



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

Distr.: General  
30 November 2015

Original: English

**First regular session 2016**

25 to 29 January 2016, New York

Item 4 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Ethiopia**

Proposed indicative UNFPA assistance: \$120 million: \$40.4 million from regular resources and \$79.6 million through co-financing modalities and/or other resources, including regular resources

Programme period: Four years (July 2016 – June 2020)

Cycle of assistance: Eight

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	23.2	49.9	73.1
Outcome 2	Adolescents and youth	5.6	9.0	14.6
Outcome 3	Gender equality and women's empowerment	4.2	8.8	13.0
Outcome 4	Population dynamics	5.9	11.9	17.8
Programme coordination and assistance		1.5	-	1.5
<b>Total</b>		40.4	79.6	120.0

## I. Situation analysis

1. Ethiopia is the second most populous country in Africa, with an estimated population of 90 million. With an annual growth rate of 2.4 per cent, the population will include, by 2020, an estimated 26 million young people aged 10-19 years and 11.5 million aged 20-24 years. The incidence of poverty has declined, from 38.7 per cent in 2004/2005 to 26 per cent in 2012/2013. Some 80 per cent of the population live in rural areas, a quarter of whom are women of reproductive age.
2. The maternal mortality ratio is 676 per 100,000 live births; this is due to (a) high rates of home deliveries (85 per cent) and low skilled birth attendance (15 per cent); (b) limited number of health facilities equipped to provide basic and comprehensive emergency obstetric care (caesarean section rate is 3 per cent); and (c) insufficient number of skilled health care providers. The prevalence of obstetric fistula is estimated at 37,000, with an annual incidence of 3,700. Cervical cancer is the leading cause of death among female cancer patients, with an estimated 4,648 new cases and 3,235 deaths annually.
3. The total fertility rate declined from 5.4 in 2005 to 4.1 in 2014. The contraceptive prevalence rate increased from 6.3 per cent in 2000 to 41 per cent in 2014. However, unmet need is still high at 25 per cent. Contraceptive use is low among rural adolescents and unmarried women. In the last five years, the proportion of service delivery points offering three to five modern contraceptives has increased by over 20 per cent.
4. The birth rate for women aged 15-19 years declined from 17 per cent in 2005 to 12 per cent in 2011, with higher prevalence rates in rural settings (15 per cent for rural areas and 4 per cent in urban settings) due to higher prevalence of child marriage. Over one third of women are either mothers or pregnant with their first child at age 19. However, a third of currently married adolescents (aged 15-19 years) face unmet needs for family planning. The difference between the median age at first sex and first contraceptive use in rural areas is over seven years.
5. HIV prevalence has dropped from 1.5 in 2011 to 1.1 in 2014. Young women aged 15-24 years are two to six times at higher risk of HIV infection than young men. Despite a high level of awareness on HIV/AIDS, comprehensive knowledge is 24 per cent for females and 34 per cent for males. Only 62 per cent of sexually active young people reported condom use at last sex. One third of the youth – particularly those living in rural areas, working in restaurants and bars or as domestic servants, or street youth – are particularly vulnerable because of a lack of access to reproductive health services.
6. The 2013 Global Gender Gap Index [ranked Ethiopia 121 out of 142 countries](#) and the 2014 Gender and Development Index ranked Ethiopia ~~121 and~~ 173 out of 187 countries, ~~respectively~~. These rankings illustrate prevailing social realities that favour men/boys over women/girls. The 2005 prevalence for female genital mutilation is 74.3 per cent, slightly lower from 79.9 per cent in 2000. About 23.8 million girls and women have undergone female genital mutilation, the second highest estimate globally. Although the minimum legal age for marriage is 18 years, the median age at first marriage is 16.5 years for women (23.2 years for men). Some 68 per cent of women agree that wife beating can be justified; the only five safe houses in the country are inadequate to assist survivors of gender-based violence.
7. Ethiopia hosts 704,816 refugees, the largest number in Africa, in addition to 530,886 internally displaced people. Recurrent disasters affect over 2.9 million people, with aggravating factors like chronic food insecurity and drought. These situations exacerbate the risk of violence, exploitation and abuse for women and girls. In three South Sudanese refugee camps in Gambella region, 34.7 per cent of women of reproductive age have experienced some form of physical violence, while 23.8 per cent were forced into unwanted sex.

8. Ethiopia regularly collects data from population censuses, surveys and routine administrative data that provide information on population dynamics. However, technical skills are weak, at both the federal and regional levels, for the integration of population issues into policy and programme formulation, implementation and monitoring. Furthermore, staff attrition at the Central Statistical Agency and weak technical skills of the newly established Vital Events Registration Agency call for continued capacity strengthening.

## **II. Past cooperation and lessons learned**

9. The seventh country programme cycle had three components: sexual and reproductive health; gender equality; and population and development.

10. In sexual and reproductive health, the programme contributed to (a) expansion and strengthening of comprehensive emergency obstetric and neonatal care to 101 hospitals, basic emergency obstetric and neonatal care in 300 health centres, clean and safe deliveries in 317 health posts; (b) repair of obstetric fistula for 1,900 women; (c) implementation of the Minimum Initial Service Package for Reproductive Health (MISP) in crisis settings in three regions; (d) an annual 5 per cent increase in the contraceptive prevalence rate between 2011 and 2014; (e) provision of 4.4 million couple years protection; and (f) increase of service delivery points offering at least three modern contraceptive methods, from 60 per cent in 2006 to more than 97 per cent in 2013, with 711,000 new family planning users in 2014 alone.

11. The programme achieved these results by (a) deploying 260 trained emergency surgical officers, 4,471 trained midwives and 222 trained nurse anaesthetists, and training 635 health extension workers in safe and clean delivery; (b) equipping 48 hospitals to provide emergency obstetric care; (c) implementing the MISP through 400 trained health workers; (d) supporting the development of a plan of action to eliminate obstetric fistula by 2020; (e) equipping three hospitals and training 75 health workers to prevent and manage obstetric fistula; (f) integrating reproductive health commodity security into teaching curricula at Addis Ababa University; and (g) distributing \$33.8 million worth of contraceptives and training over 4,500 supply chain managers to run the logistics management information system.

12. Still, the regulatory standards, drug registration and quality assurance are inadequately implemented. Cervical cancer screening services are scarce and only a limited number of districts are implementing maternal death surveillance and response.

13. In HIV/AIDS, UNFPA supported (a) the multisectoral HIV response, focusing on prevention among young people and vulnerable populations, including female sex workers; (b) 72 anti-AIDS clubs and youth centres through provision of education materials, capacity building training and financial support; (c) peer education and life-skill trainings for more than 200,000 young people; (d) training of over 20,000 female sex workers on HIV prevention and consistent condom use; and (e) drafting of a national guideline providing a framework for comprehensive sexuality education.

14. In gender, UNFPA supported (a) the development of the National Strategy on Harmful Traditional Practices and national standard operating procedures to respond to sexual violence; (b) establishment of the National Alliance to End Child Marriage and Female Genital Mutilation and four safe houses and five model clinics, reaching 1,749 adolescent girls and women with services for gender-based violence; (c) advocacy campaigns leading to public declarations for the abandonment of female genital mutilation in over 400 communities, the protection of over 7,000 girls from harmful practices, and protection of 11,000 adolescent girls from child marriage. However, there is a need for stronger coordination mechanisms among stakeholders for better results.

15. In population and development, the programme contributed to (a) generation of eight national datasets on key population issues; (b) in-depth analyses of the 2007 census and 2011 demographic and health survey; (c) capacity building for the 2017 population and housing census; (d) establishment of a national web-based integrated management information system to migrate 40 national survey and census datasets;

and (e) development of a strategy and action plan on the civil registration and vital statistics system.

16. Lessons learned include the following: (a) recruiting trainees locally and deploying them back to their locality is the best way to retain service providers and provide culturally sensitive services; and (b) institutionalization of reproductive health commodity security training is cost-effective and a viable strategy for sustainability; and (c) South-South cooperation reinforces acceptability of innovative interventions.

### **III. Proposed programme**

17. The proposed programme is aligned with the national Growth and Transformation Plan (2016-2020), the Health Sector Transformation Plan (2015-2020), the United Nations Development Assistance Framework (2016-2020) and the UNFPA Strategic Plan (2014-2017), and will be guided by the sustainable development goals. The Programme will cover eight regions and Addis Ababa, reaching over 90 per cent of the Ethiopian population.

#### **A. Outcome 1: Sexual and reproductive health**

18. Output 1: National capacity increased to deliver quality maternal health services, including in humanitarian settings. The programme will support the implementation of the National Roadmap for Reduction of Maternal and Newborn Mortality, and the Plan of Action to Eliminate Fistula. It will (a) reinforce the capacity of human resources for health, including in emergency settings; (b) scale up maternal death surveillance and response in 33 additional districts; (c) enhance the quality and availability of midwifery services and emergency obstetric and newborn care through training and provision of teaching and learning materials; (d) improve the prevention, case identification, management and rehabilitation of obstetric fistula patients through community mobilization, training of health workers and provision of equipment; (e) support early screening and treatment of cervical cancer through provision of equipment and training health workers; (f) advocate for the inclusion of sexual and reproductive health in humanitarian and health sector response plans; and (g) support emergency preparedness and timely response through prepositioning of life-saving reproductive health kits and other supplies.

19. Output 2: National capacity strengthened to increase demand for and availability of family planning services, including reproductive health commodities. The programme will (a) reinforce the capacity of service providers to deliver rights-based family planning services; (b) strengthen the supply chain management and product quality assurance; (c) support increased availability of life-saving reproductive health drugs and family planning commodities; and (d) strengthen community-based family planning programmes.

#### **B. Outcome 2: Adolescents and youth**

20. Output 3: Capacity of adolescents and young people strengthened to make informed decisions on their sexual and reproductive health and rights. The programme will (a) promote active participation of young people, especially adolescent girls, to engage in programme development and decision-making processes affecting their sexual and reproductive health and rights; (b) enhance life-skills, revise current curricula and expand comprehensive sexuality education to improve comprehensive knowledge of young people on sexual and reproductive health; (c) strengthen the capacity of youth organizations, parents and communities to fulfil the sexual and reproductive health and rights of young people; and (d) strengthen sexual and reproductive health information and services for young people, including female sex workers.

21. Output 4: Institutional capacity strengthened to provide youth-friendly sexual and reproductive health services. The programme will (a) train health service providers to deliver youth-friendly sexual and reproductive health services; (b) support availability of sexual and reproductive health commodities in youth-friendly facilities; (c) improve referral linkages between service delivery points and community

structures; and (d) strengthen the integration of sexual and reproductive health and HIV/AIDS.

### **C. Outcome 3: Gender equality and women’s empowerment**

22. Output 5: Communities and institutions have enhanced capacity to promote and protect the rights of women and girls, and provide services to survivors of harmful traditional practices and gender-based violence. The programme will (a) support community mobilization initiatives on the rights of women and girls; (b) advocate for the enforcement of policies and laws on harmful traditional practices and gender-based violence; (c) scale up the provision of services for survivors of harmful traditional practices and gender-based violence; (d) support the integration of harmful traditional practices and gender-based violence issues in the health and legal sectors as well as in disaster risk management protocols; and (e) support national humanitarian actors to prevent gender-based violence and to provide multisectoral services for survivors of gender-based violence.

### **D. Outcome 4: Population dynamics**

23. Output 6: National institutions have the capacity to generate, analyse and use disaggregated data for planning, development, implementation, monitoring and evaluation of policies and programmes, including in humanitarian settings. The programme will support (a) the 2017 population and housing census and the 2016 demographic and health survey; (b) the civil registration and vital statistics and web-based integrated management information systems; (c) seasonal assessments and risk profiling for vulnerability analysis and risk reduction interventions; (d) regional and national population situation analyses; (e) key stakeholders to generate data for policy and programme formulation, monitoring and evaluation; and (f) advocate for the inclusion of the demographic dividend in national policies, strategies and programmes.

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

24. The Ministry of Finance and Economic Cooperation and UNFPA will jointly coordinate the planning, implementation, monitoring and evaluation of the programme, applying a results-based management approach as well as jointly implement resource mobilization, communication, and monitoring and evaluation plans.

25. National execution is the preferred implementation arrangement. UNFPA will execute the programme through federal and regional government structures, academia, the private sector and civil society organizations. UNFPA will select implementing partners based on their strategic relevance and ability to deliver high-quality outputs, continuously monitor their performance and periodically adjust implementation arrangements, as necessary.

26. The country office includes basic management and development effectiveness posts funded from the UNFPA institutional and programme budgets, based in the country office and embedded with implementing partners in the eight supported regions.

27. The country office will seek technical support from regional offices, headquarters and other divisions. In the event of an emergency, UNFPA, in consultation with the Government, may reprogramme activities to respond to the situation. An integrated resource mobilization strategy will be developed, in consultation with strategic partners, to leverage additional resources.

28. UNFPA will streamline programme implementation through United Nations joint programmes. The country office will forge strategic partnerships, including with civil society organizations and through South-South cooperation.

## RESULTS AND RESOURCES FRAMEWORK FOR ETHIOPA (2016-2020)

<p><b>National priority:</b> Building the implementation capacity of the government, enhancing public participation and ensuring developmental good governance</p> <p><b>UNDAF outcome:</b> By 2020, the Ethiopian population, in particular women, newborns, children, adolescents and youth, including vulnerable groups, has improved access to and utilization of quality and equitable health services</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b></p> <p>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</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of births attended by skilled personnel. <i>Baseline: 15; Target: 50</i></li> <li>Modern contraceptive prevalence rate. <i>Baseline: 41; Target: 55</i></li> <li>Prevalence of obstetric fistula. <i>Baseline: 37,000; Target: 3,700</i></li> </ul>	<p><u>Output 1:</u> National capacity increased to deliver quality maternal health services, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of health facilities reporting on maternal death surveillance and responses. <i>Baseline: 92; Target: 125</i></li> <li>Number of fistula repairs with support from UNFPA. <i>Baseline: 2,568; Target: 4,568</i></li> <li>Number of health facilities providing emergency obstetric and new-born care services. <i>Baseline: 54; Target: 108</i></li> <li>Implementation rate of Minimum Initial Service Package indicators. <i>Baseline: 30; Target: 45</i></li> </ul>	<p>Ministry of Health; Universities; pharmaceutical fund and supply agency; Food Medicine and Health Care Administration and Control Agency; Family Guidance Association of Ethiopia; Administration of Refugees and Returnees Affairs; disaster risk management and food security services</p>	<p>\$73.1 million (\$23.2 million regular resources and \$49.9 million other resources)</p>
	<p><u>Output 2:</u> National capacity strengthened to increase demand for and availability of family planning services, including reproductive health commodities</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of service delivery points offering modern contraceptives. <i>Baseline: 81 (primary level); 85 (secondary and tertiary levels); Targets: 90 and 95, respectively</i></li> <li>Percentage of service delivery points with life-saving maternal and reproductive health medicines. <i>Baseline: 34.4 (primary), 88 (secondary) and 100 (tertiary); Targets: 60, 100 and 100, respectively</i></li> <li>Number of health extension workers able to support human rights based family planning services. <i>Baseline: 15,500; Target: 36,000</i></li> </ul>		
<p><b>Outcome 2: Adolescents and youth</b></p> <p>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</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of young people (15-24 years) with comprehensive knowledge about HIV/AIDS. <i>Baseline: 29; Target: 50</i></li> </ul>	<p><u>Output 3:</u> Capacity of adolescents and young people strengthened to make informed decisions on their sexual and reproductive health and rights.</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of young people who receive sexual and reproductive health services with UNFPA support. <i>Baseline: 636,000; Target: 766,000</i></li> <li>Number of young people equipped with life skills. <i>Baseline: 213,000; Target: 253,000</i></li> </ul>	<p>Ministry of Health; Ministry of Education; Ministry of Women and Children Affairs; Ministry of Youth and Sport Youth organizations; HIV/AIDS prevention and control offices; faith-based</p>	<p>\$14.6 million (\$5.6 million regular resources and \$9.0 million other resources)</p>
	<p><u>Output 4:</u> Institutional capacity strengthened to provide youth-friendly sexual and reproductive health services</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of facilities providing the national minimum standard adolescent and youth sexual and reproductive health package. <i>Baseline: 0; Target: 95</i></li> <li>Number of health workers with knowledge and</li> </ul>		

<ul style="list-style-type: none"> <li>• Birth rate of women aged 15-19 years. <i>Baseline: 12; Target: 6</i></li> </ul>		<p>skills to provide youth friendly sexual and reproductive health services. <i>Baseline: 0; Target: 500</i></p>	<p>organizations; media; universities; and civil society organizations</p>	
<p><b>National priority:</b> Promote the equality, participation and capability of women and youth. <b>UNDAF Outcome:</b> By 2020, women and girls are increasingly protected from violence, harmful traditional practices, exploitation and discrimination, and are rehabilitated and reintegrated to enjoy their full human rights.</p>				
<p><b>Outcome 3: Gender equality and women's empowerment</b> Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>• Female genital mutilation prevalence (15-49). <i>Baseline: 74; Target: 30</i></li> <li>• Percentage of women aged 15-49 years who think wife beating can be justified <i>Baseline: 68; Target: 30</i></li> </ul>	<p><u>Output 5:</u> Communities and institutions have enhanced capacity to promote and protect the rights of women and girls, and provide services to survivors of harmful traditional practices and gender-based violence</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of communities that have made public declarations against female genital mutilation and child marriage <i>Baseline: 400 (female genital mutilation) and 156 (child marriage); Target: 890 and 382 respectively</i></li> <li>• Number of identified gender-based violence survivors who received services, per national protocol <i>Baseline: 3,900; Target: 10,000</i></li> <li>• Percentage of health facilities in humanitarian settings with post-rape kits and other clinical commodities for management of sexual violence <i>Baseline: 30; Target: 45</i></li> </ul>	<p>Ministry of Women and Children Affairs; Bureaus of Women and Children Affairs; disaster risk management and food security sector; Administration for Refugees and Returnee Affairs; civil society organizations</p>	<p>\$13 million (\$4.3 million regular resources and \$8.7 million other resources)</p>
<p><b>National priority:</b> Building the implementation capacity of the government, enhancing public participation and ensuring developmental good governance. <b>UNDAF Outcome:</b> By 2020, national and subnational institutions apply evidence-based, results-oriented and equity-focused decision-making, policy formulation, programme design, monitoring, evaluation and reporting.</p>				
<p><b>Outcome 4: Population dynamics</b> 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</p> <p><u>Outcome indicator:</u> Number of national and regional institutions that integrate population and development issues into policies, strategies and programmes <i>Baseline: 3; Target: 10</i></p>	<p><u>Output 6:</u> National institutions have the capacity to generate, analyse and use disaggregated data for planning, development, implementation, monitoring and evaluation of policies and programmes, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of analytical reports disseminated based on 2017 population and housing census and 2016 Ethiopian demographic and health survey <i>Baseline: 0; Target: 10</i></li> <li>• Number of regions with functional web-based integrated management information system <i>Baseline: 1; Target: 6</i></li> <li>• Number of national and regional population situation analysis reports disseminated <i>Baseline: 0; Target: 6</i></li> </ul>	<p>Central Statistical Agency; Vital Events Registration Agency; Ministry and Bureaus of Finances and Economic Cooperation; National Planning Commission; higher learning and research institutions; civil society organizations</p>	<p>\$17.8 million (\$5.9 million regular resources and \$11.9 million other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.5 million from regular resources</p>