

## Country Programme Performance Summary

A. Country Information		
<b>Country name: ETHIOPIA</b>		
<p>The Eighth Country Programme of UNFPA Ethiopia (2016-2020) was designed and implemented to achieve results in line with several key frameworks, including: the UNFPA Strategic Plan 2014-2017 (realigned to Strategic Plan 2018-2021), UNDAF for Ethiopia 2016-2020 linked to the Sustainable Development Goals and Agenda 2030, ICPD Programme of Action Beyond 2014, and the Ethiopia Growth Transformation Plan (GTP) II. Monitoring and evaluation activities for the eighth country programme were conducted in line with the country programme monitoring and evaluation (M&amp;E) plan, the 2016-2020 UNDAF M&amp;E plan which was developed in support of the Government's M&amp;E procedures outlined in the Programme Implementation Manual (PIM), which UNFPA and other UN Agencies are expected to follow. Alignment to these various frameworks supported the effective operationalization of the results-based management (RBM) approach during the programme cycle. Performance data sources for programme results include the 2019 independent Country Programme Evaluation (CPE), bi-annual and annual performance reports of the programme and specific projects, as well as country office annual reports.</p> <p>Some of the national performance data presented herein was referenced from the key indicator report of the Ethiopia Mini Demographic and Health Survey (Mini DHS 2019), pending confirmation in the final report.</p>		
<b>Category per decision 2013/31: Red</b>	<b>Current programme period: July 2016-June 2020</b>	<b>Cycle of assistance: 8</b>

B. Country Programme Outputs Achievement			
<b>Output 1:</b> National capacity increased to deliver quality maternal health services, including in humanitarian settings			
Indicators	Baseline 2016	Target 2020	End-line data (2019)
• Number of health facilities reporting on maternal death surveillance and responses	92	125	150
• Number of fistula repairs with support from UNFPA	2,568	4,568	4,480
• Number of health facilities providing emergency obstetric and new-born care services	54	108	105
• Implementation rate of Minimum Initial Service Package Indicators	30 %	45 %	40 %

### **Key Achievements**

Skilled birth attendance, ante-natal care, contraceptive prevalence rate, equipping health posts with contraceptives and associated medical supplies, among others, enabled a reduction in maternal deaths and morbidity. According to the key indicator report of the Ethiopia Mini DHS 2019, the percentage of live births delivered by a skilled provider increased from 27.7 per cent in the 2016 EDHS up to 49.8 per cent in 2019; antenatal care (ANC 1) coverage increased from 62 per cent in 2016 to 73 per cent in 2019; ANC 4 coverage increased from 32 per cent in 2016 to 43 per cent in 2019; percentage of women receiving any ANC from a skilled provider has increased from 62 per cent in 2016 to 74 per cent in 2019; and births attended in a health facility increased from 26 per cent in 2016 to 48 per cent in 2019. Reporting on maternal death surveillance and responses increased in more than 150 health facilities. The number of cases of obstetric fistula repaired increased from 2,568 to 4,480 women, majority of whom were completely healed.

With the support of UNFPA, the Ministry of Health (MoH) acquired the first Guideline for Obstetric Fistula Surveillance and Response. Establishment of a Google Cloud Platform for the MoH is expected to help the Ministry continue undertaking professional development, licensing and re-licensing of health professionals.

**Output 2:** National capacity strengthened to increase demand for and availability of family planning services, including reproductive health commodities

<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2020</b>	<b>End-line data (2019)</b>
• Percentage of service delivery points offering modern contraceptives	81% (primary)	90 % (primary)	98.1 % (primary)
• Percentage of SDPs with life-saving maternal/RH medicines	20 % (primary) 72.8% (secondary) 72.8 % (tertiary)	60 % (primary) 100 % (secondary) 100 % (tertiary)	57.6 % (primary) 79.1% (secondary) 83.3 % (tertiary)
• Number of health extension workers able to support human rights-based family planning services	15,500	36,000	21,329

### **Key Achievements**

According to the preliminary results of the Ethiopia Mini DHS, the Contraceptive Prevalence Rate has improved from 35 per cent in 2016 to 41 per cent in 2019. The number of health extension workers able to support human rights-based family planning services increased from 15,500 to 21,329. Contraceptives (mainly implants) worth 935,800 couple years of protection (CYP) have been supplied. The country programme ensured availability of quality family planning commodities, strengthened the supply chain system, and expanded service delivery points. The percentage of service delivery points offering modern contraceptives (at least three types of modern contraceptives for primary service delivery points (SDPs) and at least five types of modern contraceptives for secondary and tertiary SDPs) has been consistently above the 95 per cent target throughout the CP's life.

**Output 3:** Capacity of adolescents and young people strengthened to make informed decisions on their sexual and reproductive health and rights

<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2020</b>	<b>End-line data (2019)</b>
• Number of young people who receive sexual and reproductive health services with UNFPA support	636,000	766,000	805,042
• Number of young people equipped with life skills	213,000	253,000	253,000
<b><u>Key Achievements</u></b>			
Young people were empowered through life skills education, their access to youth-friendly SRH services, including HIV improved, and health providers and facilities were capacitated to provide quality and client-friendly SRH information and services.			
<b>Output 4: Institutional capacity strengthened to provide youth-friendly sexual and reproductive health services</b>			
<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2020</b>	<b>End-line data (2019)</b>
• Percentage of facilities providing the national minimum standard adolescent and youth sexual and reproductive health package.	0	95 %	75 %
• Number of health workers with knowledge and skills to provide youth-friendly sexual and reproductive health services	0	500	704
<b><u>Key Achievements</u></b>			
Youth-friendly service centers and youth centers supported by UNFPA are now equipped up to national standards. With UNFPA support and participation, the Comprehensive Sexual Education curriculum for primary and secondary school students was developed.			
<b>Output 5: Communities and institutions have enhanced capacity to promote and protect the rights of women and girls, and provide services to survivors of harmful traditional practices and gender-based violence</b>			
<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2020</b>	<b>End-line data (2019)</b>
• Number of communities that have made public declarations against female genital mutilation and child marriage	400 (female genital mutilation) and 156 (child marriage)	890 and 382, respectively	800 and 259, respectively
• Number of identified gender-based violence survivors who received services, per national protocol	3,900	10,000	5,544
• Percentage of health facilities in humanitarian settings with post-rape kits and	30	40	35

other clinical commodities for management of sexual violence			
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**Key Achievements**

The country programme contributed to increased prevention of Harmful Traditional Practices (HTPs) and Gender-Based Violence (GBV) through mobilizing the wider community mobilization engagement<sup>1</sup>; increased provision of service delivery to survivors of HTPs and GBV; and increased protection by ensuring provision of fair justice for survivors. Communities were mobilized, and subsequently, averted cases of female genital mutilation/cutting and early child marriages. Women’s and Girl’s Friendly Spaces were established and strengthened in both humanitarian and development settings to assist survivors of GBV. A National Costed Roadmap to end CM and FGM/C was developed, launched and disseminated.

**Output 6:** National institutions have the capacity to generate, analyze and use disaggregated data for planning, development, implementation, monitoring and evaluation of policies and programmes, including in humanitarian settings

<b>Indicators</b>	<b>Baseline 2016</b>	<b>Target 2020</b>	<b>End-line data (2019)</b>
• Number of analytical reports disseminated based on 2017 population and housing census and 2016 Ethiopian demographic and health survey	0	10	5
• Number of regions with functional web-based integrated management information system	1	6	1
• Number of national and regional population situation analysis reports disseminated	0	6	3

**Key Achievements**

The country programme focused on two components: (a) advocacy and policy dialogue on population and development matters; and (b) strengthening data for development). Interventions in these areas include increased advocacy and policy dialogue; increased technical and financial support to the establishment and scaling up of the Integrated Management Information System (IMIS); and technical and financial support to population surveys and housing census. Some of the key accomplishments are: comprehensive technical and financial assistance to a number of policy assessments/studies provided; advocacy and strategic communications for the integration of the ICPD priorities in national policies, plans, and programmes supported; strengthening the population and development nexus; capacitated staff and specialists employed by the Central Statistical Agency as well as the Population and Development Directorate (PDD) of the Planning and Development Commission (PDC); implementation of IMIS scaled up in five (5) regions; and comprehensive technical and financial support towards the preparation for the conduct of the fourth Ethiopian Population and Housing Census provided.

<sup>1</sup> 700 Women Development Groups (12,500 members) have been strengthened to fight against GBV and HTPs so far.

C. National Progress on Strategic Plan Outcomes <sup>2</sup>	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage of births attended by skilled personnel	27.7 %	2016	49.8 %	2019	Ethiopia Mini DHS 2019 (preliminary findings)
Modern contraceptive prevalence rate	35 %	2016	41 %	2019	Ethiopia Mini DHS 2019 (preliminary findings)
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	No	2016	No	2019	National budget 2019/2020 (SRH remains under-funded despite the increase in budget allocation to the Health sector from 10.8 Birr bns in 2018/2019 to 12.8 Birr bns in 2019/2020.
<b><u>Summary of National Progress</u></b>					
The percentage of births attended by skilled personnel has increased from 27.7 percent to 49.8 percent; the contraceptive prevalence rate has increased from 35 percent to 41 percent.					
<b><u>UNFPA's Contributions</u></b>					
In close partnership with actors including the Ministry of Health, regional states governments, the Ethiopian Pharmaceuticals Supply Agency, the Ethiopian Food and Drug Authority, civil society organizations, academia, etc., the following interventions of the eighth CP have been implemented: (i) reinforcing the capacity of human resources for health, including in emergency settings; (ii) scaling up maternal death surveillance and response; (iii) enhancing the quality and availability of midwifery services and emergency obstetric and new-born care; (iv) improving the prevention, case identification, management and rehabilitation of obstetric fistula; (v) supporting early screening and treatment of cervical cancer; (vi) advocating for the inclusion of SRH in humanitarian and health sector response plans; (vii) supporting emergency preparedness and timely response through prepositioning of life-saving reproductive health kits and other supplies; (viii) reinforcing the capacity of service providers to deliver rights-based family planning services; (ix) strengthening the supply chain management and product quality assurance; (x) supporting increased availability of life-saving reproductive health drugs and family planning commodities; and (xi) strengthening community based family planning programmes.					

<sup>2</sup> The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

**Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2016	Yes	2019	Health Policy of Ethiopia 1993
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**Summary of National Progress**

Youth-friendly service centers and youth centers supported by UNFPA are now equipped up to national standards. With UNFPA support and participation, the Comprehensive Sexual Education curriculum for primary and secondary school students was developed.

**UNFPA’s Contributions**

In close partnership with actors including government ministries, regional states governments, UNESCO, UNICEF, academia, civil society organizations, etc., the following interventions of the eighth CP have been implemented: Interventions to strengthen institutional capacity to provide youth-friendly sexual and reproductive health services have focused on: (i) training health service providers to deliver youth-friendly SRH services; (ii) supporting availability of SRH commodities in youth-friendly facilities; (iii) improving referral linkages between service delivery points and community structures; (iv) strengthening the integration of SRH and HIV/AIDS; (v) promoting active participation of young people, especially adolescent girls, to engage in programme development and decision-making processes affecting their sexual and reproductive health and rights; (vi) enhancing life-skills, revising current curricula and expanding comprehensive sexuality education to improve knowledge of young people on SRH; (vii) strengthening the capacity of youth organizations, parents and communities to fulfil the sexual and reproductive health and rights of young people; and (viii) strengthening of sexual and reproductive health information and services for young people, including female sex workers.

**Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2016	Yes	2019	National Costed Road Map that incorporates M&E and Accountability Framework at Federal or national and regional/sub-national levels
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**Summary of National Progress**

Increased multi-sectoral efforts for the prevention of HTPs and GBV through mobilizing the wider community mobilization engagement; provision of service delivery to survivors of HTPs and GBV; and protection by ensuring provision of fair justice for survivors. In the humanitarian setting, UNFPA successfully led the multi-

stakeholder GBV Coordination Groups, and contributed to the complementarity of interventions of the UN agencies, and international organizations. The country programme contributed to the realization of increase in the prevention of HTPs and GBV through mobilizing the wider community mobilization engagement; increase in service delivery to survivors of HTPs and GBV (provision); and increase in protection by ensuring provision of fair justice for survivors. Several communities country-wide were mobilized, and subsequently, averted cases of FGM/C and early child marriages. Women’s and Girl’s Friendly Spaces were established and strengthened in both humanitarian and development settings to assist survivors of GBV.

**UNFPA’s Contributions**

In close partnership with actors including government ministries, regional states governments, UNESCO, UNICEF, UN Women, Academia, civil society organizations, etc., the following interventions of the eighth CP have been implemented: (i) accelerating abandonment of FGM; (ii) gender equality and women empowerment; (iii) prevention and Management of GBV; (iv) ending child marriage; (v) economic and social empowerment and protection of women and girls from HTPs; and (vi) mitigating GBV in emergency and host community and data management.

**Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	No	2016	No	2019	Government has postponed the conduct of the fourth round of the Population and Housing Census that was to be conducted in 2017 indefinitely.
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2016	Yes	2019	EDHS (2016) Ethiopia Mini DHS 2019
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	No	2016	Yes	2019	Eighth CP evaluation report

**Summary of National Progress**

The government has advanced efforts towards the integration of evidence-based analysis on population dynamics and their links to national policies, international development agendas such as sustainable development, Sexual and Reproductive Health and Reproductive Rights, HIV and gender equality. Policy-makers and planners have been provided with reliable data for planning and policy reforms.

### UNFPA's Contributions

In close partnership with actors including the Central Statistical Agency (CSA), the Population and Development Directorate (PDD) of the Planning and Development Commission (PDC), regional states governments, Academia, and civil society organizations, etc., the following interventions of the eighth CP were implemented: (i) supported the fourth Population and Housing Census and the 2016 Demographic and Health Survey; (ii) supported the civil registration and vital statistics and web-based integrated management information systems; (iii) supported seasonal assessments and risk profiling for vulnerability analysis and risk reduction interventions; (iv) supported regional and national population situation analyses; (v) supported key stakeholders to generate data for policy and programme formulation, monitoring and evaluation; and (vi) advocated for the inclusion of the demographic dividend in national policies, strategies and programmes.

### **D. Country Programme Resources (2016-2020) in USD Millions**

SP Outcome	Regular Resource			Other Resources			Total		
	Planned, Actual, and Final Expenditure			Planned, Actual and Final Expenditure			(Planned, Actual and Final Expenditure)		
<b>Outcome 1</b> Increased availability and use of integrated sexual and reproductive health services	23.2	9.2	9.0	49.9	46.6	39.2	73.1	55.8	48.2
<b>Outcome 2</b> Youth policies and programs, and increased availability of comprehensive sexuality education	5.6	2.2	1.4	9.0	9.6	5.0	14.6	11.8	6.4
<b>Outcome 3</b> Advanced gender equality, women's and girls' empowerment, and reproductive rights	4.2	1.7	1.0	8.8	13.9	7.3	13.0	15.6	8.3
<b>Outcome 4</b> Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	5.9	2.3	2.9	11.9	7.1	4.4	17.8	9.4	7.3
Programme coordination and assistance	1.5	0.5	0.5	0	0	0	1.5	0.5	0.5
<b>TOTALS</b>	<b>40.4</b>	<b>15.9</b>	<b>14.8</b>	<b>79.6</b>	<b>77.2</b>	<b>55.9</b>	<b>120</b>	<b>93.1</b>	<b>70.7</b>

*The amounts indicated in the table were updated up to 31 December 2019.*

### Explanation on budget utilization:

During the eighth Country Programme cycle, the Country Office planned to use USD 40.4 million under the Regular Resource modality. However, the UNFPA Ethiopia CO only received USD 15.9 million of which USD 14.8 million or 93.1 percent was spent as of 31 December 2019. Under the Other Resources modality, the Country Office planned



to mobilize USD 79.6 million. The CO was able to mobilize more resources than planned at USD 98.0 million, of which USD 55.9 million or 70.2 percent was spent as of 31 December 2019.

Overall, as of 31 December 2019, of the estimated CPD budget of USD120 million, the Country Office had received USD 113.9 million or 95 percent. Of the total amount received, USD 70.7 million or 62 percent were spent and USD 24.2 million or 21 percent which was originally intended to support UNFPA-supported interventions beyond the country programme will be carried forward to the 9<sup>th</sup> country programme (from 1 July 2020 to 30 June 2025). The difference of USD 19.0 million or 17 percent of the total amount received (USD113.9 million) will either be spent from 1 January 2020 to 30 June 2020 (the end of the 8<sup>th</sup> country programme) or carried over in the 9<sup>th</sup> country programme.