



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Ethiopia

Proposed UNFPA assistance: \$96.25 million: \$22.75 million from regular resources and \$73.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Sixth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	14.55	38.50	53.05
Population and development	4.20	30.00	34.20
Gender	3.00	5.00	8.00
Programme coordination and assistance	1.00	-	1.00
Total	22.75	73.50	96.25

I. Situation analysis

1. Ethiopia is the second most populous country in sub-Saharan Africa, after Nigeria. The population was 77.4 million in 2005, and grew 2.8 per cent per year from 2000-2005. Spurred by the high fertility rate (5.4 children per woman in 2005) and the declining mortality rate, the population is expected to reach 94.5 million by 2015. The contraceptive prevalence rate for modern methods is 14 per cent, and the unmet need for family planning is 36 per cent. Young people aged 10-24 account for 33.1 per cent of the population.

2. Thirty-six per cent of the population lives below the poverty line, and 6 to 13 million people are at risk of starvation. About 85 per cent of Ethiopians live in rural areas, where families are large and poverty is widespread. Persistent drought and famine have fuelled a humanitarian crisis in which 7.5 million people, including 875,000 women of reproductive age, require emergency assistance.

3. The reproductive health status of the population is poor. The maternal mortality ratio is 871 deaths per 100,000 live births. Skilled attendants are present at only 6 per cent of births, and only 10 per cent of mothers receive post-natal care. About 25,000 women die annually due to childbirth-related complications. Abortions account for about 50 per cent of all gynaecological and obstetric admissions to health facilities. Young people, especially girls, are the most vulnerable to sexually transmitted infections (STIs), HIV/AIDS, early pregnancies and obstetric fistula. Access to health services is poor, and there is no effective emergency obstetric service, especially in the rural areas. The low status of women and harmful traditional practices such as early marriage and female genital cutting have had negative impacts on women's reproductive health.

4. HIV/AIDS infects an estimated 1.5 million Ethiopians. In 2001, HIV prevalence among young people aged 15-24 was 12.1 per cent, compared to 6.6 per cent among adults. In

2003, the adult prevalence rate was 4.4 per cent. Prevalence is higher among women than among men. While the urban prevalence rate has leveled at 12.6 per cent, the rural rate (2.6 per cent) has been increasing due to population movements. The number of children orphaned by AIDS is estimated at 537,000, of whom 56 per cent are below the age of 10. There were 134,124 AIDS-related deaths in 2005.

5. The gender gap is significant in the social and economic spheres. Women and girls suffer from harmful practices such as early marriage and sexual and gender-based violence. Female genital cutting is practiced in 73 per cent of the country. School enrolment is 80.4 per cent for males and 67.6 per cent for females. The adult literacy rate is 33 per cent for men and 11 per cent for women.

II. Past cooperation and lessons learned

6. UNFPA has assisted Ethiopia since 1973 through five county programmes. The population and development component of the previous programme helped to integrate population and gender issues into the needs assessment for the Millennium Development Goals and the Plan for Accelerated and Sustained Development to End Poverty. It also supported the second demographic and health survey as well as preparatory work for the 2007 population and housing census.

7. The reproductive health component focused on increasing access to high-quality reproductive health information and services by: (a) training health professionals; (b) supplying emergency obstetric care equipment; (c) promoting condom use; (d) preventing and treating obstetric fistula; and (e) establishing voluntary counselling and testing centres. It helped to produce a reproductive health strategy document and the adolescent reproductive health strategic action plan; develop a contraceptive logistics management system; and strengthen technical and institutional capacity for programme management.

8. Lessons learned include the need to: (a) focus programme interventions thematically so that resources are made available where needs are greatest; (b) create effective coordinating mechanisms and decentralized structures to facilitate programme implementation; (c) forge strong partnerships to better reflect population issues in national development plans; and (d) use flexible modalities such as sector-wide approaches to leverage resources and support programme implementation.

III. Proposed programme

9. The goal of the proposed country programme is to contribute to improved quality of life by: (a) supporting the national reproductive health policy and programme; (b) harmonizing population growth with development; and (c) enhancing gender equity, equality and the empowerment of women. The programme is aligned with the Plan for Accelerated and Sustained Development to End Poverty, the United Nations Development Assistance Framework (UNDAF), the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development.

10. The proposed programme addresses the UNDAF outcomes related to enhanced economic growth; basic social services; HIV/AIDS; humanitarian response; and good governance. It will support the implementation of the reproductive health strategy, the population policy and the adolescent reproductive health action plan. The programme will continue interventions through joint programmes with other United Nations agencies. It will also support data collection, analysis and utilization to monitor progress in achieving the Millennium Development Goals and the Plan for Accelerated and Sustained Development to End Poverty. The programme will support reproductive health services within a decentralized framework, emphasizing marginalized and vulnerable groups,

particularly women, young people and those in humanitarian crisis situations.

11. The programme will consist of three components: reproductive health; population and development; and gender, with a focus on HIV/AIDS. These components will incorporate cross-cutting issues such as gender analysis and mainstreaming; advocacy; and human rights-based and culturally sensitive approaches.

Reproductive health component

12. The outcome of this component is improved access to, demand for and utilization of high-quality, gender-sensitive and integrated reproductive health information and services at all levels for men, women, young people and vulnerable groups, including those in emergency and humanitarian situations, focusing on emergency obstetric care, family planning, reproductive health commodity security, STIs, HIV/AIDS and obstetric fistula. This outcome has four outputs.

13. Output 1: Implementation of the road map for maternal mortality reduction supported through increased availability of high-quality and gender-sensitive reproductive health services for women, men and young people, emphasizing safe motherhood, family planning, adolescent reproductive health services and attention to the most vulnerable groups. To achieve this output, the programme will foster partnerships and dialogue with sectoral ministries, parliamentarians and donors to secure resources to adopt and implement the road map, with particular attention to emergency obstetric care and to the presence of skilled attendants at birth. The programme will strengthen the capacity of health facilities and service providers for: (a) focused antenatal and post-natal care; (b) family planning; (c) services to prevent mother-to-child transmission of HIV/AIDS; and (d) services to prevent and manage obstetric fistula. The programme will establish an effective referral system and will improve access to reproductive health services

for young people. The programme will also ensure the availability of a minimum initial service package for reproductive health in humanitarian crises.

14. Output 2: Increased gender- and culturally sensitive behaviour change communication interventions to address reproductive health and sociocultural issues. To achieve this output, the programme will: (a) conduct advocacy and policy dialogue to ensure a supportive environment to develop and disseminate reproductive health information, increase the accessibility and utilization of available services, and increase the demand for services; and (b) strengthen institutional and technical capacity to develop behaviour change communication messages to promote community support for safe motherhood, family planning and adolescent reproductive health services.

15. Output 3: Strengthened HIV/AIDS prevention initiatives for women, men, young people and vulnerable groups. This output will be achieved using the “three ones” principles, which call for one agreed HIV/AIDS action framework, one national AIDS coordinating authority, and one country-level monitoring and evaluation system. The programme will: (a) build partnerships and networks to mobilize resources to scale up HIV/AIDS prevention initiatives; (b) support youth-friendly services; (c) promote universal access to prevention, care and support; (d) support comprehensive condom programming; and (e) support the development and roll out of an HIV/AIDS monitoring and evaluation system.

16. Output 4: Strengthened institutional capacity for managing reproductive health programmes, with attention to ensuring reproductive health commodity security. This output will be achieved by: (a) using evidence-based advocacy to secure government commitments for reproductive health commodity security; (b) strengthening capacity to establish a logistics management system to

ensure a reliable supply of reproductive health commodities; (c) building capacity to compile reproductive health service statistics at various levels and to ensure effective linkages to a health management information system; and (d) strengthening the programme and financial management capacity of implementing partners.

Population and development component

17. The outcome of this component is: population and development concerns are taken into account at national, subnational and sectoral levels in implementing the Plan for Accelerated and Sustained Development to End Poverty. In line with the multi-year funding framework, the census will provide data for the in-depth analysis of population dynamics and poverty mapping. The Ethiopian demographic and health survey will provide baseline data for Millennium Development Goals 3, 4, 5 and 6. This outcome has two outputs.

18. Output 1: Increased availability of and access to up-to-date, disaggregated population data for policy and programme management. This output will be achieved by: (a) supporting the 2007 census and 2010 demographic and health survey; (b) developing an integrated population and development database; (c) sharing knowledge with stakeholders; and (d) mobilizing resources to support data collection, analysis and dissemination.

19. Output 2: Strengthened capacity of the Government and civil society to integrate population issues into development policies and poverty-eradication strategies. This output will be achieved by: (a) building capacity at central, regional and community levels; (b) developing coordination mechanisms that support the integration of population issues into development frameworks; (c) building partnerships for advocacy and resource mobilization; and (d) supporting research on population and development for evidence-based advocacy and policy dialogue.

Gender component

20. This component will contribute to the implementation of the national gender strategy in the context of the Plan for Accelerated and Sustained Development to End Poverty. The outcome of this component is: institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls are strengthened. This outcome has two outputs.

21. Output 1: Strengthened institutional capacity to mainstream gender in selected institutions. This will be achieved by: (a) providing technical support to sectoral ministries in developing guidelines, strategies and policies; and (b) building the institutional capacity of the Ministry of Women's Affairs to implement and mainstream the national gender action plan.

22. Output 2: Enhanced community capacity to protect women's and girls' rights in the areas of gender-based violence, reproductive health, family planning and HIV/AIDS. This will be achieved by: (a) supporting community-based programmes to provide information, knowledge and skills for reproductive rights and women's empowerment; (b) promoting legal rights and strengthening community capacities to exercise their rights to reduce harmful practices, focusing on female genital cutting, abduction, and early marriage and; (c) increasing women's participation in decision-making.

IV. Programme management, monitoring and evaluation

23. The Ministry of Finance and Economic Development will coordinate and manage the programme, which will be implemented through the national execution modality. Lead agencies for the programme components are the Ministry of Health (for reproductive health); the Ministry of Women's Affairs (for gender); and the Ministry of Finance and Economic Development (for population and development).

Government ministries will implement the programme through a decentralized process and with civil society and community-based organizations. UNFPA will execute activities related to international procurement, recruitment, training, and resource mobilization.

24. The programme will employ results-based management. Monitoring and evaluation, which will be aligned with the multi-year funding framework, the UNDAF, the Plan for Accelerated and Sustained Development to End Poverty and the health sector development plan, will be undertaken through quarterly reporting, annual reviews, joint monitoring visits and joint United Nations agency reviews. The programme will establish a database to monitor performance. The 2005 demographic and health survey, the 2007 census and the welfare monitoring survey will provide baseline data. The 2010 demographic and health survey will provide data to measure progress.

25. The country office will develop a resource mobilization strategy to increase financial support for the programme. The African Development Bank, the European Union, Nike and the World Bank have pledged financial support to implement the population policy. The country office will develop a country programme management plan to strengthen programme implementation, establish sub-offices and recruit national personnel.

26. The UNFPA country office consists of a representative, a deputy representative, an assistant representative, an operations manager, six national programme officers, three junior programme officers, one United Nations volunteer, one chief technical adviser, two national project officers and several support staff. Additional human resources are needed to implement the programme. The UNFPA Country Technical Services Team in Harare, Zimbabwe, along with national and international consultants and staff from UNFPA headquarters, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR ETHIOPIA

<p>National priority: to contribute to the improvement of the quality of life of the people of Ethiopia by supporting reproductive health, gender, and population and development programmes. All country programme outcomes will contribute to all UNDAF outcomes, but will focus on the following three: UNDAF outcome 1 (humanitarian response): by 2011, strengthened capacities of the Government, communities and other relevant stakeholders to respond to situations that threaten the lives and well-being of a significant proportion of the population. These situations require rapid and appropriate action to ensure the survival, care, protection and recovery of affected populations that enhance their resilience and that contribute to food security and sustainable livelihoods. UNDAF outcome 2 (basic social services): by 2011, United Nations agencies will have supported national efforts to achieve the Millennium Development Goals relating to improved and equitable access to and utilization of decentralized social services, including those for health, nutrition, education, water, sanitation and hygiene, by developing the capacity of those responsible for service delivery as well as those who demand and use such services, while giving special attention to the most vulnerable and marginalized groups UNDAF outcome 3 (HIV/AIDS): by 2011, achieve substantial progress towards reducing the vulnerability to HIV infection, especially of women and girls, and alleviating the impact of the epidemic, with an emphasis on marginalized and affected populations</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Improved access to, demand for and utilization of high-quality, gender-sensitive and integrated reproductive health information and services at all levels for men, women, young people and other vulnerable groups, including those in emergency and humanitarian situations, with a focus on emergency obstetric care, family planning, reproductive health commodity security, STIs, HIV/AIDS, and obstetric fistula</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Contraceptive prevalence rate for modern methods Baseline: 13.9 per cent Target: 35 per cent • Percentage of births attended by skilled health personnel Baseline: 6 per cent Target: 32 per cent • Percentage of affected population receiving minimum initial services package kits Baseline: 10 per cent of the affected population Target: 40 per cent 	<p>Output 1: Implementation of the road map for maternal mortality reduction supported through increased availability of high-quality and gender-sensitive reproductive health services for women, men and young people, emphasizing safe motherhood, family planning, adolescent reproductive health services and attention to the most vulnerable groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • National road map is adopted and signed, implementation plan is developed, and coverage is increased • Number of health facilities providing youth-friendly services • Percent of health facilities (by level) providing at least three types of modern contraceptives • Number of minimum initial services package kits distributed in humanitarian situations <p>Output 2: Increased gender- and culturally sensitive behaviour change communication interventions to address reproductive health and related sociocultural issues</p> <p>Output indicator:</p> <ul style="list-style-type: none"> • Number of service delivery points with at least one staff member trained in communication skills <p>Output 3: Strengthened HIV/AIDS prevention initiatives for women, men, young people and vulnerable groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Functional national HIV/AIDS monitoring and evaluation system • Proportion of population aged 15-24 able to name at least two methods to prevent HIV <p>Output 4: Strengthened institutional capacity for managing reproductive health programmes, with attention to ensuring reproductive health commodity security</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Functional national logistics management system and health management information system • Government budgetary allocations for reproductive health commodity security 	<p>Ministry of Health; Ministry of Women's Affairs</p> <p>Teaching institutions</p> <p>World Bank</p>	<p>\$53.05 million (\$14.55 million from regular resources and \$38.5 million from other resources)</p>

UNDAF outcome 2 (basic social services): see above				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Population and development concerns are taken into account at national, subnational and sectoral levels in implementing the Plan for Accelerated and Sustained Development to End Poverty</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Integrated population and development database <p>Target: two databases (integrated management information system and country office database)</p> <ul style="list-style-type: none"> Census resources mobilized <p>Baseline: \$30 million Target: \$70 million</p> <ul style="list-style-type: none"> National census completed <p>Baseline: Cartographic work Target: Census conducted</p>	<p>Output 1: Increased availability of and access to up-to-date, disaggregated population data for policy and programme management</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Gender-disaggregated results of the 2007 census and 2010 demographic and health survey are available, accessible and utilized Functional integrated management information service 	Ministry of Finance and Economic Development; Central Statistical Agency; National Office of Population	\$34.2 million (\$4.2 million from regular resources and \$30 million from other resources)
		<p>Output 2: Strengthened capacity of the Government and civil society to integrate population issues into development policies and poverty-eradication strategies</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Tools and guidelines to integrate population and development, reproductive health and gender into development frameworks are available Number of institutions with trained personnel in integration at different levels Budgetary allocations by the Government for population activities 		
Gender	<p>Outcome: Institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls are strengthened</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Mechanisms are in place to monitor and reduce gender-based violence, female genital cutting and early marriage, at national and community levels <p>Baseline: 0 Target: data made available and monitoring tools for the Ministry of Women's Affairs are developed</p>	<p>Output 1: Strengthened institutional capacity to mainstream gender in selected institutions</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of ministries integrating the national gender action plan into their sectoral plans Number of institutions that developed systems (manuals, protocols and guidelines) to mainstream gender issues into their plans 	Ministries of: Women's Affairs; Education; and Health Women parliamentarians Early marriage network	\$8 million (\$3 million from regular resources and \$5 million from other resources)
		<p>Output 2: Enhanced community capacity to protect women's and girls' rights in the areas of gender-based violence, reproductive health, family planning and HIV/AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of gender-focused, community-based programmes supported Proportion of households supporting the decline of harmful practices (female genital cutting, under-age marriage and abduction) 		