



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
9 April 2020

Original: English

Annual session 2020

1-5 June 2020, New York

Item 15 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Ethiopia

Proposed indicative UNFPA assistance: \$112 million: \$22 million from regular resources and \$90 million through co-financing modalities or other resources

Programme period: Five years (July 2020 – June 2025)

Cycle of assistance: Ninth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	10.7	33.0	43.7
Outcome 2	Adolescents and youth	3.3	23.0	26.3
Outcome 3	Gender equality and women's empowerment	2.7	24.0	26.7
Outcome 4	Population dynamics	3.8	10.0	13.8
Programme coordination and assistance		1.5	-	1.5
Total		22.0	90.0	112.0

I. Programme rationale

1. Ethiopia is undergoing political, economic, administrative and legislative reforms, and aspires to be a lower middle-income country by 2025. The Government recognizes the centrality of population dynamics to this vision, and at the 2019 Nairobi Summit committed to accelerating implementation of the International Conference on Population and Development (ICPD) Programme of Action.

2. Ethiopia is in the early stages of a demographic transition, with falling death rates and high birth rates, leading to a rapid population growth. The population is estimated at 98.7 million and is expected to double by 2050. The total fertility rate declined from 5.5 children per woman in 2000 to 4.6 children per woman in 2016; it is lowest in Addis (1.8 children per woman) and highest in Somali (7.2 children per woman).

3. About 69 per cent of Ethiopians are younger than 30 years; the working population is growing by 2 million annually, with a dependency ratio of 80.5 per cent. To accelerate the demographic transition, Ethiopia needs to lower the fertility and child mortality rates to create an age structure conducive to enabling sustainable development. The country is urbanizing rapidly, with a projected increase of 10 per cent by 2037, driven by rural migration to urban areas; however, 84 per cent of the population resides in rural areas.

4. The maternal mortality ratio has declined (from 871 per 100,000 live births in 2002 to 412 per 100,000 live births in 2016), but maternal deaths among adolescents and young women remains high: (those aged 15-19 years and 20-24 years contributed to 17.4 per cent and 28.7 per cent of all deaths, respectively, with Somali region recording the highest rate (743 per 100,000 live births) and Addis Ababa the lowest (234 per 100,000 live births). Unsafe abortion contributes to 10 per cent of maternal deaths. About 3,500 new cases of obstetric fistula are recorded annually, adding to a growing backlog of 37,000 cases.

5. About 41 per cent of married women aged 15-49 years use modern methods of family planning. Despite progress, unmet need for family planning is high (22 per cent). Limited choices on contraceptive methods, particularly long-term methods, is a key constraint. Despite progress on child survival, the child mortality rate is high and affects couples' decisions to choose smaller families.

6. About 13 per cent of adolescent girls aged 15-19 years have begun childbearing. Early marriage and initiation of sexual intercourse with inadequate knowledge and limited access to voluntary contraception, exposes girls to risks of unintended pregnancy and consequences such as unsafe abortion, obstetric fistula and HIV. The health and well-being of adolescents and young people, particularly adolescent girls, should be prioritized, including by strengthening life skills education for young people.

7. HIV prevalence has dropped from 3.3 per cent in 2000 to 0.9 per cent in 2017; however, prevalence among women aged 15-49 years is double that of men in the same age group. Gambella region has the highest rate (4.8 per cent) and Somali region the lowest (0.1 per cent). Comprehensive knowledge on HIV transmission and prevention is low among young women (24 per cent) and lower among young women in rural areas (16 per cent).

8. Gender-based violence and harmful practices are prevalent, with 35 per cent of ever married women aged 15-49 years experiencing physical, emotional or sexual violence from their husband or partner; 68 per cent agree that wife-beating can be justified. About 65 per cent of women aged 15-49 years are circumcised, with the highest rate (99 per cent) in Somali region. The median age of marriage is 16.5 years, with 40 per cent of women before age 18, and 20 per cent before age 15. Sociocultural norms and practices, economic deprivation, and low levels of community awareness are key factors.

9. Use of available data to inform advocacy, policy, resource allocation, planning and accountability is insufficient at national and subnational levels. The fourth census, planned for 2017 was postponed three times due to the prevailing geo-political situation, and is expected to take place one year after the 2020 elections. Capacity to undertake a

digital census exists. The Demographic Health Survey remains the main source of population-related data.

10. Ethiopia is vulnerable to climate shocks, disease outbreaks and conflicts. An estimated 8.4 million people will need humanitarian assistance in 2020, with 5.9 million in need of health interventions and 3.94 million in need of protection services. In 2019, 2.6 million were reported as internally displaced persons and returnees. Ethiopia is host to about 735,000 refugees and asylum-seekers, mainly from Eritrea, Somalia and South Sudan. The humanitarian response has been short-term; Government and its partners have started operationalizing the humanitarian-development-peace nexus to address root causes, chronic emergencies and resilience.

11. The previous country programme contributed to improving the sexual and reproductive health and well-being of the population; increasing the modern contraceptive prevalence rate; reducing maternal morbidity and mortality; improving access to high-quality sexual and reproductive health information and services for young people; averting cases of female genital mutilation, early and child marriages; enhancing the technical capacity of population data institutions; and strengthening protection of women and girls living in camps for internally displaced persons and refugees.

12. The programme revealed several lessons learned: complementarity and multisectoral interventions yield impactful results; strengthened capacity and innovation for generation and use of population data at all levels of government create evidence for policy-making and programming; and sustained advocacy on ICPD priorities accelerates integration of comprehensive sexual and reproductive health and rights in government priorities.

II. Programme priorities and partnerships

13. The proposed ninth country programme is aligned to the priorities of the Government of Ethiopia as outlined in the ten-year Perspective Development Plan and the three-year Home-grown Economic Reform Plan. The country programme was developed within the framework of the United Nations Sustainable Development Cooperation Framework, assisting the country to end unmet need for contraception, end avoidable maternal deaths, end gender-based violence; and advance a demographic transition for attaining sustainable development, social cohesion, peace and security; and contribute to achieving Sustainable Development Goals 3, 4, 5, 10, 16 and 17.

14. UNFPA will play a leadership role in the analysis of population dynamics. Using evidence-based advocacy and analysis, UNFPA will influence policy-makers to address the demographic transition, and will support the Government with the use of demographic analysis for integrated and comprehensive sexual and reproductive health and rights and also policies and programmes combatting gender-based violence in all settings.

15. The programme will follow the humanitarian-development-peace nexus: humanitarian assistance will ensure that preparedness and response interventions focus on sexual and reproductive health and gender-based violence, particularly in climate-change related disasters and displacement; development efforts will contribute to an integrated health system and resilience of national institutions and communities, while the peace aspect will engage women and youth through community conversations, policy dialogues and other peacebuilding interventions.

16. Guided by the principle of leaving no one behind, UNFPA will ensure that women, adolescent girls and youth have access to a comprehensive package of sexual and reproductive health information and services through a rights-based, gender-transformative life-course approach. The family planning component will focus on five accelerators: gender equity; youth leadership; political and community leadership; innovation and data; and partnerships.

17. Interventions under the outcomes of the UNFPA Strategic Plan, 2018-2021 will be targeted, allowing for regional variations, integrating gender equality and humanitarian action. A robust evidence-based advocacy strategy will be required to mobilize high-level political attention to the country's population dynamics, and leverage resources for accelerating progress towards comprehensive sexual and reproductive health and rights.

A. Outcome 1: Sexual and reproductive health and rights

18. *Output 1: Effective supply chain for sexual and reproductive health commodities to all service delivery points in all settings.* The programme will support: (a) increased availability of quality-assured lifesaving reproductive health drugs and family planning commodities; and (b) advocate sustainable financing of reproductive health commodities.

19. *Output 2: Improved comprehensive sexual and reproductive health service provision and uptake in all settings.* The programme will support: (a) guiding a multi-year plan for comprehensive sexual and reproductive health services within the larger framework of universal health coverage; (b) strengthening the capacity of health facilities on maternal and perinatal death surveillance and response; (c) strengthening the capacity of health facilities to provide comprehensive sexual and reproductive health services in all settings; and (d) increasing provision of treatment for women and girls with obstetric fistula.

B. Outcome 2: Adolescents and youth

20. *Output 1: Adolescents and youth, in particular those vulnerable, are equipped with skills and knowledge to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development and humanitarian interventions.* The programme will support: (a) implementation of life skills programmes for marginalized girls and boys, including the disabled, in schools and out of school; (b) operationalization of out-of-school comprehensive sexuality education through youth-serving platforms in accordance with international standards.

21. *Output 2: Enabling environment created for most vulnerable adolescents and youth to access sexual and reproductive health information and services in all settings.* The programme will support: (a) institutionalized participation of young people in policy dialogue and programming; and (b) integration of the sexual and reproductive health and rights of youth in at least two sectors (beyond the health sector).

C. Outcome 3: Gender equality and women's empowerment

22. *Output 1: Multisectoral capacity strengthened to prevent and protect from gender-based violence, and provide services for survivors in all settings.* The programme will support: (a) Institutionalized engagement of multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence; (b) provision of comprehensive sexual and reproductive health services, including for gender-based violence survivors, per the National Protocol; and (c) national accountability mechanism in line with human rights standards towards the protection of human rights of women and girls.

23. *Output 2: Government and key stakeholders are better able to respond to the elimination of harmful practices in all settings.* The programme will support prevention and protection services and care related to child marriage and female genital mutilation.

D. Outcome 4: Population dynamics

24. *Output 1: Population dynamics integrated into national development policy-making, planning and programme formulation.* The programme will support: (a) evidence-based policy dialogue on population dynamics and its interlinkages; and (b) tracking of sexual and reproductive health and gender-based violence indicators in the national Sustainable Development Goals monitoring and evaluation framework.

25. *Output 2: Strengthened national capacity for production, analysis, use and dissemination of high-quality disaggregated population data in all settings.* The programme will support: (a) the fourth Population and Housing Census, Demographic Health Survey, gender and vital statistics; (b) application of new methodologies for vulnerability and rapid assessments, risk profiling, resilience and durable solutions; and (c) web-based integrated management information system and knowledge platforms.

26. UNFPA will support public-private partnerships, explore innovative financing mechanisms and leverage comparative advantage of diverse actors to create new opportunities for accelerated demographic transition, including through South-South and triangular cooperation initiatives.

27. UNFPA will coordinate closely with other United Nations organizations, through the Cooperation Framework, and the common chapter of the Strategic Plan. Joint programming and joint initiatives will be prioritized. UNFPA will build on opportunities for collaboration on policy upstream work, capacity development and service delivery with federal and local governments, development and humanitarian institutions and other partners.

III. Programme and risk management

28. The Ministry of Finance will oversee the execution of the country programme. UNFPA will continue to implement the harmonized approach to cash transfers. Partners will be selected based on their strategic relevance and ability to deliver cost-effective and high-quality programme results, as well as on the basis of risk analysis. National execution will be the preferred implementation modality.

29. Policy changes due to ongoing national reforms could present a challenge to programme delivery. UNFPA will scan the political and policy environment to explore strategic opportunities to deliver programme results. In case of humanitarian situations, UNFPA may, in consultation with the Government and partners, reprogramme funds and scale-up resource mobilization efforts to facilitate an effective response.

30. Programme implementation might be impacted by reduced financial resources and delays in funds disbursement. To mitigate these risks, UNFPA will diversify and broaden partnerships and its resource base, including by leveraging domestic sources. To address risks related to accountability capacities, monitoring and training of implementing partners, including frequent spot checks, will be prioritized.

31. Resource mobilization, partnership and communication plans will be reviewed periodically for relevance and to ensure accountability for resources and results. Whenever feasible, joint proposals will be developed with other United Nations agencies. The country office will conduct a human resources assessment to align its staff base and capacity to the needs of the country programme. Regional support teams, South-South cooperation and consultants will provide additional technical and operational support when needed.

32. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

33. The Government and UNFPA will work with other United Nations agencies, multilateral and bilateral partners to strengthen national and subnational monitoring and evaluation capacities and systems for improved national reporting through the established 'delivering as one' mechanism. This will be implemented in collaboration with key national stakeholders and in coordination with monitoring and evaluation of the Cooperation Framework. UNFPA and partners will jointly develop and implement a monitoring and evaluation plan to track and report on country programme results in line with UNFPA policies and guidelines.

34. The country programme will rely on national and subnational mechanisms to systematically obtain evidence to track UNFPA contribution to national priorities. Feedback mechanisms will be established to inform programme management decisions. The performance monitoring and evaluation process will include regular quarterly and annual programme and thematic reviews to ensure value for money and results.

RESULTS AND RESOURCES FRAMEWORK FOR ETHIOPIA (2020-2025)

National priorities: Sustain a rapid and inclusive economic growth; eradicate extreme poverty and hunger; and build human capabilities				
UNSDCF Outcomes: By 2025, all people in Ethiopia: (1) enjoy the rights and capabilities to realize their potential in equality and dignity; (2) live in a cohesive, just, inclusive and democratic society; (3) benefit from an inclusive, resilient, and sustainable economy; live in a society resilient to environmental risks and adapted to climate change.				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health and rights</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of women whose demand is satisfied with a modern method of contraception <i>Baseline: 60.6%; Target: 66.3%</i> Skilled birth attendance <i>Baseline: 50%; Target: 77%</i> 	<p><u>Output 1:</u> Effective supply chain for sexual and reproductive health commodities to all service delivery points in all settings</p>	<ul style="list-style-type: none"> Percent of primary service delivery points with ‘no stock-out’ of any modern contraceptive method <i>Baseline: 10.4; Target: 20</i> Number of health facilities providing sexual and reproductive health services to emergency affected populations equipped with emergency reproductive health kits <i>Baseline: 88; Target: 170 (cumulative)</i> 	Ministry of Health; Pharmaceutical Fund and Supply Agency; Food, Medicine and Health Care Administration and Control Agency; Family Guidance Association of Ethiopia; Administration of Refugees and Returnees Affairs; disaster risk management and food security services; universities.	\$43.7 million (\$10.7 million regular resources and \$33.0 million other resources)
	<p><u>Output 2:</u> Improved comprehensive sexual and reproductive health service provision and uptake in all settings</p>	<ul style="list-style-type: none"> Availability of costed multiyear plan for integrated sexual and reproductive health services within the larger framework of universal health care <i>Baseline: No; Target: Yes</i> Number of public health facilities strengthened to report, review and respond on maternal deaths system <i>Baseline: 165; Target: 365</i> Number of health facilities providing comprehensive sexual and reproductive health services <i>Baseline: 0; Target: 250</i> Number of women and girls who received obstetric fistula treatment with UNFPA support <i>Baseline: 4,927; Target: 7,623</i> 		
<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Number of adolescents and youth who have utilized integrated sexual and reproductive health services <i>Baseline: 766,000; Target: 900,000</i> 	<p><u>Output 1:</u> Adolescents and youth, in particular those vulnerable, are equipped with skills and knowledge to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development and humanitarian interventions</p>	<ul style="list-style-type: none"> 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 <i>Baseline 253,000; Target 510,000</i> Number of youth-serving platforms that have operationalized out-of-school comprehensive sexuality education in accordance with international standards <i>Baseline: 65; Target: 300</i> 	Ministry of Health; Ministry of Education; Ministry of Women, Children and Youth Affairs; youth and sport organizations; HIV/AIDS prevention and control offices; faith-based organizations; the media; universities; civil society	\$26.3 million (\$3.3 million regular resources and \$23.0 million other resources)

	<p><u>Output 2:</u> Enabling environment created for most vulnerable adolescents and youth to access sexual and reproductive health information and services in all settings</p>	<ul style="list-style-type: none"> Number of functional mechanisms availed for the participation of young people in policy dialogue and programming in all settings <i>Baseline: 20; Target: 50</i> Number of regions where at least two sectors (beyond the health sector) have strategies that integrate sexual and reproductive health and rights of youth in all settings <i>Baseline: 2; Target: 9</i> 	organizations.	
<p>Outcome 3: Gender equality and women’s empowerment</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 35% (2016); Target: 20% (2025)</i> 	<p><u>Output 1:</u> Multisectoral capacity to prevent, protect and provide services for survivors of Gender-Based Violence in all settings is strengthened</p>	<p>Number of survivors of gender-based violence who received comprehensive services as per the National Protocol in all settings <i>Baseline: 34,425; Target: 137,600 (cumulative)</i></p> <ul style="list-style-type: none"> Strengthened inter-agency gender-based violence coordination body at the federal and regional levels <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Women, Children and Youth Affairs; Bureaux of Women and Children Affairs; disaster risk management and food security sector; Administration for Refugees and Returnee Affairs; civil society organizations</p>	<p>\$26.7 million (\$2.7 million regular resources and \$24.0 million other resources)</p>
	<p>Output 2:-Government and key stakeholders are better able to respond to elimination of harmful practices in all settings</p>	<ul style="list-style-type: none"> Number of young girls (10-19 years) who received-UNFPA-supported prevention or protection services and care related to child marriage <i>Baseline: 58,200; Target: 150,000</i> Number of young girls (aged 10-19 years) and women who received UNFPA-supported prevention and/or protection services and care related to female genital mutilation <i>Baseline: 401,400; Target: 750,000</i> 		
<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Government policies and plan integrate population dynamics <i>Baseline: No; Target: Yes</i> 	<p>Output 1: Population dynamics integrated into national development policy-making, planning and programme formulation</p>	<ul style="list-style-type: none"> Evidence-based policy dialogue on population dynamics and its interlinkages <i>Baseline: No; Target: Yes</i> Indicators on sexual and reproductive health and rights and gender-based violence tracked in national Sustainable Development Goals monitoring and evaluation frameworks <i>Baseline: No; Target: Yes</i> 	<p>Central Statistical Agency; Immigration, Nationality and Vital Events Agency; Ministry and Bureaux of Finances and Economic Cooperation; Planning and Development Commission; higher learning and research institutions; civil society organizations</p>	<p>\$13.8 million (\$3.8 million regular resources and \$10.0 million other resources)</p> <p>_____</p> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>
	<p>Output 2: Strengthened national capacity for the production, analysis, use and dissemination of high-quality disaggregated population data in all settings</p>	<p>Number of reports produced and disseminated based on 4th Population and Housing Census and 5th Demographic and Health Survey <i>Baseline: 0; Target: 10</i></p> <ul style="list-style-type: none"> Number of reports generated using mapping to illustrate vulnerability to climate and humanitarian crises <i>Baseline: 0; Target: 4</i> Number of functional regional web-based integrated management information system and knowledge platforms <i>Baseline: 5; Target: 11</i> 		