

MEMBER STATE COMMENTS ON THE DRAFT UNFPA COUNTRY PROGRAMME DOCUMENT FOR ETHIOPIA

Annual Session 2020

Comments by USA	UNFPA regional/country office response
<ul style="list-style-type: none"> ● The U.S. Government has reviewed the draft program document outlining UNFPA assistance to Ethiopia for 2020-2025. The United States would like to thank UNFPA for sharing its draft country programme document for Ethiopia, and recognizes that the program focus, key program components, and proposed outputs fit well with Ethiopia’s demographic, health, and reproductive health needs. Below are some recommendations and comments, which the authors may wish to consider while finalizing the draft. 	<p>The Country Office thanks the United States of America for this comment.</p>
<ul style="list-style-type: none"> ● <i>Regarding the Programme Rationale</i> <ul style="list-style-type: none"> ○ Related to Item 4 of the Programme Rationale, the statistics on the number of cases of obstetric fistula appear to be outdated. We encourage UNFPA to review the available data on obstetric fistula cases and other contributing factors of maternal mortality. Additionally, we encourage UNFPA to consider how it will coordinate with the Ministry of Health to address obstetric fistula treatment in-country, as the Programme Document does not mention the national plan to eliminate obstetric fistula or the efforts of other health actors in Ethiopia. 	<p>The Ministry of Health, in collaboration with UNFPA and other key partners, has agreed to carry out a survey on obstetric fistula. UNFPA will use the results of this survey as baseline for obstetric fistula surveillance and response. The data cited in the CPD stems from the 2013 USAID study which is the only available data at national level for unrepaired fistula cases, and this data was used in the development of the National Strategic Plan for the Elimination of obstetric fistula. In the most recent DHS (2016), the 0.4% translates to 90,000 women who have ever had a fistula—but includes those who have had repairs. If we deduct (50,000) women treated at Hamlin Fistula Ethiopia and other fistula centres, we still have many women untreated (nearly 40,000) which is similar to the 2013 USAID study. UNFPA will continue to</p>

	<p>work closely with the Ministry of Health and other key partners to strengthen its support to the National Strategic Plan for the Elimination of obstetric fistula during this country programme.</p>
<ul style="list-style-type: none"> ● <i>Regarding the Programme Rationale and the Programme Priorities and Partnerships</i> <ul style="list-style-type: none"> ○ Related to Items 6 and 8 of the Programme Rationale and Outcome 3 of the Programme Priorities and Partnerships, the Programme Document identifies adolescent girls and women as priorities for UNFPA programming. The Document highlights the focus on early marriage and gender-based violence (GBV), including female circumcision, however the document does not include output indicators for reducing female circumcision or addressing harmful sociocultural norms and practices. We encourage UNFPA to include indicators for how it will address harmful practices against women and girls. 	<p>The Results and Resource Framework includes two indicators on harmful practices attributable to UNFPA, under Outcome 3, Output 2:</p> <ul style="list-style-type: none"> ● Number of young girls (10-19 years) who received prevention and/or protection services and care related to child marriage with UNFPA support Baseline: 58,200 Target: 150,000 ● Number of young girls (10-19 years) and women who received prevention and/or protection services and care related to Female Genital Mutilation with UNFPA support Baseline: 401,400 Target: 750,000 <p>Outcome 3, Output 1 includes the following indicator:</p> <ul style="list-style-type: none"> ● Number of survivors of gender-based violence who received comprehensive services as per the National Protocol in all settings Baseline: 34,425; Target: 137,600 (cumulative) <p>There is also an indicator focussed on strengthening the inter-agency gender-based violence coordination body at the federal and regional levels in order to better prevent, protect and provide support for survivors of gender-based violence.</p>
<ul style="list-style-type: none"> ● <i>Regarding the Programme Rationale and the Results and Resources Framework</i> 	<p>We appreciate the comment, and wish to re-affirm that rights-based, voluntary, client-centered approaches are core to all UNFPA's activities</p>

<ul style="list-style-type: none"> ○ Related to Item 4 of the Programme Rationale, the output indicator regarding the targeted number of obstetric fistula repairs conducted with UNFPA support could lead to unintended consequences and should be carefully designed with those consequences in mind. Specifically, USAID encourages all activities using targets to consider the indicator being used, how the program is structured, and if targets will be flowed down to the individual service provider level, which could compromise principles of voluntarism. We thus encourage UNFPA to carefully consider the program structure and the indicator. 	<p>and programmes. This indicator ‘<i>number of women and girls who received obstetric fistula treatment with UNFPA support</i>’ is derived from the UNFPA Strategic Plan and is focussed on fistula repair surgeries. It is important for ensuring readiness of facilities to offer quality fistula care, and measures total number of women who benefit from fistula repairs, by exercising their right to access health care and to enjoy a healthy life. This is in line with the 2018 UN resolution adopted by the General Assembly on intensification of efforts to end obstetric fistula and the country strategic plan on elimination of obstetric fistula that has a two prong approach (prevention and management). The targets will not be broken down by individual provider or facility, and will not be used as an individual level performance indicator in the programme.</p>
<ul style="list-style-type: none"> ○ Outcome 1, Output 2, Indicator 3 of the Results and Resources Framework (“Number of health facilities providing comprehensive sexual and reproductive health services”) currently states that the baseline number of health facilities offering comprehensive sexual and reproductive health services is zero. We encourage UNFPA to review this number, as there are existing health facilities offering these services. Up-to-date numbers will enable UNFPA to more accurately forecast targets for the programming cycle. 	<p>As rightly pointed out, in Ethiopia there are many facilities that provide comprehensive sexual and reproductive health services. However, since this is a new country programme in which UNFPA will focus on addressing gaps and working with 250 facilities which do not provide comprehensive SRHR services, the baseline is zero. This does not imply that previous work has not been done in this area, but will allow UNFPA to measure its direct contribution to the output with an emphasis on the comprehensive approach under the new programme. UNFPA will continue to provide support to health facilities that were previously engaged.</p>
<ul style="list-style-type: none"> ○ Outcome 2, Output Indicator 1 (Number of young people empowered with life skills for their meaningful participation at all levels in all settings) is not clearly measurable. Instead, we encourage UNFPA to consider indicators that are quantifiable, 	<p>The indicator has been revised as follows: ‘Number of young people reached with life skills education to empower them to build their health, social and economic assets and meaningfully participate in decision making processes at all levels.’</p>

such as number of students counselled on FP/RH or number of students who received comprehensive sexual education.	
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