

## Country Programme Performance Summary

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<b>A. Country Information</b>			
Country name: Ethiopia			
Category per decision 2013/31:	Current programme period:2012-2015	Cycle of assistance: 7 <sup>th</sup>	
<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>			
<b>Output 1:</b> <i>Increased capacity of training institutions to produce qualified human resource for maternal and newborn and adolescent health</i>			
<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
Number of health professionals trained per year <sup>1</sup>	Midwives: 2,500	4,500	4,471
	Health Officers: 0	42	153
	Anesthetists: 0	20	215

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<sup>1</sup> \*The target on Midwives in the CPD, the document reads 4,500 per year. However 4,500 was the total number to be trained

**Key Achievements** (input also from the last CP evaluation)

The Output has three main areas of focus. Strengthening Midwifery Education and the professional association, training Integrated Emergency Surgical officer and training of anaesthetists as members of the maternal health team.

**Midwifery:**

The Midwifery Programme was contributing to the increased national capacity to deliver comprehensive maternal health services. The programme progressed very well and enrolled 4,546 students of which 4,471 midwives graduated and were deployed to various health centres providing maternal and new born services including other sexual and reproductive health services. Following deployment of midwives, there has been an increased access to skilled birth attendance. According to the follow-up assessment conducted in 2013, there was an increase of 61% in the 66 visited health centers. The UNFPA Programme has assisted to increase the number of midwives in Ethiopia from 1,275 in 2009 to an estimated 8,100 during the year 2014.

- About 354 midwifery tutors were trained in various areas including effective teaching skills, basic emergency obstetric care and family planning. The aim of the trainings was to improve their teaching skills since most of them were not trained in teaching methodology. Trainings also assist to build the confidence of the tutors and enable them gain additional skills and up to date information. Training was also conducted for 193 preceptors. These are midwives who are working in maternity units and support midwifery students during clinical attachment. These trainings gave skills to the midwives but also assisted to establish a strong link between the training institutions and the clinical area.
- 31 Midwifery training institutions were supported with teaching and learning materials. They were provided with models, books and logbooks for monitoring the performance of students.
- 139 newly graduated midwives were mentored. The objective of the mentorship program was to create opportunities for newly graduated midwives to expand their profession, increase their confidence in their professional role and get counselling, encouragement, positive reinforcement, leading to increased self-efficacy and feelings of empowerment. Sixty senior registered midwives who have clinical experience were assigned to each health centers to share their knowledge and expertise mainly in the four midwifery competence areas (ANC, labor and delivery, PNC and Family planning).
- The Midwifery Education, programme was evaluated in 2014 by External evaluators and the main findings show that the programme was impressive, surpassed the planned targets and achieved its objectives. The report also indicates that the graduates of the Accelerated Midwives Programme are fit for purpose.

**Training of Integrated Emergency Surgical Officers:**

Integrated Emergency Surgical Officers (IESO): is a three-year Master of Science training program designed to enable health officers to perform life-saving emergency surgery. It is an innovative program developed by the FMOH, MOE with financial and technical support from UNFPA and other development partners.

- The total IESO enrollment reached 668 during the year 2014, out of which 530 are in UNFPA supported universities. The number of IESO that graduated and deployed reached 153 in the second quarter of 2014 and they are deployed in 101 health facilities providing emergency obstetric care.
- Various equipment and supplies for emergency obstetric care has been procured and distributed where the new graduates have been deployed.
- A documentation of the programme as a best practice has been conducted and the results show significant improvement in access and quality of care as well as patient outcome after deployment of emergency surgical officers. There is also a significant increase in the volume of services delivered and facility maternal death has reduced by 17% while referral to higher level facility has reduced by half (49%)( FMOH/UNFPA, December 2013).

**Anesthesia:**

The Country Programme has been supporting training of nurse anesthetists.

- The total number that graduated through UNFPA support is 215. Support also included provision of teaching and learning materials and equipment for clinical practice in 25 universities and Health Science Colleges including the health facilities where students go for practical attachments.
- There has been an increased capacity to train and produce competent anesthetists. This had been done through training of 30 preceptors to mentor students in the clinical area. 18 tutors from the three universities were trained in maintenance of anesthesia equipment. This was very strategic as most of the facilities had a lot of non-functional equipment which needed simple repairs. Participants indicated that they found the training useful.
- 32 tutors were trained in Ant Retroviral Therapy (ART) to enable them gain more experience on how to manage patients who are on ART and also to understand the effect of anesthesia on patients who are on ART.
- 238 participants attended a three day refresher training which provided new information to the anesthetists on Pediatric advanced life support, Infection prevention in Anesthesia, Leadership in Anesthesia practice, ambulatory services and blood transfusion among others. Ethiopia Research papers on various topics were also discussed.

**Output 2:** *Increased availability of essential lifesaving maternal and newborn health commodities and modern family planning methods and services in selected health facilities.*

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Percentage of service delivery points that have at least SEVEN (7) life-saving maternal/RH medicines, including 2 essential, available</li> </ul>	65 %	100 %	70%
<ul style="list-style-type: none"> <li>• Percentage of service delivery points that experienced NO STOCK OUT of contraceptives in the last 6 months</li> </ul>	90 %	100 %	99.7 Explanation: General: <ul style="list-style-type: none"> <li>• These indicators are tracked by GPRHCS survey conducted every year which has evolved through the period of the 7<sup>th</sup> country program and so have the indicators (indicator statements and definition) and survey design (sampling frame and sample size).</li> <li>•</li> </ul> Indicator 1 (on life-saving maternal health drugs) <ul style="list-style-type: none"> <li>• The baseline indicated on 7<sup>th</sup> CPD is for the availability of three medicines. Therefore, there is significant change in the indicator definition as the end line data is available for seven medicines (with 2 essential).</li> <li>• The end line data is the aggregate value for all levels of service delivery points.</li> </ul>

		<p>Indicator 2 (on stock out)</p> <ul style="list-style-type: none"> <li>• There is change in indicator statement with the one on 7<sup>th</sup> CPD.</li> <li>• The end line data used is from the 2013 survey which has similar definition with originally indicated indicator in the 7<sup>th</sup> CPD.</li> </ul> <p>Indicators on 7<sup>th</sup> CP Extension Document</p> <ul style="list-style-type: none"> <li>• The recent forms of the indicators and values from the most recent GPRHCS survey (2014) were used.</li> <li>• The baseline data used refer to the primary level service delivery points which account for majority of the sampled units.</li> </ul>
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**Key Achievements** (*input also from the last CP evaluation*)

- Ensuring uninterrupted supply of contraceptives and life-saving maternal health drugs: UNFPA has been instrumental in provision of family planning and life-saving maternal health drugs. Annually one to two third of the country's contraceptive requirement has been fulfilled by UNFPA.
- Ensuring access to long acting family planning methods: Played role in improving the method mix particularly in introduction of long term family planning methods. The major contribution was in introduction of Implanon at community level through commodity provision and training of health care providers (especially the health extension workers) while fostering task shifting.
- Development of Forecast Document: technical assistance was extended on three year forecast and one year supply plan document preparation in the determination of national contraceptive requirement (which is reviewed every year). Data sources such as current consumption/logistics data, demographic data, and information on government scale up programs (especially on long-term methods) and CPR target were used. Multiple year trends with past forecasts and actual usages of the contraceptive methods were also taken into considerations. As a result the forecast, financial gap assessment is made to feed into the evidence based advocacy efforts.
- Capacity Development: Functions of key health systems such as HR, LMIS, and regulatory systems were strengthened through various capacity building trainings. Public and private agency staff members were given various capacity building training sessions such as on RHCS, IPLS, mHealth intervention project for maternal and FP services, supply chain management & rational medicine use, good governance in the field of supply chain management, monitoring and evaluation (training of supply chain managers on Balanced Score Card), condom testing and Minimum Health Facility Standards (MHFSs).
- Support of Sustainable Solutions in HR Development: UNFPA is supporting the launch of two advanced training program curriculums in collaboration with Addis Ababa University / School of Pharmacy, FMoH and EFMHACA. These are MSc/Masters Diploma and Advanced Certificate courses in Health Supply Chain Management and MSc in Regulatory Affairs (Quality Assurance. For the later one technical assistance is being provided from UNFPA. Concerning the former one the process has been supported by UNFPA (almost entirely in terms of finance and technically together with other partners in the development of concept paper, conducting consultative workshop, study tour, and survey on the need of the program and competency mapping.

- Institutionalization of RHCS: RHCS curriculum is integrated in to public health and pharmacy programs and RHCS training delivered to final year MPH and pharmacy students (134 students). These students are expected to engage in different functions of RHCS after graduation.
- Coordination: UNFPA actively engaged in key coordination mechanisms (such as Family Planning Technical Working Group, PFSA Partners Forum) where relevant stakeholders meet on a regular basis to discuss strategic issues and agree on action plans in support of PFSA.
- Supporting Government Initiative in Development of Integrated Systems: The government is implementing a national logistics system, namely, Integrated Pharmaceutical Logistics System (IPLS) which is meant to ensure availability of health commodities (including RH/FP commodities) at facility level (including health posts which are the lowest service delivery points close to the rural community and run by health extension workers). In this regard UNFPA has supported in equipping warehouses, strengthening monitoring of logistics activities at various levels (central and regional level regular reviews and frequent facility level monitoring by regional level PFSA teams), in-service trainings in logistics and supply chain management operations, rational medicine use and support functions for PFSA central and regional offices.
- Regulatory Capacity Development: As part of FMHACA’s preparation for the WHO Prequalification of the National Quality Control Laboratory, a pre-audit assessment by a consultant (WHO expert) was supported by UNFPA. As a result key recommendations and advices were provided to the laboratory on practical ways of ensuring compliance to WHO standards and implementation of QMS. EFMHACA was given technical assistance in port and Entry Guidelines Development. In addition TA was provided in strengthening Quality Assurance of RH medicines in Ethiopia in Collaboration with UNFPA/PSB, preparation of EFMHACA Visioning document, 5 year’s strategic plan, review of EFMHACA proclamation and
- Registration of generic RH medicines (e.g. in 2014 two emergency contraceptive products were registered, namely, Pospill: levonorgestrel 0.75 mg tablet, Manufacturer: Famy Care Ltd; Revoke: levonorgestrel 1.5 mg tablet, Manufacturer: Famy Care Ltd).
- Demand generation for RHCS: Supported through the RMNCH fund one of the objectives was to increase the public demand and awareness for female condom and emergency contraception. In this regard various activities were performed through DKT Ethiopia: 25 orientation trainings on SRH, FC and EC for university/college students provided, 26 interactive sessions on FC among female university students conducted, 25 orientation trainings on FC provided for peer educators, 3,600 leaflets & 12,460 posters on EC distributed, 200 radio spots on EC broadcasted, 33,000 leaflets and 11,290 posters on FC distributed and documentary videos produced. As a result the following outcomes were achieved:

**Output 3:** *Strengthened national capacity to provide quality information and services on maternal, newborn and adolescent health.*

Indicators	Baseline	Target	End-line data
<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</li> </ul>	51%	84%	100 health centers and hospitals supported to provide EmONC services
<ul style="list-style-type: none"> <li>• # of fistula patients repaired</li> </ul>	1831	2081	1347 fistula cases repaired

**Key Achievements** *(input also from the last CP evaluation)*

- Prevention and Management of Obstetric fistula in Gonder, Jimma and Assela University Teaching Hospital strengthened and a total of 1347 fistula cases repaired.
- A bout 100 health facilities (hospitals and health centers) under the six regional health bureaus are supported in the form of training of service providers and also equipping the facilities to enable them to deliver quality Emergency Obstetric care services that include Basic and Comprehensive EmONC services.
- UNFPA contributed 1 million USD on average per year for the MDG performance pooled fund that has helped to leverage significant resources from other major donors to strengthen maternal health and FP Programmes in particular and the overall health system in general.
- SRH minimum package for most vulnerable groups in humanitarian situations developed and its implementation is being supported.
- A total of 5,200 dignity kits have been procured and distributed for vulnerable women of reproductive age group including adolescents in refugee camps and surrounding host communities. The dignity kits contributed for the protection of women and girls as well as the prevention of Gender Based Violence by including items such as flashlights and whistle so that women and girls do not have to walk in the dark and can call for help in the event of attempt of GBV.
- A total of 15 refugee camp health centres and 4 surrounding host community health centres were provided with post rape treatment kits to enable rape survivors received medical care within 72 hours after the incident.
- Evidence informed interventions on RH, HIV and GBV has been strengthened by supporting facility based assessment on RH, HIV and GBV.

**Output 4:** *Increased availability of quality HIV prevention services for young people and other vulnerable groups in selected districts.*

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>• Percentage of young people aged 15-24 with comprehensive HIV knowledge</li> </ul>	30.5	60	<ul style="list-style-type: none"> <li>• Data is expected from 2016 Ethiopia DHS</li> </ul>
<ul style="list-style-type: none"> <li>• Percentage of young people aged 15-24 years who used condom at the last high risk sex</li> </ul>	26.8	52	

**Key Achievements** (input also from the last CP evaluation)

- 112 HIV prevention actors in different sector bureaus capacitated on Minimum Service Package for Sex Workers, Higher learning Institutions and out of school youth.
- 72 information centers strengthened to address vulnerable adolescent and young people with HIV prevention and SRH information.
- 3220 community members mainly young people got HCT in Gambela region. On the Occasion, UNFPA conducted Condomize event to promote consistent and proper use of condom to those who came to the testing site.
- More than 20 thousand sex-workers and waitresses mobilized by the minimum service package developed for sex-workers. 10.5 million condoms were availed through social marketing and public health facilities to these most at risk population.
- More than 1500 religious leaders of Ethiopian Orthodox Church and Muslim Supreme Affairs are mobilized to address their congregations on reproductive health in general and HIV prevention in particular
- Two Prevention Summits (Gambella and Somali) are conducted to revitalize leadership commitment to meet the target set to eliminate HIV and AIDS by 2030. In addition, this supported to draw attention of decision makers, programmers and donors to address the complicated social and structural issues that increases the risks and vulnerability of the local community.
- Technical and financial support is given to discuss sexual reproductive health issues of young people on the International Family Planning Conference
- Annual advocacy events were conducted on adolescents and youth wellbeing on State of World Population
- The country office supported the organization of Pre youth ICPD conference and Pre youth ICFP conference and ensured the participation of young people on the event.
- A Manual for Behavioral Change Communication (BCC) preparation is developed in partnership with FHAPCO to guide national and regional material development
- A Peer Education Manual for Commercial Sex Workers (CSW) is developed and disseminated
- A 2013 -2015 Strategic Plan (SPM) HIV/AIDS and SRH was developed for higher education institutions.
- Minimum package for HIV/AIDS developed for high schools and out of school youth.
- 2,854 young people received TOF on life skills/peer education (PE). 550 young people received TOT. Refresher training was given for 1,525 young people on GBV and women rights, peer leadership and youth friendly services
- 50,877 reached through youth dialogue or community conversation
- Radio messages on regional FM radios were transmitted for two years
- 28,000 youth engaged in cobblestone production were reached with continuous SRH information, services and livelihood support
- 80 peer educators were trained among young people with disabilities.
- An information center is established in Addis Ababa University for female students.

**Output 5: An integrated management information system established**

Indicators	Baseline	Target	End-line data
• Number and types of reports providing socio-demographic datasets	0	6	8
• Integrated Management Information System established as part of the NSDS	No	Yes	Yes
• 2017 Population and housing census (PHC) project document	0	1	1

**Key Achievements** *(input also from the last CP evaluation)*

- Improved institutional capacity of the Central Statistical Agency (CSA) to generate and analyze socio-economic data. This was primarily achieved through the provision of technical support to the CSA, notable by supporting short and long-term training on data management and analysis, and placement of international consultants. Accordingly, 17 experts were supported in long term/masters' level trainings in Statistics, GIS, Demography, Environmental Science and Population Studies; 68 IT staff participated in short term training on data processing, REDATAM-based IMIS and Network Security; 3 experts were trained on GIS; and 2 experts were trained on CRVS. Technical assistance was provided to capacitate the CSA through the deployment of 8 international consultants. Similarly, hi-tech IT equipment, cartographic equipment such as 156 laptops, 3 desktop computers, 5 printing machines, 150 external hard drives and ArcGIS for server (software), cartographic stationary materials, and reference books were procured for the CSA. Likewise, equipment including 44 computers was provided to the Oromia Health Bureau for the establishment of a functional Health Management Information System.
- Generation and dissemination of 8 new data sets for evidenced-based planning. These include 2011 EDHS, 2011 WMS, 2012 Household Income, Consumption and Expenditure Survey, 2012 Inter-Censal Population Survey, 2012 National Labour Force Survey, Population Projection (2012-2037), 2014 Mini-DHS and 2012 Time-Use Survey (data collection completed and analysis in progress). In addition, analytical report, five thematic in-depth analyses reports, and a comprehensive administrative report of the 2007 PHC were produced.
- Development of a comprehensive project document, a resource mobilization strategy, and advocacy & communication strategy documents for the 2017 Population and Housing Census. These documents will be used for advocacy, resource mobilization and to improve effectiveness of the execution of census activities. For evidence-based decision on suited methodologies and technologies in census taking, experience sharing visit to Brazil, India and South African on cartography and data capturing technologies were supported. To support and compliment the government's effort in funding the census, UNFPA in collaboration with UNDP has organized the first information session on the 2017 PHC to the DAG Heads of Agencies. Technical support is ongoing on census cartography. Two experts have been supported to provide technical assistance to the CSA on the census cartography strategy and mobile device (personal digital assistant) have been procured for the CSA for pretest and pilot test of the census cartography strategy.
- Establishment of a functional Integrated Management Information System (IMIS). This forms a critical part of the implementation of the National Strategy for the Development of Statistics (NSDS) to inform policy formulation and monitoring development programmes. IMIS is a web-based system that allows direct access to census, survey or administrative/routine service-based data, calculation of indicators, and production of customized tables and thematic maps at any administrative level. UNFPA has placed technical expert to support the management of IMIS and the smooth transfer of data from relevant sector ministries and regional bureaus. IMIS is now functional on CSA's website with over 35 datasets (including two censuses- 1994 and 2007). In order to establish IMIS in the regions, advocacy and capacity building activities were undertaken in four regions - Amhara, SNNP, Tigray and Afar. As a result, data from Amhara region is currently on the national IMIS platform.
- Situation assessment and the development of a Strategy and Action Plan document (2013-2018) on Civil Registration and Vital Statistics (CRVS) System in the country. The capacity of three staff of the newly established Vital Events Registration Agency (VERA) has been enhanced.

**Output 6:** *Enhanced capacity of selected national institutions to produce evidence-based information for advocacy and policy dialogue.*

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> <li>Number of institutions with the capacity to incorporate population variables into planning and development framework</li> </ul>	3	3	10 (Sectorial ministries and bureaus )
<ul style="list-style-type: none"> <li>No. of studies conducted to inform advocacy and policy dialogue</li> </ul>	0	8	4

**Key Achievements** (input also from the last CP evaluation)

- Two in-depth analyses on the 2011 EDHS on Family Planning and Maternal Health were conducted and the key findings were disseminated to policy makers. A case study on Demographic Dividend was also supported and the outcome was disseminated to key policy makers. As part of the global ICPD beyond 2014 review process, a consultative national review of the ICPD beyond 2014 was conducted and the report and disseminated among key stakeholders. The key issues from this report were integrated into the consolidated draft report on the post-2015 national consultations. An institutional assessment on population and development coordination mechanism in the country was conducted and the recommendations from this assessment were anticipated to improve the effectiveness of the implementation of the National Population Policy. Production of 3 editions of two population and development publications aimed at providing relevant and timely population-related data for evidence-based decision making and advocacy
- Thirty (30) planners and population experts were trained on the utilization and interpretation of major P&D indicators included in the 2011 EDHS, census results and other survey data. A total of 102 communication personnel from government and private media, relevant sector offices and MoFED/PAD staff, were trained on multimedia material production. Series of media campaigns on issues of ICPD were also transmitted on the three regional radio channels (Amhara, Oromia and SNNP) and at the federal level. Several awareness raising events were supported each year on ICPD issues; these include World Population Day, launch of the State of the World Population Report, International Day of Older Persons and International Day of the Girl Child, etc.
- Thirty two (32) experts were trained on the integration of population issues into development plans, particularly in the GTP II. Similarly, two staff of Amhara and SNNP BoFED were trained on the elaboration process of the Population Situation Analysis, a tool for advocacy and a framework for integrating PD issues into development plans. Subsequently, a consultative meeting was held in SNNP region with key stakeholders, including academia and consensus was reached to conduct two regional PSAs in SNNP and Amhara regions. Also, the capacity of eleven PAD staffs was reinforced through their participation in training (abroad) on key population and development issues.
- Knowledge of about 400 parliamentarians on critical population issues and inter-linkage between population and development has been enhanced through a package of sensitization program which included field visits. The capacity of two parliamentarians was also enhanced on ICPD issues through a thorough briefing and supporting their participation in the 5th International Parliamentarians' Conference on ICPD. Following the consensus reached among Parliamentarians to form a Network on Population and Development. Six members of the House of Parliament were supported in a study advocacy tour to Uganda and the Philippines. These visits were aimed at creating a knowledge sharing session with the relevant Parliamentary Fora in these two countries on best practices in advocating for and legislating on population and development issues among Members of Parliament. Ten MPs have been supported to participate in global and regional conferences on the role of MPs in advancing ICDP agenda.

**Output 7:** *Strengthened capacity for programme coordination, monitoring and evaluation of gender-responsive population and reproductive policies and programmes.*

Indicators	Baseline	Target	End-line data
• Number of IP staff trained on RBM	0	400	960

**Key Achievements** (*input also from the last CP evaluation*)

- The Fund has supported the development of two round result based AWP in all the six regions, during the program cycle (each for 24 months) both technically and financially. These work plans are indispensable instruments to facilitate and follow up the proper and timely implementation of program activities thereby, leading to the desired outcomes.
- The country office has supported all regional BoFEDs and the Federal Coordinating body (MoFED) to conduct monitoring in the field and to sites and follow up of the UNFPA assisted programs jointly with sector bureaus. It has been reported that these monitoring visits have played an important role in enhancing the capacity of BoFEDs and sectoral IPs to appreciate the progress made and the challenges faced during the implementation of the planned activities and discuss the remedial actions to be taken. This resulted in a relatively increased program implementation rate, liquidation of outstanding balance.
- Recently the fund has supported six key senior staff from the Ministry of Finance and Economic Development (MoFED) to attend training on data analysis and interpretation at the International Institute of Rural Reconstruction (IIRR) Africa Regional Centre to facilitate data analysis and interpretation: Nairobi Kenya. It was aimed to improve the capacity of government officials working in MoFED, on the management of data of Foreign Aid with regard to its utilization and reporting, and value for money. MoFED controls and oversees the utilization of fund by various international donors, thus the training will enable the IP staff to closely scrutinize the aid flow from the donors to MoFED and to the final beneficiaries in Ethiopia.
- Under the Enhanced Coordination, Monitoring and Evaluation Component, various other trainings were organized by MoFED and BoFEDs in collaboration with sister agencies. The major of these trainings was the training given to over 200 experts drawn from all the six regions trained on PIM, HACT/FACE, RBM and Program Planning and Management in 2012 and the 760 staff in different regions trained on RBM and related areas. These trainings have enabled IP staff to respect the rules and regulations stipulated in the Program Implementation Manual and become well versed about HACT. Moreover, they will be able to produce a result based plan, budget and efficiently and effectively implement intervention programs and report the performance.
- During these three years, at least one consultative, review meeting has been carried out by each regional IP (BoFED) to review the progress made in their respective program implementation. The consultative meetings brought together M&E focal points, Planners finance officers, decision makers, of all sectors bureaus: BoFED, health bureau, RHAPCO, BoWA, and UNFPA regional officers. The meetings served as key instruments in assessing progress, distilling lessons and best practices, to deliberate on proems and seek corrective solutions. All in all, the consultative forums played a key role in improving communication, increasing the planning, implementation and coordination capacity of the regional IPs at all levels.
- The CO has made notable strides in providing technical and financial support to MoFED, BoFEDs and WoFEDs through provision of various capacity development interventions such as purchase of computers and laptops to facilitate the monitoring and follow up of program implementation and reporting.

**Output 8:** *Increased capacity of adolescent, young people and women to claim their rights for information and services in areas of sexual reproductive health/HIV and gender equality.*

Indicators	Baseline	Target	End-line data
• Number of adolescent and young people who have acquired life skills in selected regions	0	30,500	46,401

**Key Achievements** (input also from the last CP evaluation)

- 46,401 young people reached with SRH information and services through life-skill, peer education, IEC/BCC and youth dialogue
- An advisory committee that addresses multi-sectoral response for adolescent and youth development is established and led by Ministry of Women Children and Youth Affairs
- National Youth Policy reviewed to incorporate new developments
- 360 youth leaders, youth sector staffs took capacity building training to ensure quality youth programs at grass-root level
- 15,500 community members/ parents were mobilized through dialogue forums on how to communicate young people with SRH information
- Two review workshops are conducted to ensure the implementation of Comprehensive Sexuality Education and its integration in curricula.
- A national technical working group is organized to develop the framework of CSE at Ministry of Education.
- 1370 young women got educational support that helped them to continue their education.
- 62 youth centers and girls club strengthened through trainings and provisions of equipment
- A total of 122,898 people out of the planned 141,500 were addressed through daily teachings by the trained clergies under Developmental Bible program of Ethiopian Orthodox Church.
- Regional level dialogue forums on Maternal, youth Reproductive health, HIV and AIDS was organized in Gambella, Benishangul, Shashemene, Jimma and Addis Ababa by IRCE. A total of 314 (269M&45F) Religious leaders and youth took part. The dialogue forums have opened a platform for leaders and the youth to learn and discuss more on the issues. They reached consensus to teach their congregations on Youth Reproductive Health, HIV/AIDS and Maternal Health.
- As part of project activities different capacity building interventions including training on SRHR, Life skill, Community Conversation, leadership and club management, IGA management and resource mobilization were provided to youth clubs. As a result, 252 TOTs from 13 Youth to Youth Clubs and 7 youth groups (4 girls groups) were conducted. In addition, nine needy Youth to Youth Clubs have received in kind support to strengthen their income generating activities. Besides, National Consultative Meeting on Integration of A/YSRH and livelihood was held and stakeholders from federal and regional Women Youth and Children, Micro and Small Enterprise agency, Youth Clubs/Groups and Youth Federation were actively participated.
- UNFPA supported the commemoration of three international youth days with specific themes that addressed decision makers, adolescent and youth and other stakeholders.
- A documentation on Maternal Health, HIV Prevention and young people interventions and good practices of 6 religious institutions was done to share experiences and to design a mechanism where their contributions could be well accounted in the national reporting mechanisms
- A national strategy to increase adolescents participation is developed in collaboration with Ministry of Women Children and Youth Affairs
- A two days national consultative forum is conducted to strengthen the multi-sectoral collaboration towards adolescent and youth development. The event was attended by high level officials mainly by the President of the Country, State Minister of Health and Minister of MOWCY.
- 80 health professionals from all youth centers of the capital city took capacity building training on youth friendly services that was organized by UNFPA and MOH

**Output 9:** *Strengthened community response to promote and protect the rights of women and girls in areas of harmful traditional practices and gender based violence*

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• Percentage of communities that declare abandonment of female genital mutilation/cutting and early marriage	0	40	17 districts reached public consensus and/or declared public abandonment of FGM and child marriage

**Key Achievements** (input also from the last CP evaluation)

- The Programme has continued its efforts to ensure the realization of rights for women and girls with particular focus on ending Violence Against Women and Girls (VAWG) through integrated interventions at federal and local levels. At federal level, strong support has been provided in the establishment of a National Alliance to End Child Marriage which brings together all actors working on issues related to child marriage and also smooth functioning of the National Female Genital Mutilation (FGM) Network. Supporting various advocacy initiatives during the 16 Days of Activism Against GBV, International Day of the Girl Child and International Day of Zero Tolerance for FGM have been the other important focus areas of support. Establishment of the National Alliance and the various advocacy initiatives have strongly contributed to the decision taken by the Government to officially declare commitment to end child marriage and FGM by 2015. Technical support has also been provided to establish a national coordination mechanism to engage men and boys in addressing VAW and Gender Inequality that manifests in different forms and at different levels.
- Recognizing the important role and contribution of Faith Based Organizations (FBOs) in the promotion and protection of the rights of girls and women in the country, UNFPA has strongly supported the Inter Religious Council (IRC) that brings together different faith based organizations to carry out more coordinated and strategic interventions. IRC has been able to organize national level high level dialogue forums on the role of the FBOs and religious leaders in combatting violence against women and come up with strong declarations condemning the acts of violence on girls and women.
- At local level support has been provided to undertake a regular community conversation sessions in more than 70 districts. Community conversation is a participatory and transformative social mobilization approach that aimed at creating supportive social environment and facilitating social changes process towards the abandonment of Harmful Traditional Practices (HTPs) / Violence Against Women (VAW) and improving the lives of girls and women. More than 500 communities in the intervention areas have reached consensus and developed their own customary by-laws to abandon HTPs affecting women and girls. Another important area of focus in supporting the community mobilization effort at local level is geared towards enhancing the capacity of Women Development Groups (WDGs). WDGs are playing a very active role in mobilizing women and other community members in addressing HTPs/VAW and other sexual and reproductive health related issues. In addition to the support being provided for more than 400 WDGs at local level. UNFPA is also supporting Ministry of Women, Children and Youth Affairs to develop a national manual on WDGs to better guide the work of WDGs in all the regions of the country in a more systematic manner. Various mobilization interventions are also being supported in seven higher learning institutions targeting adolescent and youth in these higher educational institutes. As a result of community and school based social mobilization interventions, communities have been able to protect 4275 girls and 1463 girls from undergoing the practice of child marriage and FGM respectively.
- Programmatic interventions that focus on empowering adolescent girls are being supported in different parts of the country. Creating safe social space for the adolescent girls by establishing dialogue clubs for married and unmarried adolescent girls, promoting education among adolescent girls by providing educational materials and conducting sensitization among broader community members, enhancing the financial literacy of the adolescent girls through opening savings account with Commercial Bank of Ethiopia and raising their awareness about the importance of financial / livelihood skills and promoting the utilization of sexual and reproductive health services. In this regard, the programme has been able to reach more than 10,000 adolescent girls in different communities.

**Output 10:** *Strengthened institutional response to address harmful traditional practices and gender based violence and provide information and services to survivors of gender based violence, including in humanitarian context.*

Indicators	Baseline	Target	End-line data
Percentage of health facilities and police departments and police stations with improved service delivery to survivors of gender-based violence	0	10%	Four safe-houses, two model health clinics and 25 police women and children desks has been supported to provide services for survivors of violence through a package of interventions

**Key Achievements** (input also from the last CP evaluation)

- The Prevention and Management of Gender-Based Violence programme has been able to provide comprehensive services (physical shelter, psycho-social support, medical services, self-defense, legal aid and income-generating interventions) for 2493 survivors of violence by supporting the operation of four safe-houses to provide. Model clinics established within selected government hospitals have been able to reach out and provide services for 535 survivors of sexual violence. In addition, 308 women with fistula problem and 366 women with uterine prolapse problem have received appropriate service through partnership established with different organizations at different levels. 55 women who suffer complications as a result of undergoing FGM have been identified and accessed health services including ‘opening up’ of the infibulated genitals. Police Women and Children Desks in different regions have been able to provide legal services for 78 women and children who are survivors of violence. Hotline service established in higher learning institution level has reached out and provided information and counselling for more than 500 students of higher learning institute.
- In addition to programmatic interventions that focus on directly providing services for survivors of violence through different service delivery points, efforts have also been made to support various initiatives at national level in terms of strengthening system at different levels. Support provided for the development of National Harmful Traditional Practices Strategy, National Adolescent Development and Participation Strategy, and National Standard Operating Procedure (SOP) on Sexual violence are among the critical interventions in this regard. Conducting national consensus building workshop organized for Muslim religious leaders and conducting capacity building training for frontline health workers, women extension workers, and law reinforcement bodies have important contribution in terms of strengthening the institutional response to address HTP/GBV.

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>					
Contraceptive prevalence rate (total)	27.3	2011 (EDHS)	41	2014 (Mini EDHS)	
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	10%	2011	15%	2014	EDHS source

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

### **Summary of National Progress**

- The maternal mortality ratio (MMR) in Ethiopia has declined steadily and according to latest UN estimate, MMR has declined by 70% from the 1990 level of 1400 and reached 420/100000 LBs in 2013. With this trend Ethiopia is believed to be on track to achieve the MDG V by 2015. Even though the percentage of facility births continues to be low in Ethiopia (15 percent), there has been remarkable progress in the last three years from 10 percent in 2011. According to the consecutive EDHS, Contraceptive use among currently married women has shown progress from 8% in 2000, 15 % in 2005, 29% in 2011 and 42% in 2014.

### **Family Planning and Reproductive Health Commodity Security:**

- The contribution of family planning in reduction of high-risk pregnancies, curbing unintended pregnancies, and spacing of births not only saves women's lives, but it can prevent nearly one-third of all maternal deaths, hundred thousands of newborn and child deaths annually. The health benefits are central; the social and economic benefits enormous.
- More than 1 in 3 currently married women are using a modern method of contraception, showing more than fivefold increase of contraceptive prevalence rate from 6.3 % in 2000 to 41 % in 2014 (Mini EDHS). There was an annual increment of 3 % between 2005 and 2010 and more than 5 % between 2011 and 2014. Increases have been observed in both urban and rural settings, with largest increases in recent years in rural areas.; i.e. a 28 percentage point increase in urban, reaching nearly over 56 % and a 35 point increase in rural, reaching 38 percent.
- Though the majority are still using injectable (69.7 %) the share of long term family planning methods particularly of the implants rose from 0.2 in 2000 to 21 % in 2015 (PMA2020-R2). In just seven months we have seen 5.1 and 3.9 percentage points increase in implant use for married women of reproductive age and unmarried sexually active women respectively.
- Unmet need for contraceptives declined from 36 % (EDHS 2000) to 24.1 % (PMA2020-R2) showing an improvement in demand satisfied in the 15 years from 18 to 58 percent which obviously contributed to the decline in Total Fertility Rate from 5.4 in 2000 to 4.1 in 2014. In the year 2014 alone Ethiopia has added 711,000 new users of contraceptives which accounts for 38 % of additional users contributed by 17 countries in the East and South Africa region in the same period (FP2020 Partnership in progress 2013 – 2014 report).
- The unprecedented result can be attributed to Health Extension Programme (HEP). The majority of family planning users who were getting their methods from the health center in 2005 are now obtaining them from the health posts (nearly 60% of them are getting the service from HEWs). About 84 percent of all health facilities across the country have staff trained in FP out of which more than half (55 percent) were specifically trained in the insertion and removal of implants. Close to half of the SDPs (45 percent) have a supervisory visit every month. In addition, among public health facilities almost none of them charge fees for family planning services and on the average they offer the services 5.4 days per week (PMA2020-R2).
- Ethiopia has long formulated and implemented the National Drug Policy which aims to meet the country's demand for essential drugs, improve drug supply and distribution, ensure safety, efficacy, quality and affordability of drugs and build domestic manufacturing capacity. National drug list containing priority health products including contraceptives and essential life saving maternal health drugs, that should be available at all times in adequate quantities, especially in the public sector, is developed and regularly revised and is used as the basis for supply management decisions.
- In the past five years, Ethiopia has implemented the Integrated Pharmaceutical Logistics System aiming at avoiding redundant demand forecasting, long procurement lead times and health facility order to delivery cycle times, thereby improving access to essential health products (including Reproductive Health Commodities) and reducing wastage. In this period, more than 3000 health facilities have implemented Integrated Pharmaceutical Logistics System (IPLS) of which more than 500 have begun using automated system (Health Commodity Management Information System - HCMIS) — a system that improves supply management processes, customer services and data visibility. Since 2012, the HCMIS warehouse system is also implemented across the entire warehouse network of the Pharmaceuticals Fund and Supply Agency – all eleven regional hubs and center warehouses.

- In the past five years, the supply chain management capacity has significantly increased through training of more than 10,000 supply chain managers and increase in the central and regional warehouse capacity from 46,000 M3 to 580,000 M3 by building and equipping 17 warehouses with an average capacity of 3000 square meters each throughout the country. Close to 500 health facility pharmacy stores have been fully upgraded with standardized shelves and warehouse equipment. In nearly the same period, the procurement and distribution capacity of the Pharmaceuticals Fund and Supply Agency have shown a 10 fold increase, the 2014 gross procurement of medicines and medical equipment valued to be more than USD 300 million. Consequently recent surveys have shown that most service delivery points irrespective of their location and distance from the source of supplies are offering contraceptives. Majority of the modern contraceptives commodities (both short term and long term) were available in all health facilities. The percentage of service delivery points offering at least 3 or 5 Modern Contraceptive Methods which is now 93 and 70 % respectively (PMA2020 – R2) as compared to the 60 % offering 3 modern methods before 5 years.

**UNFPA’s Contributions** *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

- UNFPA supported the government to address the critical shortage of human resource for maternal health by supporting the national midwifery and the IESO (Integrated Emergency Surgery and Obstetrics) training programs. UNFPA supported the government efforts for increasing access to maternal health and FP service using the MDG pooled fund, H4+platform and directing supporting the Regional and Federal Ips (F-MOH, PFSA, RHBs) as a result of which access to EmONC services increased, no or few facilities reported stock out contraceptives.

**Family Planning and Reproductive Health Commodity Security:**

- Uninterrupted supply of contraceptives and life-saving maternal health drugs
- Access to long acting family planning methods improved particularly through community based services by capacitating health extension workers and provision of commodities
- Contraceptive requirement plan regularly developed and used for advocacy for contraceptive financing
- Capacity developed in medicine regulation, RHCS, supply chain management (warehousing, LMIS) and M &E
- RHCS training institutionalized in a local university RH curriculum
- Functional coordination mechanisms in family planning programming and supply chain management
- Integrated systems strengthened in supply chain (Integrated Pharmaceuticals Logistics System)
- Demand generated for RHCS for neglected family planning methods: Emergency contraceptive pills and female condoms
- Evidence generated to guide and monitor family planning programming and supply of commodities

**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**

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	-	-	-	-	The current EDHS has no the data.
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	-	-	-	-	Adolescents and young people can have access to contraceptives regardless of their marital status.

### **Summary of National Progress**

The population of Ethiopia is estimated to be 88.4 million (CSA 2014), of which 42% (37.1 million) are adolescents and youth with the age range of 10-29 years. In view of making the most out of this group, the nation envisions to reduce its fertility there by changing the age structure, which coupled with developing the capacity of adolescents and youth, will help in reaping the benefits of the demographic dividend.

- The Constitution of the Federal Democratic Republic of Ethiopia addresses the issue of adolescents and youth development, thus paving the way for the development of a comprehensive National Youth Policy (2004), the Youth Development Package (2006), Adolescent and Youth Reproductive Health Strategy (2007) and other implementation manuals.
- The Ministry of Women, Children and Youth (MoWCYA) is mandated to implement the National Youth Policy and to oversee/coordinate the national youth development programs. The MoWCYA has managed to mainstream the youth agenda into different ministry/sector offices and other development partners' activities. It also managed to produce relevant implementation documents (such as youth friendly service (YFS) minimum standards and youth center standards), establish youth structures, and coordination forums.
- The National Youth Policy (2004) encourages the formation of youth clubs/forums and federations with the aim of strengthening the contribution of organized groups, to society and nation building. Although some promising initiatives are underway, adolescent and youth participation in civil societies, regional councils and the justice system is still unacceptably low.
- A high level of youth unemployment/underemployment is one of the critical socio-economic problems facing Ethiopia. Youth unemployment stands at 7% and land holding 19.6%. Since the ratification of the National Youth Policy in 2004, over 20 million young people have participated in trainings on economic development. Consequently, 13.5 million young people were given job opportunities with 3.8 billion ETB (472.8 million annual average). The growth in the proportion of the labor force is much higher than the labor market demand. Ethiopia has a four-tier formal education system. In addition, it has alternate basic education opportunity. The youth literacy rate is 51.6% (2012). Many of the key education targets of the National Youth Policy are being implemented. Prominent achievements include: expanding rural schools, assigning trained teachers, expanding alternative basic education, increasing secondary schools in each woreda and improving pupil to teacher ratio.

- Net Enrollment Rates (NER) at primary, first cycle of secondary and second cycle of secondary schools is 86%, 19.4% and 5.3%, respectively. These declining enrollment rates at secondary level indicate the need for creating better access to secondary education for adolescents and youth. Challenges to be addressed include the need to tailoring the training with the market demand, low enrollment rates, poor quality of education, and gender and social inequities in access to education.
- A key strategic theme of the Health Sector Development Program IV (HSDP IV) is the provision of comprehensive medical care to adolescents and youth. Health care coverage amongst adolescents and youth stood at 44.8% in 2011, as compared to 34.8% in 2005/6 (with significant regional variation). Contraceptive prevalence rate, fertility rate and HIV prevalence among adolescents and youth is 25%, 4% and 1.1% respectively. A third of adolescents and youth are not yet covered by sexual and reproductive health (SRH) services—mainly the vulnerable groups and rural/pastoralists; comprehensive/correct knowledge on HIV/AIDS is still low at 20.4% (EDHS 2011).
- The Ministry of Women, Children and Youth Affairs has developed different youth friendly recreational centers and Mass Medias programs. The prominent ones are over 1500 youth centers/clubs, which provide health, educational, entertaining and sport activities. Thus far, over six million adolescents and youth have benefited from the existing youth centers. Nevertheless, youth centers are not evenly distributed (mostly established in urban towns); not comprehensive; limited capacity of staff; are less female-friendly; limited/outdated materials; management problems and poor information management system.
- The leading social evils among young people include: Khat, smoking, alcohol, street life, and commercial sex work. Among adolescents and youth, 51% and 45.6% consume Khat and Alcohol (>6 times a month), respectively. In view of addressing these social evils, rehabilitation centers established, awareness on the topic widely given, safe IGAs designed, peer educators and modeling promoted. Compared to the magnitude of the problem, resources available to combat the problem are limited.
- Environmental protection and social services are widely hailed in the National Youth Policy. For example, the widely used voluntary services include: adult education, public health activities, blood donation, HIV/AIDS, environmental protection, community development, agricultural activities and other civic services. Thus far, over 16.5 million adolescents and youth were involved in diverse voluntary services. There is shortage of motivation/recognition of volunteers, except provision of recognition certificate.
- Efforts to establish or expand model HIV/AIDS and SRH service delivery points for adolescents and young people form an important component of the program. During the reporting period, 25 youth centers (including anti-AIDS clubs and mini-media groups) were provided materials to improve their ability to respond to the SRH/HIV needs of adolescents and young people. These centers serve as a useful source of information for students that are engaged in HIV/AIDS interventions, including those involved in anti-AIDS clubs, school CC, mini media, and peer education.
- The Developmental Bible project, which started in 2009, focuses on promoting dialogue among youth and women as well as mobilizing communities to respond to sexual and reproductive health needs, HIV, and gender-based violence. The project is implemented in nine theological training centers and 204 churches in six regions. The Ethiopian Orthodox Church (EOC) provided trainings to participants from nine dioceses of the Ethiopian Orthodox Church to promote development and to understand the importance of addressing issues of reproductive health, HIV and gender-based violence in order to achieve positive development. These themes were incorporated in the daily teachings of the Church. The training targeted 290 church administrators and project implementers, including dioceses managers, deans of theological colleges, clergy trainers and project focal persons from implementing theological colleges and clergy training centres. A total of 49 dioceses managers attended a sensitization workshop on how to effectively mainstream the Developmental Bible concept at diocese and grassroots level and on how to use Developmental Bible in a practical way. The trained clergy reached a total of 122,898 people through daily teachings.

- In addition to these, two high level consultative workshops are conducted on maternal and youth reproductive health, HIV and AIDS; a total of 314 religious leaders and youth (269 male and 45 female) took part in the dialogue forums. The dialogue forums established a platform for leaders and youth to learn together and discuss the issues further. They reached consensus to teach their congregations on youth reproductive health, HIV/AIDS and maternal health.

### **UNFPA's Contributions**

- The adolescent and youth development program was implemented in partnership with government and non-government organizations. Federal HIV/AIDS Prevention and Control Office (FHAPCO), Ministry of Education (MoE), Ministry of Health (MoH), and Ministry of Women, Children, and Youth Affairs (MoWCY) are the key sector ministries who are playing a pivotal role at federal level. At regional and woreda levels HIV/AIDS Prevention and Control Office (RHAPCO)/Bureau of Health (BoH), Bureau of Education (BoE) and Bureau of Women's Children and Youths' Affair (BoWCY) are directly involved in the implementations. Furthermore, about 5 civil society organizations (CSOs), and community based organizations (CBOs) were also significant actors in the successful implementation of the program.
- The program reached more than 200,000 young people and adolescents with direct SRH/HIV services through youth centers, health institutions and educational institutions, including universities. Services such as SRH/HIV information, HIV testing and counseling, training of trainers, basic life skill education, refresher training,
- Sexually Transmitted Infections (STI) treatment, peer education, youth dialogue are considered direct services. Through the implementation of AWP, it was possible to create awareness and to promote both male and female condom utilization. A total of 2 million male condoms were purchased through the Ministry of Health's Pharmaceutical Fund Supply Agency (PFSA). They are distributed to the programme areas through 12 health facilities/University Clinics and 26 youth friendly centers.
- The other intervention is advocacy and community capacity building that involve parents and communities, Faith-Based Organizations (FBOs), and youth serving organizations. Community members participated in CC discussions on social, cultural, economic and behavioural issues that fuel the HIV epidemic in their local context and together they identified social and health problems to be addressed. Accordingly, 14,211 parents and community members (63% female) participated in adolescent development and on how to mobilize women under the reproductive age 15-49 and promote HIV testing in order to increase uptake of PMTCT services. In addition, 764 community leaders (52% female) were involved in social mobilization and advocacy events aimed at protecting adolescent and young girls from harmful traditional practices such as FGM/C, early marriage, and gender based violence (GBV).
- In addition as part of the capacity building of duty bearers, technical support was provided to implementing agencies, government partners and community members to build their capacity to effectively respond to SRH, HIV and gender related needs of young and vulnerable people. A total of 268 (49% female) individuals drawn from implementing partners and other organizations that play a vital role in the HIV/AIDS response took training on project coordination, planning and monitoring.
- Efforts to establish or expand model HIV/AIDS and SRH service delivery points for adolescents and young people form an important component of the program. During the reporting period, 25 youth centers (including anti-AIDS clubs and mini-media groups) were provided materials to improve their ability to respond to the SRH/HIV needs of adolescents and young people. These centers serve as a useful source of information for students that are engaged in HIV/AIDS interventions, including those involved in anti-AIDS clubs, school CC, mini media, and peer education.

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**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?	National Strategy on Harmful Traditional Practices (HTPs) has been developed and launched.				
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	Two-year action plan has been prepared to guide the implementation of the national strategy by taking FGM, Child Marriage and abduction				
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	EDHS 2005	Women 81% Men 51.5%	EDHS 2011	Women 68.4% Men 44.7%	Demographic and Health Survey will be conducted for 2015 and these figures need to be updated accordingly.

### Summary of National Progress

- The National Strategy on Harmful Traditional Practices (HTPs) has been developed and launched. Two-year action plan has been prepared to guide the implementation of the national strategy by taking FGM, Child Marriage and abduction
- UNFPA has facilitated the participation of high level Government delegation to respond to issues raised on the combined sixth to seventh periodic CEDAW report of Ethiopia. The Country Office has provided its support to the government in implementing the concluding observations of the CEDAW Committee with regard to preventing child marriage, FGM/C and marriage by abduction; development of national strategy on Harmful Traditional Practices; training on women’s rights; encouraging women and girls to report cases of violence; providing assistance and rehabilitation for survivors of violence; ensuring enrolment, retention and completion of women and girls at all levels of education; addressing the lack of medical personnel in rural health facilities and the shortage of emergency obstetric services in rural areas; and implementing the flagship joint programme on maternal and new-born health.

### UNFPA’s Contributions

- UNFPA Ethiopia Country Office supported the government technically and financially to publish the National Strategy and Action Plan on Harmful Traditional Practices against Women and Children in Ethiopia and also translated the document into Amharic. The strategy translated into local languages: Amharic, Oromiffa, Afar’af and Somali.
- The Country Office has also supported the government in developing a National Strategy on Adolescent Development and Participation Strategy. The major objective of the strategy is to provide a framework within which adolescent development and participation is framed so as to create a responsible, self-conscious and forward looking generation that could not only play pivotal role in their own development but also contribute to the development of Ethiopia.
- The Country Office has strong involvement (both technically and financially) in establishing and officially launching the National Alliance to End Child Marriage. This is a government-led strategy and it will have important contribution in giving the issues the visibility it deserves by all actors. More specifically, the alliance is expected to coordinate the work being done by different stakeholders in different parts of the country regarding child marriage and a national steering committee has been established to follow up its day-to-day activity.
- The CO has also continued its involvement in advocacy interventions in partnership with different actors. Most notably, it has supported GBV Campaign Ethiopia in implementing a number of its activities in the reporting period. The Campaign Group has succeeded in bringing on board Ministry of Women’s Children and Youth Affairs, House of Peoples’ Representatives, Ministry of Education, Ministry of Mine and Energy, Addis Ababa Police Commission, First Instance Court, Ministry of Foreign Affairs, MoYS, Ethiopian Revenue and Customs Authority, Ministry of Capacity Building, UN Agencies and CSOs.

### **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)?	Yes	2011	Yes	2016	The last census was conducted in 2007. Analytical and thematic analysis of the census data were developed up to 2012. Preparatory activities for the next census in 2017 is ongoing
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	2011	Yes	2015	Seven surveys in this category were conducted within the last 5 years- EDHS, WMS, HICE, ICPS, NFS, Mini-DHS and Time-Use Survey

Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets		2011	N/A	2015	The development of the GTP II is ongoing
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**Summary of National Progress**

- The beginning of the current Country program coincided with the major undertaking of the country’s development plan: Growth Transformation Plan-1. The last chapter (Chapter 10) of the document was devoted for Monitoring and Evaluation through an evidence based decision making: under the 5th Goal: Building the capacity and deepening governance”, where the chapter clearly stipulates on how to address the monitoring and evaluation component. GTP II is now in draft form. Regional development plans are usually coined from the national GTP document.
- In the last five years, the Central Statistical Agency (CSA) has generated collected, analyzed and disseminated 7 national household surveys that allows for the estimation of key population and reproductive health indicators. These include 2011 EDHS, 2011 WMS, 2012 Household Income, Consumption and Expenditure Survey, 2012 Inter-Censal Population Survey, 2012 National Labour Force Survey, 2014 Mini-DHS and 2012 Time-Use Survey (data collection completed and analysis in progress). Another dataset, Population Projection (2012-2037), was generated from available time series data. In addition, an analytical report, five thematic in-depth analyses reports, and a comprehensive administrative report of the 2007 PHC were produced. In preparation for the 4<sup>th</sup> Population and Housing Census (PHC) in 2017, a comprehensive project document, a resource mobilization strategy, and advocacy & communication strategy documents have been produced. Cartography/mapping support for the 2017 PHC is ongoing. A web-based Integrated Management Information System (IMIS) has been establishment and currently has over 35 datasets. On CRVS, a strategy and action plan document and a cost plan were developed after the proclamation of the vital event registration law and the establishment of the Vital Event Registration Agency.
- The government, through its coordinating body: the ministry of Finance and Economic Development (MoFED) is the leader of planning, implementation, monitoring and evaluation of the national and regional development plans. According to a national UN-Government binding document, the Program Implementation Manual (PIM), the “UN Agencies and Regions Economic Cooperation Directorate” coordinates the financial, material and human resource support to the country provided by UN agencies. This entity has discharged its responsibility in facilitating the preparation and follow up of the implementation of a result based annual workplan at federal, regional and sectoral level; allocated the budget according to the country’s budget allocation formula to regions; organized and coordinated the undertaking of program review meetings, facilitated stakeholders consultative meetings; organized the evaluation of UNDAF and other thematic programs.

- The absorptive capacity, program and financial management, coordination, monitoring and evaluation capacities of IPs (BoFEDs, and WoFEDs) in all the six regions that UNFPA is supporting has increased. Contribution of UNFPA assisted programs to national goals and objectives. Timely program implementation, fund utilization and reporting has relatively improved. During the four years of the program cycle, almost all regional implementing partners planned in-house monthly reviews, bi-annual review meetings with sector bureaus; and undertook joint monitoring and regular follow up of UNFPA assisted programs. This, we believe, has contributed to the enhancement of the capacity of BoFEDs and WoFEDs for better delivery of services; increased compliance to UNFPA and GoE financial rules and regulations; improved result based planning and reporting etc.

#### **UNFPA's Contributions**

- UNFPA supported the data collection, analysis and dissemination of all the afore-mentioned newly generated datasets. Financial support was provided to the CSA to undertake all the surveys. In addition, technical experts were supported to work with the CSA during the data collection, analysis and dissemination. Notably, a Census Technical Advisor was placed at the CSA to support the Inter-Censal Population Survey. Technical experts (international and national) were supported to produce the census (2007) thematic reports and the administrative report; and the 2017 PHC project document, resource mobilization strategy, and advocacy & communication strategy documents. Technical assistance missions on census cartography and study tours (on census cartography and data processing) were also supported by UNFPA. Procurement support of IT and cartography equipment was also provided to the CSA and a health bureau (on HMIS). The current functional state of IMIS online platform in the country is an outcome of UNFPA support through provision of technical assistance (international and local consultants), training and procurement of IT equipment.
- UNFPA also supported the capacity building of population and development staff to integrate population variables into development plans, especially the GTPII, through local and international trainings. Four key evidence-based policy-oriented researches were supported by UNFPA. These researches were main inputs for policy dialogue and advocacy in the country.
- Under the Enhanced Coordination, Monitoring and Evaluation Component UNFPA has supported various trainings were organized by MoFED and BoFEDs in collaboration with sister agencies. The major of these trainings was the training given to the over 200 experts drawn from Addis Ababa, Oromiya, SNNP and Amhara trained on PIM, HACT/FACE, RBM and Program Planning and Management in 2012. Recently, the office has supported the training of over 750 staff on RBM, in the regions. A series of training workshops on the revised Program Implementation Manual (PIM) was given to staff working on program implementation, decision and follow up. Recently the fund has supported the training of six key senior staff from the Ministry of Finance and Economic Development (MoFED) on data analysis and interpretation at the International Institute of Rural Reconstruction (IIRR) Africa Regional Centre to facilitate data analysis and interpretation: Nairobi Kenya.
- The country office has supported all regional BoFEDs and the Federal Coordinating body ( MoFED) to conduct monitoring in the field and to sites and follow up of the UNFPA assisted programs jointly with sector bureaus. The CO has made notable strides in providing technical and financial support to MoFED, BoFEDs and WoFEDs through provision of various capacity development interventions, during the various supervision and monitoring visits carried out to spot-check programs implemented by government and non-government partners.

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b> <b>Choose only those relevant to your CP</b>	<b>Regular Resource (Planned and Final Expenditure)</b>		<b>Others (Planned and Final Expenditure)</b>		<b>Total (Planned and Final Expenditure)</b>	
Increased availability and use of integrated sexual and reproductive health services	13.8	10.65	38.20	29.60	52.00	40.25
Youth policies and programmes, and increased availability of comprehensive sexuality education		0.83	4.00	2.05	4.00	2.88
Advanced gender equality, women's and girls' empowerment, and reproductive rights	5.20	2.40	11.40	8.06	16.60	10.46
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	4.20	6.99	7.40	1.38	11.60	8.37
Programme coordination and assistance	0.80	0.63			0.80	0.63
<b>Total</b>	<b>24.00</b>	<b>21.50</b>	<b>61.00</b>	<b>41.09</b>	<b>85.00</b>	<b>62.59</b>