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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Ethiopia

Proposed indicative UNFPA assistance:	\$172.5 million: \$27.2 million from regular resources and \$145.30 million through co-financing modalities or other resources
Programme period:	Five years (2025-2030)
Cycle of assistance:	Tenth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2030

I. Programme rationale

1. Ethiopia is the largest landlocked country and the second most populous nation in Africa, covering a land area of 1.1 million square kilometres. As of 2024, its estimated population stands at 129.7 million, with an annual growth rate of 2.6 per cent. This trend suggests that the population could reach approximately 214.8 million by 2050. The population is young, with 58.4 per cent between the ages of 10 and 24 years. The total fertility rate declined from 4.6 in 2016 to an estimated 3.7 in 2024, while life expectancy improved from 66.7 years in 2020 to 68.1 years in 2024. Although approximately 81.8 per cent of the population resides in rural areas, urbanization is accelerating, with an annual urban population growth rate of 5.4 per cent per year. Ethiopia has over 80 distinct ethnic groups, with implications for its complex geographic, political and cultural dynamics.

2. Between 2004 and 2019, Ethiopia achieved an average gross domestic product (GDP) growth rate of 10 per cent. However, per capita income remains low at \$1,020, despite the economic growth. The Human Development Index recorded a minimal increase, from 0.47 in 2016 to 0.5 in 2022. Since 2020, multiple crises – including the COVID-19 pandemic, ongoing conflicts, and recurrent droughts – have disrupted this progress. In July 2024, the Government implemented a currency devaluation, which may reduce overseas purchasing power, with an impact on the procurement of sexual and reproductive health (SRH) commodities. Ethiopia's socio-economic transformation is shaped by several interconnected development issues that significantly impact the lives and livelihoods of women and youth. These include: (a) the rapid growth of the youth population, presenting both opportunities and challenges; (b) deepening inequalities resulting from the impact of conflicts and instability across regions, affecting economic development, exacerbating vulnerabilities and threatening enabling social cohesion; and (c) the impact of climate emergencies, undermining resilience and driving migration. Additionally, shifts in the financing landscape influence resource availability and investment priorities, while advancements in digital technology offer opportunities for innovation and inclusion.

3. The maternal mortality ratio in Ethiopia decreased from 871 per 100,000 live births in 2000 to 412 per 100,000 live births in 2016. The United Nations estimate for 2020 stands at 267 per 100,000 live births. However, approximately 10,000 women die annually from preventable causes, with postpartum haemorrhage the leading cause. Additionally, 13 per cent of women aged 15-19 years have begun childbearing, with significant regional differences; as high as 23 per cent in Afar, compared to 3 per cent in Addis Ababa.

4. In Ethiopia, the modern contraceptive prevalence rate increased threefold, from 14 per cent in 2005 to 41 per cent in 2019, with considerable regional disparities, ranging from 3.4 per cent in Somali to 49.5 per cent in Amhara. The unmet need for family planning has remained at 22 per cent since 2016. Although mortality related to unsafe abortion has decreased, from 32 per cent in 2005 to about 4.6 per cent in 2023, pregnancy termination is still a major public health concern, with a prevalence rate of about 21.5 per cent; young female students reported to bear a higher burden. Cultural and religious barriers, along with the limited participation of private entities, continue to restrict access to family planning services.

5. The country ranks low on gender indices, with a Gender Development Index of 0.846 and a position of 117th out of 129 countries on the African Sustainable Development Goals. (SDG) Gender Index. Gender-based violence (GBV) is widespread across both humanitarian and development settings, with 23 per cent of women aged 15-49 years having experienced physical violence and 10 per cent experiencing sexual violence from age of 15 years. Although the national female genital mutilation (FGM) prevalence among women aged 15-49 years has steadily decreased from 80 per cent in 2000, it remains high at 65 per cent. FGM prevalence varies widely across regions, with 99 per cent in the Somali region and 24 per cent in Tigray. Drivers include discriminatory patriarchal norms, with lifelong consequences, negatively impacting the lives of women and girls.

6. The HIV prevalence among adults aged 15-49 years declined from 1.5 per cent in 2011 to 0.8 per cent in 2022, yet significant disparities persist across population groups. The prevalence is seven times higher in urban areas (2.9 per cent) than in rural areas (0.4 per cent). Prevalence is

notably high among female sex workers (18.3 per cent) and prisoners (4.2 per cent), with 34 per cent of new infections occurring among adolescent girls and young women aged 15-24 years.

7. Ethiopia's humanitarian outlook is challenging, with over 21.4 million people requiring humanitarian assistance in 2024. The country is host to approximately 1 million refugees from neighbouring countries, further constraining available resources. The crisis in the northern regions, specifically in the Tigray, Amhara and Afar regions, has impacted 14.8 million people, resulting in the displacement of more than 4.6 million people. This displacement has severely limited access to sexual and reproductive health and rights (SRHR) services, clinical management of rape and mental health support in affected communities. Moreover, referral systems for emergency obstetric and newborn care services have been disrupted, leading to increased rates of preventable maternal and newborn morbidity and mortality.

8. While some progress has been made in routine data collection and analysis, Ethiopia continues to face substantial challenges, due to insufficient benchmark data essential for planning, monitoring, and evaluating development agendas, including the Sustainable Development Goals (SDGs), the International Conference on Population and Development (ICPD), African Union Agenda 2063 and the Ethiopia ten-year development plans. The third national population and housing census was conducted in 2007, and the fourth has been postponed indefinitely, due to national security concerns. The most recent Ethiopia demographic and health survey was completed in 2016. The follow-up survey, originally scheduled for 2021, started in 2024; the report is expected in June 2025. Although the civil registration and vital statistics system is under development, it faces obstacles related to infrastructure, capacity and limited public awareness of its benefits. Furthermore, there is no harmonized or standardized information management system for GBV data at the service level, and the health management information system struggles with low data quality and limited information utilization at all levels for decision-making.

9. UNFPA achieved significant milestones during the ninth country programme, including: 9,162,342 couple years of protection; 4,084,393 emergency-affected women reached with SRH and GBV services; 1,207,934 births attended by skilled health personnel; 1,512,262 received care and support related to GBV; 1,389,919 young people reached with life skills education; 11 reports generated using maps to illustrate vulnerability to climate and humanitarian crises; 12 functional regional web-based integrated management information system and knowledge platforms established; and \$130.8 million mobilized (out of the \$146 million non-core resources target) for the ninth country programme. This was enabled through the establishment of a supportive policy environment for improved domestic resource mobilization; enhanced functionality of health facilities; strengthening partnerships to deliver SRHR and GBV information and services; empowering at-risk populations, including youth, sex workers, industrial workers, youths living with disabilities and HIV-positive adolescents; launching and maintaining an integrated minimum initial service package for SRH services during crises; and advancing routine data collection, analysis and dissemination to support evidence-based decision-making.

10. Key lessons learned from the ninth country programme include: (a) the critical role of engaging non-State actors in disaster risk management and humanitarian response, with a particular emphasis on the catalytic contributions of women and youth, has the ability to enhance community and system resilience, foster inclusive decision-making and drive innovative solutions that address the unique needs and perspectives of diverse populations during crises; (b) leveraging differentiated approaches and tailored strategies for programme implementation enabled the country to address the unique needs of urban and rural communities as well as beneficiaries with diverse socio-demographic profiles; (c) sustained commitment for innovative approaches accelerates scaling up effective coverage for integrated SRH, GBV and HIV services; (d) the leveraging of advanced technologies for data generation, analysis, documentation, and dissemination is key to closing the data gaps and improving evidence-based decision making; and (e) Ethiopia's large youth population requires targeted support to foster life skills and personal development. While the Government built 3,000 youth centres, the impact is limited due to service quality issues and conflict. There is a need for transformative youth centres to equip youths with adequate skills to address the digital infrastructure gap and enhance safe skills development and mentorship spaces. This is illustrated by the 'Model Woreda' approach under the Korea

International Cooperation Agency (KOICA) project, which enhanced service quality while preserving the original objectives.

11. With a focus on ‘leaving no one behind’ and ‘reaching those left furthest behind first’, tailored assessments in Ethiopia identified several population subgroups, including women, adolescents, youth, persons living with disabilities, persons living with HIV/AIDS, refugees, migrants and internally displaced persons (IDPs) as population groups at risk of being left behind and facing unique and interconnected forms of discrimination, exclusion and deprivation.

12. To ensure inclusion, diverse stakeholders, including beneficiary groups, the Government, civil society organizations (CSOs), non-governmental organizations (NGOs), United Nations agencies and development partners, were engaged in the design of the new country programme to ensure broad stakeholder support and national ownership. The programme will primarily focus on young people aged 10-24 years, women of reproductive age and persons living with disabilities, including those in hard-to-reach communities and conflict-affected regions, refugees and internally displaced persons.

II. Programme priorities and partnerships

13. To navigate the complexity of future uncertainties in Ethiopia’s programming environment, UNFPA, in collaboration with relevant stakeholders, conducted a strategic foresight exercise. This exercise involved an in-depth assessment of external factors to identify key drivers likely to shape the future of programming, particularly in the area of SRHR. The exercise identified political governance and domestic financing as two critical factors with the potential for the highest impact and uncertainty on the new country programme. Four plausible scenarios were developed, each outlining the implications for UNFPA, as well as potential actions and partnerships to address the challenges of each scenario. This strategic foresight exercise played a crucial role in shaping the strategic vision for the new country programme and will guide its implementation, ensuring that the programme remains adaptable and responsive to emerging trends and challenges.

14. Within the context of accelerating progress towards the transformative results, the new country programme is aligned to Ethiopia’s Ten-year Development Plan, 2021-2030; the African Union Agenda 2063; the UNFPA strategic plan, 2022-2025; the United Nations sustainable development cooperation framework (UNSDCF), 2025-2030; and contributes to the attainment of SDGs 1, 3, 4, 5, 10, 16 and 17. It will also support the implementation of the voluntary commitments made by the Government of Ethiopia at the 2019 ICPD+25 Summit and renewed at ICPD30.

15. UNFPA will strengthen its normative role in promoting rights, choices and inclusivity in SRHR, GBV and demographic development by providing targeted technical assistance and capacity building support to the Government and civil society; investing in knowledge management to improve data generation and dissemination on SRHR, GBV and demographic trends; and amplifying its thought leadership and advocacy to ensure effective implementation of national policies and high-quality programming.

16. Building on the experiences and lessons learned from evaluative evidence, the programme will drive efforts to accelerate progress toward achieving the transformative results, while addressing Ethiopia’s complex and regional disparities, ensuring no one is left behind. The programme will promote sustainable peace by integrating sexual and reproductive health and rights, gender and social norms and population dynamics into conflict prevention and resolution efforts across the humanitarian, development and peace continuum. This requires a differentiated, tailored approach to strengthen social services delivery – including health, education and nutrition – and enhance protection systems to reach the most vulnerable populations, especially during and after crises.

17. The country programme envisions a future where women and youth have access to high-quality, integrated SRHR and GBV services, play a vital role in prevention, peacebuilding and response efforts, and harness the demographic transition to drive economic growth and resilience. Achieving this vision requires urgent and accelerated people-centred action to bridge regional

and rural-urban disparities, ensuring equity and narrowing inequality gaps so that no one is left behind.

18. Informed by the common country assessment (CCA), the evaluative evidence and scenario planning and strategic foresight, UNFPA will align its contributions with the UNSDCF results that reflect national priorities, positioning the ICPD agenda within the 2030 Agenda. Specifically, by 2030, the programme will contribute to UNSDCF Outcomes 1, 3, 4 and 5.

19. UNFPA will leverage its comparative advantage as the lead United Nations agency in SRH and family planning, within both development and humanitarian contexts, and as the cluster lead agency, co-lead of the national GBV area of responsibility, the SRH Working Group and the primary agency for census and joint United Nations programmes on statistics, UNFPA will collaborate closely with other United Nations agencies to further strengthen coordination mechanisms, including on development effectiveness, ensuring that SRHR services remain a priority in crisis settings and harness technology and innovation to foster accelerated development and social transformation in Ethiopia.

20. Capitalizing on the strategic plan accelerators – including reaching those left furthest behind first; taking proven high-impact and human rights-based interventions to scale; agility to deliver across the humanitarian-development-peace continuum; innovative shifts from funding to funding and financing; and partnership and South-South and triangular cooperation – the programme will accelerate progress and scale up transformative change through the following key strategic shifts (a) enhance the quality of care and services for sexual and reproductive health, gender-based violence and HIV, while continuing to offer integrated, people-centred services throughout the life cycle (This spans both development and humanitarian contexts, focused on addressing disparities between rural and urban areas, as well as regional inequalities, to ensure equitable access to services – prioritizing those left furthest behind.); (b) resilience building by supporting the Government to build resilience at individual, household, community and institutional levels in health and education, as well as GBV prevention, risk mitigation and response systems that are accessible, including during disasters (This also includes enhancing peace and security by prioritizing the roles of women and youth through integrated prevention and response strategies.); (c) empowering young people and women to exercise their rights to utilize sexual and reproductive health services and make informed choices about their health and well-being through application of human rights-based approaches that address the inequalities and harmful gender and social norms; (d) strengthening data systems to support the generation and use of disaggregated data for programming in development and humanitarian contexts; (e) a shift from funding to funding and financing, including domestic financing, strengthening partnerships and South-South and triangular cooperation, notably with India; and (f) applying innovation and digitization across the different result areas for enhanced acceleration and transformative change.

21. Working through United Nations coordination mechanisms, the country programme will be implemented in collaboration with other United Nations organizations, within the framework of ‘delivering as one.’ This will include joint programmes on GBV, child marriage, FGM and HIV/AIDS. UNFPA will leverage partnerships with a broad range of stakeholders at national and subnational levels, such as government ministries, regions and Woreda (districts), parliament, development partners, civil society organizations, women-led and women’s rights organizations, the private sector, the media and beneficiaries, to ensure inclusive programme delivery.

A. Output 1. By 2030, strengthened systems, institutions and community capacities will ensure the delivery of high-quality, comprehensive sexual and reproductive health services and information as well as essential services to address gender-based violence and harmful practices.

22. This output contributes to UNSDCF Pillar Three on social development. It underscores the differentiated, integrated and targeted approach to reach the most vulnerable and underserved communities, with a focus on women and young people, to ensure equitable access to integrated, resilient, and shock-responsive healthcare services. The programme also seeks to situate SRHR in economic empowerment opportunities for vulnerable women and girls, empowering them to make decisions, secure bodily autonomy and build resilience to shocks.

23. The programme focus is on (a) enhancing the availability and accessibility of high-quality, equitable and people/survivor-centred, integrated SRH, HIV and GBV lifesaving services, with a priority focus on women, adolescent girls and persons with disabilities, recognizing their intersecting vulnerabilities and ensuring inclusive, responsive and rights-based approaches to care; (b) strengthening supply-chain management of reproductive health and GBV commodities and supplies to ‘the last mile’; (c) scaling up maternal and perinatal death surveillance and response, and obstetric fistula surveillance, and linkage to care at national and subnational levels; (d) scaling up the pre-service training and regulation of midwives and other health professionals and service providers; (e) strengthening the capacity of health care providers to deliver rights-based family planning, emergency obstetric care and reproductive health services, ensuring that women, girls and persons with disabilities receive inclusive and responsive care in both development and humanitarian settings; (f) supporting the treatment, management and reintegration of women and girls with obstetric fistula and pelvic organ prolapse; and (g) enhancing community participation in improving health outcomes by fostering self-care awareness and strengthening service delivery through community health workers.

B. Output 2. By 2030, enhanced capacities of communities and institutions to address harmful gender and social norms to end unmet need for family planning, preventable maternal deaths, gender-based violence and harmful practices, including in humanitarian settings.

24. This output is aligned to UNSDCF Pillar Five on gender equality and the empowerment of women and young people, which prioritizes increasing the participation of women and young people in economic, social and political life. This output focuses on addressing the harmful gender and social norms that perpetuate gender and disability inequalities at community, subnational and national levels, including in humanitarian settings, through a ‘whole system’ approach and application of human rights-based approaches.

25. The focus is on (a) establishment of multi-stakeholder partnership mechanisms, involving women’s organizations and youth-led organizations, the Government, faith-based organizations and community-based organizations, for a coordinated and ‘whole system’ approach to addressing harmful gender and social norms at national and regional levels; (b) strengthening the accountability mechanisms for advancing gender equality and women’s empowerment, including implementation of the recommendations in the Universal Periodic Review, Beijing Platform for Action and the Convention on the Elimination of all Forms of Discrimination against Women; (c) introducing a ‘whole system’ approach to promote positive masculinity and supporting the rollout of the male engagement strategy for the active involvement of men and boys to prevent and address gender-based violence; (d) conducting a national social norms survey and promoting its effective utilization for programming; (e) development and implementation of innovative social and behaviour change communication strategy; and (f) scale-up of partnership and coordination with the Government, United Nations agencies and other key stakeholders for joint programming, and enhancing domestic financing and improved coordination to address gender-based violence, including conflict-related sexual violence, child, early and forced marriage and FGM.

C. Output 3. By 2030, data systems and evidence are strengthened and digitized to inform the development, implementation, monitoring and evaluation of policies and programmes within the context of the humanitarian, development and peace continuum, especially those related to maternal health, family planning, GBV and harmful practices.

26. This output is aligned to the UNSDCF Pillar One, which focuses on strengthening institutional capacities and governance frameworks to foster inclusive, accountable and participatory decision-making processes, and Pillar 3 on social development. It is aimed at addressing the data and evidence gaps that limit the effectiveness of policy formulation, programme design, decision-making and accountability processes to advance demographic resilience and sustainable development outcomes, especially for SRH, peacebuilding and GBV programmes.

27. Specifically, this output focuses on (a) rollout of GBV, SRH and youth information management systems; (b) support for the use of alternative sources of data and evidence, including emerging technologies, for increased digitization of population, SRH and GBV/HP data; (c) support for the conduct of fourth Ethiopian population and housing census, modelled population estimates and spatially referenced population data; (d) further analyses and use of demographic and health survey data, to better understand and create linkages between sexual reproductive health, harmful practices, including in humanitarian settings; and (e) support for the development of the Ethiopian national population policy and population programme for the integration of population dynamics in planning and policy formulation, including evidence-based investments to harness the demographic dividend.

D. Output 4. By 2030, strengthened skills and opportunities of adolescents and youth, especially adolescent girls, to enhance their rights to access services related to maternal health, family planning, HIV/AIDS, alternative dispute resolution, GBV and harmful practices.

28. This output is aligned to UNSDCF Pillar Five on gender equality and the empowerment of women and young people, which prioritizes increasing the participation of women and young people in economic, social, and political life. This output aims to harness the potentials of adolescents and youth by promoting their empowerment, enhancing their access to comprehensive sexual and reproductive health services, and equipping them to make informed choices, thereby reducing gender-based violence, harmful practices and enabling healthier, more autonomous futures.

29. Specifically, this output aims to (a) enhance the capacity of adolescent and youth-friendly service centres to centres of excellence by setting standards that cultivate youth leadership, agency and entrepreneurship; (b) build capacity for integrating resilience and livelihood development and youth-responsive service platforms in humanitarian, development and peace settings for coherent and consistent SRH/GBV/HIV services and demand-generation interventions; (c) create an enabling environment for young people to support the reform of policies on SRHR; (d) improve the digital and entrepreneurial skills of young people, including adolescents and girls, and create platforms for social innovation to leverage social and economic opportunities provided by technology; (e) expand innovative approaches for HIV prevention among young people and most-at-risk populations, with a focus on adolescent girls and young women aged 15-24 years; and (f) increased advocacy at national and subnational levels for the implementation of family life education for in-school and out-of-school youths, with a focus on reducing the number of teenage pregnancies.

E. Output 5. By 2030, strengthened capacity of critical actors and systems in preparedness, early action, resilience and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, community-led and peace-responsive.

30. This output is aligned to UNSDCF Pillar Four which focuses on strengthening disaster-risk management systems, early warning and anticipatory action and promoting sustainable natural resources management. It aims to deliver lifesaving SRH and GBV interventions to crisis-affected populations by employing innovative strategies to ensure the prepositioning and timely distribution of essential GBV and SRH supplies to reach the most vulnerable populations, including host communities, IDPs, including persons living with disabilities and refugees. Additionally, UNFPA will integrate peacebuilding initiatives into its emergency response efforts and incorporate these approaches into emergency preparedness plans to address the root causes of conflict, particularly at the community level. The programme will also strengthen resilience at individual, household, community and institutional levels, enhancing health, education, GBV prevention, risk mitigation and response systems that remain accessible, even during disasters.

31. Specifically, this output will (a) provide life-saving interventions to populations affected by crisis, prioritizing women and girls who are IDPs or refugees, using innovative approaches, including equipping conflict and climate-affected health facilities with basic and comprehensive emergency obstetric care services; (b) expand innovations for improved prepositioning and timely

'last mile' distribution of GBV and SRH supplies; (c) build the capacity of service providers on emergency SRH in emergency programming; (d) support youth, including persons living with disabilities, affected by crises or living in fragile contexts, with age-appropriate strategies on SRHR and GBV prevention and mitigation; (e) facilitate GBV area of responsibility and SRH coordination, prevention from sexual exploitation and abuse, youth, peace and security coordination, partnership, while leveraging both domestic and external resources, to ensure sustainable financing and long-term impact; and (f) assist in the incorporation of peacebuilding initiatives into emergency preparedness and related plans and support adolescent and youth participation and leadership in peacebuilding programmes.

III. Programme and risk management

32. This country programme will be implemented through partners, with the Ministry of Finance coordinating the planning, monitoring and review of the programme. The programme will be implemented through national and subnational government partners, including sectoral ministries and regional structures. Other implementing partners include non-governmental organizations, community, youth and women-led organizations. The implementing partners will be selected on a competitive basis, based on their strategic alignment, comparative advantage, in terms of field presence and close collaboration with regional and community structures, and capacity to deliver results, among other factors. UNFPA will continue to implement the harmonized approach to cash transfers.

33. Within the framework of South-South and triangular cooperation, the programme will mobilize resources, technical expertise, knowledge and skills from countries of the Global South to enhance national capacity and knowledge sharing for mutual benefit. This will involve collaboration with national agencies and ministries and exchanging best practices, including sharing expertise, strategies and innovations, such as utilizing satellite imagery for population modelling in conflict-affected areas. The country office will conduct a human resources assessment to align its current staff base and capacity to the needs of the 10th country programme. Based on the assessment, an appropriate staff mix will be recruited for administrative and efficient programme delivery, especially at subnational levels, including the UNFPA implementation hub. Additionally, UNFPA will utilize all opportunities to leverage the critical expertise of UNFPA staff in regional and headquarters offices, within the United Nations country team (UNCT), development partners and regional technical institutions, including academia, as well as surge deployment. The partnership plan will guide efforts to widen and deepen relationships with partners and enhance visibility.

34. Building on the significant resource mobilization efforts, especially in the last year of the ninth country programme, and through the integrated partnership and resource mobilization plan developed for the new country programme, UNFPA will deepen and expand strategic partnerships with diverse donors and the private sector to mobilize critical financial resources required for effective implementation of the country programme. Further efforts will be made through joint programmes with other United Nations agencies, including UNDP, UNICEF, UN-Women, UNAIDS and the United Nations High Commissioner for Refugees (UNHCR), for programme scale-up. UNFPA will continue to scan and map the donor and partnership environment to explore strategic opportunities for delivering programme results and developing new partnerships.

35. The programme risks include (a) increased conflict in parts of the country that could further destroy existing infrastructure; (b) global pandemics that could create accessibility challenges; and (c) natural disasters and climate-change related shocks that could disrupt service delivery and slow economic growth. The UNFPA strategic foresight/scenario planning exercise highlighted political governance and domestic financing as two major factors that could have the highest impact and uncertainty on the 10th country programme. UNFPA will regularly conduct environmental scanning and assess the operational, security, economic, socio-political and fraud risks of the programme to develop and implement enterprise risk management plan; and utilize the audit findings and recommendations to mitigate the identified risks. In collaboration with the UNCT, UNFPA will regularly conduct assessments for managing risks, including remote programming, and update the contingency plans accordingly. UNFPA will strengthen emergency preparedness planning in collaboration with the United Nations system, for a timely and effective

response to affected populations in humanitarian contexts. When necessary, UNFPA will consult with the Government and re-programme funds to respond to emergencies.

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

IV. Monitoring and evaluation

37. A results-based management approach would be applied in the implementation of the new country programme. There will be periodic monitoring exercises, in collaboration with the national counterparts, United Nations agencies and other development partners as well as relevant non-governmental organizations. The programme theory of change will be reviewed periodically to assess the solution pathways and assumptions to determine if the programme is on course.

38. A costed monitoring and evaluation plan will be developed by UNFPA and partners at the inception of the programme. The plan, which will include baseline studies, joint monitoring field visits, annual reviews, evaluations of donor-funded projects, a midterm evaluation and thematic and programme evaluations, will guide the programme and financial performance of the country programme. When necessary, monitoring of hard-to-reach areas, especially in humanitarian settings or because of restriction of movement due to natural occurrences, will be undertaken through remote or third-party arrangements. Findings from these evaluations will inform programme management decisions and ensure value for money and results. At least 10 per cent of the programme funding will be dedicated to monitoring and evaluation activities.

39. UNFPA will actively participate in UNSDCF periodic programme reviews, quality assurance activities, contribute to the annual Special Representative of the Secretary-General (SRSG) conflict-related sexual violence report and provide timely inputs to UNInfo. UNFPA will also participate in United Nations theme groups, including the results-based management group, United Nations programme reference group and operations management team.

40. UNFPA will provide technical assistance to strengthen the capacities of national and sectoral ministries and parastatal organizations to monitor, evaluate and report on national and global development goals, including the Ethiopia Ten Year Development Plan, the ICPD and the SDGs.

RESULTS AND RESOURCES FRAMEWORK FOR ETHIOPIA (2025-2030)

NATIONAL PRIORITY: Health and well-being of the society.				
UNSDCF OUTCOME: 3: All people in Ethiopia, more specifically the people who are left behind, accessed equitable quality social services and protection.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Maternal mortality ratio <i>Baseline: 267 per 100,000 (2023); Target: 140 per 100,000 (2030)</i> 	<u>Output 1.</u> By 2030, strengthened systems, institutions and community capacity to provide high-quality, comprehensive sexual and reproductive health services and information as well as essential services to address gender-based violence and harmful practices.	<ul style="list-style-type: none"> Number of couple years of protection provided nationwide, disaggregated by regions, through the modern contraceptive method mix <i>Baseline: 9,162,342 (2025); Target: 30,000,000 (2030)</i> Proportion of institutional deliveries in UNFPA supported regions <i>Baseline: 24.21% (2025; Target: 63.61 % (2030)</i> Percentage increase of health facilities covered by functional emergency obstetric and newborn care through UNFPA support, disaggregated by regions. <i>Baseline: 31.38 % (2025); Target: 59.62 % (2030)</i> Number of women and girls who received obstetric fistula treatment with UNFPA support, disaggregated by regions <i>Baseline: 6,937 (2025); Target: 10,500 (2030)</i> 	Government sectors; NGOs; professional associations; United Nations agencies; India-UN Fund	\$43.1 million (\$6.5 million from regular resources and \$36.6 million from other resources)
NATIONAL PRIORITY: Gender and social inclusion.				
UNSDCF OUTCOME: 5: All women and young people including adolescent girls in Ethiopia, particularly those left behind, enjoyed equitable opportunities and are empowered to participate fully in all aspects of society, leading to their full potential being realized.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> Proportion of girls and women aged 15-49 years who have undergone female genital mutilation and other harmful practices, by age <i>Baseline: 65% (2025); Target: 45% (2030)</i> Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18, by age <i>Baseline: 40.3% (2025) Targets: 30% (2030)</i> 	<u>Output 2.</u> Enhanced capacities of communities and institutions to address harmful gender and social norms to end unmet need for family planning, preventable maternal death, gender-based violence and harmful practices.	<ul style="list-style-type: none"> Proportion of UNFPA-supported multi-stakeholder coordination mechanisms or platforms functioning at national and regional levels to address harmful gender and social norms <i>Baseline: 24.5% (2025); Target: 64% (2030)</i> Proportion of target population that demonstrate knowledge, attitude and practices (positive behaviours) towards unmet need for family planning, preventable maternal deaths, GBV and harmful practices, disaggregated by sex, age and persons with disabilities <i>Baseline: 12.5 % (2025); Target: 40.5 % (2030)</i> Number of gender-responsive laws supported by UNFPA, including those promoting positive masculinity, operationalized at national level <i>Baseline: 3 (2025); Target: 5 (2030)</i> Proportion of recommendations on gender and social norms derived from the human rights mechanisms of UPR, Beijing Platform for Action, CEDAW implemented 	Ministry of Women, and Social Affairs; bureaux of women and children affairs; UN-Women; UNICEF; civil society organizations.	\$26.9 million (\$4.0 million from regular resources and \$22.9 million from other resources)

		<i>Baseline: 0 (2025); Target: 60% (2030)</i>		
NATIONAL PRIORITY: Demography and human resource development; Health and well-being of the society.				
UNSDCF OUTCOMES: 1: All people in Ethiopia more specifically the people who are left behind live in a peaceful, just, democratic society which upholds standards of rule of law, accountability and human rights; 3: All people in Ethiopia more specifically the people who are left behind, accessed equitable quality social services and protection.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> Number of up-to-date benchmark data sets generated for risk-informed development planning <i>Baseline: 1 (2025); Target 8 (2030)</i> 	<u>Output 3.</u> By 2030, data systems and evidence are strengthened and digitized to inform the development, implementation, monitoring and evaluation of policies and programmes in the context of the humanitarian, development and peace settings, especially those related to maternal health, family planning, gender-based violence and harmful practices.	<ul style="list-style-type: none"> Number of comprehensive, innovative and sustainable (GBV, Youth, and SRH) data systems developed or strengthened with UNFPA support <i>Baseline: 0 (2025); Target: 5 (2030)</i> Number of policies, strategies and sectoral plans developed or reviewed with updated population data with UNFPA support <i>Baseline: 0 (2025); Target: 5 (2030)</i> Proportion of targets achieved in the multi-year census action plan with support of UNFPA <i>Baseline: 0 (2025); Target: 50% (2030).</i> Revised national population policy with up-to-date population and development issues incorporated <i>Baseline: No (2025); Target: Yes (2030)</i> 	Ministry of Planning and Development; Ethiopia Statistical Services; Immigration, Nationality and Vital Events Agency; Academy of Sciences; International Office of Migration (IOM)	\$13.5 million (\$2.0 million from regular resources and \$11.5 million from other resources)
NATIONAL PRIORITY: Demography and human resource development; Peace, justice and inclusive institutions				
UNSDCF OUTCOME: 5: All women and young people including adolescent girls in Ethiopia, particularly those left behind, enjoyed equitable opportunities and are empowered to participate fully in all aspects of society, leading to their full potential being realised.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18, by age <i>Baseline: 43.3% (2025) Target: 30% (2030)</i> 	<u>Output 4.</u> Strengthened skills and opportunities of adolescent and youth, especially adolescent girls, to enhance their bodily autonomy to access services related to maternal health, family planning, HIV/AIDS, alternative dispute resolution, GBV and harmful practices.	<ul style="list-style-type: none"> Proportion of youth centres upgraded to centres of excellence with UNFPA support <i>Baseline: 0 (2025), Target: 10 (2030)</i> Number of youth policy instruments developed or revised with participation of youth. <i>Baseline: 5 (2025); Target: 10 (2030)</i> Number of mechanisms established for adolescents and youth participation in development and leadership programmes. Disaggregated by regions <i>Baseline: 11 (2025); Target: 40 (2030)</i> Number of young people reached with integrated SRH, GBV information and services through UNFPA support, disaggregated by sex, age and persons with disabilities 	Ministry of Women, Children and Youth Affairs; Ministry of Health; Ministry of Education; Ministry of Sports Youth organizations; HIV/AIDS prevention and control offices; media organizations; CSOs	\$26.5 million (\$3.98 million from regular resources and \$22.5 million from other resources)

		<i>Baseline: 1,389,919 (2025); Target: 3,900,000 (2030)</i>		
NATIONAL PRIORITY: Peace, justice and inclusive institutions				
UNSDCF OUTCOME: 4: All people in Ethiopia more specifically the people who are left behind, enjoyed protection from the impact of recurrent crises through durable solutions that address the root causes of vulnerability.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1: By 2025, the reduction in the unmet need for family planning has accelerated; 2: By 2025, the reduction of preventable maternal deaths has accelerated; 3: By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies <i>Baseline: 0% (2025); Target: 30% (2030)</i> 	<u>Output 5.</u> By 2030, strengthened capacity of critical actors and systems in preparedness, early action, resilience and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, community-led and peace-responsive.	<ul style="list-style-type: none"> Proportion of women, adolescents, and youth, including people living with disability, in need of humanitarian assistance who benefited from SRH and GBV life-saving interventions in humanitarian settings supported by UNFPA, disaggregated by IDPs, refugees and host communities <i>Baseline: 34.4 % (2025); Target: 64.8 % (2030)</i> Number of functional national and regional inter-agency coordination mechanism or platforms developed to address GBV and SRH with UNFPA support <i>Baseline: 10 (2025), Target: 15 (2030)</i> Number of peace agreements reached and documented with youth participation in peacebuilding processes at the community level in UNFPA-targeted areas <i>Baseline: 2, Target: 20</i> Proportion local governments' risk reduction strategies that integrate SRH and GBV issues <i>Baseline: 8.3% (2025), Target: 41.6% (2030)</i> 	Administration for Refugees and Returnee Affairs; CSOs; OCHA; UNICEF; IOM.	\$60.97 million (\$9.17 million from regular resources and \$51.8 million from other resources) Programme coordination and assistance: \$1.5 million from regular resources