and enable public agencies to identify strengths and weaknesses in their work.

In the context of sector reform programmes, CRCs provide an empirical “bottom-up” assessment of the reach and benefit of specific reform measures. It serves to identify the key constraints that citizens (especially the poor and the underserved) face in accessing public services; benchmark the quality and adequacy of these services; and highlight the effectiveness of staff providing services. These insights help generate recommendations on sector policies, program strategy and management of service delivery, to address these constraints and strategize reforms.

Citizen Report Cards entail a random sample survey of the users of different public services (utilities), and the aggregation of the users’ experiences as a basis for rating the services. CRCs also help to convert individual problems facing the various programmes into common sector issues. It facilitates prioritization of reforms and corrective actions by drawing attention to the worst problems highlighted. CRCs also facilitate cross-fertilization of ideas and approaches by identifying good practices.

Citizen Report Cards provide a benchmark on quality of public services as experienced by the users of these services. Hence, they go beyond the specific problems that individual citizens may face, and place each issue in the perspective of other elements of service design and delivery, as well as a comparison with other services, so that a strategic set of actions can be initiated.

Citizen Report Cards capture citizens’ feedback in simple and unambiguous terms by indicating their level of satisfaction or dissatisfaction. Apart from giving summative feedback on services, CRCs also capture the user feedback on specific aspects of the service. For example, the most basic but clear feedback that a citizen may give about the quality of drinking water is total dissatisfaction. To appreciate this feedback, we must relate it to the ratings given to other dimensions by the same person. For example, adequacy of water supply may be rated worse than quality of water. When we look at these two pieces of information, we can conclude that quality of water may be

a cause of dissatisfaction, but the priority for corrective action may be on providing adequate water supply. Hence, **measures of citizens' satisfaction** across different dimensions of public services constitute the core of Citizen Report Card studies.

Citizen Report Cards do not stop with mere measures of satisfaction - they go on to enquire into specific aspects of interaction between the service agency and the citizen, and seek to identify issues that emerge in connection with the same. In more simple terms, they suggest that dissatisfaction has causes, which may be related to the quality of service enjoyed by the citizen (like reliability of water supply, or availability of learning materials in a public school), the type of difficulty encountered while dealing with the agency to solve service problems (like complaints of water supply breakdown), and hidden costs in making use of the public service (special tuition fees to teachers or investments in filters to purify "drinking water"). Therefore we can see that Citizen Report Card studies go into different **aspects of performance in interfacing with citizens**, to provide indicators of problem areas in public services.

Citizen Report Card studies are not merely a means of collecting feedback on existing situations from citizens. They are also a means for testing out different options that citizens wish to exercise, individually or collectively, to tackle current problems (for example, whether citizens are willing to pay more for better services or be part of citizens' bodies responsible for managing public water sources). Hence, Report Cards are also means for **exploring citizens' alternatives** for improvements in public services.

An important aspect of Citizen Report Cards is the credibility they have earned. The conclusions in a Citizen Report Card are not opinions of a few persons who think in a particular manner, nor the complaints of a few aggrieved citizens. The methodology involves systematic sampling across all subsections or segments of citizens - including those who are satisfied as well as the aggrieved - and presents a picture that includes all opinions. This is possible because the methodology makes use of advanced techniques of social science research for selecting samples, designing questionnaires, conducting interviews, and interpreting results. As a result, the report cards provide **reliable and comprehensive** representation of citizens' feedback.

1.2 Why use a Citizen Report Card?

Citizen Report Cards are a powerful tool when used as part of a local or regional plan to improve services. Institutions undertaking a program to improve services could use CRCs to determine the types of changes that are necessary and to evaluate the impact of their intervention.

Citizen Report Cards can be used in various ways, for instance:

As a *diagnostic* tool: The CRC provides citizens and governments with qualitative and quantitative information about gaps in service delivery. It can also measure the level of awareness about citizens' rights and responsibilities. However, in light of the past experiences in varied contexts, the efficacy of CRC as an effective pointer for diagnosing weak areas in service delivery processes has been well documented. In particular, when conventional monitoring of services and provisions is weak, CRCs become a powerful tool to highlight key issues and themes. Also, the richness of the comparative feedback generated by CRCs across locations and sub-groups over time (gender, economic, social etc.) enables service providers and other stakeholders to identify critical variations and possible pockets of exclusion.

As an *accountability* tool: The CRC reveals areas where the institutions responsible for service provision have not fulfilled their obligations. The findings can also be used to identify and demand improvements in services/provisions. A clear advocacy pointer emerging from CRC findings is the potency to translate findings and interpretations into 'rights based' advocacy statements and positions.

To *benchmark* changes: The CRC, if conducted periodically, can track variations in service quality over time. This credible and objective tracking of performance often brings about a pressure on the poor performers to improve the quality of services.

To *reveal hidden costs*: A powerful outcome of CRCs is the generation of credible user feedback on hidden costs like bribes. Moreover, by organizing the information, the nature of corruption (whether bribes are paid voluntarily or extorted) and the size of payments can be effectively highlighted and racked. The feedback also allows for the extrapolation of the amount of private resources spent to compensate for poor service provision (e.g., water purifiers, voltage stabilizers, private tuitions etc.).

1.3 What are the Major Outcomes of Citizen Report Cards

The concept of citizen feedback surveys to assess the performance of public services is relatively new and fast gaining wide acceptance. The responses to Citizen Report Cards indicate impact at four levels:

Stimulating Reforms: Citizen Report Card studies can clearly bring to light a wide panoply of issues, both quantitative and qualitative, that could send strong signals to public service providers. The use of a rating scale permits the respondents to quantify the extent of their satisfaction or dissatisfaction with the service of an agency, as well as different dimensions of its service.

The inter-agency comparisons that a report card permits make possible quantification and rankings, which demand attention in a way that anecdotes do not.

Activating Stakeholder Responsiveness: Many public agencies have used the Citizen Report Card findings as a diagnostic tool to trigger off further studies and strategise internal reforms. These findings have also helped the senior leadership to monitor effectiveness of service delivery across wide areas, in a simple and direct manner and free of technical details. For administrators and planners, CRC findings have provided insights into aspects of service delivery where greater care, supervision and investment may be required.

Raising Public Awareness: Citizen Report Card findings are always placed in the public domain and disseminated widely through the media. Needless to say, specific findings and the novelty of the method used make it useful and attractive for the media to report the findings. Since issues of poor public service come up from time to time, the media as well as researchers link them to Citizen Report Card findings, and use the valid and reliable base for raising issues and proposing change.

Mobilization of State - Public Partnerships: Seminars and meetings are an integral part of disseminating Citizen Report Card findings, and involve both government officials and representatives of civil society organizations and NGOs. Citizen Report Cards have given civil society organizations a handy tool to focus on issues of concern and stimulated them to move from anecdotal and subjective issues to facts and figures while requesting public service agencies for specific improvements in priority areas. It also provides these groups with an opportunity to understand the constraints under which service providers function, and explore options for community initiatives for problem solving.

In short, the insights derived from CRCs can shed light on the degree to which pro-poor services are reaching target groups, the extent of gaps in service delivery, and the factors that contribute to any misdirection of resources and services. They help identify issues that constrain the poor from accessing and using services like availability, ease of access, quality, reliability and costs. CRCs also help to identify possible ways to improve service delivery by actively seeking suggestions from citizens. Finally, CRC findings help test from the citizens' point of view some of the policy conclusions reached in other analytical studies.

1.4 The Pilot Citizen Report Card in Ethiopia

The historic adoption of the Millennium Development Goals (MDGs) in September 2000 has given the global fight against poverty a much needed focus and commitment; the MDGs have mainstreamed a set of inter-connected and mutually reinforcing development goals and targets into a global agenda. Subsequent to the momentum created at the global level, national authorities at the country level are expected to prepare MDG reports (MDGRs), which primarily focus on engaging political leaders and high level decision makers, as well as mobilising civil society, communities, the general public and the media. In keeping with the monitoring and campaigning on the MDGs at the country level, the Government of Ethiopia (GoE) and the UN Country Team in Ethiopia have embarked on a process of translating the MDGs into the local Ethiopian context.

The Sustainable Development and Poverty Reduction Programme (SDPRP), which came into effect on September 2003 is increasingly perceived to be the blueprint for Ethiopia's development trajectory as it prepares to meet the development challenges in line with the MDGs. Apart from providing a highly contextualized road map to address the MDGs, the SDPRP has also opened up a vital space for civil society involvement in the design, implementation and monitoring of poverty reduction programmes. The establishment of the Poverty Action Network in Ethiopia (PANE) in March 2004 is a significant step in this direction. The PANE consists of over 40 CSOs drawn from local and international NGOs, professional associations, women's groups, research based institutes, human rights organizations, the media and peace activists. The overall purpose of the Network is to coordinate the involvement of civil society groups and to empower citizens for active participation in the design, implementation and monitoring of poverty reduction policies, with the intention of bringing rapid and sustainable changes in the welfare of the people, especially the poor.

The SDPRP lays out an operational plan complete with identified and prioritized activities. Progress of the SDPRP in terms of meeting the stated benchmarks is institutionally monitored through the Annual Progress Reports (APR). Though the APR is designed to capture supply side indicators as key pointers to measure progress and compliance with committed benchmarks, there is an increased awareness and acceptance for the need for participatory and demand-driven indicators to widen the lens to examine the impact and spread of pro-poor strategies and reform measures. These complementary measures are expected to generate a wider awareness and trigger proactive involvement of non state actors.

It is in this context that participatory tools like CRCs and PPETs have been envisaged to highlight a series of critical qualitative and quantitative outcomes based on public service delivery processes. These intermediate “soft” data are expected to complement the “hard” data provided through the other conventional M&E tools.

1.5 Demand & Rationale for Citizen Report Cards in Ethiopia

Citizen Report Cards are expected to provide critical information on the progress of the SDPRP, especially in terms of indicators that supplement conventional M&E frameworks. The CRC is built from surveys with actual users of public services, through which their feedback on experiences with public services is collected, analyzed and disseminated in a systematic and transparent manner. It complements the expert analyses and findings on conventional poverty assessment approaches with a “bottom up” end-user assessment of pro-poor services. However, it should be noted that the benefits from the CRC will accrue only after systematic post survey action to inform communities and service providers on the findings, and facilitate dialogue between these two key stakeholders to improve specific aspects of service delivery.

In the specific context of the SDPRP, CRC findings and inputs are expected to provide the following stakeholders with a relevant set of enabling information:

A. *Federal & Regional Ministry Levels*

- Federal level coordination/allocation bodies like MoFED may get insights to reallocate resources across services, locations and segments of the population. In particular, user feedback can provide useful pointers to some recent initiatives like the JBAR & AFA. CRCs can provide a vital link between budget allocations and interim outcomes.
- CRC findings may trigger the design of incentives for better performers and disincentives to discourage inefficient ones.
- Insights may also facilitate new concepts and policies for oversight, accountability and Monitoring & Evaluation. An expected outcome of the proposed pilot is to explore the possibility of institutionalising such tools within the broader M&E frameworks.
- Generation of regional and district benchmarks can create a forum for regions to evaluate their performance with their peers and more important,

to facilitate options for sharing experiences and learn from the better performers.

- At a more macro level, CRCs can provide useful diagnostic pointers on the progress of the SDPRP outcomes and help concerned authorities to take mid-term corrective actions.
- The institutionalisation of CRCs will open up the functioning of the government at both federal and regional levels and create space for civil society to participate and partner in matters of governance. The neutral and non partisan entry points opened by CRCs will help to strengthen the trust between the government and CSOs and facilitate partnerships for good governance.
- CRCs can also provide some valuable pointers on the progress of the efforts on decentralization processes and civil service reforms that Ethiopia has embarked upon. The citizen feedback component will complement other supply side indicators and give an end-user perspective on key governance reforms.

B. Public Service Providers / Agencies

- Critical information may point to the need to redesign the approach and processes of delivery.
- Findings can result in the reallocation of resources and people to remedy the gaps identified during the survey by increased training of frontline staff, creation of redress mechanisms, etc.
- CRC findings help agency leaders to respond to the need of different segments of service users by highlighting spatial variations (urban vs. rural or emerging regions vs. others); gender variations (men vs. women); and economic variations (poor vs. non-poor).
- Information can be used to assist in seeking additional resources for improved policies like creating public information and education campaigns and forums for public interfaces.
- CRCs help to prioritize issues and design 'quick-win' solutions by facilitating an avenue to initiate dialogue with various stakeholders and carrying out practical problem solving actions.

C. Donors

- Pointers from CRCs help redesign programs to directly impact on critical and strategic issues identified by the survey.

- Targeting of the interventions can be improved by focusing on locations and communities that are worst affected.
- Themes/issues where service delivery systems need to be strengthened are often highlighted.
- The impact of development interventions can be better assessed by the generation of a critical set of `benchmarks`.
- CRCs help to allocate funds and identify capacity building needs for scaling up.

D. *Civil Society / NGOs*

- Results set a base for 'demand mobilization' for good governance by converting individual issues into collective themes, and provides a credible tool for effective follow-up actions.
- Comparative statistics provide good handles to effectively lobby for change.
- Focused findings open up possibilities for sector level consultations and dialogues with service providers.
- The process facilitates networking with other stakeholders on a common action agenda.
- The credibility of findings facilitate a transition from "shouting" to "counting" through information-led advocacy interventions.

1.6 Design of the Pilot Intervention

This pilot CRC project in Ethiopia was an attempt to explore international best practices in public service delivery reform. Being a pilot project, the sector focus was limited to four critical sectors (Drinking Water, Health and Sanitation, Education and Agriculture Extension Services) and the universe to four rural regions (Tigray, Oromiya and SNNP) and one urban (Dire Dawa). Though exploratory in nature, this exercise not only builds awareness and capacity in the stakeholders, but also offers diagnostic pointers to the concerned agencies to improve the quality of the services.

The project, designed and implemented by PANE, was initiated as part of PANE's ongoing efforts to build a strong civil society component into the monitoring process of the SDPRP¹. Public Affairs Foundation (PAF), Bangalore, India provided technical assistance for the pilot project, which was funded by the United Nations Development Programme (UNDP).

Prior to the design and conduct of the survey, PANE in association with PAF and the UNDP carried out an assessment of the feasibility of CRCs in Ethiopia. Inputs from this assessment were used to draw the road map for the conduct of the CRC.

The pilot exercise operated in a modular phase, starting with strategic presentations by PAF to PANE members and other stakeholders to familiarise them with the CRC approach.

1.7 Assessment of the Feasibility of CRCs in Ethiopia

Experiences with CRCs over the last nine years in different countries suggest that the methodology is feasible and effective when the following five enabling conditions are in place:

- ⇒ Concern for participatory processes in planning and administration at senior levels in government.
- ⇒ Capacity within the community to articulate on collective problems and issues, without fear of strong retribution.
- ⇒ Willingness of local service providers/local governments to discuss issues with communities, and examine suggestions that are within their scope for action.
- ⇒ Interest in the higher levels of leadership in government to use the information generated through CRCs for performance management and planning.
- ⇒ Capacity in local institutions to implement the field survey, and independent credible institutions to guide the advocacy and follow up actions with communities and government.

As part of the strategic presentations and discussions in the inception phase, PANE in association with PAF and the UNDP conducted an exploratory assessment of the five feasibility variables in the Ethiopian context. Key findings are discussed below:

¹ Submission of statement of the Ethiopian civil society organizations to the 'Workshop on the Second Annual Progress report (APR) 2003/4 of the Sustainable Development and Poverty Reduction Program' (SDPRP), UNECA, Addis Ababa, 14-15 February 2005.

Concern for participatory processes: Citizen Report Cards reflect the voice of citizens, and a willingness to treat it with seriousness in government will determine the degree of effective response. The processes leading to the drafting of the SDPRP, especially the consultative phases, clearly highlight a growing recognition within the higher echelons of government to open up participatory spaces for the effective implementation of poverty reduction programmes. The recent initiative of the Department for Civil Service Reforms in organizing a user feedback study on public services and the participation of key officials from MoFED in the regional meetings held by PANE reflect a critical willingness at senior levels in the government to reach out and respond to feedback from citizens. This is likely to create pressure on the rest of the system to respond in a similar manner.

Capacity and tradition in the community to speak up: The strength of a process like the CRC depends heavily on the willingness of citizens to articulate their feedback on issues affecting their lives. As part of the scoping mission, a diagnostic FGD was organized in a rural area to explore whether the community feels free to express open and honest feedback on issues related to public service delivery; the exercise revealed that communities are open to giving objective and honest feedback on all the key dimension of a typical CRC survey. However, given the fact that these exercises are quite untried in the Ethiopian context, it was recommended that extreme care should be taken while conducting the field interviews.

Willingness of service providers to discuss issues: The CRC provides a basis for communities to discuss local problems with the concerned agencies. Many of them may have already been involved in the participatory assessments and planning processes, but would not have gone into assessments of performance. Also, many of the services provided by the government face serious financial problems, and the main issues that citizens raise are those regarding ease of access and cost. Hence, in any dialogue there is a strong likelihood of issues related to quality of service getting crowded out by those of access and cost. All the same, it is useful for communities as well as service agencies to distinguish between the two types of problems and be able to address them separately. This dichotomy could be a source of tension in any discussion, and would need to be facilitated by an outside person or institution until it becomes an accepted practice. The group assessment also indicated that in the absence of any similar precedent along these lines, there needs to be consistent efforts to sensitize the service providers to the utility of CRCs and create that critical buy-in.

Interest in the higher levels of leadership in government to use the hard data: The value of the CRC for the government is in the credibility and specificity of its findings. It is only when senior leadership in government makes use of this data for performance management and reviewing policy impacts that it gets owned within the administration. Such systematic

performance management would come out of an enlightened leadership or from administrative systems that call for such analysis as a matter of routine. There was little evidence in the initial meetings that hard data was being monitored on a routine basis for decision-making. The commitments made in the SDPRP, however, point to increasing focus on indicators and targets as reflected in the SDPRP policy matrix. The process of institutionalizing APRs as a key monitoring tool to review internal operations also reflects a strong commitment to monitor public commitments in a systematic fashion.

Capacity in local institutions: It is evident that the long-term sustainability of CRCs depends heavily on local institutions. Local capacity is required to design and carry out the survey, which could be available with market research companies or academic institutions in many countries. Though there seem to be some signs of embedded local capacity within the CSOs in carrying out participatory researches, there is a visible gap in such local capacities to design and implement CRC-type studies. However, the presence of established social/market research agencies can be seen as a positive resource, especially in the context of PANE being a coalition that strives to synergise the strengths of different stakeholders. However, taking into account the weak local capacity to design a CRC, PANE requested PAF's support in building capacity through structured ToTs and methodological inputs.

The rest of this report is presented along the following format: *Section 2* details the sample design and methodology. *Section 3* discusses the key demographic features and profiles of the sample population. *Section 4* presents key findings from the four sectors - Drinking Water, Health & Sanitation Services, Education and Agriculture Extension Services. *Section 5* discusses the key pointers and conclusions from this pilot intervention.

2. METHODOLOGY

The technical component of this pilot *Citizen Report Card study* involved the following stages:

1. Identification of the thematic variables through Focus Group Discussions
2. Designing the survey instrument
3. Sampling
4. Conducting a Training of Trainers
5. Setting Guidelines for the selection and training of enumerators
6. Conducting the field survey
7. Conducting a process audit to check the adherence of field essentials
8. Designing the data processing templates and carrying out data entry
9. Analysis & interpretation of findings
10. Drafting the Report

2.1 Identification of survey issues

To identify critical issues and themes, diagnostic FGDs were carried out in a rural location. The diagnostic FGDs are planned to identify critical contextual variables and dimensions of service provisioning for designing the pilot survey. Structured probes are used to test out the relevance and criticality of *a priori* selected variables. Semi structured and open probes are used to collect context and sector specific variables. Based on the FGDs and a review of existing documentations, a list of variables was identified to facilitate the design of the survey instrument:

DRINKING WATER

- » availability of sources
- » access to sources - proximity, number of trips made to fetch water etc
- » usage patterns - seasonal variations, coping measures during times of scarcity
- » reliability - consistency, timing, adequacy, breakdowns etc
- » costs incurred, including going for alternatives
- » nature of problems & problem resolution (redress of grievances)
- » satisfaction profiles
- » reasons for dissatisfaction
- » willingness to pay for better services
- » suggestions for improvements
- » recent government initiatives

HEALTH & SANITATION

- » profile of major illnesses
- » availability of medical facilities
- » access to facilities - proximity
- » usage patterns - reasons for choosing a particular facility
- » reliability - waiting time, presence of doctors & paramedics, availability of medicines etc.
- » costs incurred- direct and hidden
- » nature of problems & problem resolution (redress of grievances)
- » satisfaction profiles
- » reasons for dissatisfaction
- » willingness to pay for better services
- » suggestions for improvements

EDUCATION

- » availability of schools
- » access to schools (proximity)
- » usage (and reasons for non usage)
- » dropout cases & reasons (e.g. gender biases, poverty, employment)
- » contributions in cash and kind (voluntary & demanded)
- » satisfaction with infrastructure facilities (classrooms, toilets etc)
- » experience with school committees
- » problem areas (over crowding, absenteeism of teachers, private tuitions etc
- » satisfaction with primary education services
- » suggestions for improvement
- » impact of recent government initiatives

AGRICULTURE EXTENSION SERVICES

- » profile of agriculture & related activities
- » presence of extension agents
- » type & quality of support received
- » access to credit institutions
- » satisfaction profiles
- » reasons for dissatisfaction
- » willingness to pay for better services
- » suggestions for improvements
- » impact of recent government initiatives

2.1.1 Defining the Parameters for the Probe

Access refers to the proximity of the service facility to the household or the user of the service. Government norms for access often tend to be based on population criteria. For example, the location of primary health centres is based on population norms. But from a user perspective, it is the distance or nearness to the facility that matters most. The adoption of this approach in the present study may yield results that are different from the application of government norms. Sometimes, the service infrastructure may exist somewhere in the proximity of the user, but the service may not be available in a convenient manner, making access nominal. Therefore, from a user perspective, it is effective and easy access that matters.

Use of a service tells us whether a household actually utilises a public service. In a monopoly situation, access and use may be identical. But when other options are available, people may prefer to use facilities other than the public ones. The reasons for such choices could be many, but this study does not probe them in depth. The interest here is only to ascertain whether people tend to use a public service facility once it is accessible.

Quality/reliability is a more complex dimension of a service from the standpoint of measurement. It refers to the features of a service that are not self-evident from the physical good or infrastructure involved. Households may not be able to observe or assess all such features, especially the technical aspects of quality. But they can comment on other important aspects of quality. One such (*aspect?*) is the reliability of a service. The user of a service, for example, may find the processes and interactions with the service provider (predictability, responsiveness, corruption, etc) unsatisfactory. He/she then may attribute low quality or reliability (an aspect of quality) to that service.

A major innovation of the CRCs is in quantifying subjective experiences like satisfaction which reflect the overall assessment of a service by the user, based on his/her experience. In this assessment, the person implicitly brings in his/her expectations or standards that in turn may also be influenced by the past experience of others in the community, one's educational level and awareness of the working of government. Given the low levels of education, income and mobility of the respondents in this study, it is likely that their expectations from services are more modest in contrast to those of people in more developed countries. Irrespective of how a person arrives at his/her assessment of satisfaction, it is an internal assessment on which he/she may act. Admittedly, satisfaction reflects personal judgements of users and can be measured only through the information provided by them. In this study, a two-stage approach for measuring satisfaction has been adopted. Users are first asked whether they are satisfied or dissatisfied with a service or certain dimensions of it. Depending on the answer, they are probed further and asked whether they are strongly (fully) satisfied or dissatisfied.

2.2 Design of the survey instrument

Key variables and themes identified from the FGDs were converted into a questionnaire. The Survey Instrument had three sections (see *Annexure*):

- Identification section (*location, details of interview etc*)
- Socio economic profile (*age, gender, educational status etc*)
- Feedback on services (*access, use, quality, costs, reliability etc*)

The survey instrument was translated into Oromifa, Tigrinya and Amharic languages after sufficient validation checks; these translated versions were given as master copies to the enumerators. All questionnaires, however, were printed in Amharic.

2.3 Identifying the Sample

Ethiopia is divided into 11 regions and each of these regions is further divided into Woredas and Woredas in turn are divided into Kebeles. A total sample size of 3900 households was targeted for the entire country. The sample was spread across four rural and one urban region. The three rural regions were Oromiya, SNNPR and Tigray which constitute 85% of the country's population as well as land size. Dire Dawa was selected as the representative urban sample region.

The regions were selected purposively on the basis of three main criteria:

- i. **population size**
- ii. **rural & urban profiles ,**
- iii. **agro - ecology/or emerging and non-emerging regions**

The sampling plan envisaged the selection of two woredas from the selected regions, except Oromiya where the design called for the selection of four woredas in view of the larger population. The two woredas were selected based on remoteness and non-remoteness from the regional centres using equal probability sampling. All the woredas in a region were categorized into two (**remote** and **non - remote**) and then the final woredas were selected **randomly** from each category in each of the regions.

To arrive at the suitable sample size at a kebele level the following approximations were carried out: Presuming that the largest number of kebeles in a woreda would be around 100, selection of 5% of the kebeles from each woreda was planned. From each Kebele again presuming the largest Kebele would have around 1000 households, selection of 5% of the households from each Kebele was planned. The region-wise sampling details are discussed in the matrix below.

Table 1
Sampling Strategies Adopted by Regions

Region	Sampling Methodology Adopted ²	Final Sample Size ³
Oromiya	Four woredas were selected from Oromiya instead of the proposed two, due to its huge size. From each woreda five kebeles were selected for the survey. The lists of kebeles were collected from the woreda administrative office and also the agricultural office. The sample of 300 households per woreda was proportionately distributed across the Kebeles. The lists of households within each kebele were collected from the peasant associations and after consulting the development agent, the composite list was prepared. The households were selected randomly from the composite list but the women-headed households were selected purposively.	1201
Tigray	Two woredas were selected and from each of them a sample of 450 households was selected. The sample size was determined in consultation with PANE. From each woreda, 9 kebeles were selected and the sample of 450 households was proportionately distributed across the kebeles. Clustering was not done within the kebeles but the houses were selected randomly. For this purpose the list of households was collected from the peasant association.	838
SNNPR	The selection of the woredas was done at the regional level only. Instructions were given to select a woreda from a developed zone and the other one from a less developed zone. Accordingly, two woredas were selected namely Amaro Special and Boricha Woreda. From each woreda seven kebeles were selected randomly and spread across the woreda to ensure the geographical spread. The selection was done with the help of the woreda population officer. From each woreda a sample of 300 households were selected and the sample was proportionately distributed across the seven kebeles. The list of the households was collected from the peasant's association and the households were randomly selected.	594
Afar	A similar methodology like SNNPR was followed in Afar. Within each woreda a sample of 300 households were selected.	601
Dire Dawa	There are no woredas in Dire Dawa Urban region. Two kebeles were selected from the nine kebeles. A Sample of 600 households was selected and equally distributed across the two kebeles. Each kebele consisted of the sub-kebeles and all the sub-kebeles were selected and the sample of 300 households was proportionately distributed across the kebeles. In each sub-kebele the list of households was collected from the Kebele administration office and the households were selected randomly.	595
Total Sample Size Achieved		3829

² On basis of the information obtained from the team leader of the particular region

³ After removing the outliers

2.4 Conducting a Training of Trainers

A comprehensive three-day training workshop was conducted by PAF for the team leaders and supervisors identified for the survey. Several issues were addressed and a draft field execution plan was prepared. The purpose of CRC was explained the questionnaire was explained in details. One field visit was also undertaken to make the team leaders acquaint with the field realities.

2.5 Setting Guidelines for the selection and training of enumerators

A detailed guideline was prepared by PAF for the selection and training of the enumerators, and conducting the field work was prepared for the trainers. The detailed manual is attached in the annex.

2.6 Conducting the survey

The survey was conducted by PANE members. Different field teams were deployed in various regions and the entire field operations were completed within 30 days. Spot checks and back checks were conducted in 100 % of the cases in the rural regions. In Dire Dawa, spot checks were conducted in 50 % of the cases.

2.7 Conducting a process audit to check the adherence of field essentials

A technical audit format was prepared by PAF which covered various points and themes for quality checks required during the field work. This process audit was carried out by PAF for all regions except Afar, to check compliance parameters.

The process audit was conducted for all the regions except Afar, which was not possible since the coordinator could not reach Addis and interact with the PAF consultant due to logistical problems. Results of the detailed audit are presented in the annex. In addition to the field process audits, another audit was conducted with PANE to ensure the compliance of necessary steps before commencing the survey and also, during the survey. Several issues were also clarified during this process. The audit does not reveal any major non-compliance and key results are appended in the annex.

2.8 Data Processing

PAF guided PANE to set up the data processing unit. Discovery Consultancy was hired by PANE to complete the data processing and help in generating tables for analysis. Key steps in setting up the data processing process are discussed below:

2.8.1 Coding and Scrutiny

In most of the questionnaires a set of questions is kept open ended to capture qualitative verbatim responses. Before data entry, these narrative responses should be coded to render data analysis easier. Further, the questionnaire also contains several skips and consistency checks which need to be maintained during the survey. The task of checking the consistency of the flow of responses is called scrutiny. A team of 10 coders/scrutinizers was mobilized, briefed and given the job of coding and scrutiny. A detailed manual was prepared for this purpose (see annex) and handed over to the team leader. In addition a reporting format was prepared and handed over to the team to streamline reporting on a daily basis to PANE. The table below shows the reporting format.

Date -

Name of the Scrutinizer	Region	No. of Questionnaires Scrutinized	Average time taken for each questionnaire	Major Problems Noticed

Team Leaders Comments -

2.8.2 Data Entry Programme

After completion of the coding and scrutiny the data needs to be entered into an electronic database. For this purpose, a programme with consistency and range checks was prepared. Though several data processing packages like FOX, ISSA, Access, CS Pro etc., can be used for generating the programme, this study made use of CS Pro at the suggestion of PAF due to its distinct advantages over the other packages.

2.8.3 Data Entry

A parallel Data Entry Team comprising of six Data Entry professionals was mobilized. The coded and scrutinized questionnaires were handed over to the data entry team, who entered the data. An average time of 15 to 20 minutes was taken to enter a single questionnaire. A similar reporting format was prepared and handed over to the Data Entry Team for daily reporting.

2.8.4 Data Cleaning

Even after entry, the data can still contain consistency errors which need to be cleaned. For this purpose two programmes were developed. The first programme listed the errors in the entered data while the second programme cleaned the data. If the list of errors exceeded 5 %, the corresponding data was taken out and re-checked again. However if the error was less than 5 %, the error was fixed programmatically.

2.8.5 Exporting the data to SPSS and generation of tables

The scrutinized and cleaned data was exported to SPSS. A few tables were generated for a small subset of the data to test the transition to the stage of analysis.

2.9 Analysis & interpretation of findings

Data collected through CRCs are triangulated through peer reviews and cross-checking with secondary data. A series of data cross-checking processes were carried out by PANE after the first-level analysis was over. This post survey data verification and corroboration revealed some inconsistencies in data collected from Afar. It may be recalled that the process audit carried out (as indicated in an earlier paragraph) was unable to capture critical field survey sequences in Afar. PANE, subsequently decided to exclude Afar from the analysis and restrict the presentation of key findings to the three other regions.

However, since the three remaining regions account for more than 70% of Ethiopia's total rural population, the aggregate rural figures presented in this report are certainly indicative estimates on rural Ethiopia.

The analysis was conducted in the following manner:

1. For each section, regional estimates were generated for the following broad indicators:
 - a. Availability
 - b. Access
 - c. Usage
 - d. Reliability and quality
 - e. Satisfaction and further suggestions
2. The urban estimate was kept separate and the rural estimates were merged to provide national rural estimates. While providing the national rural estimates, the data was weighted. The weighting was done in the following manner:

If P_i be the population of the i^{th} region, then the weight for region i will be

$$w_i = p_i / \sum p_i$$

Thus, regions which have a lower population have a weight of less than '1' while regions having a higher population have a weight of more than '1'. The following table shows the weights used to arrive at the national rural estimates.

Table 2
Assigned Weights for Regions

Regions	Weight
Tigray	0.2750
Oromiya	1.7279
SNNPR	0.9971

LIMITATIONS OF THE STUDY

- ➔ The building blocks of any user's feedback study are ordinal in nature and are based on experienced responses. Several words like "scarce", "adequacy", and "satisfaction" have been asked in the manner that the respondent best comprehends; thus, there is some subjectivity in the study.
- ➔ This exercise was designed as an exploratory step to test the application of user feedback surveys in the context of monitoring pro-poor services. The findings from this pilot study are intended to be only indicative and not representative.
- ➔ Levels of satisfaction are highly correlated with expectation and importance assigned to services. Expectation and importance across regions vary and thus may result in variations in the satisfaction level. This aspect was not included in the currently study.

3. DEMOGRAPHIC PROFILES

A sample of 2633 households was selected from three rural and one urban region in Ethiopia. These four regions, however, represent nearly 80 percent of the total population in Ethiopia. In all three regions, Tigray, Oromiya and SNNPR, significantly larger proportions of households reported having 6-10 members:

Table 3
Distribution of Households By Size And Sex Ratio

(All figures in percentages)

Region	Single	Two members	3 to 5 members	6 to 10 members	Above 10 members	Average HH size	Sex ratio	N
Tigray	2.5	8.6	42.8	45.7	0.4	5.2	962	838
Oromiya	2.0	4.5	41.3	49.9	2.3	5.8	1013	1201
SNNPR	1.2	3.5	39.1	54.4	1.9	6.0	910	594
Rural total	1.9	4.6	41.0	50.5	2.1	5.8	973	2633
Dire Dawa	5.6	8.4	44.5	38.5	3.0	5.2	1120	595

- ⇒ Findings on the sex ratio show variations across different regions. While the ratio is favourable towards females in the Oromiya and Dire Dawa regions, the trend is the opposite for other regions.
- ⇒ The age distribution of the sample household members shows a very small proportion above the age of 60; this proportion is lower for females (see table below).

Table 4
Distribution of Household Members By Age And Regions

(All figures in percentages)

		Up to 6	7 to 18	19 to 60	Above 60	N
Tigray	Persons	23.8	35.6	37.4	3.3	4388
	Male	24.3	36.1	35.2	4.3	2236
	Female	23.2	35.0	39.6	2.2	2152
Oromiya	Persons	22.1	38.7	35.6	3.5	6930
	Male	21.1	39.8	34.9	4.2	3442
	Female	23.1	37.7	36.3	2.9	3488
SNNPR	Persons	24.9	36.5	36.5	2.1	3542
	Male	23.3	38.7	35.1	2.9	1854

		Up to 6	7 to 18	19 to 60	Above 60	N
	Female	26.6	34.2	38.0	1.2	1688
Rural total	Persons	22.8	38.0	35.9	3.2	14860
	Male	21.8	39.3	35.0	3.9	7531
	Female	23.8	36.8	36.9	2.5	7329
Dire Dawa	Persons	10.19	32.83	52.41	4.57	3110
	Male	11.72	35.24	49.63	3.41	1467
	Female	8.83	30.68	54.9	5.6	1643

N= Total Respondents

3.1 DWELLING CHARACTERISTICS

- For this study, roof type is the only dwelling characteristic that was observed. As seen from the table below, the majority of rural households live in houses with a thatched roof.

Table 5
Type of Houses By Regions

(All figures in percentages)

	Mud/dung	Wood/mud	Iron sheet	Stone/brick	Blocket & cement	Thatch	Dibo	N
Tigray	0.5	46.3	20.3		0.2	30.9	1.8	838
Oromiya	0.7	20.3	24.7		0.2	54.0	0.3	1201
SNNPR	0.7	5.4	13.0		0.3	80.6		594
Rural total	0.7	19.3	21.9	0.0	0.2	57.6	0.3	2633
Dire Dawa	1.2	6.2	87.7	1.5	1.5	0.8	1.0	595

N= Total Respondents

3.2 SCHOOLING AND EDUCATION

- School attendance among children in the school going age in rural areas is reported to be around 63%; Oromiya (66%) leads in this regard, followed by SNNPR (58%) and Tigray (51%). In Dire Dawa Region, the attendance is reported on a much higher scale (88%).
- In all the regions the attendance of male children is higher than that of females; drop-out rates are marginally higher for females in Tigray and lower for Oromiya and SNNPR. Interestingly, the drop-out ratio is also more in Dire Dawa Region compared to the rural areas.
- In rural areas the proportion of children out of school is much more as compared to Dire Dawa. The table below summarizes the findings:

Table 6
Status of Schooling of Children Aged 7 To 18

(All figures in percentages)

		Going	Drop out	Never attended	Working	N
Tigray	Persons	51.0	3.1	45.6	0.3	1510
	Male	51.3	2.4	46.0	0.3	782
	Female	50.7	3.8	45.2	0.3	728
Oromiya	Persons	66.2	5.1	28.5	0.2	2122
	Male	67.5	5.8	26.6	0.2	1092
	Female	64.9	4.4	30.6	0.2	1030
SNNPR	Persons	57.8	4.0	37.9	0.3	1120
	Male	58.3	4.7	37.0	0.0	616
	Female	57.1	3.2	39.1	0.6	504
Rural total	Persons	63.2	4.7	31.9	0.2	4752
	Male	64.1	5.3	30.4	0.1	2490
	Female	62.2	4.1	33.5	0.3	2262
Dire Dawa	Persons	87.5	7.9	4.4	0.2	909
	Male	88.7	8.5	2.6	0.2	459
	Female	86.2	7.3	6.2	0.2	450

N= Total Respondents

The table below presents a comparison across the various rural and urban regions among the three age groups who never attended school.

- In all the regions, including the urban region of Dire Dawa, it is clearly seen that the maximum proportion of people who have never attended school are above 60 years of age; this in turn reflects the enormous strides made in recent years to improve literacy and enrolments.

Table 7
Percentage of Persons with No Schooling

(All figures in percentages)

	7 to 18	19 to 60	Above 60
Tigray	45.9	75.3	92.1
Oromiya	35.5	68.6	91.9
SNNPR	37.3	58.3	95.8
Rural total	36.6	66.7	92.5
Dire Dawa	5.0	20.7	63.1

Interesting inferences can be drawn if one looks at the overall education attainment levels across gender and regional dimensions (see table 8 next page).

- It has been noticed that in all the regions, the proportion of females who have never attended school is greater than the that of males.
- Interestingly, it can be noticed that in rural Ethiopia, in most cases the maximum level of education attained is till upper primary. Only about three percent of people have studied above the upper primary level.
- In urban areas, however, nearly one third of the people have been educated beyond the upper primary level.

Table 8
Schooling Status of Household Members Aged Over 7years

(All figures in percentages)

	Tigray			Oromiya			SNNPR			Rural total			Dire Dawa		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
Never had any schooling	54.9	63.6	59.2	45.6	60.0	52.8	41.1	58.1	49.0	45.2	59.8	52.4	7.8	25.1	17.1
Church, Mosque and adult literacy programme	6.3	1.9	4.1	6.7	5.5	6.1	3.3	4.7	3.9	6.0	5.2	5.4	4.7	8.1	6.5
Pre primary	0.5	0.2	0.3	0.2	0.1	0.1	0.6	0.6	0.6	0.3	0.2	0.2	0.8	0.6	0.7
Lower primary	24.4	22.0	23.2	26.2	23.5	24.9	32.3	28.5	30.5	27.5	24.4	26.0	15.0	14.5	14.7
Upper primary	9.5	9.5	9.5	16.3	8.7	12.5	18.6	7.1	13.3	16.4	8.3	12.5	32.1	24.8	28.2
Secondary	3.0	1.9	2.5	3.9	2.0	3.0	3.5	0.8	2.2	3.7	1.8	2.8	13.7	10.3	11.8
Higher secondary	1.1	0.4	0.8	0.6	0.1	0.3	0.5	0.2	0.4	0.6	0.1	0.4	18.9	13.6	16.1
Higher education	0.3	0.4	0.3	0.6	0.1	0.3	0.1	0.1	0.1	0.4	0.1	0.3	7.1	2.9	4.8
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
N	1374	1350	2724	2615	2566	5181	1342	1171	2513	5331	5087	10418	1288	1489	2777

N= Total Respondents

3.3 MARITAL STATUS

- More than 60% of the household males and females above the age of 16 years are married, clearly indicating that early marriage is widely prevalent in rural pockets of the country. In Dire Dawa region, however, the corresponding percentage is much lower.

Table 9
Marriage Status for Males Aged 16 Yrs and Older

(All figures in percentages)

	Never married	Married	Divorced	Widowed	Separated	N
Tigray	28.5	68.8	1.3	1.5		1019
Oromiya	38.3	59.7	0.3	0.4	1.3	1651
SNNPR	31.8	66.4	0.5	1.3		847
Rural total	36.3	61.7	0.4	1.4	0.3	3517
Dire Dawa	60.9	34.1	0.6	1.9	2.5	934

N= Total Respondents

Table 10
Marriage Status for Females Aged 16 Yrs and Older

(All figures in percentages)

	Never married	Married	Divorced	Widowed	Separated	N
Tigray	15.9	67.0	8.16	8.0	1.0	1030
Oromiya	21.4	63.5	1.79	11.5	1.8	1618
SNNPR	21.1	72.4	0.92	5.2	0.4	765
Rural total	20.9	65.6	2.1	10.0	10.0	3517
Dire Dawa	42.9	30.7	1.54	6.7	6.7	1169

N= Total Respondents

3.4 EMPLOYMENT AND INCOME

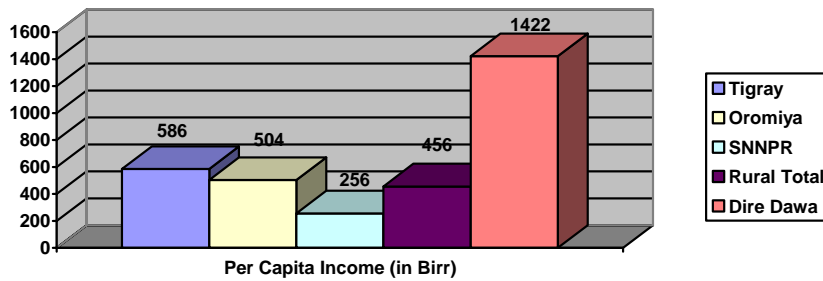
- The household employment patterns clearly show that in rural areas women are more engaged in household chores, while men remain engaged in agricultural activities.

3.5 REGIONAL PER CAPITA INCOME

- The chart below shows the per capita income across regions. It is interesting to note that within the rural regions, Tigray has the maximum per capita income (586 Birr) while SNNPR has the lowest (256 Birr). In the urban region of Dire Dawa, the per capita annual income is 1422 Birr.

Figure 1

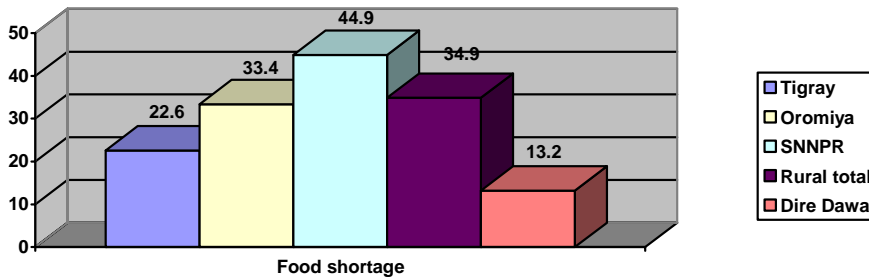
Regional Per Capita Income in Birr (Based on self reported incomes)



3.6 FOOD SECURITY AND SHORTAGE

The following chart depicts the weakness of the food security system.

Figure 2
Proportion of Households Reporting Food Shortage
(All figures in percentages)



3.7 AVAILABILITY AND FUNCTIONALITY OF FACILITIES

➤ In rural Ethiopia, Government Primary Schools are the most available facility for education. Almost 83 percent of the respondents have mentioned that a primary school is available within the kebele. However, this proportion is low in the SNNPR region where only 68 percent of the people have reported the availability of a primary school. Tigray region records the highest availability with almost 99 percent of the people reporting the availability of primary schools within kebele.

- On the other hand, public health facilities are in short supply. In all, less than one fifth of the people have reported the presence of government health facilities within the kebele.

Table 11
Availability of Critical Public Infrastructure
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural Total	Dire Dawa
Protected springs	18.9	19.9	9.6	17.7	0
Protected hand dug wells	1.1	6.2	5.6	5.7	0.3
Boreholes	4.7	8.1	10.1	8.2	0.3
Public taps	12.9	13.7	20.9	15.1	92.8
Public hand pumps	51	4.3	23.1	11.8	2.2
Government health posts	18.4	10	10.4	10.7	12.6
Government health centers	34.5	19.2	14.8	19.5	0.5
Government hospital/clinic	1.7	25	8.2	19.7	1.2
Private/NGO hospitals or clinics	0.5	20.6	8.8	16.6	53.4
Government primary schools	98.6	86	67.7	83.9	37
Private/NGO schools	0.1	9.8	9.8	9.1	73.1
N	838	1201	594	2633	595

N= Total Respondents

4. SECTOR FINDINGS

4.1 DRINKING WATER

The Government of Ethiopia has explicitly recognised that supplying adequate and clean water to the population improves many of the economic and social dimensions of poverty. The SDPRP recognizes the criticality of this aspect very clearly in formulating the National Water Resources Management Policy⁴. The SDPRP envisages that during 2002/03-2004/05 water supply coverage in urban and rural locations is expected to reach 82.5% and 31.4% respectively⁵; while the expected coverage nationally is pegged around 39.4%. The Annual Progress Report on the SDPRP for the year 2003/04 submitted by the MoFED reports that the access to National Water Supply for the year stands at 37.9%, slightly higher than the 36.1% target for the year⁶.

What are the major sources of water for citizens in Ethiopia?

- Feedback from this study shows that nearly three fourths of the rural Ethiopian population depend on non-potable water sources for drinking and domestic use.
- However, regional variations exist in the usage of water sources. In Oromiya and SNNPR region, options for accessing protected drinking water sources are very limited. In SNNPR, people largely depend on river water (32.3 %) and ponds (27.1 %). In Oromiya, in addition to these two sources, considerable number of people (40.5 %) depends on unprotected springs. In Tigray region, public hand pumps (34.1%) are the major source of domestic water.
- In urban region of Dire Dawa, people mainly purchase water from vendors (45.6 %) while, a considerable percentage (36.3 %) of the people have a tap at their home.
- The profiles described above are more or less the same for sources of domestic water.

⁴ Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia, *Ethiopia: Sustainable Development and Poverty Reduction Programme* (Addis Ababa: July 2002)

⁵ See above, p. 46

⁶ Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia, *Ethiopia: Sustainable Development and Poverty Reduction Programme. Annual Progress Report 2003/04* (Addis Ababa: January 2005)

Table 12
Main Source of Drinking Water During Normal Period by Region
(All figures in percentages)

Sources	Tigray	Oromiya	SNNPR	Rural Total	Dire Dawa
River	25.42	15.9	32.32	20.0	
Protected springs	1.19	12.91	4.21	10.2	
Unprotected springs	25.89	40.47	2.53	31.6	
Ponds	0.36	19.15	27.1	19.3	
Hand dug wells (protected)	0.36	2.5	1.85	2.2	
Hand dug wells (unprotected)	0.36	1.25	12.63	3.5	
Rainwater catchments		0.25		0.2	
Public taps	11.93	6.33	12.29	8.0	16.47
Public hand pumps	34.13	0.67	4.88	4.1	
Tap within the house		0.08	0.51	0.2	36.3
Boreholes	0.36		0.34	0.1	
Purchased from water vendors		0.08	0.17	0.1	45.55
Others		0.42	1.18	0.5	1.68
N	838	1201	594	2633	595

N= Total Respondents

How difficult is it to secure a domestic piped water connection?

- ➔ Among the users of domestic piped water (admittedly, a small proportion), none of the respondents reported facing difficulties in securing a household connection.

Table 13
Proportion of Households Reporting Problems in Securing Domestic Piped Water Connection
(All figures in percentages)

	Households with tap connection	Households reported problem
Tigray	0	0
Oromiya	0.1	0
SNNPR	0.5	0
Rural total	0.2	0
Dire Dawa	36.4	6.5

Do people face scarcity of water?

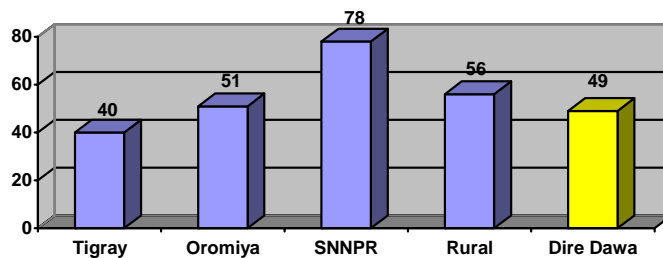
- Incidence of scarcity has been reported by more than one in two rural respondents (56%) and 49 percent of those residing in urban areas.
- Users of ponds experience the highest level of scarcity (94%), followed by users of un-protected hand-dug wells (85%) and protected hand-dug wells (63%).
- Source-wise experiences of scarcity across regions highlight some interesting trends. In Tigray, it's users of rivers (48%), in Oromiya, it's ponds (96%) and in SNNPR, it is ponds (97%) and public hand pumps (96%).

Table 14
Proportion of Households Reporting Scarcity by Source of Water
(All figures in percentages)

Main source of Water	Proportion reporting scarcity
Rivers	41.1
Protected springs	45.4
Unprotected springs	42.2
Ponds	94.1
Protected hand-dug wells	62.5
Unprotected hand-dug wells	85.3
Public taps	37.6
Public hand pumps	50.8
Domestic piped connection	60.0

- Regional profiles indicate that seasonal scarcity is highest in SNNPR (78%), followed by Oromiya (51 %) and Tigray (40 %).

Figure 3
Proportion of Households Reporting Scarcity of Drinking Water by Region
(All figures in percentages)



How do people cope during scarcity times?

- Of those reporting scarcity of drinking water, 54% were compelled to shift out of their regular source of water. This proportion was the highest in SNNPR (55%), followed by Oromiya (54%) and Tigray (43%).
- In general, there is a clear shift from safe water sources to open water sources across all regions. In Tigray region, around more than half of the people depend on river water. In Oromiya a large number of people (46 %) depend on unprotected springs. In Dire Dawa almost 95 percent of the people depend on water vendors during the scarcity period.

Table 15
Main Source of Drinking Water During Scarcity Period by Region
(All figures in percentages)

Sources	Tigray	Oromiya	SNNPR	Rural Total	Dire Dawa
River	52.69	12.67	34.88	21.3	0.7
Protected springs	1.2	7.33	0.88	5.1	0.35
Unprotected springs	31.74	46	3.53	33.0	
Ponds	0.9	16.33	25.61	18.1	
Hand dug wells (protected)	1.2	3	2.87	2.9	
Hand dug wells (unprotected)	0.9	6.33	18.54	9.5	
Rainwater catchments		0.17		0.1	0.35
Public taps	0.9	4.5	5.08	4.5	0.7
Public hand pumps	9.88	0.5	1.32	1.3	
Tap within the house			3.74	0.9	2.46
Boreholes	0.3	1.83		1.2	
Purchased from water vendors		0.5	1.77	0.8	94.37
Others	0.3	0.83	1.77	1.1	1.06
N	334	600	453	1387	285

N= Total respondents reporting scarcity

- Source-wise transitions during scarcity reveal some interesting findings as shown by the table below.
- An overwhelming 83% of respondents depend on unprotected sources during times of scarcity. Unprotected springs (33%), rivers (21%), ponds (18%) and unprotected hand-dug wells (10%) emerge as the key support sources during times of scarcity.
- An analysis of the shifting profiles of those using protected sources during normal times reveals some worrying trends. Seventy two percent of the

users of public taps, 75% of those using public hand pumps, 100% of people having domestic piped water connection (N too low), 100% (N too low) of those using boreholes and 100 % (N too low) who buy water from water vendor are forced to shift to unprotected sources during times of scarcity.

- Interestingly, the forced shift to unprotected sources is the least (*pronounced?*) for users of protected springs (58%); this is primarily due to the fact that 35% of them are able to find other protected springs during times of scarcity.

Table 16
Transitions in Drinking Water Sources during Scarcity for Rural Ethiopia (by Source of Water)



(All figures in percentages)

Source during normal times	Source During Scarcity Times													N
	Rivers	Protect ed springs	Unprote cted springs	Ponds	Hand dug wells (protec ted)	Hand dug wells (unprotec ted)	Rainwa ter catchm ents	Public taps	Public hand pumps	Tap within the house	Boreho les	Purcha sed from water vendor s	Others	
Rivers	86.1	1.3	4.6	3.8		1.3	0.0	0.0	0.8	0.4	0.0	1.3	0.5	275
Protected springs	11.2	35.1	36.6	2.2	6.7	6.7	0.0	1.5		0.0	0.0	0.0	0.0	85
Unprotected springs	11.4	2.6	68.6	11.7	0.3	2.6	0.0	1.6	0.8	0.0	0.0	0.0	0.4	306
Ponds	4.4	0.4	23.2	30.8	4.8	18.8	0.0	8.7	0.2	1.3	3.6	0.8	0.0	372
Hand dug wells (protected)		7.5	67.5	2.5	12.5	7.5	0.0	0.0	2.5	0.0	0.0	0.0	0.0	30
Hand dug wells (unprotected)	1.1	2.3	21.8	28.7	4.6	27.6	0.0	0.0	0.0	8.0	0.0	5.7	0.0	80
Rainwater catchments				60.0	0.0	0.0	40.0	0.0	0.0	0.0	0.0	0.0	0.0	3
Public taps	31.0	13.8	24.1	16.1	1.1	1.1	0.0	11.5	1.1	0.0	0.0	1.0	0.0	84
Public hand pumps	29.5	3.3	11.5	32.8	1.6	1.6	0.0	0.0	18.0	0.0	0.0	1.6	0.0	137
Tap within the house				100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3
Boreholes	100			0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	3
Purchased from water vendors				0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1
Others	25.0		16.7	0.0	0.0	0.0	0.0	58.3	0.0	0.0	0.0	0.0	0.0	8
Total	21.3	5.1	33.0	18.8	2.9	9.6	0.1	4.5	1.2	0.9	1.2	1.1	0.1	1387

N - Total respondents reporting scarcity

How accessible are the sources of water to households in Ethiopia?

- During normal times, around one third of the people (32.1) have access to a water source within 300 meters from their residence. This proportion is the least (18.9 %) in Tigray and the highest in Oromiya (33.7 %). In Dire Dawa, around 88% of respondents reported access to a water source within 300 meters from their residence.
- However, accessibility drastically falls during the scarcity period. In rural areas during the scarcity period, only 11 percent of the people report access to a source of water within a distance of 300 meters from their residence.

Table 17
Access to Water Sources during Normal and Scarcity Periods
(All figures in percentages)

	Normal period			Scarcity period		
	Less than 300 mtrs	Above 3 kms	N1	Less than 300 mtrs	Above 3 kms	N2
Tigray	18.9	19	837	8.1	53.6	345
Oromiya	33.7	9.5	1035	10.1	46.6	755
SNNPR	32.1	7.1	588	1.2	39.8	520
Rural Total	32.1	9.8	2460	10.5*	45.1	1620
Dire Dawa	87.7	0	366	36.3	0.3	303

N1= Total Respondents; N2 = Respondents reporting scarcity

- The percentage of people travelling more than three kilometres to fetch water in rural areas increases from 10 percent during normal period to 45 percent in scarcity period. *(add period?)*
- Also, during normal times, around 44 percent of the rural people travel more than 30 minutes to fetch water; this proportion increases to 56 percent during the scarcity period.

Table 18
Percentage of Households Travelling More than 30 Minutes to Reach the Water Source
(All figures in percentages)

	Normal	Scarcity
Tigray	33.5	61.1
Oromiya	40.1	52.1
SNNPR	58.7	65.4
Rural Total	43.7	56.1
Dire Dawa	15	18.1

Who in the family collects the water for the household?

- Adult females (47%) and girls (24%) are the two groups reported to be regularly fetching water for the household. Very few cases of hired labour are reported. The corresponding figures for adult men and boys are 6 percent and 10 percent.
- However, during scarcity times, a higher proportion of adult men (14%) fetch water for the household.

How involved is the community in maintaining water sources?

- The involvement of the community in the maintenance of water sources is one major aspect of long term reliability of water sources. Forty six percent of the respondents reported that the community get involved in maintaining water sources.
- However, significant differences exist across rural regions. The involvement of the community is least in Tigray (13%) and highest (57%) in Oromiya. In the urban region of Dire Dawa community involvement is also low.

Table 19
Agencies Involved in the Maintenance of Public Water Sources
(All figures in percentages)

	Govt.	NGO	Community	N
Tigray	81.7	5.2	13.1	115
Oromiya	27.3	15.9	56.8	44
SNNPR	46.3	5.0	48.7	80
Rural Total	44.4	9.5	46.1	239
Dire Dawa	93.0	1.8	5.2	57

N= Total Respondents

- It is also interesting to note that in almost three-fourths of the cases in rural Ethiopia the community involvement is in the form of labour rather than financial. This pattern exists in all three rural regions and also in Dire Dawa.

Table 20
Nature of Involvement of Households in Maintenance of Public Sources
(All figures in percentages)

	Labour	Financial	Material	Technical	N
Tigray	67.7	31.4	0.7	0.2	408
Oromiya	74.1	25.0	0.9		116
SNNPR	79.1	17.4	2.3	1.2	86
Rural total	73.4	24.9	0.7	0.8	610
Dire Dawa	59.5	40.5			42

N= Total Respondents

Is water pollution a major concern for communities depending on rivers for their domestic and drinking water needs?

- Feedback from communities strongly suggests that pollution of river water is a major concern; 69 percent of the rural respondents depending on rivers for their needs reported pollution. Across regions, pollution is reported to be quite severe in SNNPR, with three-fourths reporting river water pollution.
- What is even more worrying is the virtual absence of any filtering devices used by communities, probably due to high costs. Given the fact that a large number of people use rivers during normal times and an even larger number depend on rivers during times of scarcity, this point raises serious health concerns.

Table 21
Households Reporting Pollution of River Water and Use of Filtering Devices
(All figures in percentages)

	Reported pollution	N	Use of filters
Tigray	66.2	213	0.9
Oromiya	66.5	191	0.0
SNNPR	75.0	192	0.5
Rural total	69.3	596	0.3

N= Total Respondents

How adequate is the supply of water from various sources?

- Continuous availability and adequacy are two crucial factors which determine the quality of water supply. In rural Ethiopia, public taps are the most reliable public source of water with respect to continuous availability. Around 69 percent of respondents have reported receiving continuous supply from a public tap, followed by public hand pumps (57%).
- Among all the sources, however, domestic piped water connections and boreholes come out as the highest-ranked sources of continuous supply of water.
- Comparative profiles across regions show some interesting variations. While Tigray reports the best profile with 64 percent of respondents reporting continuous availability of water (across all sources) during normal times, the situation is quite acute in SNNPR with just over one-fourth of respondents reporting in the affirmative.

Table 22
Households Reporting Continuous Availability of Water Supply
(All figures in percentages)

Sources	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
River	54.9	68.1	39.1	57.2	
Protected springs	70.0	65.2	60.0	64.7	
Unprotected springs	59.9	75.1	73.3	74.2	
Ponds		16.5	3.1	12.7	
Hand dug wells (protected)	33.3	66.7	27.3	59.4	
Hand dug wells (unprotected)	66.7	40.0	5.3	14.7	
Rainwater catchments		33.3		40.0	
Public taps	83.0	73.7	56.2	69.3	38.8
Public hand pumps	68.9	75.0	13.8	56.7	
Tap within the house		100.0	33.3	60.0	77.3
Boreholes	0.0		100.0	66.7	
Purchased from water vendors		100.0		66.7	39.1
Others		0.0	71.4	31.3	70.0
All sources	64.1	60.4	28.0	54.1	53.5
N	838	1201	594	2633	595

N= Total Respondents

- ➔ As the following table indicates, feedback on adequacy of water reveals a similar pattern as in the case of continuous availability of supply.

Table 23
Adequacy of Water Supply from Different Sources
(All figures in percentages)

Sources	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
River	51.6	53.4	32.8	46.5	
Protected springs	70.0	51.6	32.0	50.2	
Unprotected springs	58.1	51.0	60.0	51.6	
Ponds		2.6	3.1	2.7	
Hand dug wells (protected)	33.3	33.3	9.1	29.7	
Hand dug wells (unprotected)	66.7	26.7	2.7	8.9	
Rainwater catchments				0.0	
Public taps	89.0	77.6	43.8	68.1	42.9
Public hand pumps	66.8	75.0	6.9	55.3	
Tap within the house		100.0	33.3	60.0	72.7
Boreholes			50.0	33.3	
Purchased from water vendors		100.0		66.7	40.2
Others			57.1	25.0	60.0
All Sources	62.8	43.1	21.6	40.2	52.8
N	838	1201	594	2633	595

How satisfied are the people with the sources of water supply in Ethiopia?

- Two parameters of satisfaction, namely adequacy and quality, have been used to explore specific aspects of community feedback.
- With respect to the adequacy aspect, users of public tap are the most satisfied compared to those using other public sources. Among rural respondents overall, nearly sixty percent are completely satisfied with the adequacy of water provided by public taps. This percentage is highest in Tigray (88%), followed by Oromiya (73%) and SNNPR (22%).
- Among the other sources, satisfaction ratings on adequacy are high for household tap connections (60%). However, household taps are used mainly in Oromiya and by very few households in SNNPR. With respect to natural sources, spring and river water provides complete satisfaction to 52 and 46 percent, respectively, of users in terms of adequacy.
- Quality of water is also a crucial factor in determining the level of overall satisfaction. Among public sources, about 92 percent of users of public taps are completely satisfied with the quality of water. The percentage is highest in SNNPR (94%), followed by Tigray (91%) and Oromiya (91 %).
- With household pipe connections the completely satisfied users is *60 percent spread* across Oromiya and SNNPR. However, it should be noted that the number of users of household piped water is too small to draw clear conclusions. Also, hand dug protected wells provide complete satisfaction to 76 percent of users in rural Ethiopia. In Dire Dawa, household tap connections provide complete satisfaction to almost 96 percent of users.
- Clearly, protected public sources score very high with regard to both adequacy and quality of water supply.

Table 24
Satisfaction with the Adequacy of Water by Source
(All figures in percentages)

Sources		Tigray	Oromiya	SNNPR	Rural Total	Dire Dawa
River	Completely	49.3	54.4	36.8	45.9	
	Partly	9.7	34.9	31.6	30.0	
	Dissatisfied	41.1	13.8	31.6	24.1	
Protected Springs	Completely	33.3	54.1	31.8	51.9	
	Partly	33.3	22.1	40.9	23.8	
	Dissatisfied	33.3	23.8	27.3	24.3	
Un Protected Springs	Completely	59.7	50.6	41.7	51.4	
	Partly	10.6	16.7	33.3	16.5	
	Dissatisfied	29.6	32.7	25.0	32.1	
Ponds	Completely	0.0	16.1	6.9	10.5	
	Partly	33.3	16.1	73.0	50.0	
	Dissatisfied	66.7	67.7	20.1	39.5	
Hand dug wells (protected)	Completely	33.3	50.0	0.0	37.0	
	Partly	0.0	5.0	45.5	15.2	
	Dissatisfied	66.7	45.0	54.5	47.8	
Hand dug wells (unprotected)	Completely	100.0	42.9	5.5	11.6	
	Partly	0.0	0.0	52.1	44.2	
	Dissatisfied	0.0	57.1	42.5	44.2	
Public taps	Completely	88.0	73.3	21.7	59.3	58.2
	Partly	9.0	16.0	71.0	31.9	30.6
	Dissatisfied	3.0	10.7	7.2	8.8	11.2
Public hand pumps	Completely	64.3	40.0	13.8	50.0	
	Partly	8.0	60.0	62.1	25.4	
	Dissatisfied	27.6	0.0	24.1	24.6	
Boreholes	Completely	64.3				
	Partly	8.0				
	Dissatisfied	27.6				
Purchased from Water Vendors	Completely		100.0		66.7	42.2
	Partly			100.0	33.3	30.2
	Dissatisfied				0.0	27.6
Tap within the house	Completely		100.0	33.3	60.0	79.7
	Partly			33.3	20.0	14.2
	Dissatisfied			33.3	20.0	6.1

Table 25
Satisfaction with the Quality of Water by Source
(All figures in percentages)

Sources		Tigray	Oromiya	SNNPR	Rural Total	Dire Dawa
River	Completely	14.0	26.9	17.2	21.4	
	Partly	10.6	4.8	3.7	5.4	
	Dissatisfied	75.4	68.3	79.1	73.2	
Protected Springs	Completely	90.0	60.3	54.5	60.1	
	Partly		6.6	9.1	6.9	
	Dissatisfied	10.0	33.1	36.4	33.0	
Un Protected Springs	Completely	27.8	24.4	16.7	24.4	
	Partly	7.9	4.5	16.7	5.3	
	Dissatisfied	64.4	71.1	66.7	70.3	
Ponds	Completely		16.9	1.3	7.6	
	Partly	33.3	5.1	0.6	2.3	
	Dissatisfied	66.7	78.0	98.1	90.1	
Hand dug wells (protected)	Completely	33.3	95.0	18.2	76.1	
	Partly		0.0	9.1	2.2	
	Dissatisfied	66.7	5.0	72.7	21.7	
Hand dug wells (unprotected)	Completely	66.7	16.7	1.4	3.6	
	Partly	33.3	16.7	4.1	6.0	
	Dissatisfied		66.7	94.5	90.5	
Public taps	Completely	91.0	90.7	94.2	91.6	96.9
	Partly	4.0	6.7	1.4	4.9	1.0
	Dissatisfied	5.0	2.7	4.3	3.5	2.0
Public hand pumps	Completely	80.1		86.2	77.0	
	Partly	5.9	50.0	6.9	8.8	
	Dissatisfied	14.0	50.0	6.9	14.2	
Boreholes	Completely				0.0	
	Partly				0.0	
	Dissatisfied	100.0			100.0	
Purchased from Water Vendors	Completely		100.0	100.0	100.0	89.5
	Partly				0.0	5.7
	Dissatisfied				0.0	4.8
Tap within the house	Completely		100.0	100.0	100.0	96.2
	Partly			0.0	0.0	2.8
	Dissatisfied			0.0	0.0	0.9

Has the quality of water supply improved during the last two years?

- In the absence of any baseline or benchmark data, it is useful to get feedback on the change in the quality of water by a recall method(a process through which respondents recollect earlier experiences). This study attempted to do that by asking respondents whether the quality of water supply has improved over the last two years.
- The feedback received clearly points out that the quality of water has significantly improved for all public water sources; more than 60 percent of respondents reported quality's being better in the case of public taps, public hand pumps and household water supply.
- Profiles across regions reveal some variations. Improvements in water supply through public taps were reported most frequently in Tigray, followed by SNNPR and Oromiya. This pattern changes in the case of public handpumps, with SNNPR reporting the greatest improvements, followed by Tigray (here again Oromiya lags behind). However, in the case of domestic piped water supply, feedback from Oromiya was quite positive in terms of reporting improvements. There are strong indications that quality from unprotected sources in Tigray has worsened over the last two years, which raises some concern, especially in light of the fact that one-in-two respondents there depends on unprotected sources for his or her regular supply of water.

Table 26
Tracking Improvements in Water Supply over the Last Two Years
(All figures in percentages)

Sources		Tigray	Oromiya	SNNPR	Rural Total	Dire Dawa
River	Improved	5.2	15.0	3.9	9.3	
	No Change	76.1	80.5	95.5	85.7	
	Worsened	18.8	4.4	0.6	4.9	
Protected Springs	Improved	20.0	50.4	63.6	51.2	
	No Change	80.0	46.5	31.8	45.6	
	Worsened	0.0	3.1	4.5	3.2	
Un Protected Springs	Improved	10.3	25.7	25.0	23.9	
	No Change	65.0	62.6	66.7	63.0	
	Worsened	24.8	11.7	8.3	13.1	
Ponds	Improved		32.8	13.0	20.8	
	No Change	100.0	44.3	62.3	55.2	
	Worsened		23.0	24.7	23.9	
Hand dug wells (protected)	Improved	33.3	65.0	9.1	52.2	
	No Change		30.0	63.6	37.0	
	Worsened	66.7	5.0	27.3	10.9	
Hand dug wells (unprotected)	Improved		0.0	12.7	11.5	
	No Change	66.7	100.0	54.9	59.0	
	Worsened	33.3	0.0	32.4	29.5	
Public taps	Improved	75.7	54.2	65.7	60.6	73.5
	No Change	24.3	45.8	34.3	39.4	21.4
	Worsened		0.0	0.0		5.1
Public hand pumps	Improved	67.5	25.0	71.4	65.8	
	No Change	24.0	75.0	28.6	28.8	
	Worsened	8.5	0.0	0.0	5.4	
Boreholes	Improved	66.7		0.0	33.3	
	No Change			100.0	66.7	
	Worsened	33.3		0.0		
Purchased from Water Vendors	Improved		100.0		100.0	48.3
	No Change				0.0	46.7
	Worsened				0.0	5.0
Tap within the house	Improved		100.0	100.0	100.0	50.2
	No Change				0.0	46.5
	Worsened				0.0	3.3
N		831	1064	594	2489	593

N= Total Respondents

How willing are people to pay for better drinking water services?

- Overall, 62 percent of rural respondents report willingness to pay more for better drinking water services. The percentage of those willing to pay is the highest in Tigray (82%) and lowest in Oromiya (54%); interestingly, the average amount proposed is the least in Tigray. In Dire Dawa, less than one-third of respondents expressed willingness to pay more for better services.

Table 27
Households Expressing Willingness to Pay for Better Service
(All figures in percentages)

	N	% of households	Average amount in Birr/month
Tigray	831	82.1	3
Oromiya	1069	54.2	18
SNNPR	594	81.4	7
Rural total	3095	62.3	14
Dire Dawa	595	30.5	19

N= Total Respondents

What suggestions do people have to improve drinking water services?

- In both the rural and urban parts of the country, the most common suggestion was the provision of more public taps; three-fourths of rural respondents and one-half of individuals in Dire Dawa suggested increasing the number of such taps.

Table 28
Suggestions from Communities to Improve Provision of Water
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Development of springs	5.8	12.6	7.7	10.4	3.9
Provision of public taps	89.8	75.0	77.5	77.5	55.6
Control leakage of water through pipes	8.4	15.3	16.8	14.9	41.4
Fine tuning of water meters	0.4	0.4	0.0	0.3	2.6
Better supervision of employees	0.4	0.0	0.2	0.1	0.4
N	705	556	481	1742	232

N= Total Respondents

4.2 HEALTH & SANITATION

Ethiopia has one of the lowest health status in the world. In response to prevailing and newly-emerging health problems as well as in recognition of the weaknesses of the existing health delivery system, the first phase of the Health Sector Development Programme (HSDP I) was launched in 1998, followed by HSDP II in (2003/3-2004/5). As the PRSP draws together different sector strategies to address poverty alleviation and provides a framework for the use of additional resources that could be made available through the HIPC initiative, HSDP II is designed to reduce poverty through improving the health of the poor and thus making contribution to the national effort of raising the level of socio-economic development of the country.

The main objectives of HSDP II for the period 2002/03 - 2004/05 are to:

- Increase healthcare coverage from the 2001/02 level of 52 percent to 65 percent by 2004/05.
- Slow down the construction of new health facilities and focus on improving the quality of health care by availing the necessary supply and other inputs.
- Implement the Health Extension Package on a pilot basis using existing primary healthcare workers and gradually expand services using newly trained Health Extension Agents.
- Train and deploy an adequate number of motivated technical and managerial health workers at all levels of the health system.
- Strengthen the management of health services at the Federal, Regional and Woreda levels.
- Create an enabling environment for the private and NGO sectors to participate in the service delivery, coordination and mobilization of health resources.

Some specific objectives have also been laid down by the HSDP II:

Indicator	Current Status (2001/02)	Target (2004/05)
Health service coverage (%)	52	58
Malaria prevalence	7.7/1000	6.2/1000
Contraceptive coverage rate	18.7%	24.7%
ANC service	34%	45%
Deliveries assisted by trained manpower	16%	25%
Sanitation coverage	29%	35%

What is the Extent of Morbidity in Ethiopia?

- The incidence of illness is quite high in rural Ethiopia. Overall, nearly 60 percent of rural people reported falling ill and requiring medical attention

during the past two years. This percentage is highest in SNNPR, where around 68 percent of people reported having fallen ill during this period. On the other hand, Tigray experienced the lowest incidence of illness at 49 percent. In the urban region of Dire Dawa, this figure was 67 percent.

- Overall, in rural Ethiopia treatment-seeking behavior is quite impressive in spite of the prohibitive distance of health care centers. Almost 96 percent of people have gone for treatment among those who have fallen ill. The percentage of rural respondents who sought treatment is around 90 percent. In Dire Dawa, the percentage of people receiving treatment is slightly more than 97 percent, possibly due to that region's urban setting.

What are the frequently occurring ailments for which people seek treatment?

- In rural Ethiopia, malaria is the most common illness; it accounted for 44 percent of all reported ailments. The prevalence of malaria has been found to be highest in SNNPR, where it was reported by 98 percent of respondents who sought treatment.
- The incidence of cough, cold and fever is also high in SNNPR (55%). One other major health problem is stomach ailments, reported across all regions. For all types of diseases apart from gynaecological problems and cough, cold and fever, more than 90 percent of patients get treatment. In Dire Dawa, cough, cold and fever is the most common ailment, followed by malaria.

Table 29
Profile of Health Problems across Regions

(All figures in percentages)

Health Problems	Tigray		Oromiya		SNNPR		Rural total		Dire Dawa	
	Patients	Treated	Patients	Treated	Patients	Treated	Patients	Treated	Patients	Treated
Malaria	41.7	99.4	39.2	97.0	62.1	97.7	44.0	97.3	52.7	97.3
Cough, cold and fever	29.2	87.7	29.3	90.3	55.3	81.7	34.6	87.4	53.4	90.6
Pneumonia	8.6	97.2	18.0	95.4	9.3	94.6	15.9	95.4	4.8	100.0
Gynaecological/ delivery related problems	2.4	100.0	4.9	87.8	5.5	72.7	4.9	84.7	4.2	100.0
Stomach ailments	25.3	98.1	34.2	94.2	35.6	82.6	34.0	91.9	39.9	94.8
TB	3.4	100.0	2.7	100.0	2.0	87.5	2.6	98.1	3.3	90.9
Others health problems	33.6	98.6	30.1	95.8	24.4	94.9	29.1	95.8	36.0	99.2
Minimum N	417		790		397		1604		331	

N= Total Respondents

What type of health facilities are preferred by people seeking treatment?

- Feedback from respondents clearly points out that government health posts were the single most frequently used health facility during the last two years. Private clinics and hospitals (28%) and government hospitals (16%) followed. In Oromiya the scenario is different, with private clinics and hospitals the most prevalent health care facility, used by 32 percent of people.

Table 30
Profile of Health Facilities Visited during last Two Years
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Government health posts	36.0	22.3	43.1	30.1	3.8
Government health centre	25.8	14.1	10.5	14.2	1.4
Government hospital/clinic	33.3	22.0	5.6	16.2	56.9
NGO		5.9	10.5	6.6	0.2
Private clinic hospital	1.3	31.6	22.6	28.2	36.0
Local medical practioner	0.7	2.2	3.0	2.3	0.7
Traditional healer	1.1	1.6	1.3	1.5	0.9
Others	1.8	0.2	3.5	1.0	0.2
N	437	854	417	1708	387

N= Total Respondents

- Interesting regional variations are also noticeable. While government facilities are overwhelmingly used in Tigray (95%), private facilities are more commonly used in Oromiya and SNNPR. In Dire Dawa, government hospitals are the most frequently used major health care facility (57%), followed by private clinics (36%).
- The usage profiles above are supported by the following table, showing data on recent use of facilities.

Table 31
Profile of Health Facility Visited during the Recent Illness
(All figures in percentages)

Facility Visited	Tigra	Oromiya	SNNPR	Rural total	Dire Dawa
Government health posts	36.2	21.6	47.0	27.7	2.3
Government health centre	24.8	15.7	7.7	14.6	2.1
Government hospital/clinic	35.1	22.0	4.6	19.2	59.6
Total	96.1	59.3	59.3	60.9	64.0
NGO	0.9	6.0	10.1	6.5	0.5
Private clinic hospital	1.1	31.3	25.5	28.3	33.4
Local medical practitioner	0.7	1.2	2.2	1.3	1.0
Traditional healer	0.2	1.8	0.2	1.4	1.0
Others	0.9	0.5	2.7	0.0	0.0
N	436	853	415	1704	386

N= Total Respondents

Why people preferred private facilities over government ones?

- Non-availability of medicines was cited as the most important reason (35%) for people's not preferring government facilities.
- However, prohibitive distance and dissatisfaction with services also emerge as major reasons. This holds true particularly in SNNPR and Tigray, where more than one-third of patients do not use government facilities because of distance.
- The level of satisfaction with services offered by government health facilities is low in across all regions. Nearly one-third of rural citizens in Ethiopia do not prefer to use government health facilities because they are highly dissatisfied with these services.
- In Dire Dawa, dissatisfaction with services emerges as the main factor for the lack of utilization of this health facility.

Table 32
Reasons for Not Using Government Health Facilities by Regions
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Service not satisfactory	47.6	34.3	25.5	32.3	62.8
No knowledge on when the facility will be open		2.0	1.2	1.8	1.8
Doctors are not available		9.8	10.4	9.8	4.0
Medicines are not available	14.3	37.3	28.3	35.0	14.6
Long distance	38.1	16.3	34.7	20.8	12.4
Treatment is costly		0.4		0.3	3.5
N	21	347	189	577	160

N= Total Respondents

How accessible are the health facilities for communities?

- Access to health facilities is a major problem for the majority of rural communities in Ethiopia.
- In all regions, more than one third of the people need to travel more than 10 kilometres to reach the nearest health facility. This problem is most pronounced in Tigray, where almost half of respondents need to travel more than 10 kms.

Table 33
Percentage of Households Reported Within three Kms and Above 10 Kms from Health Facilities

(All figures in percentages)

Health Services	Tigray		Oromiya		SNNPR		Dire Dawa	
	Upto 3 km	Above 10 km	Upto 3 km	Above 10 km	Upto 3 km	Above 10 km	Upto 3 km	Above 10 km
Government health posts	19.7	51.0	15.8	37.7	30.8	41.5	21.3	40.1
Government health centre	39.8	23.2	32.3	29.3	53.1	18.8	35.4	27.5
Government hospital/clinic	8.5	56.9	22.1	53.2	21.1	68.4	20.7	54.2
NGO	25.0	50.0	17.7	39.2	35.7	33.3	22.9	38.2
Private clinic hospital	20.0	20.0	28.5	37.6	50.0	16.0	32.5	38.5
Local medical practioner	66.7	0.0	50.0	10.0	66.7	0.0	55.5	7.4
Traditional healer	100.0	0.0	50.0	28.6	100.0	0.0	52.0	28.0
All facilities	21.2	45.5	24.9	39.4	40.1	31.4	27.8	38.1

How do people travel to reach the health facilities?

- Transportation is a problem in rural Ethiopia, especially given the remoteness of many health facilities.
- Nearly two-thirds of rural respondents travel on foot to reach the nearest health care facility. This percentage is highest in Tigray (83%) and lowest in Oromiya (60%). In Oromiya, around 31 percent of people use an automobile. In Dire Dawa, this figure is 60 percent. Interestingly, roughly one-third of those visiting health facilities in Dire Dawa travel on foot.

Table 34
Mode of Transport to Health Facilities
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Foot	83.3	59.9	77.0	64.7	33.9
Human load	7.9	2.4	0.5	2.3	0.0
Cart	1.9	0.4	7.6	1.9	5.3
Automobile	5.1	30.8	14.7	26.0	60.4
Others	1.8	6.6	0.2	4.9	0.5
N	430	842	409	1681	381

N= Total Respondents

How expensive is it to get treatment at the health facilities?

- The cost of treatment is quite high. The average expenditure on health services like consultancy and medicine was about 80 Birr per household.
- However, there is a wide variation in the cost of treatment across regions. The cost of medicine is lowest in SNNPR (41 Birr) and highest in Oromiya (85 Birr). In Dire Dawa, total treatment cost is also high at 178 Birr.

Table 35
Expenditure Per Household on Consultancy and Medicines
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Consultation fee	2.4	5.2	7.5	5.8	25.6
Medicines	47.0	84.8	41.4	734.0	152.1
Total	49.4	90.0	48.9	78.9	177.8

- In addition to the direct costs, the incidence of paying extra money has also been reported. Such instances are very rare, however. In SNNPR, around 2 percent of patients report to have paid extra money during the course of a health check up. This figure is less than 1 percent in other regions.

How reliable are the services offered at the health facilities?

- Feedback on the availability of medical personnel at the time of visit to a medical facility shows a mixed trend. While the presence of doctors has been found to be low (20%), the presence of paramedical staff like nurses (71%) and health attendants (81%) is reportedly good.

Table 36
Availability of Health Personnel at the Time of Visit
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Doctor was available	33.2	20.1	13.4	19.6	94.7
Nurses were available	89.4	66.3	83.1	71.2	95.5
TBA was available	11.3	5.2	4.5	5.4	5.5
HA was available	97.2	81.6	70.5	80.5	76.7
CHA was available	32.3	9.0	23.7	13.4	28.6
Minimum N	426	711	334	1471	348

N= Total Respondents

- In rural parts of the country, the availability of medicine has been reported by more than 90 percent of users of government facilities.
- However, the provision of free medicine is on the low side, with only 8 percent of patients reporting in the affirmative. No significant regional variations are observed.

How effective has immunization programs been?

- It is quite encouraging to note that the percentage of children getting vaccinated is quite high, at 84 percent in rural areas. Moreover, significant differences do not exist across regions. It is surprising to note that the percentage of vaccination is much lower in Dire Dawa. Among the various types of vaccination availed, polio is the highest, followed by measles, whooping cough and tetanus.

Table 37
Proportion of Children Below 10 Years Reporting Getting Vaccinated During the Last Two Years

(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Percentage reporting getting vaccinated	90.3	82.2	91.8	84.2	57.7

Nature of vaccine					
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Polio	89.9	79.9	90.5	84.2	56.7
TB	9.6	54.9	22.4	44.7	46.0
Tetanus	8.6	54.1	34.5	46.5	35.0
Cholera	1.1	2.4	17.3	5.3	1.3
Smallpox	0.7	3.9	7.6	2.6	3.8
Others	0.7	1.6	5.7	2.3	1.2
Port se	0.1	44.4	9.5	33.9	40.0
Whooping cough	66.8	60.0	25.0	53.2	48.3
Measles	77.4	61.5	39.8	58.0	47.1

How effective are the health extension services?

- More than half of respondents reported receiving general information and advice from health authorities. However, a smaller proportion reported receiving information about contraceptives.
- Conversely, in Dire Dawa only 12 percent reported receiving general information and advice, while 88 percent reported receiving advice on contraceptives.

How satisfied are people with the quality of health services in general?

- The level of satisfaction with health services has been analyzed via four specific indicators for all the health service providers together and also exclusively for government services. The first table provides figures for satisfaction levels for all the health service providers.

Table 38
Level of Satisfaction With the Health Services by Regions
(All figures in percentages)

		Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Time taken to attend	Completely	79.1	55.3	63.2	58.3	73.9
	Partially	10.7	35.2	21.1	30.8	15.6
	Dissatisfied	10.2	9.5	15.7	10.9	10.5
Behavior of staff/doctors	Completely	80.1	57.2	64.6	60.1	70.4
	Partially	8.8	34.2	18.9	29.4	20.1
	Dissatisfied	11.1	8.6	16.5	10.5	9.5
Helpfulness of staff	Completely	67.8	54.3	69.2	58.2	69.4
	Partially	22.2	35.5	21.6	31.8	19.0
	Dissatisfied	10.0	10.2	9.2	10.0	11.6
Overall satisfaction	Completely	54.8	50.6	47.2	50.2	58.9
	Partially	30.7	33.9	30.1	33.1	12.9
	Dissatisfied	14.5	15.5	21.9	16.7	28.2
Minimum n		432	836	413	1681	379

N= Total Respondents

- It has been noticed that although roughly half of people in rural areas are completely satisfied with health services overall, more than 60 percent are completely satisfied with the behavior of doctors and staff and slightly less than 60 percent are completely satisfied about the time taken to attend to them and the helpfulness of staff.
- Regional disparities exist with respect to time taken and behavior of staff. In Tigray, these satisfaction ratings are higher than in the other regions; percentage of people completely satisfied with the time taken and behavior of doctors is more than 80 percent. Significant differences do not exist in the level of satisfaction among the users of health services in the other two regions. On the other hand, in Dire Dawa the overall level of satisfaction is higher than in the rural areas. About 50 percent of rural users of health facilities have reported complete satisfaction with health facility. Among the specific indicators, the highest satisfaction is found with the time taken to attend and the behavior of staff.

How satisfied are people with the quality of health services provided by government health facilities?

- The level of satisfaction with government facilities is found to be marginally lower than that with all facilities taken together. Around 49 percent of people in the rural pockets of the country are satisfied with prevailing conditions. The percentage completely satisfied with the time taken to attend is 57 percent, while those completely satisfied with the behavior of staff make up 58 percent. In Tigray, the level of satisfaction with all three parameters is higher than the other two regions. In Dire Dawa, the level of satisfaction with government health facilities is higher than the rural total for all three services.

Table 39
Level of Satisfaction with Government Health Services by Region
(All figures in percentages)

		Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Time taken to attend	Completely	78.5	53.8	57.3	56.7	62.8
	Partially	11.0	36.3	23.6	35.8	22.2
	Dissatisfied	10.5	9.9	19.1	11.8	15.0
Behavior of staff/doctors	Completely	79.5	55.5	57.7	58.1	59.9
	Partially	9.1	35.2	23.2	30.4	27.1
	Dissatisfied	11.4	9.3	19.1	11.5	13.0
Helpfulness of staff	Completely	67.3	53.0	67.1	57.0	59.5
	Partially	22.4	36.7	26.4	33.5	24.7
	Dissatisfied	10.3	10.3	6.5	9.5	15.8
Overall satisfaction	Completely	54.2	49.6	46.4	49.3	46.6
	Partially	31.3	34.8	33.7	34.3	12.9
	Dissatisfied	14.5	15.6	19.9	16.4	40.5
Minimum n		419	506	246	1171	247

N= Total Respondents

Why are users of government health facilities dissatisfied with these services?

- Detailed probes into the reasons for dissatisfaction clearly indicate that shortage of medicine is the primary reason for the dissatisfaction with health services.
- In Tigray, prohibitive distances to facilities are cited as the major reason for dissatisfaction.

Table 40
Reasons for Dissatisfaction with Health Services by Region
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
High service charges/price for drugs	8.2	6.8	3.9	6.2	8.0
Prohibitive distance to facilities	63.5	39.8	43.1	41.8	66.1
Shortage of staff	3.5	15.9	8.8	13.6	15.2
Shortage of medicines	32.9	54.5	43.1	50.7	17.9
Long queue	11.8	6.8	24.5	11.3	13.4
N	85	176	102	363	112

N= Total Respondents

Has the quality of health services improved during the last two years?

- It is encouraging to note that in the rural parts, about 64 percent of respondents have reported improvements in health service provisions over the last two years. In Dire Dawa about 68 percent reported improvements.
- There is not much regional variation observed for this parameter. The highest levels of improvement have been noticed in Oromiya and Dire Dawa.

Table 41
Quality of Present Health Services Compared to Two Years Ago
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Better than before	53.3	68.0	52.8	63.9	68.2
Same as before	37.3	25.2	37.4	28.5	25.0
Worse than before	5.5	1.9	1.2	2.0	6.0
Can not comment	3.9	4.9	8.6	5.6	0.8
N	434	837	417	1688	383

N= Total Respondents

What suggestions do people have to improve health services?

- Clearly, the most widespread suggestion is to expand the reach of current health facilities and extend them closer to communities.

Table 42
Suggestions to Improve Health Services

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Introduce additional services	87.7	79.7	92.9	83.2	89.7
Introducing free treatment	7.1	3.6	1.5	3.4	3.4
Increasing specialist	15.3	27.6	18.2	24.7	12.9
Fair charge for treatment	6.5	2.0	2.5	2.4	4.3
N - multiple responses -	367	606	324	1297	233

Sanitation

Aspects of sanitation affect the health and hygiene of communities. A focused module in the present study attempted to capture critical community feedback on sanitation profiles.

How prevalent is the use of toilets?

- Less than one-third of rural people reported using toilets. This percentage is lowest in Tigray and highest in SNNPR. In Dire Dawa, almost 60 percent reported using toilets.
- The usage of public toilets is as low as 9 percent in rural regions. In this case Oromiya is highest, at around 10 percent.

Table 43
Use of Toilets by Region

(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Use	18.3	24.5	58.4	31.0	58.4
n	838	1199	584	3796	593
Type					
Public	4	10.3	7.8	8.9	39.7
Private	96	89.7	92.2	91.1	60.3
n	149	273	333	755	547

N= Total Respondents

Why are people reluctant to use toilets?

- The “custom of not using a toilet” has emerged to be the major reason for the lack of usage of toilets in rural areas, with more than three-fourths of non-users citing this as the major reason. In SNNPR a significant number of people have also reported the unavailability of cash to construct a toilet, while in Dire Dawa more than 50 percent reported inadequate money as the major problem.

Table 44
Reasons for Not Using Toilet

(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
No money to build	17.9	10.2	46.2	15.1	54.1
Not an accepted custom	66.3	82.5	43.7	76.4	0.0
Others	15.8	7.3	10.1	8.5	45.9
N	686	923	238	1847	74

N= Total Respondents

How satisfied are people with the quality of sanitation services?

- ⇒ Satisfaction ratings among the users of toilets show that slightly less than half of people are completely satisfied with these services. This proportion is comparatively lower in Dire Dawa (26%).
- ⇒ Across the three regions, satisfaction profiles vary. In Tigray, the level of satisfaction is highest, where almost 58 percent of people are satisfied with the service. On the other hand, the level of dissatisfaction is highest in Oromiya.

Table 45
Level of satisfaction with the Quality of Sanitation Service
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Completely satisfied	57.6	45.0	44.8	46.7	25.8
Partially satisfied	25.6	21.6	23.3	22.6	13.9
Dissatisfied	16.8	33.4	31.9	30.7	60.3
N	833	569	417	1819	589

Why are people dissatisfied with the sanitation services?

- ⇒ The leakage, overflowing, or bad odor of toilets, particularly in Oromiya, has been reported as the major reason for dissatisfaction with sanitation services. The absence of garbage collection is also quoted as a matter of concern.

Table 46
Reasons for Dissatisfaction with Sanitation Service

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Distant location of the newly constructed toilets	5.1	12.1	11.9	11.6	3.5
Lack of garbage collection point	58.0	31.2	47.0	37.7	54.3
Distant location of garbage collection point	0.0	1.3	0.5	1.0	16.1
Irregular garbage collection	0.0	0.9	3.8	1.7	13.7
Leakage/overflow/bad smell of toilets	28.0	43.7	31.9	39.2	15.6
Lack of government support	15.3	15.2	9.2	13.4	5.1
N	157	231	185	573	372

Has the quality of sanitation services improved during the last two years?

- ⇒ Overall, feedback from rural regions suggests that sanitation services have improved over the last two years.

Table 47

Comparison of present Quality of Sanitation Services with the Services Two Years Before
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Better than before	67.4	57.9	70.6	62.6	40.3
Same as before	29.2	41.5	28.1	36.2	39.8
Worse than before	1.2	0.2	0.3	0.4	19.2
Can not comment	2.2	0.4	1.1	0.8	0.7
N	823	499	377	1699	578

N= Total Respondents

What suggestions do people have to improve sanitation services?

- ⇒ Construction of more toilets is the most prevalent suggestion given by people from every part of the country. Other important suggestions are greater awareness of the environment and sanitation and the provision of garbage collection systems.

Table 48

Suggestions for Improvement of the Quality of Sanitation Service
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Provide garbage collection vehicle	23.6	13.0	18.8	16.5	20.8
Provision of garbage collection points in nearby locations	4.2	5.1	5.6	5.1	23.3
Construction of toilets	53.1	42.4	55.1	47.8	42.8
Establishing health committee	3.5	7.3	3.0	5.5	5.7
Awareness creation on environment/hygiene/sanitation	18.4	36.4	19.5	28.6	9.7
N	734	354	303	1391	404

N= Total Respondents

4.3 EDUCATION

Realizing the positive role that education plays in both the development of a society and the reduction of poverty, the Ethiopian government adopted a new Education and Training Policy (ETP) in 1994. The policy focuses on increasing access to educational opportunities with enhanced equity, quality and relevance. This was the basis for the multi-year Educational Sector Development Program (ESDP) that started in 1997/98 with the long-term goal of achieving universal primary education by the year 2015. The second phase of this program, ESDP II is designed to span over three years, similar to that of PRSP, from 2002/03 to 2004/05.

In line with this renewed focus, the SDPRP outlines some clear targets, especially targeted towards enhancing the quality of primary education:

- Achieve a Gross Enrolment Ratio of 65 percent at the primary (1-8) level by the end of the plan year (2004/2005).
- Construct a total of 1,405 first cycle and 76 complete primary schools; upgrade 795 first cycle primary schools; and rehabilitate 887 schools. The required equipment shall be provided to 1,437 primary schools and furniture shall be provided to 2,247 schools.
- Improve mechanisms for the provision and distribution of textbooks.
- Print and distribute a total of 37.4 million textbooks and thereby attain a student-textbook ratio of one-to one.
- Provide summer (on the job) training for 6,304 teachers who are teaching in the primary first cycle without any formal training.
- Enroll a total of 19,807 teachers in the distance education and summer diploma programs.

The Annual Report (2003/04) on the SDPRP highlights some significant strides made in the field of education:

- Gross enrolment rate at primary level (grades 1-8) for the country as a whole reached 68.4 percent in 2003/04, above the target set for the year of 66 percent. GER was 59.1 percent for girls and 77.4 percent for boys, the targets being 57 and 75 percent, respectively.
- The textbook-to-pupil ratio for core subjects for grades 1-8 is estimated to be 1:1.5.
- The pupil-to-teacher ratio for 2003/04 has reached to 65 percent, above the target of 63 percent.
- Design options and guidelines for primary school construction with lower unit costs and community participation have been issued to regions.
- A three-year fast track strategy has been developed in consultation with the regions in order to improve access in the pastoralist and semi-agriculturalist regions.

- Alternative basic education is now fully accepted as part of a strategy to address the problem of low enrolment. The construction of Alternative Basic Education Centers closer to the community encourages out-of-school children and children from pastoralist communities to attend school.

What type of educational institutions is used the most by communities?

- Feedback from households with school-going children points to the predominant use of government educational institutions (95%).
- The trend is the same for all regions. Only in Dire Dawa, an urban area, about one-third of school-going children study in a private school. On the other hand, some mission schools are present in Oromiya and SNNPR.

Table 49
Type of Educational Institution Used by Communities
(All figures in percentages)

	Government school	Private school	Mission/NGO	Others	Total
Tigray	99.5	0.0	0.0	0.5	422
Oromiya	95.4	1.4	3.1	0.1	722
SNNPR	92.8	2.6	4.6	0.0	345
Rural total	95.2	1.5	3.2	0.1	1489
Dire Dawa	70.1	28.7	0.9	0.3	355

What medium of instruction is generally followed?

- The medium of instruction in schools varies across regions. In Tigray, Tigrinya is the major medium of instruction (98%); in Oromiya, it is Oromifa (90%); and in SNNPR, Sidama (43%) is the major medium of instruction. In SNNPR, Amharic is also a prime medium of instruction (41%). In Dire Dawa, Amharic is most used (97%), followed by English (64%).
- Among the rural regions, English is most prevalent in Tigray (40%). Apart from the languages mentioned above, Arabic and Somali are also used, although Somali was only present in Dire Dawa.

Table 50
Medium of Instruction in Government Schools
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
English	39.5	4.34	11.6	8.0	64.6
Amharic	18.3	14.0	41.3	19.4	97.1
Oromifa	0.3	89.6	0.3	66.2	8.6
Tigrinya	97.8			5.8	
Others	0.3		8.4	1.8	2.1
Arabic			0.6	0.1	
Sidama			42.8	8.5	
Somali				0.0	0.4
N	367	685	320	1372	243

N= Total Respondents

How far do children have to travel to attend school?

- It is clear from the table below that about one-fourth of rural and nearly three-fourths of urban children have access to a school within a distance of 1 km from their residence.
- In Tigray, more than one-third of students need to travel more than 5 km to reach the school.

Table 51
Ease of Access to Government Schools
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Upto 1 km	18.9	25.4	19.2	23.8	72.3
1 to 3 km	38.9	36.4	42.9	37.8	17.2
3 to 5 km	8.7	23.6	16.7	21.4	3.4
5 to 10 km	29.3	10.9	7.6	11.3	0.3
Above 10 km	4.2	3.7	13.7	5.7	6.8
N	355	722	329	1406	354

N= Total Respondents

What is the quality of infrastructure and other facilities in government schools?

Availability & Quality of Sitting Arrangements

- The majority of parents (68%) reported that benches and desks are provided for their children in most of cases. Very few cases (5%) were found of children having to sit on the floor while attending classes.
- Interestingly, SNNPR reports the highest incidence of children having benches and desks as well as those forced to sit on the floor.

Table 52
Seating Arrangement in Government Schools
(All figures in percentages)

	Floor	Bench	Bench and desk	Others	N
Tigray	12.9	9.4	77.2	1.9	417
Oromiya	2.2	35.8	64.5	0.8	716
SNNPR	13.1	17.9	77.7	4.2	336
Rural total	5.1	30.4	68.0	1.6	1469
Dire Dawa	0.8	7.0	93.8	0.0	355

N= Total Respondents

Availability & Functionality of Toilets

- The survey also found that almost in 88 percent of all cases, toilets were available and functional; in around 9 percent of the schools no toilets were present.
- However, there are worrying variations across regions. Functional toilets were reported to be present in slightly more than 50 percent of schools in Tigray. By contrast, in Oromiya and SNNPR, functional toilets were reported to be present in more than 90 percent of schools, and in Dire Dawa the corresponding figure was 97 percent.

Table 53
Toilet Facilities in Government schools
(All figures in percentages)

	Toilet present and functional	Toilets present but not functional	Toilets not present	N
Tigray	54.2	3.4	42.4	415
Oromiya	92.0	2.9	5.1	686
SNNPR	91.4	2.9	5.7	315
Rural Total	87.8	3.1	9.1	1416
Dire Dawa	96.6	3.4		355

N= Total Respondents

Separate toilets were reported to be present for boys and girls in 72 percent of cases. Here too, however, regional variations exist. Tigray had the highest percentage of students' having a separate toilet (80%), followed by Oromiya (76%) and SNNPR (57%).

Availability of Drinking Water on School Premises

- A distressing finding from this survey is the acute shortage of drinking water in the rural schools; less than one-third of respondents have reported in the affirmative on this count.
- The percentage is extremely low in Tigray (10%); Oromiya reports the highest figure on this count with 33 percent reporting in the affirmative.
- The contrast is striking when one looks at feedback from Dire Dawa; 98 percent of respondents reported the availability of drinking water on school premises.

Availability of Teaching Aids

- Almost 88 percent of respondents reported that teaching aids were available in schools; this proportion was comparatively lower in Tigray (74%).

Availability of Free Books

- Around 96 percent of government school-going students have reported receiving a free text book. This percentage is similar across all regions, except in Dire Dawa where only 41 percent of students reported in the affirmative.

Table 54
Facilities Available in Government Schools

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Availability of drinking water in the school	10.1	32.6	28.2	30.0	97.6
Teaching aids available in the school	74.0	89.5	92.7	88.1	97.2
Free books given in the school	99.5	97.7	94.3	96.1	40.6
Minimum N	247	676	307	1230	244

How punctual are teachers?

- Overall, in nearly 80 percent of cases the teacher was always present in the school. This finding, however, varies across regions. Oromiya reports the most positive feedback on this count, with more than 80 percent of respondents reporting the regular presence of teachers during school hours.

Were there instances of the school closing down for unusual reasons during the last two years?

There were few instances of schools' not functioning during the normal academic year.

Table 55
Incidences of & Reasons for Irregular Closure of Schools

Regions	Reported Instances	Average number of days of closure	Major Reasons
Tigray	0.0	0	
Oromiya	5.6	07	➤ Bad weather (64%)
SNNPR	4.4	10	➤ Teacher did not turn up (56%) ➤ Epidemic (44%)
Rural total	5.0	08	
Dire Dawa	0.0	0	

What are the costs incurred in sending children to government schools?

- Feedback on the cost of education in government schools shows variations across regions. The registration fee is highest in SNNPR region (around 61 Birr)

and lowest in Tigray (around 10 Birr). On the other hand, the average monthly fee is around 6 Birr in Oromiya and almost negligible in Tigray. In Dire Dawa the registration fee is around 26 Birr and the average monthly fee is around 36 Birr.

Table 56
Payment of Fee to Government Schools

(All figures in percentages)

	Registration fee	Monthly tuition fee	Average registration fee	Average monthly fee
Tigray	9.6	1.5	6.7	Neg
Oromiya	18.3	4.9	13.0	6.3
SNNPR	60.9	3.4	12.5	8.8
Rural total	26.4	5.0	13.9	7.7
Dire Dawa	25.6	8.4	27.6	36.2

- ➔ Apart from direct costs, slightly more than one-third of people pay sums to various school authorities. Contributions made to school management tops the list (34%), followed by contributions made to the parent-teacher committee. Relatively higher proportions of respondents report making contributions to class teachers in Tigray and Dire Dawa.

Table 57
Contributions Made to Various School Authorities

(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
School management	24.6	31.0	57.5	34.4	15.2
Class teacher	11.3	5.7	0.3	5.0	16.8
Parent teacher committee	6.5	27.8	1.9	23.0	14.0
Others	57.6	35.5	40.3	37.6	54.0
N	415	690	320	1779	250

N= Total Respondents

- ➔ The excess contribution is made both in cash and kind. Cash contributions accounted for 73 percent; this proportion was 80 percent in Oromiya. Forced contributions are a matter of concern, with 17 percent of rural respondents having made such contributions. Forced contributions are also quite high in SNNPR (30%), and a large proportion in Dire Dawa (50%) also reported having been demanded such contributions. The average amount of this type of contribution varied from 7 Birr in Tigray to 10 Birr in Oromiya (and 29 Birr in Dire Dawa).

Table 58
Amount of Cash Contribution Made to the School
(All figures in percentages)

	N	%	Average amount	Demanded
Tigray	415	46.3	6.5	13.1
Oromiya	690	80.0	10.4	13.2
SNNPR	320	47.5	8.4	30.1
Rural total	1425	73.4	10.0	17.0
Dire Dawa	250	46.0	29.0	50.4

N= Total Respondents

How involved is the community in maintaining the schools?

- It is encouraging to note that the community is involved in the management of schools in some way in 89 percent of cases in rural regions. The involvement is highest Tigray (93%) and lowest in SNNPR (87%). In the urban region, the percentage is much lower (72%).
- Parent-teacher committees seem to be widely prevalent, with 98 percent of respondents reporting in the affirmative. However, only 9 percent of respondents reporting membership in such committees. In Dire Dawa, the percentage of households participating is even less than two. On the other hand, a very high percentage reports meetings among students (around 80%) and between parents and teachers (around 90%), thereby implying the active presence of informal forums other than the parent teacher committees.

Table 59
Involvement of Parents in School Management
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Community involvement in the management of the school	92.8	90.3	86.9	89.0	72.4
Presence of parent-teacher committee	99.2	97.4	99.3	98.0	98.4
Membership in committees	10.5	8.4	9.1	8.7	1.7
Meetings of students are organized	96.6	79.7	79.7	80.1	55.2
Meetings of parents and teachers are organized	94.5	88.6	91.9	88.6	90.4
N	384	607	276	1264	178

N= Total Respondents

How satisfactory are the parents with the education provided to their children?

- Feedback from parents clearly points to high levels of satisfaction with the quality of teaching and behavior of teachers (70 and 73 percent, respectively). However, a lesser number of people report completely satisfaction with school buildings and toilets.
- Overall, taking all aspects into consideration, over half of respondents expressed complete satisfaction with the quality of education.

Table 60
Level of Satisfaction with the School Services
(All figures in percentages)

		Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Quality of teaching	Completely satisfied	86.5	67.8	75.3	69.6	76.0
	Partially satisfied	11.1	27.1	19.7	25.4	11.6
	Dissatisfied	2.4	5.1	5.0	5.0	12.4
School building	Completely satisfied	67.5	51.2	58.4	53.9	80.4
	Partially satisfied	23.1	23.9	20.0	23.2	9.6
	Dissatisfied	9.4	24.9	21.6	23.0	10.0
Toilet	Completely satisfied	49.2	58.3	75.3	60.5	69.2
	Partially satisfied	13.7	29.9	14.7	25.7	12.4
	Dissatisfied	37.8	11.9	10.0	13.8	18.4
Behavior of teachers	Completely satisfied	90.4	70.6	78.1	73.0	73.2
	Partially satisfied	8.0	25.1	16.3	22.4	16.0
	Dissatisfied	1.7	4.4	5.6	4.6	10.8
Overall satisfaction	Completely satisfied	41.2	59.3	55.6	53.9	71.6
	Partially satisfied	53.3	35.2	41.3	36.2	13.6
	Dissatisfied	5.5	5.4	3.1	4.8	14.8
N		415	690	320	1425	250

Why are people dissatisfied with education services?

- Poor monitoring of attendance (47%), compulsory wearing of uniforms (25%) and poor conduct of teachers (16%) have been cited as the major reasons for dissatisfaction with schools in rural areas. In Dire Dawa, poor conduct of teachers (21%), inability to pay school fees (19%) and compulsory wearing of uniforms (18%) have emerged as the key reasons for dissatisfaction.

Table 61
Reasons for Dissatisfaction with School Services
(All figures in percentages)

Reasons	Tigray	Oromiya	SNNPR	Rural total	Dire Dawa
Unable to pay school fee	0.0	5.8	2.1	4.8	19.0
Poor teachers conduct	6.8	12.5	22.2	16.1	20.7
Poor school facilities	6.1	8.7	7.6	9.0	17.4
Poor attendance monitoring	68.7	42.8	35.4	46.9	15.7
Insufficient school furniture/books	2.0	4.3	0.0	3.3	5.0
Compulsory uniform	13.6	19.7	31.3	24.5	18.2
Not available for domestic work due to whole day school	2.7	2.4	1.4	2.3	2.5
Shortage of class rooms	0.0	1.0	0.0	0.7	0.8
Shortage of teachers	0.0	1.4	0.0	1.0	0.8
Inaccessible	0.0	1.4	0.0	1.0	0.0
N	147	208	144	499	98

What suggestions do people have to improve education services?

- Providing better transport facilities (25%), opening schools nearer to villages (22%) and improving the quality of the curriculum (20%) are some of the major suggestions put forth by parents to improve education services in the rural areas.
- Feedback from Dire Dawa strongly recommends a review of the current curriculum.

4.4 **AGRICULTURE EXTENSION SERVICES**

Given the centrality of the development of agriculture in poverty reduction strategies in Ethiopia, the SDPRP makes explicit references to the need to strengthen agriculture extension services as the following priority statements narrate:

- a) Design and introduce to the farmer menu-based agricultural extension packages that take into account agro-ecological diversity, opportunities for specialization, and likely market demand.
- b) Conduct extensive technical and vocational training in agriculture for development agents so as to provide effective extension services.
- c) Strengthen agricultural research to generate appropriate technologies to underpin productivity improvement and sustainability.
- d) Conduct extensive vocational training in agriculture for farmers with some level of primary education to create a critical mass of smallholder commercial farmers through time; to effect this operationalize Farmers Training Centers at the Peasant Associations (local) level and assign 3-4 Development agents.
- e) Improve agricultural marketing system through
 - Support the expansion of autonomous service cooperatives.
 - Conduct a feasibility study and introduce warehouse receipt scheme and commodity exchange.
 - Develop and introduce crop quality standards.
 - Improve the supply of market information.
 - Strengthen the private sector in agricultural marketing, especially supporting its market-based interface with service cooperatives and its participation in commodity exchanges.
- f) Support micro-finance institutions to improve rural financial services.
- g) Strengthen livestock development through forage development, improved breed, veterinary services and livestock marketing with the view to improve livelihoods, diversify income, insure food security, and strengthen export.
- h) Support the expansion of service cooperatives, which are critical for providing input/output marketing services, rural financial services and off-farm employment and income through setting up small agro-processing enterprises.
- i) Support water harvesting and expansion of small-scale irrigation to mitigate the impact of rainfall variability/shortage/absence.
- j) Improve rural land management to ensure tenure security; encourage out-grower schemes between smallholder farmers and the private sector, especially in the case of high value crops; and work out an appropriate legal and procedural framework for those in the private sector who wish to rent land from farmers.

The Annual Progress Report (2003/04) on the SDPRP highlights some significant achievements:

- Production of food grains increased to 103 million tons, an increase of about 39 percent over 2002/03.
- Fertilizer use rose to 322,938 MT, an increase of 16 percent over the previous year.
- 4.5 million farming households adopted improved extension packages, above the planned 4.1 million.

- ⇒ About 4,000 Farmer Training Centers (FTCs) were constructed in the past year, far exceeding the target of 600.
- ⇒ 46 new technologies were released for use, beating the goal of 30.
- ⇒ Over 3,000 trainers were provided with training in the promotion and implementation of agriculture commodity development-specialization and diversification plans.

What is the profile of agriculturists in the sample?

- ⇒ As evident from the table below, subsistence farming is the predominant agricultural activity across all regions. Commercial farming is the highest in case of fruit and vegetable production in Tigray, followed by animal husbandry.

Table 62
Households' Engagement in Agriculture & Agriculture-Related activities by Regions
(All figures in percentages)

		Tigray	Oromiya	SNNPR	Rural Total
Crop production	Subsistence	58.0	81.5	84.2	80.4
	Subsistence and cash	42.0	18.5	15.8	19.6
Animal husbandry	Subsistence	65.3	80.0	83.6	79.9
	Subsistence and cash	34.7	20.0	16.4	20.1
Apiculture	Subsistence	83.5	86.2	89.1	86.7
	Subsistence and cash	16.5	13.8	10.9	13.3
Fruit and vegetable production	Subsistence	53.0	79.5	70.6	77.1
	Subsistence and cash	47.0	20.5	29.4	22.9
Soil and water conservation	Subsistence	99.3	90.0	82.5	88.9
	Subsistence and cash	6.7	10.0	17.5	11.1

- ⇒ Among the various livelihood activities, crop production and animal husbandry are the major livelihood activities. Across all regions, the greatest number of agriculturists are engaged in crop production.

Table 63
Relative Importance of Agriculture & Agriculture-Related Activities by Region
(All figures in percentages)

	Crop production	Animal husbandry	Apiculture	Fruit and vegetable production	Soil and water conservation	N
Tigray	30.9	21.9	21.7	6.8	18.6	2402
Oromiya	26.0	26.0	14.2	17.0	16.8	4184
SNNPR	27.9	23.7	19.1	15.2	14.1	2063
Rural total	26.8	25.3	15.7	15.9	16.3	8649

What types of support do farmers receive from the agriculture department?

- Feedback from farmers indicates that the greatest support received was on crop production techniques.

Table 64
Support Received for Agriculture & Agriculture- Related Activities
(All figures in percentages)

	Crop production	animal husbandry	apiculture	fruit and vegetable production	soil and water conservation	Minimum N
Tigray	89.5	72.2	77.3	28.5	67.6	478
Oromiya	66.0	51.8	40.7	48.7	55.1	680
SNNPR	54.3	49.7	61.9	46.2	46.3	296
Rural total	65.2	52.8	44.1	46.7	54.8	1454

N= Total Respondents

Who provides the maximum agricultural extension support?

- In all the regions, it is evident that the government is the major agency for the provision of support to farmers in Ethiopia.

Table 65
Agencies Providing Support to Agriculture & Agriculture-Related Activities
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total
Government	97.7	99.6	93.0	98.1
NGO	0.1	0.1	5.1	1.1
Others	2.2	0.3	1.9	0.8
n	2307	2841	1405	6553

N= Total Respondents

What specific types of support do farmers receive to boost agricultural production?

- In general, farmers mainly received technical inputs for the betterment of crops and other agricultural products. In SNNPR, 35 percent reported getting marketing support.

Table 66
Type of Support Received from Government Agency

(All figures in percentages)

	Material	Marketing	Technical	Others	n
Tigray	4.6	0.1	95.1	0.1	2247
Oromiya	4.2	3.5	91.6	0.7	2831
SNNPR	5.8	35.1	58.8	0.3	1306
Rural total	5.6	9.3	84.3	0.9	6384

N= Total Respondents

How accessible are the agriculture extension agents?

- Across all regions, 91 percent of farmers reported that an extension agent was available within their kebele. However, a smaller percentage (69%) reported that agents were accessible. 67 percent of farmers reported that they had approached an extension agent.

Table 67
Availability and Accessibility of Extension Agent
(All figures in percentages)

	Available within kebele	Accessible	Approached	minimum n
Tigray	99.8	87.1	84.7	813
Oromiya	90.2	72.5	70.2	1055
SNNPR	90.1	46.7	49.1	529
Rural total	91.0	68.5	67.1	2397

N= Total Respondents

Interesting findings emerge while analyzing the frequency of visits of extension agents. In almost one-third of all cases the extension agent has been found to visit more than once a week; one-in-five farmers reported that the agent never made a visit.

Table 68
Frequency of Visits by Extension Agents
(All figures in percentages)

	Once a week	Once in 2 weeks	Once a month	More than a month	Never visited	N
Tigray	49.7	14.1	18.3	14.3	3.7	811
Oromiya	32.2	15.4	19.0	12.2	21.3	1011
SNNPR	26.4	11.7	22.5	9.0	30.3	511
Rural total	32.5	14.5	19.6	11.6	21.6	2333

N= Total Respondents

What information is provided by extension agents?

- Information on agricultural practices, land management and fertilizers are usually provided by extension agents.

Table 69
Nature of Support Provided by Extension Agent
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total
Information on agricultural practices	67.8	80.1	89.9	80.7
Information on land management	73.4	65.6	46.2	62.7
Information on fertilizers	78.3	65.6	44.2	62.8
Information on marketing	29.8	27.3	30.5	28.1
Information on access to credit facilities	19.5	25.5	3.7	20.6
Information on animal husbandry practices	29.3	18.7	18.7	19.8
Nothing	2.5	5.6	6.4	5.4
N	798	844	407	2049

N= Total Respondents

What are the major credit needs of farmers and from where do they access credit?

- Overall, around 26 percent of respondents reported borrowing money for agriculture and related activities. This percentage is highest in Tigray (31) and lowest in SNNPR (13.5).
- The source of credit varied across regions. In Oromiya, farmers' co-operative is the major source, while in Tigray, government and parastatal micro-credit institutions provide loans to the major people. In SNNPR, private money lenders play a major role in farmers' access to credit.

Table 70
Borrowings for Agriculture & Agriculture-Related Activities and Agencies
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total
Borrowed money to meet production expenses	31.1	28.9	13.5	25.7
N	835	1187	584	2606
Agencies				
Farmer cooperatives	2.7	43.1	2.5	35.0
Savings and credit cooperatives	0.8	4.1	1.3	3.5
Government/parasitical micro credit institution	59.2	27.1	3.8	27.7
NGO micro credit	28.1	5.0	0.0	6.6
Private sources	7.3	26.8	92.4	32.0
Others	3.1	0.0	1.3	0.4

N= Total Respondents

How easy is to get a loan from government institutions?

- The findings show that in rural Ethiopia only 14 percent of farmers have approached a government institution for a loan and almost 86 percent received such loans. This implies that the functionality of the government mechanisms in credit provision is good. However, general awareness on basic provisions for availing loans is quite low.

What is the extent of agricultural income generated?

- The study recorded figures on self-reported gross agricultural income. However, it should be noted that the income figures stated here are household incomes and not per capita income. In addition, these figures might not sum to the same amount as those figures provided in the economic activity table in Chapter III. The reason for the mismatch is due to the fact that the stated figures here are only agricultural incomes.

Table 71
Household Gross Income from Agriculture and Agriculture-Related Activities
(All figures in Birrs)

Average gross income	
Tigray	2111
Oromiya	2062
SNNPR	1177
Rural total	1882

How do communities cope to meet any shortfalls in income?

- Engaging in manual labor emerged as the main survival strategy in instances of a shortfall in regular income sources.
- Regional variations are also observed here. In SNNPR, apart from manual labor, non-farm activities are also quite common, while in Tigray, manual labor is the most predominant activity.

Table 72
Coping Strategies to Meet Shortfalls in Regular Income

(All figures in percentages)

	Non farm activities	Manual labour	Selling productive assets	Others
Tigray	5.3	61.8	13.5	19.4
Oromiya	16.5	30.8	21.1	31.6
SNNPR	30.0	30.0	5.2	34.8
Rural total	19.5	34.3	15.0	31.2

How do farmers market their produce?

- Direct marketing seems to be the most dominant method (84%) of selling agricultural and farm produce across all regions. The presence of middlemen was reported in a few cases in Oromiya (13) and SNNPR (5).

Table 73
Mode of Marketing of Produces

(All figures in percentages)

	Own farm	Open market (directly)	Open market (middlemen)	Farmer cooperatives	Others	N
Tigray	1.6	94.5	0.8	2.7	0.4	804
Oromiya	1.5	81.3	13.1	4.0	0.1	1010
SNNPR	5.4	88.7	5.4		0.5	540
Rural total	2.3	83.9	10.4	3.0	0.4	2354

N= Total Respondents

Do farmers receive a fair price for their produces?

- Only 38 percent of farmers from the rural areas report to have received a fair price for the sale of the produces, although the figure is much higher in Tigray (70%). This indirectly points to the absence of proper marketing mechanisms in the country.

Table 74
Proportion of Farmers Reporting Fair Price for Produces

(All figures in percentages)

	N	Proportion reporting fair price for produces
Tigray	835	70.3
Oromiya	1187	36.1
SNNPR	584	29.6
Rural total	2398	37.5

N= Total Respondents

- Knowledge about prevailing market prices is very high; overall, only about 7 percent of people were unaware of existing market prices.

Were there instances of families migrating due to food shortage?

- The survey found that 10 percent of rural households across the regions were forced to move out of their local habitation due to acute food shortage. The incidence of forced migration was observed to be the highest in SNNPR (15%) and lowest in Tigray.

Table 75
Households Reporting Forced Migration of Family Members Due to Food Scarcity
(All figures in percentages)

	N	%
Tigray	764	4.2
Oromiya	1110	9.4
SNNPR	524	14.9
Rural total	2398	10.0

N= Total Respondents

How frequently do farming communities face the loss of productive assets?

- The loss of cattle and agricultural produces is reported quite frequently across all regions. Overall, around 51 percent of people report facing the loss of cattle, and around 68 percent report the loss of crops. The highest incidence of loss of cattle is reported in Oromiya, while the highest incidence of loss of crops is reported in SNNPR.

Table 76
Households Reporting loss of Cattle and Crop During the last Two Years
(All figures in percentages)

	N	Loss of cattle	Loss of crop
Tigray	835	50.3	72.7
Oromiya	1187	53.4	61.5
SNNPR	584	40.2	88.7
Rural total	2606	50.5	67.8

N= Total Respondents

- In all regions, the major reason for the loss of cattle is disease. On the other hand, drought is the main reason for crop loss across all regions.

Table 77
Reasons for the Loss of Cattle and Crops

(All figures in percentages)

	Cattle				Crops			
	n	Drought	Disease	Others	n	Drought	Disease	Others
Tigray	420	32.4	59.1	8.5	607	91.6	4.8	3.6
Oromiya	634	16.1	76.5	7.4	730	57.3	17.5	25.2
SNNPR	235	18.7	74.5	6.8	518	94.4	3.3	2.3
Rural total	1289	17.7	74.9	7.4	1855	70.1	12.6	17.3

How do farmers rate the services of agriculture extension agents?

- ⇒ Around 57 percent of farmers felt that the services provided by extension agents were adequate. A larger proportion (94%) felt that the services were useful, while around 71 percent reported that the service delivery was timely.
- ⇒ Roughly 97 percent reported that the services provided by extension agents were relevant, and 65 percent felt that an improvement had taken place after the service had started.
- ⇒ Across regions, the services provided by extensions agents were most appreciated in Tigray.

Table 78
Quality of Support Provided by Extension Agent
 (All figures in percentages)

	Adequate	Useful	Timely	Relevant	Improvement	minimum n
Tigray	84.0	94.3	77.2	97.3	77.0	183
Oromiya	58.3	96.3	73.9	99.1	69.5	223
SNNPR	30.3	86.8	56.9	91.9	43.0	130
Rural total	56.6	94.2	71.1	97.2	65.2	571

N= Total Respondents

How satisfied are farmers with the quality of extension services?

- ⇒ Overall satisfaction with agricultural extension services is low. Less than one-fourth of farmers are completely satisfied with the service provided by the agricultural extension department. The percentage of people completely satisfied with the service is less than 10 in SNNPR.

Table 79
Overall Satisfaction with the Quality of Extension Services
 (All figures in percentages)

	N	Completely satisfied	Partially satisfied	Dissatisfied
Tigray	835	41.6	40.4	18.0
Oromiya	1187	24.3	30.7	44.9
SNNPR	584	7.9	26.2	65.9
Rural total	2606	22.3	30.6	47.1

N= Total Respondents

What are the major reasons for dissatisfaction?

- The major reason for dissatisfaction is weak monitoring and supervision by the extension agent, as mentioned by about half of farmers. In Tigray, however, poor productivity in agriculture has been mentioned as the major reason for dissatisfaction. The insufficiency of the number of development agents has also been flagged by 12 percent of farmers across the rural areas.

Table 80
Reasons for Dissatisfaction with the Extension Agent
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total
Inefficient development agent	6.3	9.2	18.3	12.0
Non availability of development agent	1.1	4.3	6.8	4.6
Weak monitoring/supervision	15.2	47.7	68.8	49.5
Poor productivity of agriculture in spite of the presence of Extension Agent	77.4	38.8	6.1	35.8

N= Total Respondents

Has the quality of extension services improved during the last two years?

- In spite of such dissatisfaction, more than 58 percent of rural people feel that agricultural extension services have improved in the country over the last two years.

Table 81
Quality of Agricultural Extension Services Compared to Two Years Ago

Tigray	Oromiya	SNNPR	Rural total
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Better than before	69.4	62.2	42.3	58.3
Same as before	25.1	22.7	29.9	24.5
Worse than before	3.1	5.1	19.5	8.2
Can not comment	2.5	10.0	8.3	9.0
N	810	997	568	2375

What suggestions do communities have to improve agriculture extension services?

- ⇒ Several suggestions have been given by the rural community for improving the quality of agricultural extension services. The most important suggestion is a reduction of the price of modern fertilizer, which more than half of respondents suggested.

Table 82
Suggestions for Improving the Quality of Agriculture Extension
(All figures in percentages)

	Tigray	Oromiya	SNNPR	Rural total
Reduction in the price of modern fertilizer	60.8	56.9	51.9	56.1
On time arrival of fertilizer/improved seeds	0.8	7.0	12.2	7.6
Change in the orientation of extension agent	17.7	17.2	15.8	16.9
Government to provide more inputs	28.6	26.3	33.6	28.3

N= Total Respondents

5. SUMMARY & POLICY POINTERS

Drinking Water Sector

- ⇒ Feedback from this study shows that nearly three-fourths of the rural Ethiopian population depends on non-potable water sources for drinking and domestic uses.
- ⇒ The incidence of scarcity has been reported by more than one-in-two rural respondents (56%) and 49 percent of those residing in urban areas. Users of ponds experience the highest level of scarcity (94%), followed by users of un-protected hand-dug wells (85%) and protected hand-dug wells (62%). Regional profiles indicate that seasonal scarcity is highest in SNNPR (78%), followed by Oromiya (51%) and Tigray (40%). Of those reporting scarcity of drinking water, 54% were compelled to shift from their regular source of water. In general, there is a clear shift from safe water sources to open water sources across all regions.
- ⇒ During normal times, around one-third of people have access to a water source within 300 meters of their residence. However, accessibility drastically falls during the scarcity period. In rural areas during such periods, only 11 percent of people report access to a source of water within a distance of 300 meters from their residence.
- ⇒ 44 percent of respondents reported that the community gets involved in maintaining water sources; most of this involvement is in the form of labor.
- ⇒ Feedback from communities strongly suggests that pollution of river water is a major concern; almost 70 percent of rural respondents depending on rivers for their needs reported pollution. However, few among those reporting pollution use filtering devices.
- ⇒ Public taps are the most reliable public source of drinking water with respect to continuous availability of water supply. Across regions, Tigray reports the best profile, with 64 percent of respondents reporting continuous availability of water (across all sources) during normal times. The situation is poorer in SNNPR, with just over one-fourth of the respondents reporting in the affirmative.
- ⇒ Public sources clearly score high on satisfaction for adequacy and quality of water, compared to other sources.
- ⇒ Feedback from citizens clearly points out that the quality of water supply has improved over the last two years. Again, this positive feedback is biased heavily in favor of public sources.
- ⇒ Willingness to pay for improved services has been expressed by the majority of respondents.
- ⇒ Suggestions for improving water supply clearly points to a need to expand the reach of public water supply networks.

Policy Pointers

- Though targeted interventions carried out under the SDPRP have resulted in significant improvements, lack of access to protected water supply sources remains a key concern for the majority of the Ethiopians.
- Apart from widening the network of public water supply, there is also an urgent need to improve the safety of natural sources like rivers, unprotected springs and ponds, as these sources support large numbers of people during times of scarcity.
- Communities are extremely stressed during scarcity times, especially in terms of accessing water. Planned programs and creative approaches should be immediately designed to assist communities to cope with during this stressful time.
- Modern technologies like rain water harvesting should be explored as an option to generate new water resources.
- There should be a concerted effort to strengthen community participation in maintaining water sources through the creation of participatory forums like water users associations. These forums can also be used to carry out awareness building and sensitization programs.
- In light of the strong feedback on the extent of pollution of open water sources and the low levels of usage of filtering devices, there should be a policy directive on issuing subsidies for procuring filtering devices.
- The survey has brought to light wide regional disparities in the access to and reliability of water supply. This needs to be addressed immediately and corrective measures designed.
- The overwhelming feedback on willingness to pay for better services needs to be analyzed carefully. One option to build on to this feedback creatively is by designing small village/kebele-level water improvement schemes with a small community contribution which will be supplemented by state resources.

Health & Sanitation Services

- In rural Ethiopia, malaria was the most commonly reported illness, followed by cough and cold.
- Government facilities are accessed mostly by patients seeking treatment. While this trend is predominant in Tigray, private facilities are relatively used more in Oromiya and SNNPR. The unavailability of medicine, prohibitive distance and poor service were cited as major reasons why people do not prefer going to government facilities.
- Access to medical facilities is a major issue for most rural communities. The problem is most acute in Tigray, where 45.5 percent of patients had to travel more than 10 km to access a medical facility. Nearly two-thirds of patients travel on foot to reach health facilities.
- The cost of getting treatment in government facilities is quite high and wide variations are observed in the cost of medicine across regions.
- Though the presence of doctors is reported to be low, paramedics are usually present at health facilities.

- Very few patients reported that they received medicine free of cost from government facilities. Whether this contradicts the policy needs to be explored.
- The highly encouraging feedback on children's rates of immunization is certainly encouraging for the public health system. However, the low responses in Dire Dawa need to be addressed.
- One-in-two respondents reported receiving general information and advice from health authorities; very few reported getting information on contraception.
- About 50 percent of users of health facilities reported complete satisfaction with health facilities. Within the specific indicators, the highest level of satisfaction was found with regard to time taken to attend to patients and the behavior of staff.
- It is encouraging to note that in the rural parts, 64 percent of respondents have reported improvements in health service provisions over the last two years. The greatest improvement was noticed in Oromiya.
- Less than one-third of people in the rural region reported using toilets. The "custom of not using a toilet" emerged to be the major reason for the lack of usage, with more than three-fourths of the non-users citing this as the major reason.
- Satisfaction ratings among the users of public toilets show that less than half of people are completely satisfied with these services. The leakage, overflowing, or bad odor of toilets, particularly in Oromiya, has been reported as the major reasons for dissatisfaction.
- Overall, feedback from rural regions suggests that sanitation services have improved over the last two years.

Policy Pointers

- The remoteness of health facilities from livelihoods has clearly emerged as a major concern. There is an urgent need to open more health outposts and primary health clinics throughout the country.
- Feedback suggesting the unavailability of drugs and also the wide variations in the prices of medicine points to the need to review existing drug policies.
- There is clearly a need to step up awareness campaigns on safe sanitation practices and also to improve existing systems.

Education

- Government schools are used by most students across the country.
- Most students' schools are located within 3 km of their residences. However, in Tigray, one-third of students travel more than 5 km to access a school.
- This survey has highlighted the acute shortage of drinking water provisions in schools; less than one-third of rural students reported availability.
- Regularity of teachers is reported to be very good.
- The cost of education varies across the regions, perhaps indicating a need to review the operational elements of educational policies. More than one-third of

parents pay extra amounts to various school authorities; 17 percent of those paying extra said that these payments were forced out of them.

- ⇒ Community involvement in school management is quite high, though the nature of such involvement suggests that it is more through informal means; very few parents reported membership in parent-teacher committees, though a significant proportion reported the presence of such committees.
- ⇒ Parents expressed high satisfaction with the quality of teaching and behavior of teachers and relatively lower satisfaction with the school building and toilets.

Policy Pointers

- ⇒ The survey has shown that big regional variations exist on various indicators related to the quality of education.
- ⇒ Essential infrastructure in schools needs a great deal of improvement, with regard to the provision of safe drinking water.
- ⇒ The wide variation in the extent of monthly fees paid to government schools also calls for a review of existing policies and deciding on standards and norms of services.
- ⇒ The low levels of membership in parent-teacher committees need to be explored, and if alternate forums are found to be effective, these need to be strengthened.

Agriculture Extension Services

- ⇒ Among the various livelihood activities reported, crop production and animal husbandry are the major livelihood activities.
- ⇒ Most of the support received by farmers is on crop production techniques. Government agencies are the main source for most communities to access information and know-how on agriculture and related activities.
- ⇒ Support provided for marketing agricultural produce and for providing inputs like seeds is reported to be quite weak.
- ⇒ Though most farmers reported the availability of an extension agent within their kebele, a relatively smaller proportion found them accessible.
- ⇒ Given the nature of the subsistence economy, 26 percent of farmers reported having borrowed money for agriculture and related activities. Sources of credit vary across regions. Very few farmers have approached a government institution for a loan, but a majority of those who did reported getting a loan without any major difficulty.
- ⇒ Formal marketing support seems to be largely absent, with direct marketing the common practice. Only 37.5 percent have reported getting a fair price for their produce; knowledge about prevailing market prices, however, is high.
- ⇒ Forced migration due to food scarcity affects about 10 percent of rural households; this proportion was much higher in SNNPR (15%).
- ⇒ More than 50 percent of farmers reported the loss of crops and cattle.
- ⇒ Feedback on the quality of services provided by extension agents suggests that services were useful, timely and relevant. However, only 56 percent of respondents said that these services were adequate.

- Satisfaction with the services of the agriculture extension department is low, with less than one-fourth of respondents expressing complete satisfaction.
- In spite of the low levels of satisfaction, more than half (58%) of rural people feel that agricultural extension services have improved in the country over the last two years.
- Suggestions from farmers on improving services mostly relate to reducing the price of modern fertilizers.

Policy Pointers

- Given the criticality of agriculture and allied activities for rural livelihoods, the role of agriculture extension services is extremely important. This survey has echoed a strong endorsement for the role of extension agents in imparting technical knowledge to farmers. However, there is strong feedback to expand the current network of agents.
- Support for marketing and access to credit facilities is an area of concern. Further, the inability of farmers to secure fair prices for their produce is also a major concern.
- The high proportion of farmers reporting the loss of crops and cattle points to a need to introduce some forms of insurance schemes.

How Do the Sectors & Regions Measure Up? *Comparisons across key indicators*

This pilot CRC has highlighted an interesting spectrum of findings across four pro-poor services in four regions in Ethiopia - three rural and one urban. In this section, an attempt is made to compare the four services with respect to *availability of access* to public facilities, *usage* of public services, *quality/reliability* of public services and *total satisfaction* with selected qualitative and quantitative dimensions of service delivery for the rural regions.

I. AVAILABILITY OF / ACCESS TO FACILITIES

Availability of basic public infrastructure and access to services provides a major indicator of the effectiveness of the spread of public service facilities. For the purpose of this study, availability/access parameters selected for each of the four services were:

- Health Services - *Proportion of respondents reporting access to a medical facility within 3 km of their residence*
- Primary Education - *Proportion of respondents reporting access to a school within 3 km from their residence*
- Agriculture Extension Services - *Proportion of respondents reporting the availability of an extension agent within their kebele*

II. USAGE OF PUBLIC FACILITIES

Usage profiles of the various public services would, on the one hand, reflect the dependency of citizens on these provisions and on the other, reflect a map of alternate service providers in the arena. The following usage profiles were used for analysis:

- Drinking Water - *Actual usage (%) of public water sources (Common Public Taps, Public Handpumps and Piped connection at home)*
- Health Services - *Actual usage (%) of government health facilities*
- Primary Education - *Actual usage (%) of government schools*
- Agriculture Extension Services - *Proportion of households availing services provided by the extension department*

III. QUALITY / RELIABILITY OF PUBLIC FACILITIES

Quality and/or reliability of public service delivery is often measured in terms of well-established technical parameters like the *Mitrate* test to check for the level of chlorination in ground water sources or the *Learner's Achievement Test* to test the aptitude of primary school going children. Seldom does one find any evaluation on quality/reliability parameters from the end-user's perspective. For most users,

reliability is a key dimension of the quality of service. The following quality/reliability dimensions were used for the purpose of this analysis:

- Drinking Water - *Proportion of households reporting continuous availability and adequacy of water from public sources*
- Health Services - *Proportion of households who reported the availability of medicine at the facility visited and the proportion of households who reported getting cured after receiving treatment at the facility*
- Education - *Proportion of households reporting regularity of teachers, Proportion of households reporting availability of teaching aids and Proportion of households reporting provision of free books at schools*
- Agriculture Extension Services - *Proportion of households reporting that the services provided by extension agents are adequate, timely, relevant and useful and the proportion of households reporting improvements in the service*

IV. SATISFACTION WITH PUBLIC FACILITIES

Satisfaction represents the user's assessment of the performance of a service. Though the present study explored grades of summative satisfaction scores that respondents assigned to various services, as a conscious strategy to focus on the quality of services, only scores on complete satisfaction were used for analysis.

For each service total weighted scores were derived for the final ranking:

Table 83
How Sectors Measure up: The final Scorecard
(All figures in percentages)

Sectors/ Scores	Tigray	Rank	Oromiya	Rank	SNNPR	Rank	Scores Rural Total	Overall sector ranks
Drinking water	54.0	4	51.2	4	38.4	4	47.3	4
Health	65.5	3	55.5	3	58.0	2	57.4	3
Education	72.0	2	76.6	1	73.5	1	75.4	1
Agricultural extension	78.0	1	66.8	2	51.6	3	63.0	2

- Rankings of sectors show that education leads the table, followed by agriculture extension services, health and drinking water.