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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Ethiopia**

Proposed indicative UNFPA assistance: \$85 million: \$24 million from regular resources and \$61 million through co-financing modalities and/or other, including regular resources

Programme period: Four years (2012-2015)

Cycle of assistance: Fifth

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	13.8	38.2	52.0
Population and development	5.2	11.4	16.6
Gender equality	4.2	11.4	15.6
Programme coordination and assistance	0.8	-	0.8
Total	24.0	61.0	85.0

## I. Situation analysis

1. Ethiopia had a population of 79.4 million in 2007, and is one of the most populous countries in Africa. The annual population growth rate is 2.5 per cent, and the total fertility rate is 5.4 births per woman. The population is largely rural (83 per cent), and one third of the population is made up of young people between 15 and 29 years old. This affects the interaction between demographic trends and socio-economic development, as well as the supply of basic social services.

2. Since 2003, the economy has recorded an average growth rate of 11 per cent per annum. As a result, the poverty rate declined from 38 per cent during the period 2004-2005 to 29.2 per cent in 2010. Nevertheless, challenges remain, including expanding access to basic, high-quality social services and, in some parts of the country, transitioning from a humanitarian context to a disaster-risk reduction and management context.

3. In Ethiopia, a woman has a 1 in 40 chance of dying from pregnancy-related causes during her lifetime. There are 14,000 maternal deaths annually. The maternal mortality ratio declined from 673 maternal deaths per 100,000 live births in 2005 to 590 in 2010. Nevertheless, only one third of women receive antenatal and post-natal care. In 2009, only 51 per cent of hospitals provided comprehensive emergency obstetric and neonatal care, while 14 per cent of health centres provided basic emergency obstetric and neonatal care.

4. A large gap in human resources for maternal and neonatal health is a key constraint. Only 18 per cent of women have access to a skilled birth attendant. The 2010 report on the Millennium Development Goals identified the maternal health goal as the one least likely to be achieved by 2015. The percentage of unmet need for family planning is 34 per cent.

5. Because the population of Ethiopia is large, the relatively low adult HIV prevalence (2.3 per

cent) translates to 1.1 million people living with HIV/AIDS. More women are infected (2.8 per cent) than men (1.8 per cent). Young people have a higher HIV prevalence rate. Approximately 38 per cent of out-of-school youth report not having used a condom during their last sexual encounter. This may be attributed to limited access to reproductive health information and services. The use of services that seek to prevent mother-to-child transmission of HIV is low (8 per cent), indicating a need for better integration of sexual and reproductive health and HIV services.

6. The 2010 Global Gender Gap Report ranks Ethiopia 121 among 134 countries. The female literacy rate is 16.9 per cent. The median age at marriage is 16. Despite a decrease in female genital mutilation/cutting, its prevalence is still high (74.3 per cent), and violence against women persists. Eighty-one per cent of women believe that wife-beating is justified. Cultural and traditional norms and the low status of women are the root causes of gender disparities. They also negatively affect reproductive health outcomes. Despite the existence of several gender-responsive laws and policies, gender disparities are pervasive.

7. Socio-demographic data and analysis that inform evidence-based planning, monitoring and evaluation are government priorities and are recognized in the national growth and transformation plan. Hence, there is a need to continuously collect and analyse demographic and related socio-economic data to inform the development and monitoring of programmes.

## II. Past cooperation and lessons learned

8. UNFPA has operated in Ethiopia since 1973. Under the sixth country programme, achievements in the area of reproductive health and rights included: (a) engagement in policy dialogue and advocacy on maternal mortality reduction, including partnerships with faith-based organizations (such as the Ethiopian Orthodox Church); (b) the development of innovative approaches to respond to gaps in human resources

for maternal health; and (c) the funding and expanded range of reproductive health commodities, with an emphasis on long-acting family planning methods, such as Implanon, leading to an increase in the contraceptive prevalence rate.

9. Achievements in the area of population and development included: (a) the development, in collaboration with local development partners, of a successful resource mobilization strategy for the 2007 census; and (b) strategic technical and institutional capacity-building for undertaking, managing, processing and analysing large-scale population and health census and surveys.

10. In the area of gender equality, the programme empowered communities by encouraging dialogue on gender-equality issues, including violence against women, child marriages and female genital mutilation/cutting. The new programme needs to sustain these efforts.

11. Lessons learned from the sixth country programme indicate the need for: (a) a thematic and geographical focus; (b) increased harmonization and alignment with the government fiscal calendar and a reduction in funding bottlenecks; and (c) the adoption of joint programming to maximize impact within the context of Ethiopia's status as a self-starter United Nations 'delivering as one' country.

### III. Proposed programme

12. The proposed programme is based on the United Nations Development Assistance Framework (UNDAF), 2012-2015, and is aligned with the government five-year growth and transformation plan, 2011-2015, and sectoral development plans. UNFPA and the Government will implement the programme in six regions and selected districts, using culturally sensitive, gender-sensitive and human rights-based approaches.

13. The goal of the seventh country programme is to contribute to an improved quality of life for Ethiopians. It will be implemented through three programme components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

#### *Reproductive health and rights component*

14. This component is linked to the following UNDAF outcomes: (a) by 2015, the Ethiopian population, in particular women, children and vulnerable groups, will have improved access to and use of high-quality health, nutrition, water, sanitation and hygiene services; and (b) improved access to HIV prevention, treatment, care and support by 2015. This component has four outputs.

15. Output 1: Increased capacity of training institutions to produce qualified human resources for maternal health. This output will be achieved by: (a) building the capacity of government training institutions for midwives, anaesthetists and non-physician clinicians for emergency obstetric care; (b) strengthening partnerships with key stakeholders; and (c) resource mobilization.

16. Output 2: Increased availability of essential life-saving maternal and newborn health commodities and modern family planning methods and services in selected health facilities. This output will be achieved by: (a) strengthening the capacity of the pharmaceutical fund and supply agency to plan, manage and coordinate the forecasting, procurement, storage and distribution of reproductive health commodities and supplies; (b) supporting the provision of high-quality family planning information and services in selected districts; and (c) creating demand for family planning information and services for HIV-positive women and men, young people and vulnerable groups, including in humanitarian settings.

17. Output 3: Strengthened national capacity to provide high-quality information and services on maternal and newborn health. This output will be

achieved by: (a) supporting basic and emergency obstetric and newborn care services, including HIV testing; (b) supporting behaviour change communication for maternal and newborn health, and for adolescents, young people and key population groups, such as sex workers; (c) supporting emergency preparedness to reduce vulnerability in the areas of sexual and reproductive health and gender inequality; (d) strengthening the referral system; (e) supporting policy dialogue and partnerships for programme harmonization and alignment; and (f) promoting the integration of, and linkages between, sexual and reproductive and HIV/AIDS interventions.

18. Output 4: Increased availability of high-quality HIV-prevention services for young people and other vulnerable groups. This output will be achieved by: (a) supporting behaviour change communication for HIV prevention; (b) promoting HIV-prevention skills and services; (c) supporting comprehensive condom programming; and (d) strengthening partnerships and coordination mechanisms.

#### *Population and development component*

19. This component is linked to the following UNDAF outcome: by 2015, the capacity of national, local and community institutions is strengthened for evidence-based development management.

20. Output 1: A strengthened integrated management information system. This output will be achieved by: (a) building the institutional and technical capacity of the Central Statistical Agency and sectoral ministries to collect, analyse and improve the utilization of demographic data, including in humanitarian settings; (b) supporting the establishment of a databank as part of the implementation of the national strategy for the development of statistics; and (c) assisting in resource mobilization.

21. Output 2: Enhanced capacity of selected national institutions to produce evidence-based information for advocacy and policy dialogue.

This will be achieved by: (a) enhancing the capacity of policymakers and planners to analyse the trends and implications of key population, reproductive health and gender issues and incorporate them into national strategies; (b) strengthening national population coordination mechanisms; (c) promoting policy-oriented research on population issues; and (d) supporting institutions of higher education to conduct research and training activities on population and development.

22. Output 3: Strengthened capacity for programme coordination, monitoring and evaluation of gender-responsive population and reproductive health policies and programmes.

This output will be achieved by: (a) strengthening the national monitoring and evaluation system; (b) supporting quality assurance and the 'delivering as one' initiative; and (c) ensuring the implementation, monitoring and evaluation of the country programme.

#### *Gender equality component*

23. The gender equality component contributes to two UNDAF outcomes: (a) by 2015, women and youth are increasingly participating in decision-making and benefiting from livelihood opportunities and targeted social services; and (b) by 2015, women, youth and children are increasingly protected and rehabilitated from abuse, violence, exploitation and discrimination. This component has three outputs.

24. Output 1: Increased capacity of women, adolescents and young people to exercise their rights to information and services on sexual and reproductive health, HIV and gender equality. This will be achieved by: (a) promoting dialogue among youth and mobilizing communities on issues related to sexual and reproductive health, HIV, gender-based violence and gender equality; (b) supporting life-skills training; (c) building the capacity of selected organizations that serve youth to address sexual and reproductive health, HIV and gender issues; and (d) forging partnerships with the media on sexual and reproductive health, HIV and gender issues.

25. Output 2: Strengthened community response to promote and protect the rights of women and girls in relation to harmful traditional practices and gender-based violence. This will be achieved by: (a) promoting community mobilization, including communities affected by disaster, to prevent and respond to gender-based violence; (b) sensitizing communities and creating awareness of policy and legal provisions on harmful traditional practices, gender-based violence and gender equality; (c) strengthening capacity for mobilizing communities; and (d) supporting male-involvement initiatives.

26. Output 3: Strengthened institutional response to address harmful traditional practices and gender-based violence and provide information and services to survivors of gender-based violence, including within a humanitarian context. This will be achieved by: (a) mainstreaming gender-based violence and gender-equality issues in training curricula, guidelines and working procedures in the health and legal sectors; (b) building the capacity of health and legal service providers; (c) advocating the implementation and reinforcement of policy and legal provisions; (d) supporting partnerships and coordination mechanisms on gender-based violence; and (e) supporting services for survivors of gender-based violence.

#### **IV. Programme management, monitoring and evaluation**

27. The Ministry of Finance and Economic Development will coordinate and manage the programme, which will be implemented through the national execution modality. Federal and regional government structures will implement the programme. UNFPA and the Government will foster partnerships with civil society organizations to facilitate programme implementation.

28. The United Nations country team and the Government have adopted an incremental approach to launch the ‘delivering as one’ reform. Through the UNDAF, the United Nations system in Ethiopia seeks to achieve greater effectiveness

and efficiency by providing a collective response to national priorities and needs included in the Ethiopia growth and transformation plan. Where possible, UNFPA will streamline programme implementation through joint programmes in areas such as gender equality and women’s empowerment, maternal and newborn health, and HIV/AIDS.

29. UNDAF monitoring will consist of United Nations monitoring instruments and joint monitoring tools developed with the Government and partner organizations. The monitoring and evaluation plan will provide schedules of all major UNDAF monitoring and evaluation activities, including surveys, baseline studies, support to national monitoring and evaluation activities, databases and frameworks, evaluations and reviews relevant to the UNDAF, and the reporting and dissemination of information.

30. Within the framework of the established United Nations One Fund, UNFPA will support the United Nations resource mobilization strategy for the implementation of the UNDAF action plan. UNFPA will also take advantage of global and internal opportunities as well as thematic trust funds and will build on existing partnerships, both bilateral and private.

31. The UNFPA country office in Ethiopia consists of a representative, a deputy representative, an assistant representative, an international operations manager, a reproductive health coordinator, an international midwife, 15 programme staff and a number of administrative and support staff. As new resources are mobilized for the programme, UNFPA will recruit the necessary staff for effective programme decentralization, implementation and monitoring. The Africa regional and subregional offices as well as headquarters units will provide technical assistance. The country office will liaise with other country offices and national institutions for technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR ETHIOPIA

<b>National priority:</b> improving the health of the population through the provision of promotive, preventive, curative and rehabilitative health services, including maternal and newborn care and child health care; and (b) halting and reversing the spread of major communicable diseases such as HIV/AIDS, tuberculosis and malaria				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Reproductive health and rights	<p><b>Outcome 1:</b> By 2015, the Ethiopian population, in particular women, children and vulnerable groups, will have improved access to and use of high-quality health, nutrition, water, sanitation and hygiene services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of births attended by skilled birth attendants Baseline: 18% (health management information system, 2009) Target: 60%</li> <li>Contraceptive prevalence rate Baseline: 32% (health management information system, 2009); Target: 65%</li> </ul> <p><b>Outcome 2:</b> Improved access to HIV prevention, treatment, care and support by 2015</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>HIV prevalence among young women and men aged 15-24 years Baseline: 3.5% (antenatal care, 2007) Target: 1.7%</li> </ul>	<p><b>Output 1:</b> Increased capacity of training institutions to produce qualified human resources for maternal health</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of health professionals trained per year Baseline: 2,500 midwives, 0 health officers and anaesthetists Target: 4,500 midwives, 42 health officers and 20 anaesthetists</li> </ul> <p><b>Output 2:</b> Increased availability of essential life-saving maternal and newborn health commodities and modern family planning methods and services in selected health facilities</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of facilities with no contraceptive stock-outs Baseline: 90%; Target: 100%</li> <li>Percentage of facilities with at least three life-saving drugs for mothers and newborns Baseline: 65%; Target: 100%</li> </ul> <p><b>Output 3:</b> Strengthened national capacity to provide high-quality information and services on maternal and newborn health</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of health facilities that provide basic emergency obstetric and neonatal care and comprehensive emergency obstetric and neonatal care Baseline: 51%; Target: 84%</li> <li>Percentage of health facilities that provide fistula repair Baseline: 3%; Target: 25%</li> <li>Percentage of women with major direct obstetric complications who are treated in emergency obstetric and neonatal care facilities. Baseline: 18%; Target: 60%</li> </ul> <p><b>Output 4:</b> Increased availability of high-quality HIV-prevention services for young people and other vulnerable groups</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of young people aged 15-24 with comprehensive knowledge about HIV Baseline: 30.5%; Target: 60%</li> <li>Percentage of young people aged 15-24 years who used a condom during last high-risk sexual encounter Baseline: 26.8%; Target: 52%</li> </ul>	<p>HIV/AIDS Prevention and Control Office; Ministry of Education; Ministry of Health; pharmaceutical fund and supply agency</p> <p>Universities</p>	<p>\$52 million (\$13.8 million from regular resources and \$38.2 million from other resources)</p>

<b>National priorities:</b> (a) improving the national statistical system for evidence-based policy and programme formulation and decision-making and for efficient and effective governance; and (b) strengthening the interaction between population and development				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Population and development	<p><b>Outcome:</b> By 2015, the capacity of national, local and community institutions is strengthened for evidence-based development management</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Number of nationally representative surveys conducted, with the results accessible</li> </ul> <p>Baseline: (2010) 0; Target: (2015) 6 <ul style="list-style-type: none"> <li>Number of regions with established and accessible socio-economic and demographic database</li> </ul> <p>Baseline: 0; Target: (2015) at least 4</p> </p>	<p><b>Output 1:</b> A strengthened integrated management information system</p> <p>Baseline: 0; Target: 1 accessible databank</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number and types of data sets produced and disseminated</li> </ul> <p>Baseline: 0; Target: fourth census plan and survey reports</p> <p><b>Output 2:</b> Enhanced capacity of selected national institutions to produce evidence-based information for advocacy and policy dialogue</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Number of institutions with the capacity to incorporate population variables into planning and development frameworks</li> </ul> <p>Baseline: Gap analysis in progress; Target: 3 relevant sectoral ministries</p> <p><b>Output 3:</b> Strengthened capacity for programme coordination, monitoring and evaluation of gender-responsive population and reproductive health policies and programmes</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of staff and implementing partners trained in monitoring and evaluation. Baseline: 0; Target: 20%</li> </ul>	<p>Central Statistical Agency; Ministry of Finance and Economic Development</p> <p>Academic institutions; professional associations</p>	<p>\$16.6 million (\$5.2 million from regular resources and \$11.4 million from other resources)</p>
<b>National priority:</b> ensuring that women actively participate in, and benefit equally from, political, social and economic development, including efforts to halt harmful traditional practices				
Gender equality	<p><b>Outcome 1:</b> By 2015, women and youth are increasingly participating in decision-making and benefiting from livelihood opportunities and targeted social services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Contraceptive acceptance rate among women aged 15-49</li> </ul> <p>Baseline: 56%; Target: 81% (2015) <ul style="list-style-type: none"> <li>Adolescent and teenage pregnancy rate (youth aged 14-19)</li> </ul> <p>Baseline: 17%; Target: 5% (2015)</p> <p><b>Outcome 2:</b> By 2015, women, youth and children are increasingly protected and rehabilitated from abuse, violence, exploitation and discrimination</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of women and men who justify spousal violence and abuse</li> </ul> <p>Baseline: (2005) women (81%), men (52%)</p> <p>Target: (2015) women (35%), men (35%)</p> </p>	<p><b>Output 1:</b> Increased capacity of women, adolescents and young people to exercise their rights to information and services on sexual and reproductive health, HIV and gender equality</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of adolescents and young people who have acquired life skills in selected regions</li> </ul> <p>Baseline: 27%; Target: 57%</p> <p><b>Output 2:</b> Strengthened community response to promote and protect the rights of women and girls in relation to harmful traditional practices and gender-based violence</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of communities that pledge to abandon female genital mutilation/cutting and early marriage. Baseline: 0; Target: 40%</li> </ul> <p><b>Output 3:</b> Strengthened institutional response to address harmful traditional practices and gender-based violence and provide information and services to survivors of gender-based violence, including within a humanitarian context</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of health facilities and police departments and police stations with improved service delivery to survivors of gender-based violence</li> </ul> <p>Baseline: 0; Target: 10%</p>	<p>Ministries of: Health; Justice; Women's, Children's and Youth Affairs</p> <p>Civil society organizations</p>	<p>\$15.6 million (\$4.2 million from regular resources and \$11.4 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.8 million from regular resources</p>