

## Executive Summary

Following the Horn of Africa Crisis in 2011, food security and nutrition indicators returned towards seasonal averages in most parts of the country. However, persistently high malnutrition prevalence rates in parts of the Southern Nations, Nationalities and Peoples' Region (SNNPR), the fragile political situation in Somalia, and the remaining refugee caseloads in the Somali region underscored the threat of humanitarian crisis. For these reasons, as the discussion on resilience gains momentum, the international development partners have focused on Ethiopia.

Key lessons learned in regards to resilience include the importance of large-scale and consistent investments by the Federal Government of Ethiopia (FGoE) and development partners in basic social services. In 2012, UNICEF continued to prioritize these programme investments. Critical examples include the national roll-out of Integrated Community Case Management (ICCM) of pneumonia, diarrhoea, malaria and Severe Acute Malnutrition (SAM) to 25,000 health extension workers, the scaling up of Community Management of Acute Malnutrition (allowing for the treatment of more than 300,000 children with SAM) and Community-Based Nutrition (CBN) services through the health extension package, and further gains in water and sanitation access. Regarding policy, in Education, the Out-of-School Children Study, the Rapid Assessment of Learning Spaces, and the development of costing tools for the scaling up of Early Childhood Development (ECD) were finalized. In Child Protection, the systems approach—using alternative childcare as the entry point—is becoming accepted, and momentum for linking child protection with social protection is growing with social case transfers and a potential social welfare workforce at the centre of the policy debate.

There were several challenges to country programme implementation in 2012. Capacity gaps and high turnover of staff in key line ministries, both at the central and peripheral levels, have hindered programme implementation. In addition, the differing opinions of stakeholders on the implementation of certain policies, e.g., resettlement, have hindered resource mobilization, particularly for the Joint UN Developing Regional States programme. Internally the implementation of VISION caused some delays.

As Ethiopia demonstrates significant national progress on Millennium Development Goals (MDGs) 1, 2, 4 and 7, including global leadership in the "A Promise Renewed" and Scaling Up Nutrition (SUN) movements, two major challenges will be to address issues of quality in service delivery and significant regional disparities in these indicators. Such a refocus on equity requires more investment and attention to monitoring, including bottleneck analysis, evaluation and operational research. In 2012, UNICEF and the FGoE published the first situational analysis on women's and children's rights in almost 20 years and began work on five programme evaluations and baselines. The first national Water, Sanitation and Hygiene (WASH) inventory was published. Programme strategy notes developed for the new Country Programme included a comprehensive bottleneck analysis.

The year 2013 will see the UNICEF Country Programme continue to pursue a more coherent approach; one linking humanitarian response with emergency preparedness and disaster risk reduction, as well as development programming with the resilience agenda to provide a useful overarching framework. Formalizing the link between SUN, social protection and resilience will require an expansion of existing partnerships and the development of new ones, including with the agricultural and livelihoods sectors. A greater focus on developing regional capacity, particularly in the areas of decentralized planning and in monitoring and evaluation, will also be required.

## Country Situation as Affecting Children & Women

The confirmation of Prime Minister Hailemariam Desalegn as the successor to the late Meles Zenawi is likely to ensure continuity through to the 2015 elections. The targets of the Growth and Transformation Plan (GTP)—the national development plan—are reaffirmed. Relations with Eritrea remain difficult. Ethiopia continues to play a significant political and security role in the stabilization of Somalia and Southern Sudan.

The pace of economic expansion is a key factor in funding the ambitious GTP. Gross domestic product (GDP) growth estimates range from 7 (IMF) to 11.4 (FGoE) per cent for the 2010/2011 Ethiopian Financial Year.

Expanding tax receipts, important for meeting GTP funding requirements, is on track, going up from 10 to 11.5 per cent between 2010 and 2011. For the first time, regional governments are raising substantive taxes. Funding the GTP without causing inflation is crucial. High inflation hits the poor the hardest. It declined from a high of 33 (2011) to 12.4 per cent in December 2012, mainly due to tightening disbursements for infrastructure expansion, thus reducing money supply. Ensuring positive interest rates would further help mop up liquidity and attract sovereign wealth fund investors to help pay for the plan.

Early indications are that the 2012 harvest will be good, with only few areas performing well below average.

The poverty rate declined from 38.7 to 29.6 per cent between 2004/05 and 2010/11 according to the Household Income Consumption and Expenditure survey. The reduction is due to economic growth and pro-poor social protection measures including free health care and safety nets, (the Productive Safety Net Programme has a customer base of over 7.5 million). Humanitarian service requirements declined in 2012 compared to 2011, with only parts of SNNPR being a major concern and focus for actions. Both the national social protection and the disaster risk management policies are in their final stages. Their passage and the development of investment plans will accelerate poverty reduction.

Malnutrition declined between 2005 and 2011; with the prevalence of stunting falling from 52 to 44 per cent, the proportion of underweight children from 35 to 29 per cent, and the occurrence of wasting from 12 to 10 per cent. By wealth quintile, stunting is at 49.2 (poorest) and 29.7 (richest) per cent (Demographic and Health Survey—DHS, 2011).

Education sector survival rates to Grade five decreased from 56.8 per cent in 2006/07 to 39.6 per cent in 2008/09. Primary school enrolment rates were at 85 per cent in 2010/11, up from 77 per cent in 2004/05. By wealth quintile, the range for primary school attendance varies from 52 (poorest) to 83.9 (richest) per cent (DHS 2011). Improving quality is the major challenge.

The use of modern contraception increased from 13.9 to 27.3 per cent between 2005 and 2011 (DHS); the range by wealth quintile is 13 to 48.2 per cent (from the poorest to the richest). The 2011 Welfare Monitoring Survey recorded Female Genital Mutilation/Cutting (FGM/C) prevalence as 23 per cent among 0-14 year old females, which is a major decline compared to the 81 per cent of 45-49 year olds registered in the 2005 DHS; the three regions with the highest rates were Afar (60), Amhara (47), and Somali (32). Early marriage among girls is decreasing in all regions except Somali; the average age of marriage for 20-24 year olds in Amhara was 15.1 years, while for 45-49 year olds it was 14.7 (DHS 2011).

The UN estimate for the Under-5 Mortality Rate (U5MR) is 77 (number of deaths per thousand children) in 2012. The 2011 DHS recorded the U5MR to be at 88 over the five years leading up to 2011, which was down from the measurement of 133 for the five to ten years preceding the survey period. By wealth quintile, the range is 137 (among the poorest) to 86 (among the richest). Thus Ethiopia is on track for reaching the goal of having an U5MR of 68 by 2015. Neonatal mortality is unchanged, measuring at 39 in 2005 versus 37 in 2011.

The 2011 DHS reported the maternal mortality ratio (MMR) to be 676 (810-548 95% confidence interval) compared to 673 (799-541 95 CI) in the 2005 DHS; both figures are an average for the seven years preceding the survey. While giving birth, only 10 per cent of women are attended by a skilled provider. The range by wealth quintile is 2 to 46 per cent (among the poorest to richest). Thirty-four per cent of women receive one or more antenatal care visits from health professionals; 17 to 75 per cent (among the poorest to richest); Health Extension Worker (HEWs) visited another 9 per cent.

HIV prevalence rates were measured at 1.5 per cent for 15-49 year olds (DHS 2011). The range by wealth quintile was 0.3 to 3.9 (richest to poorest). This confirms the 2005 DHS result.

Fifty-four per cent of people use improved drinking water sources (95 per cent urban and 42 per cent rural), up from 35 per cent in 2005 (DHS 2011). A rate of 8.3 per cent are using improved sanitation (14.1 urban and 6.6 per cent rural), up from 6.8 per cent in 2005.

Orphans were estimated to number at 3.8 million in 2009; the number of children with disabilities totalled

231,192 in the 2007 census. Extrapolating from the DHS, 0.6 per cent of households (11,577) were estimated to be child-headed in 2011. Some 27.4 per cent of 5-14 year old children were engaged in labour according to the 2011 DHS—the range by quintile was 31.3 (poorest) and 14.7 (richest) per cent. The year 2012 saw a marked reduction in children leaving Ethiopia for international adoption.

Four overarching bottlenecks and barriers impede near-term acceleration in the pace of children's rights realization: budget allocations to the social sectors from domestic sources; the lack of policies for social protection and disaster risk management backed up by realistic budgeted action plans; low capacity at the regional and district level for managing GTP implementation using results-based management (RBM) principles; and low quality standards in social service delivery.

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## Country Programme Analytical Overview

Implementation of the first year of the new Country Programme is proceeding on track. Strategies for achieving major results are being finalized with government counterparts, and they include barrier and bottleneck analysis, to be integrated into periodic joint programme reviews. Programme Component Results (PCRs) and Intermediate Results (IRs) will be reviewed as part of the Mid-Term Review (MTR) process in 2013/14, given the short United Nations Development Assistance Framework (UNDAF) cycle finishing in 2015, designed to allow for alignment to the cycle of the national development plan (Growth and Transformation Plan).

With progress being made in the early stages of the new Country Programme, no major changes to the strategic focus are being considered. However, major changes between the new Country Programme and the previous one include a shift towards RBM capacity-building at all government levels, and prioritization of the developing regional states as part of an equity focus on regions which show lower indicators than the national averages in most areas of development.

Major achievements in the first year of this Country Programme include the national roll-out of Integrated Community Case Management (ICCM) of pneumonia, diarrhoea, malaria, and SAM. Some 25,000 HEWs have been trained and supported to provide ICCM in over 12,500 Health Posts. The ICCM platform has been effective in delivering results. Complementing this, the transition from Enhanced Outreach Strategy (a high-impact intervention that is predominantly donor funded) to Community Health Days (CHDs), which are mainstreamed within the Health Extension Programme (HEP) programme in the Tigray, Amhara, SNNP and Oromia regions has been very successful.

Major progress has been made in developing a social welfare workforce. This cadre of government workers will be critical to the development of a child protection systems approach to programming, taking alternative child care as an entry point.

While preparing the programme strategy notes, four major bottlenecks were identified affecting the realization of Country Programme (CP) results: budget allocations to the social sectors from domestic sources; the lack of policies for social protection and disaster risk management backed up by realistic budgeted action plans; low capacity at the regional and district levels for managing GTP implementation using RBM principles; and low-quality standards in social service delivery.

One of the major bottlenecks includes the declining trend of investment in the health sector by the Government of Ethiopia from domestic revenue (7 to 4 per cent in last decade). Although the projected trend of investment from donors to the country is positive, the Government needs to invest more in the health sector from increased government revenue due to economic development. The fact that the Minister of Health is co-convenor of “A Promise Renewed” can be used as a platform to advocate for increased government allocation for health.

With increased resource allocations and scaling up of CBN, it is important to develop an effective programme monitoring system (especially for the CBN programme) towards understanding bottlenecks and progress towards addressing nutrition outcomes for children.

Building on lessons learned for the 2011 Horn of Africa Crisis, UNICEF Ethiopia has continued to build on the resilience discussions with donors to ensure that basic social services and issues affecting women and children are prioritized.

## Humanitarian Assistance

Due to recurring droughts, the number of Ethiopians in need of emergency food assistance increased from 3.2 million at the beginning of 2012 to 3.76 million by midyear. An estimated 312,211 children needed treatment for SAM in 2012. Ethiopia suffered two consecutive failed rainy seasons in 2010 and 2011, which affected the south and south-eastern parts of the country. The near-complete failure of the 2012 February-May rains resulted in an increase in food insecurity and malnutrition in SNNPR and parts of Amhara and Oromia regions. Disease outbreaks including acute watery diarrhoea and measles were reported in parts of Ethiopia. In July 2012, more than 40,000 people were displaced in the Moyale area of southern Ethiopia due to inter-communal conflict. Through 2012, refugees from Somalia, Sudan and South Sudan continued to arrive in Ethiopia; however it was at a slower rate compared to 2011. As of October 2012, 170,235 Somali and 65,451 Sudanese refugees were registered in Dollo Ado and Assosa, respectively. UNICEF, with partners, responded to these emergencies and supported the resilience capacity-development of communities and social service systems.

## Effective Advocacy

### *Fully met benchmarks*

Advocacy strategies include a combination of public and private advocacy approaches. There is a heavy emphasis on ensuring advocacy is based on sound data and evidence.

The Federal Ministry of Health (FMoH), in principle, endorsed community-based newborn sepsis management through the HEP. UNICEF’s leadership role in the successful national scale up of community-based pneumonia treatment since 2010 contributed to the policy breakthrough.

The Minister of Health is co-convenor of A Promise Renewed (APR), which provides UNICEF with advocacy opportunities on all fronts, including in the public domain.

Concerted efforts with the Micronutrient Initiative (MI) led to the effective transition of the Enhanced Outreach Strategy to the Community Health Days in four regions of Ethiopia, and the Community Management of Acute Malnutrition (CMAM) evaluation findings were used to stimulate interest among key donors to secure multi-year financing for therapeutic food in Ethiopia. Through the global SUN initiative, national-level advocacy regarding stunting also provides increased advocacy opportunities.

Contributing to the dramatic increase in girls’ education at the primary—especially lower primary—levels over the last 10 years has also been high on UNICEF’s advocacy agenda. However, data indicates that UNICEF Ethiopia needs to continue with strong higher-level advocacy to reach gender equity and equality. In 2012, the Ministry of Education (MoE) will incorporate post-primary as a component for revision in the national girls’ education strategy.

UNICEF's WASH team advocated effectively with the GoE to ensure their participation in the Sanitation and Water for All (SWA) High-Level Meeting (HLM) in Washington, D.C. The celebration of Global Handwashing Day (GHD) for the fifth consecutive year helped UNICEF to advocate for hand washing during critical times and significantly reduced diarrhoeal disease and the incidence of acute watery diarrhoea (AWD).

UNICEF advocated for the adoption of a national social protection policy and for content within the policy that reflected the UNICEF regional (equity-based) strategy, and a situation analysis on boys and girls that contained a stand-alone chapter on social protection was launched. The launch of the Situation Analysis was and remains an advocacy achievement as well as a tool in continuing to ensure the rights of boys and girls and women, which remains high on the public agenda. A major emphasis for advocacy in 2013 will be the issue of regional disparities.

## Capacity Development

### *Mostly met benchmarks*

The Government requested the joint support of the UN in building the results-based management capacity of the civil service. A starting point will be the 2013 assessment and analysis of the gaps in RBM at all levels. Meanwhile, UNICEF invested in RBM training for 300 regional and woreda (district) officials; more than 1,000 received programme and financial management training. The programme is focusing on integrated programming in 82 districts and 2012 saw actions aimed to build capacity in most of these districts.

The UNDAF results matrix calls for UNICEF to support the deployment of 8,000 social workers. How they should be deployed and what their accountabilities should be is not yet agreed upon, thus 2012 saw policy dialogue and international study tours to look at social workers in action. The programme is piloting social cash transfers in Tigray region with a view to expansion to two more regions in 2013. The design requires social workers to manage the pilot at the local level, thus contributing to the policy dialogue. Local social protection training by the Cape Town Economic Policy Research Institute (EPRI) team was supported for 60 senior civil servants and 30 UN staff.

The health programme has been building HEW capacity to treat childhood pneumonia, malaria, diarrhoea and SAM at the health post and household levels. Since 2010, 25,000 HEWs have been trained and supported to provide these services in over 12,000 health posts. Three million volunteers known as the health development "army" started work in earnest in 2012. UNICEF helps the HEWs support "the army" by providing guidance on how to share messages. The nutrition programme has been training HEWs to identify and treat malnutrition with Ready-to-Use Therapeutic Food (RUTF), and ensuring the supply of RUTF reaches the HEWs for use during treatment. Six hundred districts now have this capacity (up from 504 in 2011), along with a total of 11,166 CMAM sites (up from 10,145 in 2011).

The education programme trained 690 (15 per cent female) school principals, cluster supervisors, education planners, statisticians and Alternative Basic Education (ABE) facilitators in Education Management Information System (EMIS) data collection and analysis and 57 woreda EMIS units were equipped. A total of 607 people (36 per cent female) received ABE training, mainly in pastoralist areas.

## Communication for Development

### *Partially met benchmarks*

In 2012, UNICEF raised the profile and centrality of Communication for Development (C4D) activities by securing separate C4D components in the two-year workplan of six federal ministries.

At the regional level, a decentralized planning and coordination mechanism for C4D was initiated by securing the commitment of government planning bureaus in eight UNICEF-supported regions to lead ongoing C4D Forums with sector programme managers and proposed civil society organization (CSO) implementing

partners. Inception meetings were held and cross-sector integrated C4D implementation plans were developed for all of the eight regions to facilitate more strategic and standardized approaches, to increase inter- and intra-sectoral and partner collaboration, and to undertake joint monitoring and evaluation of C4D initiatives. A standardized competency-based C4D training package was also developed and pre-tested to support the capacity of government programme managers and service providers at national and regional levels.

To implement the systems approach and to reach all societal levels (households, communities and facilities) with C4D's inter-sectoral convergence strategy, a number of long-term strategic partnerships were negotiated with a range of CSOs. The CSOs will work with the Government's implementing partners to establish a diverse mix of interpersonal and mass-media channels to influence knowledge and promote attitude change among communities.

The C4D platforms include multi-prong interventions through Ethiopia's wide interfaith network; a forum drama programme via a national youth network; a weekly radio serial drama programme and associated listener groups; close circuit education media for schools in each region; mini-media in schools and youth centres; school clubs; an edutainment magazine; TV and radio series' for children; annual inter-school festivals; and audio visual vans.

With the commitment of universities in eight regions, with MoE endorsement, and with technical support from an international organization specializing in social change, a university C4D consortium was introduced to strengthen capacity in behavioural research, to inform evidence-based C4D approaches, and to facilitate the monitoring and evaluation of UNICEF-supported interventions.

## Service Delivery

### *Mostly met benchmarks*

This year, UNICEF supported the training of 850 nurses in Emergency Obstetric and Neonatal Care (EmONC) from the developing regional states (DRS) and pastoralist areas of the other regions. Clinical mentoring and supportive supervision helped ensure adequate skills and competence for the delivery of quality services. A total of 14,182 schoolchildren (35 per cent girls) were provided with access to primary education through newly established Alternative Basic Education Centres (ABECs) in Afar, Oromia, SNNP and Somali regions. Gross enrolment in pre-primary education increased from 5.2 per cent in 2010/11 to 20 per cent in 2011/12 as a result of the UNICEF-supported Child-to-Child School Readiness programme, community-based Early Childhood Care and Education (ECCE) and Zero Class, as well parenting education. This year, a total of 305,888 severely malnourished children received treatment through CMAM; and a total of 18,205 severely malnourished children were stabilized in over 450 health facilities. The cure rate for SAM through CMAM has been 86 per cent.

UNICEF played a key role in supporting the Government to include Self Supply in major policy documents such as the WASH Implementation Framework (WIF) and revised Universal Access Plan (UAP), followed by the development of self-supply policy guidelines in early 2012. The self-supply approach refers to the unsubsidized construction of a household water supply, or a water supply shared by a small number of households (typically two to four). Water sources include: hand dug wells; manually augured wells; and rainwater harvesting using roof catchments. Lifting devices include, among others: a rope and bucket; a windlass; and, in some instances, more sophisticated diesel-, electrical- or solar-powered pumps. The responsibility for establishing a self-supplied water source lies with the household(s) involved. Government involvement is limited to the provision of advice on technologies and water safety, and, in some instances, facilitating markets for the purchase of hardware and services. As a result, the Government and UNICEF are supporting the implementation of self-supply projects in selected woredas.

## Strategic Partnerships

### *Initiating action to meet benchmarks*

UNICEF co-chairs the Health, Population and Nutrition Coordinating Committee with the United Kingdom Department for International Development (DFID). In 2012, community-based pneumonia treatment was expanded to all regions and the roll-out of sepsis treatment at the community level agreed upon. USAID and UNICEF worked closely for the "Promise to Keep" meeting in Washington, D.C. in June and coordinated Ethiopia's contribution to the Africa follow-up meeting in January 2013.

UNICEF chairs the nutrition development partners' forum, which discusses progress on SUN and REACH. A key element is implementation of the National Nutrition Programme focusing on improving the quality of nutrition activities of HEW; funded mainly through UNICEF Other Resources (OR) from the Dutch and Canadian Governments and the World Bank.

The National Social Protection Platform, co-chaired by the Ministry of Labour and Social Affairs (MoLSA) and the Ministry of Agriculture (MoA), with membership from development partners and civil society, completed the national social protection policy draft. The year 2013 will see the development of the strategy and investment plan. Core elements include the scaling up of social worker deployment and the expansion of the piloting of social cash transfer programmes.

The Child Research-to-Practice network, which publicizes research on children and creates space for discussing practical policy consequences, moved from UNICEF to the Ministry of Women, Children and Youth Affairs (MoWCYA) for its monthly seminars and held its first conference. Other key secretariat partners include the Young Lives project, OAK foundation, Africa Child Policy Forum and Save the Children.

The UN Joint Programme in the DRS started in July; UNICEF co-chairs the committee coordinating the programme with MoFA and the United Nations Development Programme (UNDP), the World Health Organization (WHO), the Food and Agriculture Organization (FAO), UN Women, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Food Programme (WFP). It works on governance capacity-building, service delivery and livelihoods, to build resilience. As more development partners allocate long-term funding for building resilience in the Somali region, opportunities for entering into multi-year partnerships are growing. The European Community (EC) and the European Commission Humanitarian Aid Office (ECHO) are partnering to focus on more long-term development in emergency-prone districts.

The UN joint programme on gender was extended in 2012 and funds were secured from Norway and Sweden, complementing DFID funding. Other partners include UN Women, the United Nations Population Fund (UNFPA), UNDP, the International Labour Organization (ILO) and UNESCO. The focus is on expanding microfinance for vulnerable women, closing the gender gap in post-primary education, gender mainstreaming in the civil service, and the elimination of harmful traditional practices, notably early marriage and FGM/C

## Knowledge Management

### *Partially met benchmarks*

The year 2012 also saw the publication of the first joint Government of Ethiopia/UN situation analysis on boys and girls in 20 years. Each chapter ends with a series of action points. It is available on the Ministry of Finance and Economic Development website. A TV documentary and radio series is under production as well as an Amharic print version. This analysis serves as the foundation for the commissioning of further research, including evaluations of programmes impacting on children. During 2012, UNICEF agreed with the Government to prepare seven regional situation analyses to be conducted in 2013 to further explore the presence and nature of disparities. The 2012 Integrated Monitoring, Evaluation and Research Plan (IMEP) testifies as to how the evaluation agenda has grown and played a more prominent role, thanks to the increased focus on evaluation by the Ministry of Finance and Economic Development (MoFED) and some sector ministries.

To improve UNICEF's knowledge governance practices, 2012 saw the creation of strategy notes for each programme describing the thinking behind how the Country Programme aims to reach its IRs and contribute to PCRs within the Monitoring Results for Equity System (MoRES) framework. More details on this initiative can be found in the Innovations section of this report. The eventual aim is for these strategy notes to be available for public review on the Internet in the course of 2013, with updates taking place from time-to-time, for example as a result of annual reviews and midterm reviews.

To boost the availability of these knowledge products, UNICEF Ethiopia staff have been trained on the use of social media, with the aim of linking into these media more effectively in the future as new material becomes available for dissemination including evaluation reports, studies, clips designed for radio, and documentaries for posting on YouTube and other sites. To help boost the availability of material for public dissemination, more resources are being invested in editors for written and video products.

## Human Rights-Based Approach to Cooperation

*Mostly met benchmarks*

The Ethiopia/UN situation analysis on girls and boys published in 2012 followed a strong Human Rights-Based Approach to Programming (HRBAC) in its organizational framework, its use of concepts such as the duty-bearer/claim-holder relationship, and its focus on role and pattern analysis, all of which led to the development of action points in each chapter that aim to build a stronger HRBAC with regard to cooperation in the new Country Programme.

The Government of Ethiopia/UNICEF programme's key HRBAC effort is the capacity-building for integrated community-based participatory planning. The programme is building the capacities of communities to help manage local development plans. The plans combine the use of community resources with funding allocated by the district. Collectively, the community programmes form the foundation for the district development programme, which takes on board both community priorities as well as top-down priorities stemming from the regional development plan. UNICEF facilitated study tours to pilot woredas in the Tigray region that were conducted as a starting point for an intra-regional transfer of knowledge and experience gained in 2011. The year 2012 saw the expansion into some of the 86 so-called convergent districts that form a cornerstone of the cooperation between the Government of Ethiopia and UNICEF in the 2012-2015 period. Capacity-building has involved civil servants from most of these districts in 2012, with a focus on the 22 districts that form the core of the UN Joint Programme in the DRS.

At the national level, the first joint Government/UN situation analysis on children in 20 years was published and featured a strong underpinning of human rights thinking. This is probably the Government's first publication featuring the use of human rights phraseology, including the notions of duty-bearers and claim-holders and patterns of the duty-bearer/claim-holder relationship at different levels of society.

## Gender Equality

*Mostly met benchmarks*

Notwithstanding the overall attention to gender issues in all chapters, the aforementioned situation analysis published in 2012 contains a chapter on gender equality with agreed action points in five areas: strengthening efforts to replace discriminatory norms, attitudes and practices; a stronger focus on the economic empowerment of women; actions to increase the political power of women; more actions to increase gender parity in education, especially at the secondary level and at the tertiary level where dropout rates are much higher than for boys; strengthening the capacity of the public sector for gender mainstreaming, including the use of specially prepared MoFED guidelines for planning, budgeting and monitoring; and improving the way in which trends and disparities in gender parity are shared around society.

Putting these suggestions into action has been the task of the UN Joint Programme for Gender Equality and

Women's Empowerment. The programme focuses on four areas: microcredit programming targeted to poor female-headed households (the rationale is that poor male-headed households have other programmes that reach them with microcredit, especially in the farming sector, a proposition that warrants further investigation); focused actions in support of girl's education to help girls from poorer backgrounds access secondary education; actions aimed at building gender mainstreaming in the civil service to encourage, for example, equal opportunity and gender-sensitive budgeting; and focused actions to reduce harmful traditional practices, notably FGM/C and early marriage (evidence from DHS and WMS indicate that both practices are declining).

UNICEF's support for building integrated community-based participatory planning in the 86 districts that are the focus of its convergent actions includes elements designed to maintain gender equality at the local level. The process aims to maintain an equal ratio of men and women in the various forums that are created to manage the programmes.

## Environmental Sustainability

### *Partially met benchmarks*

The biggest factors eroding the environment are population growth and poverty. Thanks to the Health Extension Worker (HEW) programme, active since 2005, trends in contraception use are excellent. Users of modern contraception have increased from 4.7 per cent in 2000 to 18.7 per cent in 2011 (Ethiopia Demographic and Health Survey—EDHS, 2011). The unmet need for family planning is 25.3 per cent. With a booming economy and widespread social protection systems (including the Productive Safety Net Programme—PSNP, as well as humanitarian actions), the proportion of people living below the total poverty line has declined from 44.2 per cent in 1995/96 to 29.6 per cent in 2010/11 (Household Income Consumption and Expenditure—HICE, 2011). Instituting some form of modest universal pension should help further reduce the demand for children and thus help accelerate further reductions in the country's total fertility rates, which are still high at about 4.8 per cent (EDHS 2011).

Forty-six per cent of the population lacks access to improved water sources and 38 per cent have no access to sanitation (EDHS 2011). UNICEF is strengthening environmental education together with the Environmental Protection Agency. Schools demonstrate climate change-resilient technologies and counter water management issues including Multiple Use Services. Increased environmental awareness and conservation is linked to the improvement of school WASH facilities and hygiene education. A documentary showing good practices in environmental protection by school communities was produced for secondary schools. Climate change-resistant technologies and practices suitable for schools have been studied and field trials were carried out.

The Somali region is undertaking a vulnerability assessment looking at risk reduction options. It looks at the vulnerability of the water supply and will map out the routes for emergency water trucking. For those living in areas without drilled wells, water is trucked in from the nearest water point. This is expensive and leads to increasing problems due to local migration. A plan is in place to reduce water trucking needs by 50 per cent by June 2013.

## Narrative Analysis by Programme Component Results and Intermediate Results

### Ethiopia – 1410

#### PC 1 - Survival and health

 On-track

**PCR** 1410/A0/05/101 1.1 Government capacity and systems for evidence-based, equitable and gender-sensitive planning, management, logistics, and information systems at the national, regional and woreda level are improved to support the implementation of the Health Sector Development Plan (HSDP), Universal Access Plan (UAP) and National Nutrition Survey (NNS) by 2015

**Progress:** UNICEF continues to play active role in the policy dialogue and coordination forums at the national and regional levels. UNICEF has co-chaired the Health, Population and Nutrition donor coordination group with DFID since October 2012. The policy breakthrough of community-based newborn sepsis by the Federal Ministry of Health (FMoH) in October 2012 marked a new milestone for accelerating the achievement of Millennium Development Goal (MDG) 4.

UNICEF support to the health system focuses on: [1] the Pharmaceuticals Fund and Supply Agency (PFSA) on cold chain and health post commodities; [2] woreda-based planning; [3] procurement services for the FMoH; and [4] support for Health Sector Development Programme (HSDP IV) implementation by participating in the MDG Pool Fund and managing the Health Pooled Fund on behalf of the FMoH and contributors.

UNICEF made a significant contribution to the revised National Nutrition Programme, which includes a focus on reducing stunting across the life cycle, and multi-sectoral actions. The enhanced outreach strategy (EOS) programme in the four large regions is transitioning to the Health Extension Programme implemented through a revised Community Health Days (CHDs) modality. Capacity was developed at the central and regional laboratories of the Food, Medicine and Health Care Administration and Control Authority (FMHACA) on quality assurance of the Iodine Deficiency Disorders (IDD) programme.

The health system remains weak in terms of Health Human Resources, the Health Management Information System, the Logistics Management Information System, procurement and distribution. The audit of the MDG Pool Fund pointed out weaknesses related to procurement and logistics management. A plan of action was developed in July 2012 for the FMoH and Regional Health Bureaus to take steps to improve the financial management situation.

UNICEF's strategic support to the pastoralist areas is evolving. The FMoH is in the process of replacing most of the previously recruited pastoralist Health Extension Workers (who were not recruited according to appropriate criteria).

The national hand-washing campaign was conducted with support of the C4D programme with a particular focus on national capacity-building.

The lack of a fixed-term logistics specialist weakens the support provided to PFSA/FMHACA and internal capacity in supply and logistics management.

 Constrained

**IR** 1410/A0/05/101/001 101/001 Support the capacity of vaccine management and cold chain maintenance at the national, regional and local levels

**Progress:** During 2012 there was improvement in vaccine storage at the national and regional levels, though constraints remain. The inter-agency coordination committee endorsed the draft cold chain inventory proposal. Endorsement by the Pharmaceutical Fund and Supply Agency (PFSA) is needed to carry out the planned transition. Strategic inputs for improving vaccine procurement and stock management have been provided to the FMoH.

At the national level, three cold rooms were procured to expand PFSA cold storage capacity in anticipation of new vaccines, as well as spare parts, toolkits for cold room repair, and maintenance activities (in progress).

Ten cold rooms and one freezing room reported a breakdown in the last three quarters and all received maintenance within one week. Furthermore, to improve and sustain cold chain maintenance activities, a training course, including all available biomedical technicians, was scheduled for December 2012 in conjunction with the Clinton Health Access Initiative (CHAI).

Seven solar energy refrigerators (new technology-direct drive) were procured and monitoring of their holdover time and suitability for different climatic zones is under observation. This is preliminary work to support the wider deployment of solar fridges to overcome challenges in kerosene procurement. The procurement of a total of 78 refrigerators (38 solar and 40 ice-lined refrigerators), spare parts for compressor refrigerators, and toolkits for cold room maintenance is in progress.

Attrition of cold chain technicians at the regional and woreda level, and the lack of tools and transport are some of the major barriers to having regular cold chain maintenance and repairs done on time.

A cold chain equipment inventory and the Effective Vaccine Management Assessment (EVMA) will be completed by March-June 2013 as per national plans to better inform gaps in cold chain and vaccine logistics as well as future equipment procurement requirements.

 On-track

**IR 1410/A0/05/101/002 101/002** Identify and map hard-to-reach pastoralist areas with a strategy and action plan for improving access to these areas over the short and medium term

**Progress:** During 2012, all the four developing regions mobilized political and community support for the pastoralist Health Extension Program (HEP) and replaced some of the Health Extension Workers (HEWs) previously recruited with more qualified female HEWs. The national HEP strategy is under revision, including the pastoralist HEP guidelines. As part of the Developing Regional States (DRS) UN Joint Programme, UNICEF is supporting 22 woredas from the four DRS. Thirteen TAs funded by the Health Pooled Fund, are currently deployed to the four DRS to support capacity at the regional, zone and woreda levels. FMOH is giving increased attention to support for the four DRS. On average, 50 mobile health and nutrition teams have been used to complement the routine health services provided at the health post level in addition to the emergency response in Somali and Afar. The catchment population served by these teams is approximately 1.7 million.

 On-track

**IR 1410/A0/05/101/003 101/003** Support to strengthening health systems and services, in particular the implementation of policies and strategies, the standardization of services, and resource mobilization at the national and subnational levels

**Progress:** Woreda-Based Planning forms the basis for regional and FMOH annual plans. Using an evidence-based tool helps to assess and resolve the bottlenecks of the health system by taking 12 tracer health interventions to represent the key bottlenecks in the health system as a whole. This exercise has been going on for the last five years and it is gradually being taken over by the Government due to enhanced local capacity.

In the first two quarters of 2012, the planning tool was updated, the training manual developed and planning completed. Training was provided to 247 national-level mentors to support the training and planning at the woreda level. Over 5,500 participants from Woreda Administration, Woreda Finance and Economic Development, Health Centre Directors and the Woreda Health Office (WorHO) participated and prepared their respective Ethiopia Fiscal Year (EFY) 2005 Woreda annual plan. The EFY 2005 plan has been aggregated at the regional and federal levels, based on which the FMOH has developed the detail comprehensive annual plan.

Maternity services are provided free of cost at the health posts and health centres as per the FMOH policy. It is necessary to verify this implementation through field visits and surveys in 2013.

 On-track

**IR 1410/A0/05/101/004 101/004 Support for the MDG and Health Pool Fund**

**Progress:** The MDG Fund is a pooled funding mechanism managed by the FMoH using Government of Ethiopia procedures. In the framework of the Ethiopia International Health Partnership (IHP) compact, it provides flexible and predictable resources, consistent with the 'one plan, one budget and one report' concept, to secure additional finance to the Health Sector Development Programme (HSDP). It is one of the Government of Ethiopia's (GoE's) preferred modalities for scaling up development partner assistance in support of the HSDP. UNICEF is one of the signatories of the Joint Financing Arrangement (JFA).

UNICEF's contribution to the MDG Pool Fund, USD 1,000,000, is relatively small compared to the other donors, such as DFID, Spain and the Netherlands. However, it allows UNICEF to be at the table to ensure the fund is used to support underfunded Maternal, Newborn and Child Health (MNCH) interventions, especially newborn care and support for deliveries in health facilities.

From the past three years' experience, the MDG Pool Fund (PF) is seen as having mostly covered the procurement of public goods required to facilitate health service delivery at the lowest levels. Overall expenditures incurred in the current period include training and advocacy, midwifery training, health centre construction, and the procurement of essential health commodities like health post consumables, vaccines, contraceptives, EmONC drugs and supplies, newborn corner equipment, ambulances, emergency medical equipment, and operating expenses.

The audit of the MDG PF presented weakness and challenges primarily related to procurement and supply chain management, as well as the recording of disbursements to and their use by the regions. An action plan (July 2012) was developed and is currently being implemented to improve accountability.

 Constrained

**IR 1410/A0/05/101/005 101/005 Provide support in strengthening the supply, regulatory framework and institutions for medicines and health commodities at various levels**

**Progress:** Supply and logistics systems, though gradually improving, are one of the weakest links of the health system in the country. UNICEF provided financial and technical support to the PFSA to enable a reliable and uninterrupted supply of essential health commodities for the end-users of all public health facilities. PFSA also received support for the assembly and distribution of replenishment kits of drugs and commodities for the Integrated Community Case Management (ICCM) programme at the health-post level.

Technical Assistance from UNICEF was provided to FMHACA to develop a standard equipment list, which will enable the Government to institutionalize the regulatory framework for any imports of medical equipment to the country. Registration of the drug Paediatric Gentamicin (20mg/2ml) in 2013 is planned to support community-based sepsis management.

 On-track

**IR 1410/A0/05/101/006 101/006 Support the strengthening of national capacities for the management of mental health**

**Progress:** In 2012, the FMoH developed a Comprehensive Mental Health Strategy as part of the HSDP IV (2011-2015). UNICEF provided financial support to hire a consultancy firm to coordinate and develop the strategy. The strategy was launched officially in October 2012 by the Federal Minister of Health. The strategy is being rolled out to all the regions during the last two quarters of the EFY 2004 and first two quarters of the EFY 2005.

 On-track

**IR 1410/A0/05/101/007 101/007 Support federal and regional governments for planning and prioritization of the national nutrition programme**

**Progress:** In order to build capacity in-country, a contract was awarded to Addis Ababa University to conduct a post-CHD validation survey in five regions This is helping the university be engaged in the

monitoring and evaluation of the major components of the national nutrition programme. UNICEF provided technical and financial support to the university on the evaluation of curricula on community nutrition and dietetics for masters and PHD students. In addition, UNICEF engaged with Addis Ababa University and four regional universities (Hawassa, Mekelle, Haromaya, Bahir Dar) to pilot the local production of complementary food in the four regions.

Since the start of the iodized salt legislations enforcement in January 2012, the production of iodized salt increased from 3,000 MT in January 2012 to 24,000 MT in September 2012. UNICEF contributed technical support in the training of salt producers and through a direct cash transfer (USD 43, 579) to FMHACA to support preparation of the directive and its dissemination to inspectors, salt producers and distributors, and for Monitoring and Evaluation (M&E).

Through a Memorandum of Understanding (MoU) signed in February 2012, UNICEF committed to strengthening the capacity of FMHACA regional laboratories to conduct quality assurance. Fourteen staff members from FMHACA were trained on the iodometric titration method and WYD Iodine Checkers and preparation of the various solutions used in operating the WYD Iodine Checker in establishing the levels of iodine in salt. The Global Alliance for Improved Nutrition (GAIN) provided the Government with five WYD Iodine Checkers for the programme, while UNICEF provided 59,000 Rapid Test Kits (RTKs) to FMHACA inspectors, salt producers and Health Extension Workers. In addition, capacity development support was provided to FMHACA and regional health bureau inspectors on regulation enforcement, and information, education and communication (IEC)/behaviour change communication (BCC) activities that target salt producers, distributors/retailers and consumers. All these activities strengthen the national capacity on iodized salt quality assurance and control, which were previously identified as bottlenecks. UNICEF also provided 8 MT of potassium iodate (sufficient to iodize 40% of the total iodated salt requirements per year) as part of its support to the national plan to achieve universal salt iodization in Ethiopia.

 On-track

**IR 1410/A0/05/101/008** 101/008 Capacity, and systems to plan, manage and monitor integrated and sustainable decentralized WASH services strengthened at regional and federal levels

**Progress:** UNICEF is supporting the Government in identifying key policy-related issues that hamper the implementation of WASH and to create an enabling environment for WASH programme implementation. In this regard, the following WASH documents were finalized in 2012 with UNICEF financial and technical support: [i] a design and construction manual for primary schools; [ii] a design and construction manual for health institutions; [iii] policy guidelines for a self-supply acceleration programme in Ethiopia; [iv] a gender mainstreaming guideline for the water and energy sector; [v] a WASH co-legalization proclamation in SNNPR; [vi] a National WASH Inventory preliminary report disclosed by MoWE (Ministry of Water and Energy). Also, the Amharic translation of Community-Led Total Sanitation and Hygiene (CLTSH) guidelines is in progress.

Support to the Government has continued in developing three strategies: guidelines focusing on shallow groundwater mapping; solar and wind water-pumping systems; and a Gender Analysis and Action Plan (GAAP) for WASH, Nutrition and Food security programmes that includes a Gender Audit of the UNICEF WASH and Nutrition and Food Security sections, NGO partners (SNV, RiPPLE, iDE and PLAN), and Government WASH sector ministries and bureaus.

Skills enhancement training was provided to 596 (469 male and 27 female) WASH professionals (from regional, zonal and woreda governments and the private sector) in the area of WASH facilities construction, operation and maintenance. The capacity of eight Technical and Vocational Education Training Centres (TVETCs) were developed to provide quality practical and theoretical training on WASH for TVETCs graduates through improved teaching skills with outcome-based curriculum development, enhancement training to close skills gaps, and the supply of laboratory/workshop equipment and reference books. The enhancement training to close skills gaps enabled the supported TVETC instructors to pass the national exam called Centre of Competency (CoC). Implementation of enhancement plans for an additional four TVETCs is in progress.

 On-track

**IR 1410/A0/05/101/009 101/009** Development, communication and use of the National WASH Inventory and other evidence-based products to inform regional and national policy and plans and reporting

**Progress:** The recently completed (expected to be released) “National WASH Inventory” (NWI) is the most comprehensive survey of water and sanitation usage ever carried out in Ethiopia (except in the Somali Region). The Government of Ethiopia has acknowledged the need to strengthen M&E in the WASH sector due to inconsistencies in different data sets. The NWI would help accurately measure progress towards the achievement of the Universal Access Plan (UAP) and MDG targets and would help engage in better quality planning at the decentralized levels. UNICEF support to the finalization of the NWI included the development of systems and formats; support to the training of technicians and enumerators; supervision of data collection and compilation; and logistical support.

The draft report was disseminated by MoW&E during the annual WASH review meeting conducted in October 2012. After the final clearance, the findings will be officially disseminated by the Central Statistical Agency (CSA) of the Ethiopian Government. The report doesn’t include the Somali region, where the planned duration for conducting the inventory coincided with the drought emergency response. The woreda-based inventory data is used to prepare woreda WASH and regional WASH Annual Work Plans (AWPs) for the 2005-2006 EFY (2012-2013) AWPs.

It is expected that once released, the NWI would help the WASH Sector in establishing a firm foundation of reliable WASH access figures nationally, with regional and local breakdowns that will be helpful for future planning, budgeting and targeting. It will also help establish the accurate baseline, especially at the woreda level.

 On-track

**IR 1410/A0/05/101/010 101/010** Improved capacity to support improved caregiver/duty-bearer knowledge, attitude and practices; increased demand and utilization of services and improved social norms related to Health, Nutrition and WASH

**Progress:** Based on formal evaluation of the two-year Radio Serial Drama broadcast on the Health Extension Programme, which was shown to have a significant positive effect on listeners vs. non-listeners, a new partnership was developed with Population Media Centre to extend and expand the series.

Findings from the joint UNICEF/WHO-supported in-depth qualitative research on social and behavioural barriers to the Expanded Programme of Immunization (EPI) were used to inform the revision of the communication component of the EPI Multi-Year Plan. UNICEF provided inputs for the development of the national Prevention of Mother-to-Child Transmission (PMTCT) communication strategy and the review of associated video, audio and print materials for dissemination.

Regional communication was strengthened through the development and support for MNCH communication plans in four regions and a four-day monitoring and review forum held with communication officers from all 11 Regional Health Bureaus.

A communication strategy was developed for stunting reduction as part of the revision of the National Nutrition Programme and a 20 minute training video was developed to support HEP supervisor training. An IEC materials package was developed on Infant and Young Child Feeding.

A one-year hygiene and sanitation communication plan, including a new four-year “Healthy School Initiative” strategy was developed and endorsed by FMoH in 2011. As part of the campaign roll-out, regional inter-school competition-based festivals, a national website and a pledging strategy were launched via a live TV broadcast on Global Hand Washing Day, and one activity booklet, two story books and two board games were developed for school clubs. The first episode of a children’s radio and TV series on hygiene and sanitation and a music album of 13 songs were produced, and hand washing campaign characters were developed along with a branding guideline.

 On-track

**PCR 1410/A0/05/102 1.2** At least 80% of children, youth and women in rural, pastoralist and urban areas use quality, gender-sensitive and equitable preventive, promotive and basic curative health and nutrition services at the community and health-post levels by 2015

**Progress:** Following the successful national roll-out of ICCM (Integrated Community Case Management of pneumonia, diarrhoea, malaria and SAM), the FMoH has in principle endorsed the introduction of newborn sepsis management through the Health Extension Programme. UNICEF is mobilizing resources from development partners inside and outside the country to support its implementation by the end of 2015.

The Ethiopia Demographic and Health Survey 2011 revealed a reduction in the Under-5 Mortality Rate by 28% between 2005 (123/1,000 Live Births) and 2011 (88/1,000 Live Births). However, maternal and neonatal mortality did not change in the same time period. In responding to the 'Child Survival Call to Action', the country developed a draft road map to bring child mortality to under 20/1,000 Live Births in two decades. This requires the country to scale up all the known MNCH, nutrition and WASH interventions to over 90% and at the same time improve all the related non-health interventions such as universal secondary education.

A total of 25,000 Health Extension Workers have started providing ICCM. The EOS (Expanded Outreach Strategy) programme in the four large regions is transiting to the Health Extension Programme regions and is now being implemented through a revised Community Health Days (CHD) modality. Addis Ababa University is supporting the conducting of post-CHD validation surveys in the four large regions. School-based nutrition and micronutrient promotion activities are a key intervention for the agreement with L10 (the Last 10 Kilometre Project of the John Snow Inc. Research and Training Institute). Capacity has been developed in FMHACA central and regional laboratories on quality assurance pertaining to the Iodine Deficiency Disorders (IDD) programme. Knowledge, Attitudes and Practices (KAP) assessment among salt producers and distributors is ongoing to inform Communication for Development (C4D) interventions.

Significant gaps between routine coverage reporting and survey assessments of coverage have been highlighted. A focused, national EPI coverage survey is being finalized for a January 2013 dissemination to resolve and explain these differences.

Health system challenges related to the Health Management Information System (HMIS), supplies and logistics, and skilled human resources for health remain as bottlenecks. Challenges were experienced in implementing the Community-based Nutrition Programme (CBN) to 98 new woredas due to delayed cascading of the Integrated Refresher Training.

 On-track

**IR 1410/A0/05/102/001 102/001** Provide support to ensure quality immunization services to increase coverage of all nationally recommended antigens with a focus on enhance support to regions and zones with large numbers of unimmunized children, including pastoralist areas

**Progress:** There is a significant difference in the rates of EPI coverage between the administrative reports and surveys. The HMIS administrative coverage as of July 2012 indicated 85% Pentavalent-3 coverage and 80% measles coverage, which are below the targets. Gambella is the least performing region. The EDHS 2011 revealed Pentavalent-3 coverage of 36.5%, compared to the 82% measured by HMIS. The UNICEF-WHO estimate, using all currently available sources of data estimated 51% Pentavalent-3 coverage for 2011. To achieve consensus on the true coverage, UNICEF supported a focused, national EPI cluster survey based on WHO methodology in mid-2012. The results are being finalized with official dissemination expected in early January 2013.

A measles SIA (Supplemental Immunization Activities) application for a 2013 nationwide campaign was submitted to the Global Alliance for Vaccines and Immunization (GAVI) and preparations for the introduction of a rotavirus vaccine are underway.

The third round of the Maternal and Neonatal Tetanus Elimination (MNTE) campaign in the Somali region was completed in three zones, while the first round of Tetanus Toxoid Supplemental Immunization Activities (TT

SIAs) started in one of the remaining four zones (Deghabour). Coverage in these areas has been over 90%.

Although there were no confirmed wild poliovirus infections, one vaccine virus-derived paralysis case was reported in 2012. To strengthen collaboration in the Horn of Africa region during the Supplemental Immunization Activities (SIAs), two cross-border meetings were organized involving Kenya, Somalia and Sudan. UNICEF, WHO, Rotary International and the USAID-supported CORE group provided technical support.

Polio SIAs in October and November were implemented in 23 high-risk zones targeting approximately 2.8 million children under 5 with trivalent and bivalent types of Oral Poliovirus Vaccines (tOPV and bOPV). The house-to-house vaccination strategy targeted children living in high-risk areas such as rural areas, and those within hard-to-reach, mobile, migrant and under-served populations, including those living along the international borders, were also targeted.

 On-track

**IR 1410/A0/05/102/002 102/002** Support national capacity for trainings, coordination, drugs supply and monitoring of ICCM

**Progress:** The national roll-out of Integrated Community Case Management (ICCM) of childhood illness serves as a booster to the health extension programme. During 2012, out of the year's planned 7,500 Health Posts (HPs) UNICEF supported in-service training, the provision of supplies and supervision for 7,500 HPs in ICCM (100%). The cumulative figure since January 2011 is 12,000, 88% of the total target. To strengthen supportive supervision and monitoring, 3,637 supervisors were trained.

UNICEF is working with PFSA towards attaining reliable and sustainable drug supplies for the HPs. PFSA has distributed starter kits containing supplies such as anti-malarials, rapid diagnostic tests (RDTs), oral rehydration salts (ORS), zinc, and Co-trimoxazole to 4,500 HPs.

UNICEF supports the expansion of ICCM in pastoralist regions of Somali and Afar, while strengthening the pastoralist Health Extension Programme.

The project is implemented by partners through Programme Cooperation Agreements (PCAs) with Save the Children International, JSI/L10K, International Rescue Committee and Merlin in Amhara, Oromia, SNNPR, Tigray, Benishangul Gumuz and Gambella. This has allowed for rapid scale-up while building the Government's capacity to sustain the project.

In July 2012 an independent assessment of the quality of care of ICCM in West Harage and Jimma conducted by John Hopkins University revealed that 97.8% of HEWs had been ICCM trained; 82.5% of health posts had received supervision on ICCM in the previous three months; and 68.9% of Health Posts had all the essential ICCM drugs and supplies. Compared to other experiences of community-level case management implementation, the performance of workers was found to be very good.

Inadequate funding to reach new areas, HEWs attrition in some regions, weak logistic and supply management systems, and low utilization of ICCM services, especially by newborn and sick young infants, are remaining challenges. UNICEF, with its implementing partners, is working closely to analyse the bottlenecks and find solutions.

 On-track

**IR 1410/A0/05/102/003 102/003** Improved malaria control through micro-planning, procurement and the distribution of Insecticide Treated Nets (ITNs), RDT, Artemisinin-based Combination Therapy (ACT) and supplies for HEWs, mobilization and M&E

**Progress:** The Malaria Technical Advisory Committee, which UNICEF co-chairs, has finalized the National Malaria Control Strategy through 2015, though final endorsement of the costing is pending.

To support the improved deployment of malaria commodities, micro-planning meetings (14) were conducted in integration with the orientation of revised malaria guidelines. Micro-planning fills gaps in the HMIS and

gathers details from each facility on the Long-Lasting Insecticidal Net (LLIN) requirement as well as the history of malaria cases and treatments received. The result helps to improve the forecasting, procurement and distribution of malaria programme drugs and commodities. Importantly, the micro-planning has confirmed a leap in use of rapid diagnostics tests, a recent policy change designed to improve case management.

Some 3.4 million treatment courses of Artemisinin-based Combination Therapy (ACT), Chloroquine, Artesunate injections and rectal suppositories for the management of severe, life-threatening cases of malaria were procured and distributed in 2012. UNICEF worked with the national and regional health authorities to distribute these items to all areas of the country. In addition, 2.74 million LLINs were procured and distributed in Oromia region using President's Malaria Initiative (PMI) funding.

Improvements in early treatment-seeking behaviour of children with fever (15% in 2007) improved to 51.3% in 2011, and access to antimalarial drugs improved to 32.6% in 2011 (from 9.7% in 2007) for children with fever. There is a gap in terms of the possession and utilization of LLINs, as indicated by the Malaria Indicator Survey (MIS) 2011. The percentage of households with at least one LLIN in malaria risk areas is 54.8%, while 38.2% of children under 5 years slept under a net the previous night. This result is lower than the 2007 MIS report and below the target. The situation calls for a critical review of LLIN and related vector control interventions in Ethiopia and rapid action to increase the proportion of households with usable LLINs.

 On-track

**IR 1410/A0/05/102/004 102/004** Support for the HEWs and Health Development Army (HDA)

**Progress:** In most parts of the country, the Health Development Army (HDA) has been recruited with the objective of mobilizing communities, in particular women, to use available health services, and to promote good health, nutrition and WASH practices. The aim is to have one HDA representative per five families. The representatives have been undergoing training with the Health Extension Workers (HEWs). Through the HEWs, UNICEF indirectly supports community mobilization through HDAs in immunization, ICCM, nutrition and WASH programmes.

A South-to-South experience exchange visit was conducted in the first week of December 2012 to Nepal. The FMOH, regional health bureau, and development partners, including UNICEF, participated in the study tour and learned how the Government of Nepal implements community-based newborn sepsis management through the government system—experiences and lessons that are applicable to Ethiopia.

 On-track

**IR 1410/A0/05/102/005 102/005** Improved access to and use of quality health services in selected woredas in DRS regions

**Progress:** With increasing attention given to the developing regions by the Government and development partners, the DRS programme presents an opportunity for local capacity development and enhanced health service delivery. The most critical support needed is capacity development and resilience-building alongside emergency response and outbreak controls.

The introduction of ICCM in the DRS has been a booster to the HEP in 2012. Among the 22 DRS woredas, four in the Benishangul Gumuz region, two each in Afar and Gambella, and one in the Somali region have implemented or initiated the ICCM programme.

In the future, support to the DRS woredas could be channelled through local NGOs, in particular the service delivery component for improved accountability and results.

 Constrained

**IR 1410/A0/05/102/006 102/006** Conducting CHDs for biannual vitamin A supplementation (VAS) and deworming and for quarterly nutritional screenings for SAM and moderate acute malnutrition (MAM)

**Progress:** Since 2004, the Enhanced Outreach Strategy (EOS) coverage has consistently been over 90%, with high levels of community acceptability. However, the well-established routine HEP in most regions was the ideal platform to transit from centralized campaign-type of service to quarterly Community Health Days

(CHDs) organized locally. This has been successfully completed by mid-2012 in Tigray and in October/November in Amhara, Oromia and SNNPR. Due to constrained capacity, the Benishangul Gumuz Health Bureau decided to start the transition process in 2013 only. The EOS was implemented in Afar, Benishangul Gumuz, Gambella and Somali since the HEP is still being rolled out and is not fully functional.

The delayed transition in Amhara, Oromia and SNNPR has resulted in low vitamin A supplementation coverage in the first semester of 2012: only 1,259,633 (10.5%) children were supplemented with one dose of vitamin A. It is projected that another 10,522,990\* (88%) children have received the second dose of vitamin A during the second semester. Similarly, quarterly nutritional screening has been completed in 46 woredas in the first semester and in 681 woredas in the second semester.

UNICEF, together with WFP, piloted monthly supplementary feeding in 12 woredas. The Government initiated new pre-service training to replace health extension workers that have left, and the strengthening of the nutrition supply chain management will be done in 2013 to remove bottlenecks around supply and logistics.

 On-track

**IR 1410/A0/05/102/007 102/007 100%** of CBN woredas will have a micronutrient deficiency control programme mainly targeting adolescent girls and pregnant and lactating women (PLW) for a stunting reduction outcome

**Progress:** A Knowledge, Attitudes and Practices (KAP) assessment on salt iodization and legislations has been completed that targets salt producers and distributors. The major findings are a lack of awareness and commitments among salt producers and distributors on the importance of the consumption of iodized salt. The findings of the assessment were used to update the iodine deficiency disorders control/universal salt iodization (IDDC/USI) communication strategy. A partnership agreement has also been entered into with Population Services International (PSI)/Ethiopia to implement the communication strategy, using both interpersonal communication and mass media channels, by targeting 80% of consumers to increase awareness on the benefits of iodized salt. The strategy also aims to increase the commitments of salt producers and distributors to produce and distribute quality salt to consumers, and support strengthened iodized salt legislation enforcement, dissemination and implementation.

There are challenges in registering micronutrient powders in Ethiopia, though discussions are ongoing with FMHACA to accelerate the process. The micronutrient powders will be distributed to households with children under 2 years of age as part of the scale up of the complementary feeding pilot in the four agrarian regions in 2013.

A partnership agreement effective October 2012 has been signed with an international NGO, L10K, to support school-based and out-of-school micronutrient activities focusing on behaviour change communication (BCC) activities to increase iron/folate supplement compliance and to increase knowledge and practices on the consumption of a balanced diet as part of the support to CBN.

Biannual vitamin A supplementation was supported in all 365 woredas as part of EOS/CHDs. A KAP assessment on salt iodization and legislation is being conducted targeting all salt producers and distributors in order to update the IDDC-USI communication strategy. Discussions were held with FMHACA on the registration of a multiple micronutrient supplement powders PCA signed with an international NGO (L10K) to support school-based and out-of-school micronutrient activities as part of the support to CBN programme.

 On-track

**IR 1410/A0/05/102/008 102/008** Core package of CBN will be implemented in 100% of 365 CBN woredas

**Progress:** UNICEF has supported the implementation of the CBN core package in 228 woredas since 2011, and in 2012 it was planned that the CBN package would be scaled up to an additional 98 woredas. Just 50 woredas had actually started implementation, however, and the remaining 48 woredas would start by mid-December 2012.

The scale up was catalysed by the roll-out of Community Maternal Newborn and Child Health Integrated Refresher Training (C-MNCH IRT), which includes the CBN package. Supported by UNICEF and other partners, C-MNCH IRT was provided to a total of 24,186 HEWs and 8,499 HEW supervisors to enable them to deliver integrated health and nutrition services at kebele levels. Capacity development included the training

of 201 master trainers and trainers of trainers (TOTs) covering 2,330 health workers.

In CBN-implementing woredas in the four large regions, underweight prevalence declined by 2.7% from January 2012 (11.1%) to September (8.4%) according to CBN administrative data. The reduction of growth monitoring and promotion (GMP) participation from 44.6% in 2011 to 39.8% September 2012 was observed. It is likely that this could be attributed to the current policy change entailing a task shift from volunteer community health workers (vCHWs) to HEWs to conduct monthly GMP as part of integrated health and nutrition packages. It is anticipated that the coverage will improve when the newly established Health Development Army structure is fully functional to support the community mobilization. To ensure smooth transition of the task shift, UNICEF has technically and financially supported MoH to develop and cascade a transition strategy and guidelines.

The midterm evaluation of the community-based nutrition programme was finalized. Findings indicate a significant improvement in stunting and some reduction in the prevalence of underweight children. Substantial changes in infant and young child feeding (IYCF) practices were observed with exclusive breastfeeding rates increasing to nearly 90%.

 On-track

**IR 1410/A0/05/102/009 102/009** Improved access to and use of quality nutrition services in selected woredas in DRS regions

**Progress:** In an effort to strengthen the capacity of health workers to implement nutrition preventive interventions in the DRS woredas, thirty-seven health workers were trained from nine woredas out of the 22 DRS woredas in September/October 2012 in the Benishangul Gumuz, Gambella and Afar regions. These health workers are expected to cascade the training to the health extension workers (HEWs) at the health post level. The HEWs will then establish and train women support groups in their respective kebeles to support the implementation of IYCF interventions.

The section has been actively engaged in resource mobilization efforts for four DRS woredas in Afar and 10 in Somali, though currently there is no confirmation of funding. As part of the resilience to nutrition insecurity strategy, resource mobilization efforts have also focused on five food-insecure and shock-prone woredas in Afar and Somali—though no confirmation of funding has been received.

 On-track

**IR 1410/A0/05/102/010 102/010** Integrated Early Childhood Care and Education (I-ECCE) will be provided during GMP sessions

**Progress:** I-ECCE is included in C-MNCH IRT training, which was rolled out to total of 24,186 HEWs and 8,499 HEW supervisors in the four Agrarian regions, Amhara, SNNPR, Oromia and Tigray. I-ECCE is being implemented as part of CBN individual counselling in 228 CBN woredas. CBN/C-MNCH IRT, which includes early childhood stimulation (I-ECCE) conducted for health workers and HEWs in all the 365 woredas with technical and financial support from UNICEF.

Implementation of I-ECCE is currently conducted in 278 woredas as part of the monthly GMP and counselling sessions. The implementation of I-ECCCE will be expanded to an additional 49 woredas following the expansion of CBN, to reach a total of 326 woredas by end of December.

 On-track

**PCR 1410/A0/05/103 1.3.** Some 3,200 health centres and 120 hospitals deliver quality, equitable, gender-sensitive, curative and life-saving services focusing on common newborn, child and maternal illnesses and complications integrated with PMTCT by 2015

**Progress:** The main focus during 2012 is supporting the Government for the development of the national strategic plan for the elimination of mother-to-child transmission of HIV and congenital syphilis (eMTCT of HIV/CS). UNICEF, as the lead UN agency for PMTCT, along with other development partners, provides effective coordination and technical inputs. The FMoH adopted Option B+ for PMTCT, a more efficacious scheme, nevertheless requires a stronger maternal health platform and health system to roll out the new scheme soundly.

The Government of Ethiopia is relying on the social mobilization through the Health Development Army (HDA) to encourage more women to give birth in health facilities, an outcome coupled with health service expansion and quality improvement. The HDA covers a ratio of one in five households across the country. Regions are at different stages in establishing the HDA. This important national intervention is at an early stage of implementation with significant results expected in the future.

The UNH4+ (UNICEF, UNFPA, WHO, World Bank and UNAIDS) joint maternal and newborn programme worked in a coordinated manner. Support to Skilled Birth Attendant (SBAs), EmONC, the newborn corner in the maternity ward and newborn units in hospitals continued. Mama kits as incentives for giving birth in health facilities have been distributed and operations research has been organized to monitor outcomes. Poor basic infrastructure in health centres and inadequate quality of care play were factors deterring women from using available services, though the Government has freed maternal and newborn health services in all health facilities including hospitals.

To improve basic infrastructure and the functioning of health centres, UNICEF supports WASH activities in health facilities. There is room to have a more coordinated effort with other development partners to be able to improve WASH in health facilities on a bigger scale.

Significant geographic variations in the coverage of SBAs exist: namely, over 60% and less than 5% of women giving birth in big cities and developing regions, respectively, access SBAs (according to EDHS 2011). Coverage of PMTCT was changed from 8% in 2010 to 25% in 2011. The change is primarily due to the lower denominator value in calculating the coverage, which was used in determining the new HIV prevalence estimate in the Ethiopia Demographic and Health Survey.

 On-track

**IR 1410/A0/05/103/001 103/001** Enhance capacity to provide access to quality maternal and newborn health

**Progress:** The UNH4+ (UNICEF, UNFPA, WHO, World Bank and UNAIDS), an inter-agency mechanism aimed at harmonizing and accelerating actions to improve maternal, newborn and child health, continues to perform well through the close collaboration of all the UN agencies concerned. The availability of skilled human resources for health at health facilities is a critical factor for quality maternal and neonatal health care provision. A total of 870 nurses and midwives received an intensive, three-week training on basic emergency obstetric and neonatal care (BEmONC) from January to November 26, 2012 across the country. The training is done in collaboration with JHPIEGO (non-profit health organization affiliated with Johns Hopkins University, formerly the Johns Hopkins Program for International Education in Gynaecology and Obstetrics) and the quality has been good in terms of skills and knowledge improvement, as shown by the pre- and post-training theoretical and practical assessment of the trainees knowledge and skills on BEmONC.

UNICEF Ethiopia, in partnership with the Ministry of Health and the Ethiopian Paediatric Society (EPS), supported the establishment of newborn corners in 100 selected health facilities (50 hospitals and 50 health centres) across the country in 2010-2011. Based on the success of this initial experience, an agreement has been signed with EPS in July 2012 to scale up this important neonatal health intervention to 800 additional sites. Implementation has commenced and will be completed within two years, which will make achievement of the set target realistic (Indicator: 1,500 health facilities have a functional newborn corner by 2015).

The MDG Pooled Fund, managed by the FMoH with contributions from developed partners, is procuring more and more essential supplies and commodities for MNCH programmes. This allows UNICEF to complement the Government's investment by focusing on technical support, skilled-based training and clinical mentoring and innovations.

 On-track

**IR 1410/A0/05/103/002 103/002** Increased number of health facilities implemented

**Progress:** The FMoH has been implementing the primary health care unit (one health centre and five health posts in the catchment area) approach to strengthen linkages between health posts and health centres.

UNICEF has supported the revision and production of the national Integrated Management of Neonatal and Childhood Illness (IMNCI) training materials, facilitator guides and training video. UNICEF led the organization of consensus-building meetings with key partners as well as implementation of the first TOTs on the revised training materials. UNICEF, with its implementing partners, has planned the training of 5,000 health workers in 2005 and 2006.

A total of 14,344 severely malnourished children with complications were stabilized in over 450 health facilities (health centres and hospitals) from January to September 2012. The cure rate is 44% and another 45.4% were transferred to the nearest outpatient therapeutic programme to finalize their complete recovery. It is projected that an additional 3,861\* children will be admitted for treatment from October to December 2012, contributing to a total of 18,205\* severely malnourished children with complications admitted and treated in stabilization centres in 2012.

The Ethiopian health care financing policy does not clearly state that severely malnourished children are exempt from paying fees. As a result, some hospitals are charging patients, compromising their access to treatment. UNICEF continues to advocate for the exemption of health care fees for those cases. Ongoing monitoring and supervision is also required to strengthen service quality.

 On-track

**IR 1410/A0/05/103/003 103/003** Support the implementation of PMTCT programme expansion and integration into sexual and reproductive health (SRH)/MNCH services

**Progress:** The National Strategic Plan for eMTCT of HIV/CS has been drafted successfully by a national core team in collaboration with consultants from PharmKonsult Africa Ltd., Tanzania. UNICEF played a lead role throughout the process, with partners including FMoH, WHO, UNAIDS, CDC and USAID. UNICEF facilitated the joint regional WHO-UNICEF mission to Ethiopia in May 2012 to provide technical support to the joint UN PMTCT workplan; as well as the Global Inter-Agency Task Team (IATT) mission in November 2012 to support the development of the National Strategic Plan for eMTCT of HIV/CS.

Technical support was provided to safe motherhood-PMTCT technical working groups at federal and regional levels for implementing the accelerated PMTCT site expansion plan, which is progressing towards increasing the number of health facilities providing PMTCT services across the country. Financial and technical support to trainings was also provided to cascade the knowledge and practice of health care providers on the Option A of the new 2010 WHO PMTCT guidelines. Although Option A was only recently introduced, global recommendations on the efficiency and effectiveness of Option B+ of PMTCT prompted UNICEF and partners to advocate FMoH to adopt Option B+. Consequently, FMoH decided to adopt Option B+ and its implementation will begin in January 2013.

As a knowledge management activity, a study on the “effectiveness of sending reminder calls to pregnant women during pregnancy for improved coverage of skilled care and PMTCT services” has been conducted and the results have been disseminated at national maternal and newborn health and PMTCT forums. A 10% increase in institutional delivery was noted through two reminder telephone calls to expectant women.

 On-track

**IR 1410/A0/05/103/004 103/004** Some 380 health facilities provided with the full WASH package by woreda WASH teams in 64 learning woredas.

**Progress:** UNICEF, in 2012, finalized the Design and Construction Manual for WASH Facilities in Health Institutions based on the feedback received from all stakeholders in the validation workshop. The manual was presented by the Ministry of Health at the Multi-Stakeholder’s Forum V convened in November. It is anticipated that the future construction of the WASH package in health facilities will follow this design and construction manual.

Against the 2012 annual target of providing the full WASH package in 78 health facilities in non-DRS woredas, the completion of the WASH package was accomplished for 88 health facilities for an achievement rate of 113%. The WASH Package includes the designing stage, increasing of the service coverage of water supplies, sanitation and hygiene in the health institutions through the construction of water schemes, the

construction of pit latrines, and disseminating information on hygiene and environmental sanitation. The identification of additional health facilities where the WASH package is to be provided has also been carried out and the designing of the WASH interventions for these facilities is underway along with the other preparatory work.

 On-track

**IR 1410/A0/05/103/005 103/005** Eighty health facilities provided with the full WASH package by woreda WASH teams in 22 DRS woredas

**Progress:** The Design and Construction Manual for WASH Facilities in Health Institutions will also be used in the selected woredas in DRS regions.

Against the 2012 annual target of providing the full WASH package in 17 health facilities in DRS woredas, the completion of the WASH package was accomplished for 23 health facilities for an achievement rate of 135%. The WASH Package includes the designing stage, increasing of the service coverage of water supplies, sanitation and hygiene in the health institutions through the construction of water schemes, the construction of pit latrines, and disseminating information on hygiene and environmental sanitation. The identification of additional health facilities where the WASH package is to be provided has also been carried out and the designing of the WASH interventions for these facilities is underway along with the other preparatory work.

 On-track

**IR 1410/A0/05/104/001 104/001** Capacity, systems and related hardware to plan, implement and monitor integrated and sustainable WASH services, strengthened in 64 learning woredas and in Dire Dawa and Harari

**Progress:** Woreda WASH plans are prepared for all 64 learning woredas based on the available inventory data available in the respective woredas. Implementation of community-managed projects (CMPs) started in eight woredas of Amhara, while preparations to start up the implementation of CMPs were completed in seven woredas of three regions (SNNPR, Oromia and Tigray), as planned. CMPs are one of the WASH implementation strategies mentioned in the revised WIF, while UNICEF has been instrumental in supporting the Government to scale up this approach in the three more regions besides Amhara. UNICEF's support to the Government also includes the piloting of Multiple-Use Services (MUS) in water and sanitation in selected schools in four regions.

The selection of schools for MUS intervention is underway in partnership with the Government and NGOs who signed an agreement to work with UNICEF on doing so. With due consent from the Government, UNICEF has signed PCAs with four NGOs to support 30 woredas funded by CIDA and the Netherlands. One of the PCAs, signed with SNV, focuses on woreda WASH capacity-building. Regarding woreda WASH structures, woreda WASH teams have been revitalized in the 64 learning woredas in non-DRS, while in the case of Dire Dawa and Harari, progress is ongoing.

 On-track

**IR 1410/A0/05/104/002 104/002** Some 2.5 million men and women, and boys and girls in 64 learning Woredas and in Dire Dawa and Harari use new or rehabilitated water supplies, managed by local water and sanitation committees

**Progress:** UNICEF supported the development of a self-supply guideline, Universal Access Plan (UAP II) and WASH Implementation Framework (WIF) that form the basis for the planning, monitoring, coordination and implementation of WASH activities. The self-supply guideline is developed with consideration of the recommendations of a study on household-led rural water supply that was conducted jointly by UNICEF, RiPPLE and the International Research Center. Findings of the study are used to implement the new community water supply development approaches of self-supply and Multiple-Use Services (MUS), and UNICEF signed a PCA with iDE to implement these approaches. UNICEF is also scaling up the Community Managed Projects (CMPs) approach, whereby the capacity of communities is enhanced to manage water supply projects at community levels, including the management of financial resources.

Using the CMP and woreda-managed project approaches, 593,182 people have been provided with safe water—higher than the planned annual target of 500,091 people in the four non-DRS as well as in Dire Dawa and Harari (119%). Results from the first half of the year include some rolled over activities from the

previous country programme activities, as these activities were not completed. A substantial proportion of people in different regions (mainly in Dire Dawa, Harari, Oromia, SNNPR and Tigray) are able to access drinking water through rehabilitated/maintained water schemes. New community water supply activities have been implemented from the design and construction of water supply systems, the establishment and training of WASHCO, and the hand over to communities/WASHCOs for operation, maintenance and overall management. Reported results reflect the usage of water schemes by the communities. Favoured by the dry weather conditions during the first half of the year (January-June), most achievements were recorded during this period. The rate of implementation was slightly lower in the second half of the year (July-December) due mainly to the rainy season in the third quarter (July-September) of 2012.

 On-track

**IR 1410/A0/05/104/003 104/003** Some 2.5 million men and women, boys and girls in 64 learning woredas and in Dire Dawa and Harari use basic or improved household sanitation and practice hand washing

**Progress:** UNICEF supported the preparation of the National Hygiene and Sanitation Action Plan to guide the implementation of sanitation and hygiene activities in Ethiopia. It also supported the development of CLTSH implementation, verification and certification guidelines that, upon the request of FMOH, are also being translated into Amharic. This facilitated the scaling up of C/SLTSH and as a result, achievements in community sanitation and hygiene have been significantly more successful than the planned results. With the active role of UNICEF, and in collaboration with partners, Global Hand Washing Day was celebrated at national and regional levels.

The achievement registered in community sanitation and hygiene has been very encouraging mainly due to the favourable enabling environment at all levels, including the preparation of the Sanitation Action Plan and CLTSH guidelines. About 906,939 people (181,388 households) gained access to self-constructed latrine facilities, which is well over the annual target of 500,091 people. The practice of hand washing showed improvement, although it remains a challenge. Through the application of Community-Led Total Sanitation and Hygiene (CLTSH), 1,653 villages attained Open Defecation Free (ODF) status. As most latrine facilities are self-constructed, the issue of improving facilities has been slower. The sustainability of basic sanitation facilities and improved hygienic practices, particularly the practice of hand washing, the safe management of water in the home, including storage, and the proper use of latrines is an area that requires rigorous and consistent follow up in future courses of action.

Data on community sanitation and hygiene is updated until June 2012 and has been shared with partners during the Donor Assistance Group (DAG) and National Hygiene and Sanitation Taskforce (NHSTF) meetings.

 On-track

**IR 1410/A0/05/104/004 104/004** Provision of integrated WASH services for 300,000 people in 22 DRS woredas

**Progress:** In response to the low coverage of service delivery in basic social services and to minimize/avoid disparity, UNICEF, in partnership with NGOs and the Government, has initiated a joint programme in the developing regional states. The programme is aimed at providing special support to less developed regions that have low coverage of basic social service delivery, including WASH. The integrated WASH service delivery is providing community water supply, sanitation and hygiene facilities to households.

The number of people provided with improved water supply is well over the planned target, with an achievement of 182%. However, the outcome as far as self-constructed latrine use is below the planned target, with an achievement of 73%. The achievement in integrated WASH (projected to be 70% of the planned number of households with a water supply or latrine facilities) turned out to be more than the planned target, with an achievement rate of 103%. As triggering activities are conducted in many villages/communities and reached to a status of ODF though not verified and reported during this reporting period. It is expected that the planned result will be achieved by the end of the year. In general, the planned result for integrated WASH in DRS has been met.

## PC 2 - Learning and development

 On-track

**PCR** 1410/A0/05/201 201 Org human and institutional capacity ation bureaus, woredas education offices, school clusters and schools have the organizational, human and institutional capacity and improve sector performance and learning achievement, with emphasis on remote/pastoralist and vulnerable populations in selected lagging woredas, including in the DRS, by 2015

**Progress:** The MoE and 11 Regional Education Bureaus (REBs) have a five-year Education Sector Development Programme. Although the quality of the plan differs, 136 target woredas (96% of the target) have developed their sector plans. The 22nd National Education and Training Conference took place in October 2012 to discuss achievements, challenges and the way forward. UNICEF received a certificate of recognition and appreciation at the conference from the Deputy Prime Minister and Minister of Education for its contributions in the sector to capacity enhancement, the promotion of ECCE, improving access in the pastoralist and disadvantaged regions and among children affected by emergencies, and in improving the quality of education.

A total of 1,858 (12.5% female) educational managers, planners, experts, supervisors and principals were trained on participatory sector planning, management, results-based monitoring and evaluation, and reporting. A generic tool/framework to introduce a system for pre- and post-training assessments and impact evaluation of capacity-building interventions is being developed by MoE and is expected to be finalized by the first quarter of 2013. Thirteen consultants are deployed to the four emerging regions to assist technically and build capacity in the regions.

A quarterly consultative review meeting was held in which MoE, REBs and UNICEF discussed achievements, challenges and identified strategies and actions to improve performance. MoE-UNICEF joint monitoring was not carried out due to conflicting commitments, especially on the part of the MoE.

The out-of-school children study is completed. A case study on Social Norms and Equity in Education has been carried out in collaboration with UNICEF NYHQ in order to understand the reasons keeping children out of school for evidence-based advocacy and action.

Practical training was given to 690 (15% female) school principals, cluster supervisors, education experts and Alternative Basic Education (ABE) facilitators on how to use the EMIS effectively and efficiently. The Federal MoE and the 11 REBs have EMIS Units equipped with the necessary IT equipment and staff. Fifty-seven Woreda Education Offices (80.3% of the annual target) have EMIS Units that are fully or partially equipped and staffed. MoE is currently developing user-friendly software to introduce the School Management Information System (SMIS) in all regions by the end of June 2013.

Rapid Assessment of Learning Spaces (RALS) has been completed in four regions (Amhara, Addis Ababa, Dire Dawa and Harari). Interfacing EMIS with GIS/RALS will follow after the finalization of the RALS in all REBs.

 On-track

**IR** 1410/A0/05/201/001 201/001 By the end of 2015, effective sector performance capacity enhanced in MoE, 11 REBs and UNICEF-supported woredas and schools to enable them to develop, implement, manage and monitor needs-based sector development plans, including for the longer term, for sustained capacity development to deliver an effective Education programme.

**Progress:** The Federal Ministry of Education (MoE) and 11 Regional Education Bureaus (REBs) have a five-year Sector Development Programme. Although the quality differs, 136 target woredas have sector plans. The 22nd Annual National Education and Training Conference took place in October 2012. UNICEF received a certificate of recognition and appreciation in the conference from the Deputy Prime Minister and Minister of Education for its technical and financial contributions to the Education Sector Programme.

Over 432 educational personnel were trained; Universal Primary Education plans were developed for 239 kebeles; and a manual on planning and budgeting was prepared in the Gambella Region.

The capacity of 35 MoE and REB experts (14% female) and 1,391 educational managers, planners, supervisors and principals (12% female) in Somali, Oromia, Benishangul Gumuz, Addis Ababa and Dire Dawa was enhanced, focusing on planning, management, results-based monitoring and evaluation, and reporting. Thirteen consultants were deployed to the emerging regions to build their capacity through on-the-job training, coaching, monitoring and reflection. One hundred computers are being procured to equip 32 woredas in Oromia and create an enabling office environment.

MoE is currently developing a generic tool/framework for pre- and post-training assessments and impact evaluations of capacity-building interventions to ensure that trainees acquire the intended knowledge and skills and to assess the changes resulting from training.

A consultative review meeting was held in which 30 representatives from MoE, REBs and UNICEF (25% female) discussed achievements, challenges and action points to improve performance, funds utilization and timely reporting. MoE-UNICEF joint monitoring was not carried out due to overlapping priorities and commitments on the part of MoE.

A Case Study on Social Norms and Equity in Education was undertaken following the Out-of-School Children Study to understand existing norms that promote/discourage equity in education.

 On-track

**IR 1410/A0/05/201/002** 201/002 Enhanced evidence-based planning at the federal level (MoE) in 11 REBs and UNICEF-supported Woreda Education Offices (WEOs) by the end of 2015 based on data generated by an established and functional EMIS system with GIS interface

**Progress:** UNICEF's support to the Education Management Information System (EMIS) aims at developing capacities in MoE, 11 REBs and 142 target woredas to make them more efficient in executing their functions and meeting their responsibilities.

Over 690 (15% female) school principals, cluster supervisors, education planners, statisticians and ABE facilitators at the regional and woreda levels were trained on EMIS and on the use of ArcGIS and interactive mapping. The training is expected to equip them with the required skills to use the EMIS effectively and efficiently.

The Federal MoE and the 11 REBs have EMIS Units equipped with the necessary IT equipment and staff. Fifty-seven WEOs (80.3% of the annual target) have EMIS Units that are fully and/or partially equipped and staffed. However, remaining challenges include the frequent turnover of trained staff at the regional and woreda levels and repeated electric power interruptions in some of the woredas.

The Rapid Assessment of Learning Spaces (RALS) has been completed in four regions (Amhara, Addis Ababa, Dire Dawa and Harari) and the interface of EMIS with GIS/RALS will follow after the completion of the RALS in all 11 regions.

The Federal MoE and 11 REBs collected sex- and geographically-disaggregated EMIS data and produced analytical reports for the EFY 2004. Plans are underway to produce biannual analytical EMIS data in 2013 for tracking attendance rates in primary education. MoE is currently developing user-friendly software for the School Management Information System (SMIS).

The Federal MoE and 11 REBs used sex- and geographically-disaggregated EMIS data during the preparation of sector plans. A total of 116 WEOs (81.7% of the target) utilized analytical EMIS data to develop their respective sector plans. The process of building the capacity of WEOs on EMIS requires continued technical and financial support in 2013.

 Constrained

**IR 1410/A0/05/201/003** 201/003 Improved caregiver/duty-bearer knowledge, attitudes and practices; increased demand and utilization of services and improved social norms related to education

**Progress:** A Knowledge Management and Communication Strategy for Climate Change Mitigation and

Adaptation was developed as part of the joint UNICEF, UNDP and WFP-supported Africa Adaptation Project (AAP), with UNICEF in the lead role on this component. The strategy was developed consultatively with Addis Ababa University, sector experts, media professionals and youth. Inputs and endorsement were also received from the Environmental Protection Agency, as the leading national agency for addressing climate change issues, which would also undertake coordination of the strategy's implementation. Other communication-related outputs achieved through the technical lead of UNICEF include: the production of seven video documentary packages and seven brochures on best practices showcasing various examples of climate adaptation; and the development of an Information Management Guidebook for media practitioners followed by training for journalists on its use. A national dissemination workshop was also supported as a closing activity for the project, with the participation of key policymakers, sector actors and stakeholders from both the federal and regional levels.

A steering committee was established with representation from FMoE, Ethiopia Radio and TV, the Population Media Centre and MoWCYA, resulting in the endorsement of the proposed national strategy for youth media capacity-building. In support of the roll-out of the strategy, a PCA was finalized with the Population Media Centre for the coordination of curriculum development and training for the youth media initiative. Training was conducted for 60 youth from 20 youth centres across all regions in Ethiopia, and an initial set of videos on hygiene and sanitation were produced by three of the centres and incorporated into the UNICEF-supported "Silegna" children's TV and radio series, which demonstrated the potential of youth media for development.

 On-track

**IR 1410/A0/05/201/004 201/004** Project support for human capacity development in the Learning and Development Programme

**Progress:** UNICEF education programme staff members are involved in programme development, including undertaking situation assessments, programme management, monitoring, actively participating in the DAG-Education working group and sector coordination meetings, participating/facilitating education and other multi-sectoral advocacy events, organizing/facilitating workshops, and participating in joint technical reviews and programme/project evaluation activities. UNICEF education staff members lead the education working group of the current UNDAF. The education team coordinated the AAP multi-sectoral joint programme with WFP and UNDP under the overall coordination of the Government's Environmental Protection Authority, participated in the UN Gender Joint Programme, and took the lead in output 2 on Education. The UNICEF education section is the co-chair with Save the Children of the Education cluster in Ethiopia. Education staff actively participated in the GEQIP review (of pooled funding to education) and the Global Programme for Education (GPE) proposal for GEQIP 2.

Training was provided to UNICEF education staff on Results-Based Management and Reporting, and on Peacebuilding. Education staff also participated in individual training for developing knowledge and skills. Perspective exchanges were organized with Libya both in-country and externally.

The education staff network meetings were conducted three times/quarterly to coordinate, review, share experiences, identify good practices and challenges, and map out possible responses and future directions.

 On-track

**PCR 1410/A0/05/202 202** Integrated ECCE in selected woredas ensuring that children are well-nourished, healthy, and are physically, emotionally, socially, and cognitively ready to learn by 2015

**Progress:** In 2010/2011, Ethiopia, through a multi-sectoral approach, developed an integrated Early Childhood Care and Education (ECCE) policy and strategy. The Country Programme is building on this framework to develop programmes to deliver integrated ECCE. During the current year, translation of the policy documents into Amharic was undertaken. Regions are currently working on local adaptations and translation of the policy documents into specific local languages.

An integrated parental education training manual was developed to implement parental education as a main pillar of the ECCE policy. A validation and consultation workshop on the parental education manual was organized for 35 experts from the education and health sector. Approximately 2.610 education and health

professionals were trained on parental education as trainers in Oromiya, Tigray, Benishangul Gumuz and SNNPR. Training was conducted for 227,450 parents and caregivers on child care, parenting and early stimulation.

The enrolment rate to formal and non-formal school readiness programmes has increased from 5.2% in 2010 to 21.6% in 2012. A total of 97,360 children (49%) girls enrolled in both formal and non-formal school readiness programmes were supported during the year.

There is limited capacity in terms of trained professionals on ECCE. Accordingly, UNICEF is providing technical support to the Ministry of Education to enhance capacity and strengthen teacher education colleges to better deliver ECCE, including through the establishment of ECCE units. In this regard, a consultative meeting was conducted for 35 participants from teacher education colleges.

 On-track

**IR 1410/A0/05/202/001 202/001** By the end of 2015, formal and non-formal school readiness and pre-school initiatives implemented and scaled up nationally for enhanced awareness and capacity on ECCE programming at all levels, with threefold increment in the registered number of preschool boys and girls, with a focus on the most vulnerable in UNICEF-supported woredas

**Progress:** Child-to-child (CtC) has been adopted as a major strategy to provide school readiness opportunities for disadvantaged children. During the reporting period, 30,000 copies of CtC materials were printed for the Tigray and Oromiya regions. Approximately 45,000 preschool-age girls and boys in target woredas were supported with packages of CtC materials in order to improve their school readiness. SNNPR, Somali, Amhara and Benishangul Gumuz regions have completed the translation and adaptation of the CtC materials into their respective local languages and regional contexts. These materials were validated by regional experts and are expected to benefit about 50,000 children in the coming year. Furthermore, the preparation of additional materials on health and nutrition is underway to enrich the CtC package.

A total of 97,360 children (49%) girls enrolled in both formal and non-formal school readiness programmes were supported during the year.

Training was conducted for 227,450 parents and caregivers on child care, parenting and early stimulation. A comprehensive integrated parental education training manual was developed to effectively implement parental education as a main pillar of the ECCE policy. A validation and consultation workshop on the parental education manual was organized for 35 experts from the education and health sectors. Approximately 2,610 education and health professionals were trained on parental education as trainers in Oromiya, Tigray, Benishangul Gumuz and SNNPR.

 On-track

**PCR 1410/A0/05/203 203** Girls and boys have equitable access in selected lagging woredas including in the DRS and those affected by emergencies; as well as they participate in and complete general education of high quality by 2015

**Progress:** A Case Study on Social Norms and Equity in Education was undertaken following the Out-of-School Children Study completed in 2012. The outcomes of these studies will help in advancing the equity agenda in education through alternative and flexible modalities of delivery and social protection measures.

The establishment of Alternative Basic Education Centres (ABECs) has been a strategy to provide education to children in remote and pastoralist areas. A total of 14,182 learners, of whom 4,965 (38%) were female, were able to access basic education through the establishment of 81 new ABECs and the 'Back/Go to School' campaigns and community dialogue. Construction of 39 new ABECs to benefit a total of 6,200 out-of-school children is underway in two regions. Educational materials were provided to 5,000 learners (2,250 girls) in 24 ABECs. Ninety-three ABECs in three regions were transformed into formal primary schools through the construction of additional classrooms accommodating the enrolment of 19,457 children (9,583 girls). Over 607 (219 female) ABE facilitators were trained in pedagogy and classroom management.

In Afar region, preliminary work towards the establishment of 24 pilot mobile ABEs was initiated. Price

escalation, high turnover of facilitators, low supportive supervision and inadequate teaching and learning materials are challenges in the provision of education in the ABECs.

With the objectives of improved management development and enhanced education service delivery, the implementation of the education DRS Joint Programme, although constrained, is ongoing in 22 target woredas in the four DRS regions.

Over 5,596 girls in primary and secondary schools in four regions were supported with packages of girls' education, and revolving funding was made available for families for income-generating activities, which, in turn, allowed for more disadvantaged girls to be enrolled and retained in school. The support has increased girls' enrolment, retention, and completion towards gender parity. A total of 4,496 girls benefited from tutorial classes in two regions to improve their academic performance.

WASH facilities were installed in 63 schools (49 in non DRS and 14 in DRS woredas), serving a total of 57,400 children (43.5% girls) making the learning spaces more child-friendly and conducive for learning, which will result in increased attendance, participation and better academic performance, especially for girls.

Despite two out of five IRs being constrained, overall performance is on course.

 On-track

**IR 1410/A0/05/203/001 203/001** By the end of 2015, cost-effective approaches and modalities of education service provision, including ABE, put in place for accelerated learning of out-of-school boys and girls in UNICEF-supported woredas in all the 11 regions

**Progress:** The out-of-school children's study completed in 2012 revealed that over 3 million children are still out of school due to poverty, the pastoralist mode of life, having to work for subsistence, sex discrimination, etc. A total of 81 new ABECs were established benefitting 14,182 learners, of whom 4,965 are girls. Construction of 39 new ABECs to benefit a total of 6,200 out-of-school children is underway in two regions (15 in Oromiya and 24 in Afar). Educational materials were provided for 5,000 children (2,250 girls) enrolled in 24 ABECs in SNNPR. Ninety-three ABECs (80 in Amhara, 3 in Tigray and 10 in Oromiya regions) are now transformed into formal primary schools through the construction of additional classrooms and latrines benefitting 19,457 children (9,583 girls). Over 607 (219 female) ABE facilitators were trained. Community dialogues have been conducted to create awareness on the benefit of education.

Regions have started developing context-specific strategies to provide opportunities to hard-to-reach children following evidence-based advocacy, and technical and financial support from UNICEF. For example, the Oromiya region is initiating the expansion and strengthening of formal and non-formal education through a multi-sectoral response as a result of experience-sharing visits to other African countries.

Work towards the development of 24 pilot mobile ABECs has been initiated in Afar region. Eighty-eight ABE facilitators (5% female) were trained on basic pedagogical principles and classroom management in the Afarigna language in Afar.

A total of 13 ABECs, enrolling 2,223 children (44% females), were transformed into formal primary schools in Tigray and Oromiya, a positive indication of the awareness of parents on the benefit of education and their willingness to send their children to the next, higher level to continue their education.

There is a funding gap to achieve the IR targets and to reach more than 3 million children who are out of school in the country.

 Constrained

**IR 1410/A0/05/203/002 203/002** Improved access to and use of quality basic education services in select woredas in DRS regions by 2015

**Progress:** Over 690 education personnel (8 Woreda Education Officers, 183 ABE facilitators, 159 members of school and the ABE centre management committee) were trained in school management and coordination, lesson planning, teaching methodology and report writing in the Somali and Benishangul Gumuz regions.

To increase girls' enrolment and participation, and improve retention, an awareness-creation workshop was conducted for 205 participants (27% females) on the importance of girls' education in Assosa woreda (Benishangul Gumuz), while Irkod woreda (Somali region) runs remedial classes for 300 girls who are OVC (orphans and other vulnerable children). HIV/AIDS, Life Skills and Mini-Media clubs are established under the School Improvement Programme (SIP) to increase the participation of 2,000 pastoralist children (60% female) in co-curricular activities.

In Somali Region, five ABECs expanded to improve access for an additional 350 out-of-school students (50% females) in the Gode and Erer woredas, while one primary school was rehabilitated in Jijiga to benefit 150 students.

Afar region conducted an assessment of the impact of capacity-building, awareness-raising, and SIP training in four DRS woredas: the primary GER increased from 59% to 69.15%; gender parity increased from 0.69 into 0.87 in the first cycle of primary school, with 0.61 recorded in the second cycle of primary school. The teacher-student ratio reached 1:36 in primary schools. The text book-student ratio became 1:2 at the primary school level in the four DRS woredas. However, the teacher-student ratio in the ABECs is 1:102 and that remains a challenge.

Detailed workplans have been developed by the four DRS regions. However, there are conceptual challenges that need to be addressed systematically if impact is to be assured. The major challenge for the DRS regions in general and the woredas in particular is the capacity gap, which requires a systemic/systematic approach and regular follow-up.



On-track

**IR 1410/A0/05/203/003 203/003** By the end of 2015, gender parity in terms of the Net Intake Rate (NIR) at the pre-primary, primary and general secondary educational levels is achieved in UNICEF-supported woredas in all the 11 regions

**Progress:** According to the EMIS 2010/11, the GER of girls at the general secondary level is as low as 34.7%. Over 65% of girls in Ethiopia who are of school age are not attending school. Only one-third of them are able to reach a secondary education, compared to 54% for boys. With the Education Sector Development Plan considering gender equity as one of the pillar focus areas, UNICEF's support has continued in the Country Programme 2012-2015, aiming gender equity in this sub-sector.

The MoE, with support from UNICEF, is revising and updating the national girls' education strategy. The strategy is expected to contribute to the evolution of systematic strategies for supporting girls' education, including targeting. A multi-sectoral scheme promoting income generating activities (IGAs) was developed to promote girls education whilst empowering families in the Gambella and Oromiya regions. Families benefitted from this scheme resulting in 1,008 girls (from Oromiya and Gambella) being able to continue their secondary education. The IGA project is a multi-sectoral and multi-institution collaboration.

During the reporting period, 5,596 girls in primary and secondary schools in target woredas in four regions were supported with selected packages of girls' education and access to a revolving fund for their families to be able to engage in income generating activities (IGAs). This, in turn, allowed for more girls to be sent to and retained in upper primary and lower secondary schools.

The improvement of girls' classroom achievement includes the promotion of child-friendly learning environments, the provision of essential educational materials, scholarships, tutorial classes and organizational and managerial capacity-building activities. Since the beginning of the 2012/13 academic year, 4,496 girls benefitted from the provision of tutorial classes in the Afar region and Addis Ababa.

Other achievements included the production of gender-sensitive books for gender-responsive pedagogy and school management, and the training of school clubs and government personnel in SNNPR from different sectors on gender-based violence and mitigation.

 Constrained

**IR 1410/A0/05/203/004 203/004** A total of 376 primary schools provided with full WASH packages by Woreda WASH Teams in 64 learning woredas and Dire Dawa.

**Progress:** UNICEF, in 2012, finalized the publication of the Design and Construction Manual for WASH Facilities in Primary Schools, which is seen as part of a broader school development plan. The designs set out in this manual are not prescriptive; instead, they serve as a well-informed guide that will help ensure appropriate and child-friendly facilities in schools.

Forty-nine schools are provided with a complete WASH package (the construction of a water supply system, separate block latrines, and hand washing facilities) out of the planned 76, for an achievement rate of 64%. The WASH package addresses improved access to safe drinking water and adequate sanitation facilities with hand washing in all schools. Interventions are intended to serve as an advocacy strategy with government and development partners to leverage resources for WASH in schools. Such resources are expected to improve girl's enrolment, retention and transition rates.

The implementation is constrained by a funding gap and significant effort will be required to fill the funding gap in the coming years and achieve planned results under this IR for the country programme.

 On-track

**IR 1410/A0/05/203/005 203/005** Seventy-four primary schools provided with the full WASH package by Woreda WASH Teams in 22 DRS woredas

**Progress:** The achievement in school WASH in DRS woredas is satisfactory in spite of the fact that there is a funding gap in this component of the WASH programme. The achievement rate of 93% (14 schools out of 15) being provided with a complete WASH package (the construction of a water supply system, separate block latrines, and hand washing facilities) is satisfactory. Implementation is constrained by the funding gap, however, and if the problem of the funding gap is resolved, it would not be difficult to achieve the planned results in the coming years.

 On-track

**PCR 1410/A0/05/204 204** Core learning competencies in primary education in lagging woredas, including the DRS, improved as defined by the National Curriculum Standards System and measured by the National Learning Assessment for Grade four by 2015

**Progress:** The 2007 National Learning Achievement (NLA) revealed that less than half of Grade 4 learners (40.9%) attained the pass mark of 50%. Subsequently, the 2010 Early Grade Reading Assessment (EGRA) reported that a quarter of Grade 2 students could not read a single word in their mother tongue in a paragraph. The Ethiopia Early Grade Basic Number Skills Assessment Report: Basic Numerical and Calculation Skills (MoE, 2010) revealed that one third of Grade 3 and 25% of Grade 4 learners had failed to attain the basic calculation skills required in everyday life.

In response to the NLA (MoE, 2007) and EGRA (USAID, 2010), UNICEF's interventions in this Programme Component Result (PCR) are a contribution to the Government's efforts, in collaboration with USAID, DFID and other development partners to attain the Education Sector Development Plan (ESDP IV) target of 70% of learners achieving a minimum of 50% on the National Learning Achievement (NLA) tests by 2015. UNICEF aims to model effective teaching, learning and assessment in 39 woredas in Addis Ababa and Amhara initially, with annual scale up to reach 142 woredas (including 22 DRS woredas) by 2015. The 'assessment for learning' approach has been introduced in Amhara, Addis Ababa and Harari, which use Amharic as a medium of instruction at the primary-school level.

The School Improvement Programme (SIP) is a national framework for institutionalizing the Child-Friendly Schools principles. UNICEF supports the implementation of SIP in all regions as a contribution to effective learning. In Afar, the child friendliness of schools has been improved through the rehabilitation of six schools, 10 ABECs and a girls' boarding school, which has benefitted 2,630 learners (50% girls), and by providing desks to two primary schools benefitting 351 learners (60% girls). In SNNPR, 230 Maths and Science Teachers have been trained on gender-responsive pedagogy, and resource books were produced for primary

schools. The development of resource materials supports the instruction at the primary level in different local languages in Afar, SNNPR, Benishangul Gumuz, Oromia, Harari and Tigray. Language development processes to improve language teaching and learning in Afar, Benishangul Gumuz and SNNPR will be initiated in 2013.

 On-track

**IR 1410/A0/05/204/001 204/001** By end of 2015, teachers, supervisors and other education personnel effectively use classroom-based assessment systems primary through first cycle of primary including ABE equivalent for an increased percentage of learners, girls and boys, demonstrating a mastery of MLCs at each grade level.

**Progress:** The National Learning Assessment (MoE, 2007) and the Early Grade Reading Assessment (USAID, 2010) revealed serious learning deficits among primary-school children across the country. This IR is UNICEF's contribution to Government's efforts, in collaboration with USAID, DFID and other development partners, to attain the ESDP IV target of 70% of learners in all grade levels scoring at least 50% in examinations and assessments of every subject by 2015. In the target woredas and schools, UNICEF aims to build teachers' capacities to effectively utilize 'assessment for learning' strategies to ensure the attainment of minimum learning competencies at the foundation level of education, that is, from pre-primary to Grade 4.

A core group of 125 teachers, cluster school supervisors and education experts (93 men and 32 women) have been trained to craft MLC-based tests and tasks. They will be further trained to be the ToTs that will roll out training to teachers. The tests and tasks cover literacy (Amharic and English), numeracy (Maths) and Life Skills (Environmental Science) for the first cycle of primary education (Grades 0 to 4) and the results will be recorded as the baseline competency levels of learners in 39 woredas (Amhara, Addis Ababa and Harari). When the baseline has been determined, the data will be consolidated to provide learner profiles, class and school profiles, and zonal, woreda and regional profiles. Thereafter, assessments for learning interventions will be systematically introduced to improve teachers' application of continuous assessment and their skills for promoting literacy, numeracy and life skills among first-cycle learners.

 On-track

**IR 1410/A0/05/204/002 204/002** By the end of 2014, national and international good practices in environmental education and climate change response implementation is documented, shared and scaled up

**Progress:** The Africa Adaptation Project (AAP) aimed to establish an integrated approach to Ethiopia's management of climate change opportunities and risks. The programme is managed through the Environment Protection Agency (EPA) and Ministry of Finance and Economic Development with primary collaborating agencies being ministries, state bureaus and targeted woreda administrations. Support is provided by UN agencies—UNDP, WFP and UNICEF.

Innovative Climate Change and Environmental Education (CCEE) was introduced through lessons and environmental clubs in 562 schools in seven regions. So far, 2,812 teachers (1,743 men and 1,069 women) have been trained and the CCEE Manual developed to support environmental science lessons and club activities. It has been printed in Amharic for distribution to schools in Addis Ababa and Amhara, and it has been adapted and translated into Somali.

A video showing good practices in environmental protection efforts by school communities was approved by AAP partners and is being broadcast in schools. Moreover, the systematic documentation of good practices was undertaken for jointly selected AAP action learning projects through a package of standardized narrative reports, brochures, and videos, which were shared with the media.

A gender-sensitive communication and knowledge management strategy for climate change has been developed through the leadership of EPA with AAP partners. A web-based knowledge management and sharing platform on climate change was developed and linked to the EPA's website. A capacity-building workshop on the management of the platform was conducted for the EPA team (federal- and regional-level focal persons).

In addition, data was collected from schools in four regions and a platform for sharing good practices on school-based activities and innovations on climate change and environmental education initiated as an

inseparable part of the overall communication package on CCEE (available at [www.ccee-ethiopia.org](http://www.ccee-ethiopia.org)) in Amharic and English.

Reference materials and an Information Management Guideline have been produced for journalists and media producers.

### PC 3 - Protective environment and disaster risk reduction

 On-track

**PCR 1410/A0/05/301 301 A child-friendly justice system realized in all regions**

**Progress:** In 2012, UNICEF entered into an agreement with the Federal Supreme Court, Ministry of Justice and the Human Rights Commission to establish and further strengthen the child justice system at the national and regional levels. The plan aims to create a child-sensitive justice system by enhancing the professional capacity of justice personnel and social workers and through establishing specialized units within courts and police. More importantly, the plan aims to put in place a standardized and coordinated system on legal aid and alternatives to detention for children in conflict with the law.

Strategic investments are made to scale up the establishment of special units within the judiciary and law enforcement organs and the placement of a social welfare workforce in all the police units in all regions. During the reporting period, interventions have been extended to four regions (SNNPR, Afar, Somali and Gambella), and six child protection units at police stations, six child-friendly benches and one community-based diversion programme at the woreda level were established to ensure that the deprivation of liberty is only be used as a measure of last resort or when the seriousness or special nature of the crime warrants it.

UNICEF's support to the relevant justice organs to establish diversion programmes is consistent with the goal of the Criminal Justice Policy to channel children in conflict with the law away from judicial proceedings through the development and implementation of a system that enables children to be dealt with by non-judicial bodies, thereby avoiding the negative effects of formal judicial proceedings. A partnership arrangement between the regional supreme court and the Forum for Sustainable Child Empowerment facilitated the establishment of a community-based diversion programme in Jijiga city in Somali region. The results realized include the development of a standardized rehabilitation model, and the strengthening of vocational and recreational programmes and case management. Preparatory work is ongoing to set up community-based diversion programmes in three regional states in partnership with the regional supreme courts of Amhara, Oromiya and SNNPR.

 On-track

**IR 1410/A0/05/301/001 301/001 The institutional and technical capacity of the justice organs and professionals increased to improve children's access to justice and the delivery of legal services**

**Progress:** As part of the expansion work towards a child-friendly justice system in all regions, child protection units and child-friendly benches are renovated and refurbished in six woredas (3 in SNNPR, 1 in Gambella, 1 Somali and 1 in Afar). Children in conflict with the law as well as children who are victims of violence in the six woredas are availed with specialized judicial proceedings at woreda courts and police stations. These specialized child-friendly adjudication and investigation arrangements are assisted by trained social workers and justice personnel. Child victims who are undergoing judicial processes are interviewed in special rooms assisted by an intermediary without facing the perpetrator directly. Likewise, child 'offenders' enjoy a unique court set up that will allow them to avoid intimidating experiences associated with investigation and adjudication processes.

Fifteen social workers were recruited and placed within the six child-friendly benches (child victims and child 'offenders' benches) and six Child Protection Units to provide counselling and assist during investigations and intervening processes. The strengthening of the technical capacity of these structures is envisaged to provide professionals working with children in contact with the law the skills and knowledge to prevent traumatizing experiences for children undergoing justice processes in the five woredas.

Other key interventions include the development of in-service and pre-service training packages for the judicial training centre and police university college targeting judges, prosecutors and police to build the skills of these professionals in order to improve the referral pathway for children in conflict with the law, minimize incarceration, as well as facilitate the rehabilitation and reintegration of children during the pre-trial, in-trial, and post-trial conviction stages. In particular, through the financial and technical assistance provided to the Addis Ababa Remand Home, children placed in the remand home post-conviction as well as pending trials have better access to rehabilitation and reintegration programmes.

 On-track

**IR 1410/A0/05/301/002** 301/002 Standardized system on legal aid and diversion in place at federal and regional levels to benefit children in contact with the law (\*)

**Progress:** There are legal provisions that affirm that children in contact with the law can have access to free legal aid as contained in the Constitution as well as in the Revised Criminal Code and Criminal Procedure Code. Despite this, the Ethiopian legal aid service, so far, is characterized by a lack of coordination, accountability, and poor standard setting and oversight systems. In response to this, the Ministry of Justice, the Federal Supreme Court, the Human Rights Commission and UNICEF have combined efforts to support the legal aid reform process at the national level including the establishment of a national legal aid steering committee and the development of a strategy and action plan. This is a key intervention that will enable children and women from poor households to have access to free legal aid.

With very limited community-based diversion programmes for children in contact with the law, UNICEF facilitated a public-private partnership for the establishment of a community-based diversion in Jijiga city, Somali region. The technical component of this programme was handled by a local NGO—the Forum for Sustainable Child Empowerment—through the development of a standardized rehabilitation model, the strengthening of vocational and recreational programmes, and case management. Likewise, preparatory work is ongoing to set up community-based diversion programmes in three regional states in partnership with the regional supreme courts of Amhara, Oromiya and SNNPR. This initiative creates the opportunity for children to be rehabilitated within their communities, thereby reducing the burden on the justice sector. More importantly, the diversion programmes will help children to be protected from the potential social and psychological impacts they may face as a result of going through formal justice processes.

 On-track

**PCR 1410/A0/05/302** 302 A child-focused social welfare system operational in all regions.

**Progress:** Social welfare services form a major pillar in the implementation of the Social Protection Policy of Ethiopia. Incremental contributions are made to strengthen the foundations of a child-focused social welfare system, including a social welfare workforce, a child well-being Management Information System (MIS), alternative childcare services, and coordinated community care structures.

The validated draft Social Protection Policy framework emphasizes the need for development, building human capital, breaking the intergenerational poverty cycle, and the reduction of inequalities. The draft covers child welfare services, psychosocial support, alternative care, elderly grants, disability services and other social issues.

As part of alternative childcare reform, significant results have been achieved by the MoWCYA to establish an interministerial technical committee that oversees the reform process with oversight from the office of the Prime Minister. The required tools for an accreditation system were developed and put into use; strategic partnerships between the secretariat of International family law (HcCH) in the Hague and the University of Western Cape, South Africa have been forged for these institutions to provide administrative and technical support to develop diligent and Hague-aligned processes for inter-country adoption; and there was a reduction on the reliance of institutional care in support of community-based alternative care and the strengthening of family-based care and the prevention of separations. An alternative care data system has been developed and is in use in five regions.

Two institutional contracts have been awarded to undertake assessments that will assist in identifying the existing categories of professional and para-professional social welfare workers, their numbers and the

coordination between them; geographic service delivery gaps; and technical skills gaps for social service workers. It is envisioned that the analysis will inform key stakeholders through human resources (HR) documents by providing definitions with functions and required skill sets for each category, as well as by providing valuable data on HR needs to adequately respond to children in need.

Coordination structures have been established that enhance information-sharing among stakeholders, providing technical inputs into the strategic documents and managing the risks of complex processes. Current coordination structures and mechanisms include the social welfare workforce task force, with the primary objective to support the Government of Ethiopia in its efforts to strengthen the social welfare system by providing a forum where technical expertise is shared and the coordination of efforts by the aforementioned actors are facilitated. Others include the National Highly Vulnerable Children Task Force, the Ethio-Alternative Care Network, and the child well-being management information system steering committee.

 On-track

**IR 1410/A0/05/302/001 302/001** Human resources strategy defined for the social welfare workforce, including the scope of practice and accreditation system (\*)

**Progress:** With the development of the Social Protection Policy and related strategy, there has been recognition that appropriate formal structures to deliver social welfare services are lacking. As a result, the Ministry of Labour and Social Affairs (MoLSA) has prioritized the strengthening of the social welfare workforce (SWWF).

UNICEF assisted MoLSA in formalizing the national SWWF task force, which serves as technical advisory group for development of a SWWF in Ethiopia. Chaired by MoLSA, the task force includes as members a diverse group of expert stakeholders providing technical and/or financial support to SWWF development initiatives in Ethiopia.

UNICEF is assisting MoLSA to conduct an assessment of HR needed for a SWWF to assist in implementing the Social Protection Policy. This assessment will identify existing categories of professional and para-professional social welfare workers; their numbers, responsibilities and coordination between them; structures; geographic service delivery gaps; and technical skills gaps. This assessment will be completed by April 2013.

UNICEF is working with MoLSA and the social welfare workforce working group to conduct an assessment of SWWF competencies and training curricula for different levels of social workers. This includes making recommendations for curricula strengthening. This assignment will be completed by the end of 2013.

The competitive bidding process for both assessments was completed in November 2012 and IntraHealth International was awarded both contracts. Inception reports are being developed and will be reviewed with MoLSA and the SWWF task force members before the commencement of implementation.

 On-track

**IR 1410/A0/05/302/002 302/002** Child well-being MIS including children in care and other registered groups of vulnerable children in place

**Progress:** There is a growing demand for evidence-based decision-making and attribution of child policies and social welfare and protection programmes on the well-being of children to demonstrate results for nationally supported programmes for children.

A strategy note on working together to establish and sustain a comprehensive, coordinated and effective Child Well-Being (CWB) Management Information System (MIS) in Ethiopia has been developed by UNICEF and validated by all relevant stakeholders for the following three purposes—to have a road map for the design, implementation and deployment processes of the CWB MIS; to outline roles and responsibilities; and to define the national-level process of the CWB MIS.

In order to build consensus among partners on the CWB MIS and establish mechanisms on the coordination of care, a partners meeting was organized in June in the Oromia region by MoWCYA in coordination with the national CWB MIS working group and 150 partners from key government ministries, agencies, regional and

federal parliament standing committee members for women, children and youth affairs, FSC, NGOs, UN organizations and donors. The meeting achieved the following objectives: common understanding on approaches, challenges and promising practices in planning, developing, and managing a national CWB MIS; effective coordination and mapping out of mechanisms among stakeholders to develop strategies and take actions that will strengthen programme implementation at all levels to support CWB MIS; and consensus and agreement on the parameters of the CWB MIS.

Terms of reference (TORs) have been developed by MoWCYA and validated by the CWB MIS Steering Committee for the recruitment of consultants to conduct a situation analysis of child-related data systems, and develop core indicators and a data management system.

 On-track

**IR 1410/A0/05/302/003** 003 Appropriate alternative care regulatory framework and social welfare services for children without parental and adequate operationalized.

**Progress:** The development of alternative care for children without parental care is led by MoWCYA and prioritizes quality domestic, family-based alternative care options for vulnerable children. Institutional care is considered as a temporary and last resort option. MoWCYA considers inter-country adoption (ICA) as a viable option if the subsidiarity principle of the Hague Convention on ICA is respected. To date, there is no point-in-time data on childcare institutions and institutionalized children. In order to obtain this point-in-time data, the MoWCYA is currently working with regional Bureaus of Women, Children and Youth Affairs (BoWCYAs) to conduct a national assessment of childcare institutions (including ICA transition homes). The MoWCYA is working to improve the standards of care in childcare institutions. Quality improvement includes ensuring that every child has an individualized childcare plan and access to family-based alternative care options.

In June/July 2012, the MoWCYA published minimum standards for ICA and institutional care. These minimum standards are currently forming the framework for the development of regulations for all childcare options within the scope of alternative childcare. UNICEF has worked with the MoWCYA and six regional bureaus with the highest numbers of children in institutional care to develop an alternative childcare database to ensure the electronic documentation of children's files and enable the tracking of children in institutional care from the moment of entry into the institutions through to family-based placement. Currently, a total of 4,185 (2,233 male and 1,952 female) children's files have been entered in the alternative care database.

In the past year, 1,529 children were de-institutionalized, of which 326 were reunified with their birth families or relatives, 272 children were placed in foster care, and 795 children were adopted by Ethiopian families. Efforts to develop alternative care for children without parental care are coordinated by the MoWCYA through the Ethio-Alternative Care Network and the National Highly Vulnerable Children Task Force.

 On-track

**IR 1410/A0/05/302/004** 302/004 Defined community care structures operationalized in 250 woredas (\*)

**Progress:** Community care structures or groups are at the forefront of efforts to address social protection issues in many parts of Ethiopia. The mobilization and strengthening of such grassroots structures has become a reflexive programming response in many settings, particularly in productive safety net-delineated areas. These structures are a vital means of mobilizing community-based efforts around the social welfare and social protection of poor and destitute members of the respective communities, as well as those who have "slipped" through the safety net of the extended family.

To facilitate the implementation of the National Social Protection Policy at the community level, several experiences in Ethiopia—including the Tigray Social Cash Transfer (SCT) pilot—have already shown that community care structures can play a very important role. Their roles include identification of beneficiaries, coordination of services, and the monitoring of the status of beneficiaries receiving social services.

In April 2012, a national consultation to identify strategies that strengthen locally owned community structures was organized by MoLSA with the participation of all federal and regional stakeholders. This meeting identified specific practices that are promising for strengthening the community care structures or

group initiatives and stimulated dialogue in identifying the critical resources and tools to scale up and sustain community care structures or groups. One outcome of this meeting was for MoLSA to lead the development of a framework that will enhance the work of practitioners in establishing and maintaining community care structures and to improve the coordination and provision of social welfare services for vulnerable groups.

The community care structures framework has been drafted by a consultant and reviewed by MoLSA. A national validation exercise will be held in the first quarter of 2013. The Framework for Community Care Structures will contribute to the coordination of care and the delivery of social services in 250 woredas.

 On-track

**IR 1410/A0/05/302/005 005 ERP** - Improved access to and use of quality child-focused social welfare services in selected woredas in DRS regions

**Progress:** In close partnership with the GoE, UNICEF is supporting the establishment and functioning of community care structures in DRS to contribute to the protection of vulnerable children in these communities. The development of child-focused social welfare services in DRS is now in progress and started with the establishment of community care structures in the Somali and Gambella regions. The purpose of these community care structures is to facilitate the delivery of child-focused social welfare and protection services.

In the Somali region, 160 community-based social workers were trained to facilitate the operations of the community care structures. In Afar, following a three-day orientation/training workshop conducted by the Afar BoWCYA for 40 participants from government offices (BoWCYA and Woreda Administration), four community care structures have been established in four woredas. Currently, MoLSA and MoE are developing a national social welfare workforce HR framework to guide the training and accreditation of different levels of social workers in the social welfare workforce (see 302/001).

 On-track

**PCR 1410/A0/05/303 303** Social protection system operationalised in all regions

**Progress:** Ethiopia does not have a comprehensive and integrated social protection system. Nonetheless, the country has an array of support mechanisms, programmes, action plans and interventions that serve a variety of social protection purposes. As a first step towards the establishment of national social protection, the Government of Ethiopia recognizes the need to develop a social protection system that aims to prioritize a set of interventions addressing vulnerabilities, as this will make a significant contribution to poverty reduction and will promote more productive livelihoods.

A functional national coordination structure—the National Social Protection Platform (NSSP) —has been established to coordinate all social protection issues and is jointly chaired by MoLSA and the Ministry of Agriculture. In collaboration and partnership with the NSSP partners, including UNICEF, the first National Social Protection Policy of Ethiopia was drafted and validated by key stakeholders in September 2012. This policy will be the main reference document to guide the social protection regulatory framework and the implementation of interventions.

Implementing the Social Protection Policy will require the establishment of a social protection system that will reduce vulnerability and poverty and promote more productive livelihoods. This is a long-term agenda that requires investments in social assistance (safety nets), social insurance, health insurance, livelihood and employment schemes (skills development and support to entrepreneurship and household enterprise development), and improving the coverage and quality of basic services, including social welfare services for people in especially difficult circumstances. In this regard, a Social Protection Strategy will be developed to guide the implementation of the Policy. This Strategy will include the development of social protection instruments that will be implemented in all regions.

One area of intervention in piloting the social protection instrument is the implementation of a predictable and non-contributory social cash transfer programme in the Tigray region, operational in two woredas and targeting vulnerable households with children and without labour. This programme is currently evaluated by external institutions—the Institute of Development Studies, University of Sussex, the International Food

Policy and Research Institute, Mekelle University, and the University of California. Support was provided by MoLSA and the regional administration, FAO, Irish Aid, Help Age International and UNICEF. The results of this evaluation of the Tigray social cash transfer programme will inform the scaling up and establishment of similar schemes in other two regions to be identified by the NSPP and endorsed by MoLSA.

 On-track

**IR 1410/A0/05/303/001 303/001** Development of a social protection policy and strategy at the federal and regional levels supported (\*)

**Progress:** The National Social Protection Platform (NSSP), chaired by the Ministry of Labour and Social Affairs (MoLSA) with secretariat support provided by UNICEF and with membership from the Ministries of Finance, Health, Education, and Women, Children and Youth Affairs; the National Social Security Agency; UNICEF; the World Bank; DFID; FAO; WFP; ILO; IGAD; SCF; CARE; REST; and HelpAge International, has seen the draft policy document taken through several phases in the course of the year. A final version was the subject of a validation workshop in October chaired by the MoLSA minister and the State Minister of Agriculture. It is now pending submission to the Council of Ministers by MoLSA. The policy was debated by University of Addis Ababa students in November; the debate was filmed for broadcasting on local television.

The year saw a study tour of core members of the NSPP to Tigray to observe the cash transfer pilot UNICEF is supporting with partial funding from HelpAge International, Irish Aid and FAO.

A team from the Economic Policy Research Institute (EPRI) South Africa were contracted to conduct a week-long orientation in Social Protection for 60 government officials and 30 UN officials. A delegation of senior MoLSA officials and other members of the national social welfare workforce visited South Africa in November to look at how social workers are deployed as part of their preparations for drafting a national strategy for social worker deployment.

A week-long training of 60 civil servants (including one member of the parliamentary social affairs standing committee) and 35 UN staff (of which 30 were with UNICEF) on the basics of social protection took place in August.

 On-track

**IR 1410/A0/05/303/002 303/002** A child-sensitive national social protection minimum package (instruments) implemented (\*)

**Progress:** The Social Protection Policy is in the process of finalization for submission to the council of ministers for approval. As one of the instruments of social protection, the social cash transfers programme is being piloted in the Tigray region with the aim of improving the livelihood of vulnerable groups. A three-year evaluation entitled Evaluation of the Social Cash Transfers Pilot Programme, Tigray Region, Ethiopia was underway, with draft a baseline survey just completed in November 2012. This evaluation will provide the necessary information needed to scale up the pilot to other regions.

No work has been done on service delivery since this is dependent upon an approved social protection policy and strategy.

 On-track

**IR 1410/A0/05/303/003 303/003** Public-private partnership strategy for delivering credit for vulnerable households defined (\*)

**Progress:** Women-focused economic strengthening programmes that are managed by Bureaus of Labour and Social Affairs (BoLSAs) and BoWCYAs are aimed at improving the livelihoods of destitute families caring for vulnerable children and contributing to one of the main pillar strategies of the national Growth and Transformation Plan (GTP); namely, the promotion of women and youth empowerment and equitable benefits.

To increase the efficiency of cash transfer and revolving loans programmes, the GoE has agreed to engage microfinance institutions (MFIs) in the funds disbursement and loans management and, in so doing, to devolve this responsibility from government bureaus previously managing these activities (BoLSAs and

BoWCYAs). During the steering committee meeting to review the findings of the Tigray SCT pilot baseline assessment, the importance of the engagement of MFIs was endorsed. Using experiences from Tigray and Gambella on public-private partnerships between BoLSAs/BoWCYAs/MFIs, UNICEF has developed a draft strategy for the establishment of a public-private partnership to help guide regional programmes to deliver credit to vulnerable households. The plan envisions a partnership between the BoLSAs/BoWCYAs and MFIs, with microfinance institutions taking on the financial management responsibilities while the BoLSAs and BoWCYAs focus on programmatic support, especially with regard to community engagement in beneficiary identification and day-to-day monitoring.

With the completion of the National Diagnostic Study for the Implementation of Access to Financial Services for Low-Income Women Households and Entrepreneurs in Ethiopia, UNICEF is currently working on finalizing the management response to the report addressing how to tackle the various issues identified in the report.

 On-track

#### **PCR 1410/A0/05/304 304** Birth registration system in place

**Progress:** Ethiopia has one of the lowest birth registration rates when compared to sub-Saharan countries in general, with a registration rate of children under age 5 at 6.6% (Ethiopia DHS, 2005). This is largely due to the absence of an appropriate law governing the establishment and operation of a formal birth registration system in Ethiopia. As a result, unconventional and uncoordinated practices are in place to register and issue birth certificates through health institutions, churches and municipalities.

The birth registration programme aims to revitalize a decentralized universal birth registration system as part of vital statistics in Ethiopia. It is envisaged that birth registration and certification as part of Registration of Vital Events will cover the entire country and will be in conformity with international standards for the registration and certification of the births of all children.

As an outcome of strong advocacy efforts by relevant government ministries such as the Ministry of Health and the Ministry of Women, Children and Youth Affairs, UNICEF and other key stakeholders from the `Every One Campaign`, Proclamation No. 760/2012 on the Registration of Vital Events and National ID was enacted by Parliament in July 2012. This legislation is necessary to create an accessible, comprehensive and compulsory registration system on the basis of which Ethiopians can affect the proper and timely registration of vital events.

Technical and financial assistance was provided to the Ministry of Justice, represented by the minister, and the Central Statistics Agency (CSA), represented by the CSA director, along with their technical experts, to participate in the 2nd Ministerial Meeting on Civil Registration, held in September 2012 in Durban, South Africa. One of the post-conference action points was to establish an interministerial task force comprised of the Ministry of Justice, the CSA, and the Ministries of Health, Information, and Education. UNICEF, UNFPA and the UN Economic Commission for Africa (UN ECA) are providing technical and financial assistance in the Registration of Vital Events (death, birth, marriage, divorce) reform process, starting with the development of a national strategy and plan of action.

Four mutually reinforcing strategies have been identified to operationalize the proclamation and these include: advocacy, awareness-raising and social mobilization of all persons to know about the existence of the proclamation; technical and management capacity-building of the structures that will implement the proclamation; service delivery for the Registration of Vital Events, and promoting partnerships for the Registration of Vital Events.

 On-track

#### **IR 1410/A0/05/304/001 304/001** The Civil Registration Act is enacted, with operational strategies and tools adopted by 2012

**Progress:** The delay in revitalizing birth registration has been largely due to the absence of a legal framework and systems that will support such a process. Although the Ethiopian Civil Code under Articles 47 to 153 sets out a detailed system for Civil Registration, these provisions have not entered into force because

Article 3361 of the same Code states that these rules will not become operational until the issuance of an order by the State. As no enforceable laws and institutionalized system exist, birth registration is an ad hoc and uncoordinated practice, with the issuance of certificates coming from health institutions, churches and municipalities. This system is not only irregular and inconsistent, only 6.6% of births of children are registered, which indicates that a minuscule proportion of children enjoy their right to birth registration.

As an outcome of strong advocacy efforts by various key stakeholders, the Proclamation No. 760/2012 on Registration of Vital Events, which includes death, marriage, divorce, inter-country adoption and National ID, was enacted by the Parliament in July 2012. This piece of legislation is necessary to lay the foundations for the revitalization of birth registration, it creates an accessible, comprehensive and compulsory registration system, and it allows for the timely registration of vital events.

The Ministry of Justice (MoJ) coordinates and leads the operationalization of the Proclamation component that deals with Registration of Vital Events. Considering the multi-sectoral nature of the civil registration system, the Ministry of Justice has set up an inter-agency task force comprised of the MoJ, the CSA, and the Ministries of Health, Information, and Education. This task force will oversee the implementation of activities involving the development of the national strategy and the setting up of coordination structures at the national and regional levels.

 On-track

**IR 1410/A0/05/304/002 304/002** A system for implementation, coordination and data management on birth registration in place at federal and regional levels (\*)

**Progress:** The attainment of this result involves the setting up of and maintenance of systems at all administrative levels that include the registration of births; the development of birth registration data collection tools and database management; and the training of personnel involved in birth registration systems.

Since the Proclamation was enacted in July 2012, an interministerial task force at the federal level has been established and short-term efforts by the task force are underway in four major areas. They are as follows:

1. The setting up of the national coordination structure on civil registration that will oversee the implementation of the Proclamation. The MoJ is hosting this structure and facilitates the involvement of all relevant stakeholders to be part of the process. The framework of the coordination mechanisms will be informed by the Regulations that are to be approved by the Council of Ministers.
2. The conducting of a national assessment of the situation of civil registration in order to identify gaps, opportunities and resource requirements for the operationalization of the civil registration Proclamation. UNICEF will work with the responsible government partners and facilitate the inclusion of UN agencies, such as UN ECA and UNFPA to provide the required technical and financial assistance for this programme. The development of TORs for the assessment is currently underway.
3. Informed by the findings of the assessment, a national strategy and plan of action is to be developed that will guide the establishment of the civil registration system in the country. In addition, the plan of action will incorporate a monitoring and evaluation framework;
4. Civil registration infrastructure will be established, together with the human resources requirement at both federal and regional levels to coordinate and lead the process of establishing civil registration offices in each region, as per the Proclamation.

 Constrained

**PCR 1410/A0/05/305 305** Violence against women and children (VAWC) prevented and mitigated

**Progress:** The Government of Ethiopia has declared its commitment to gender equality by stipulating the rights of women in the constitution (Article 35), by issuing the Women's Policy of Ethiopia, and by formulating the National Action Plan on Gender and Development (2006-2010). The Government also revised the Family Law in 2004 and the Criminal Code in 2005 to address issues linked to women's rights. More recently, the Growth and Transformation Plan—the five-year national development plan—and the Development Plan for Women and Children (2011-2028) have included specific commitments to reducing the prevalence of VAWC, especially harmful traditional practices (HTPs) such as FGM/C.

A National Coordinating Body (NCB) comprising relevant government ministries has been formed with the objective of ensuring integrated intervention in the form of VAWC prevention and response. There is work in progress to strengthen similar structures at the regional level in the Amhara, SNNPR and Somali regions. UNICEF supported the development and endorsement of the strategic and action plan document by providing a guiding framework for interventions addressing VAWC.

UNICEF supports the establishment of the first pilot One-Stop Centre in Ethiopia at the Gandhi Memorial Hospital, in Addis Ababa. At this centre, survivors of VAWC receive medical, legal and psychosocial services. Since its inauguration in May 2012, the centre has provided its services to child and women survivors numbering between 500 and 650. Considering the relatively high cost of setting up one-stop centres, a referral pathway linking the different service providers is being set up by UNICEF in the SNNPR, Amhara and Somali regions as an alternative model.

The establishment of a national hotline providing services to women and child survivors of violence is the other ongoing initiative in partnership with MoWCYA. Support has been provided to the MoJ towards setting up special investigation and sub-city prosecution teams at the federal level (based in Addis Ababa and Dire Dawa) that deal with cases of VAWC.

For the work at the community level, partners are exploring innovative ways to ensure that proper monitoring and reporting of incidences of violations regarding FGM/C and early marriage are taken up by community care structures. In addition, attention is paid to improving the management of data by law enforcement organs and the judiciary. A component in the existing Prosecution Information System of MoJ has incorporated data that deals with women and children.

 On-track

**IR 1410/A0/05/305/001 305/001** National Plans on VAWC, including HTPs, developed, updated and implemented

**Progress:** Harmful traditional practices (HTPs) are widely practiced in Ethiopia. Various national-level studies reported that there are over 80 types of HTPs practiced in the country [\[1\]](#). The types and prevalence of these practices vary among regions as well as within a region. The national prevalence of FGM/C is 74% (DHS 2005) and child marriage is 20.2%. Recognizing the challenges and the limitations to reducing the prevalence of HTPs, MoWCYA, in partnership with development partners, undertook the task to develop a national HTPs strategy as well as a detailed three-year action plan on FGM/C and child marriage. The draft strategy and plan document on preventing and reducing HTPs has been developed but needs to be validated by all relevant government and non-government stakeholders.

It is important to state that a national strategy and plan to address VAWC has been developed, but this undertaking focuses especially on reducing female genital mutilation/cutting and child marriage in all regions.

There have been coordination challenges and low absorption capacity of grants by government counterparts that are implementing this programme component, leading to the slow rate of progress made so far.

[\[1\]](#) EGLEDAM (two national-level surveys in 1997 and 2008)

 Constrained

**IR 1410/A0/05/305/002 305/002** A social mobilization and communication strategy for social norm change developed and rolled out (\*)

**Progress:** While the IR results include a wider scope of social norms, the focus at present is preventing/reducing FGM/C and early marriage. FGM/C is not only a social convention. It is also a social norm—a rule of behaviour that members of a community are expected to follow and are motivated to follow through a set of rewards and sanctions.

In this regard, a well-articulated social mobilization and communication strategy is required to support the process in reducing the prevalence of FGM/C and early marriage in Ethiopia. The programme communication

section is leading this process by engaging all relevant stakeholders in developing a communication strategy that will use all available appropriate platforms in the dissemination of well-targeted messages throughout the country.

UNICEF also supports community capacity enhancement through community dialogue sessions by training community dialogue facilitators in their communities, mostly in rural areas. In these communities, dialogue is an indigenous means of sharing important information and decisions that maintain societal integrity and well-being. The community dialogue facilitators are identified in the intervention districts from among religious leaders, clan leaders, circumcisers, legal bodies, health extension workers, youth and adults of both sexes.

The topics covered in the training are basic communication skills, reproductive health, HTPs under Ethiopian law, HIV/AIDS and HTPs, planning, implementing, monitoring and reporting. From field reports, results are achieved if the dialogues are managed with dedication and commitment that leads to community ownership, sustainability and the total abandonment of FGM/C and child marriage.

 Constrained

**IR 1410/A0/05/305/003 305/003** Interministerial national coordination mechanisms further strengthened and replicated in five regions

**Progress:** Recognizing the problem of coordination and informed by the experience-sharing visit made to South Africa with the support of UNICEF, the Ethiopian Government has established a National Coordinating Body (NCB) on VAWC with the objective of ensuring the integrated, multi-sector intervention to prevent and respond to violence against women and children. The NCB is composed of key governmental and non-governmental stakeholders with roles in the prevention, response and support services pertaining to violence against women and children in general and sexual assault in particular. The NCB has a Secretariat hosted by the Ministry of Justice to coordinate multi-sectoral efforts in the prevention and response to violence against women and children.

In March 2012, the final strategic and action plan documents guiding the coordinated intervention of relevant actors towards the adoption of effective prevention and response measures were endorsed by the NCB. These provided a guiding framework for the coordinated multi-sector programming and interventions addressing VAWC by all relevant stakeholders.

In three regional bureaus (in Amhara, SNNPR and Somali), work is in progress to strengthen the established regional coordination mechanisms by the Ministry of Justice. These coordination structures are currently facilitating dialogue and collaboration in the provision of services for victims of violence, sharing information and data on gaps, and identifying solutions that will increase service coverage. Following the establishment of the coordination bodies in the stated regions, it is expected that they will adapt the national strategy and action plan documents to the respective region's context and jointly coordinate the implementation of regional strategy and multi-sectoral interventions that include access to health care, legal aid, psychosocial support, prosecution of offenders, and long-term rehabilitation and reintegration support.

 On-track

**IR 1410/A0/05/305/004 305/004** Comprehensive response and support services available for victims of VAWC through the building of the capacity of government and NGO partners (\*)

**Progress:** Technical committees have been formed in the Dilla and Merawi towns of the SNNPR and Amhara regions to facilitate the establishment of referral pathways. The members of the technical committees are those from government bureaus who will engage in the provision of services to survivors. Renovation of the coordination bureaus is underway in both locations and the necessary equipment to set up the coordination offices has been procured. The memorandum of understanding and protocol guiding the functioning of the referral pathways and relevant formats are also being developed. Likewise, a similar committee will be established in Jijiga town for the purpose of setting up a referral pathway.

Preparatory work is underway towards the establishment of the second one-stop centre in Adama town. It is expected that renovation of the facility as well as the development of the necessary documents and forms guiding the operation of the centre will commence soon.

MoWYCA is aiming to secure a toll-free line and an office space for this purpose. The procurement of hotline and office equipment is underway. However, the implementation of this intervention is constrained due to the slow implementation rate of the counterpart, the Ministry of Women, Children and Youth. The setting up of special investigation and prosecution units in the SNNPR and Benshangul Gumuz regions is underway, for which the Ministry of Justice is providing guidance to the respective regional bureaus of justice.

 On-track

**PCR 1410/A0/05/306 306** HIV prevention services for marginalized children and adolescents achieved

**Progress:** UNICEF continues to support the development and strengthening of policy initiatives that reduce the prevalence of HIV among young people in Ethiopia. This is done in partnership with partners such as the Federal HIV/AIDS Prevention and Control Office, the Ministry of Health, higher education institutions, development partners and coordination structures within the UN system, and other platforms. A minimum HIV/AIDS intervention package for higher education institutions has been developed to ensure the provision of a standard HIV/Reproductive Health (RH) service for students. The package is currently implemented in 13 universities.

UNICEF, in collaboration with the federal disaster risk management and food security section of the Ministry of Agriculture, the Federal HIV/AIDS Prevention and Control Office (FHAPCO) and UN agencies (WFP, UNAIDS) as HIV and Emergency Task Force members, developed the minimum package for HIV and AIDS interventions in emergency settings in Ethiopia, which was launched on November 22/2012. The minimum package provides a framework for programming to assist humanitarian actors in integrating HIV into their response at different strategic levels (both before and after an emergency) to deliver a minimum set of HIV prevention, treatment, care and support services to people affected by humanitarian crises.

Recognizing the need for evidence and information, UNICEF has financially and technically supported the National Outcome of PMTCT and of HIV services and the reasons for low uptake in Ethiopia evaluation conducted by the Federal HIV/AIDS Prevention and Control Office in 2012. The preliminary findings from the report have been used as a baseline for the development of the PMTCT elimination plan 2013-2015.

In addition, 134,000 adolescents and youth have been reached with direct HIV/AIDS youth-friendly services, such as HIV prevention behavioural change interventions (peer education, life skills, and youth dialogue), HIV testing and counselling services, condom promotion, and care and support services for young people in need in 90 woredas. HIV prevention services increase knowledge of HIV prevention methods and safe sexual behaviour and practices, which ultimately reduces the risk of HIV infection among youth.

 On-track

**IR 1410/A0/05/306/001 306/001** Access to minimum youth-friendly HIV prevention and protection packages for marginalized/most-at-risk adolescents/youth in secondary and tertiary education institutions ensured (\*)

**Progress:** UNICEF has financially and technically supported its national partners (FHAPCO and the higher education institutions forum) in the development of minimum HIV/AIDS intervention prevention packages for marginalized/most-at-risk adolescents/youth in tertiary education. The minimum prevention package includes services such as voluntary counselling and testing, peer education, life skills, community conversation, condom promotion and the provision of information, education and communication (IEC) materials. The minimum package ensures the provision of standard HIV and RH services and is currently implemented in 13 universities.

In 90 selected woredas for HIV intervention, 134,000 adolescents and youth and 13,020 (daily labourers and OVC) have been reached with direct HIV/AIDS youth-friendly services such as HIV prevention behavioural change interventions (peer education, life skills, and youth dialogue), HIV testing and counselling services, condom promotion, and care and support services in line with the combination prevention strategy. Various communications for social change materials, such as the peer education manual (IEC/BCC) have been distributed to federal and regional implementing partners, including health institutions, high schools and universities.

 On-track

**IR 1410/A0/05/306/002 306/002** Support demand creation and social mobilization for the scale up of PMTCT

**Progress:** In line with the Ministry of Health Accelerated PMTCT plan for 2012, UNICEF has supported demand creation activities to enable health workers and health development armies to create demand for PMTCT services and increase knowledge about PMTCT services among pregnant women and their partners at the community level. This will also contribute to the national strategic planning for the Multi-Sectoral HIV/AIDS Prevention Plan 2010-2014/15.

During the reporting period, UNICEF provided TOT training for 297 health extension workers and women leaders, ensuring they have relevant information. The trained health extension workers and women leaders will play a great role in terms of reaching more young women at the community level so that they will have access to PMTCT information and services. Furthermore, as part of the demand creation, targeted messages have been developed, and panel discussions conducted on PMTCT and disseminated by both radio and television.

Similarly, UNICEF has financially and technically supported the Federal HIV/AIDS Prevention and Control Office on the five-year evaluation assessing the National Outcome of PMTCT and of HIV services and the reasons for low uptake in Ethiopia. The study has identified the key challenges of PMTCT at the community and facility level; the study is expected to be finalized by the end of the year.

 On-track

**IR 1410/A0/05/306/003 306/003** A child/adolescent/youth-focused strategic information system on HIV prevention in place

**Progress:** The Federal HIV/AIDS Prevention and Control Office has initiated a community information system for non-clinical programmes. UNICEF has technically and financially contributed towards these efforts and the community information system has been successfully piloted and preparations for full scale up are underway.

As part of its routine monitoring and evaluation activities, FHAPCO conducts joint supportive supervision and joint review meetings twice a year. This year, UNICEF supported the joint integrated supportive supervision midterm review meeting for all partners, held in Mekele, Tigray. Some key outputs of this meeting were: [1] ensure all sectors develop an HIV/AIDS workplace policy for mainstreaming HIV; [2] establish a system providing strong support by the federal and regional HAPCO for higher educational institutions; [3] strengthen access to peer education in higher education facilities; and [4] build the capacity of the health development army to engage in the implementation of the PMTCT plan. In light of this, UNICEF is contributing to the capacity-building for higher educational institutions and system-building (e.g., the community information system; the Minimum Package).

As part of the Joint Programme of UNICEF and UNFPA, a monitoring and evaluation framework—a log frame for the child/adolescent/youth-focused strategic information system—has been developed to monitor the Joint Programme's performance. The framework has been printed and distributed to the 25 operational woredas of the Joint Programme. The monitoring and evaluation framework on the rights-based approach to adolescent and youth development and HIV helped the implementers and the 25 woredas generate and use critical information on HIV prevention and young people for evidence-based decision-making and interventions.

 Constrained

**PCR 1410/A0/05/307 307** National youth development h development package supported

**Progress:** UNICEF continues to play an active role, working with GoE counterparts and other stakeholders at a more strategic level to revise the youth development policy (2004) and package of services for youth. Currently, an assessment on the implementation of the policy is underway to determine what issues need to be addressed. In line with the existing youth policy and package, two guidelines (an out-of-school girls' forum in a youth centre setting and national youth development programme mainstreaming) are in progress, incorporating economic empowerment and participation across the board. Furthermore, building on the

substantial systemic work that has been done at the federal level with MoWCYA, UNICEF and other development partners provided technical support to the National Steering Committee on Youth Volunteerism to develop an action plan for a voluntary service policy advocacy strategy. Additionally, the two evaluations mentioned below reveal that a strategy and implementation guide related to livelihood and economic opportunities is lacking, particularly regarding improvement in the well-being of disadvantaged groups of youth on a sustainable basis. To address this, in 2013, UNICEF will support MoWCYA to develop a youth livelihood guideline and establish a multi-sectoral task force comprised of government sectors, UN agencies, the private sector, financial institutions and NGOs to coordinate and facilitate the implementation of youth economic empowerment.

In 2012, the following results have been achieved: [1] 875 disadvantaged youth have benefited from livelihood training and the provision of revolving funding and have gained an awareness and understanding about loans, savings, payment systems and financial products; [2] 20,418 young people participated in youth dialogue, peer education, voluntary services, life skills, and youth sport leadership; and [3] youth service packages and the procurement of supplies were provided to 33 youth centres that had 38,480 young people participating.

The report of the Adolescent/Youth Programme Evaluation-UNICEF/MoWCYA (November 2012) points out that there is a lack of documentation across the board, which makes it difficult to track achievements in youth participation, economic empowerment and services provided in the youth centres. Taking this into consideration, and acknowledging the lack of youth-related data in terms of creating proper portfolios of youth centres and the participation of youth in skills development, vocational training and development endeavours, progress has been made through the preparation of TORs and an agreement with MoWCYA to incorporate the development of a national database and youth development index into the 2005 and 2006 AWPAs.

 Constrained

**IR 1410/A0/05/307/001 307/001** A youth livelihood promotion framework developed and vulnerable young people receive start-up capital (\*)

**Progress:** The GTP has set a target of seeing saving and credit facilities established by a cumulative total of 9 million young people by 2014/15. The contribution of UNICEF's youth livelihood programme is a small contribution to the GTP, but it significantly focuses on the most marginalized groups of youth within the population, as guided by the Adolescent/Youth Programme Evaluation-UNICEF/MoWCYA (November 2012) report. The 2012 National Diagnostic Study for the Implementation of Access to Financial Services for Low-Income Women Households and Entrepreneurs in Ethiopia points out that there is a low repayment record for livelihood/revolving loans. To improve the repayment rate and also undertake an economic strengthening intervention, UNICEF will support the development of a youth livelihood implementation guide by 2013.

The entrepreneurship training and revolving fund provision has enabled 875 (42% female) young people to acquire skills in seven regions and start their own income-generation activity. The content of the skills and entrepreneurship training focuses on business creation, marketing skills, basic accounting, and savings. Income-generating activities ranged from trading '*Gulit*' (small trading) to group businesses services. As a result of this intervention, a positive effect has been seen in the beneficiaries of school enrolment; there has been increased self-employment/skills development and change in the contribution of young people to household income.

While UNICEF continues to advocate at every level to reach the most marginalized groups of youth with economic strengthening to achieve greater results for vulnerable youth and adolescents in line with the principles of equity, the following constraints still remain. First, the interventions targeted mainly older young people aged 18-24 years. Consequently, linkages of this youth livelihood package with Technical and Vocational Education and Training (TVET) needs to be assessed and incorporated into the 2006. Second, interventions need to include the creation of networks or engagement with the private sector to provide internships and apprenticeships for youth.

 On-track

**IR 1410/A0/05/307/002 307/002** Adolescent/youth participation and volunteerism mainstreamed into national and regional plans and implemented (\*)

**Progress:** A national youth development programme mainstreaming guideline has been developed in collaboration with MoWCYA to incorporate economic empowerment and participation in all policies and strategies. An “out-of-school girls in a youth centre setting” guideline, to be used to empower vulnerable adolescent girls, is also in progress.

The Adolescent/Youth Programme Evaluation-UNICEF/MoWCYA (November 2012) report revealed that interventions like life skills, peer education, youth dialogue and volunteerism were highly relevant for increasing adolescent participation.

The promotion of adolescent participation through sports and play in youth centres, on community playgrounds and in schools continued and, subsequently, 116 coaches have led sessions twice a week for about 5,000 adolescents (46% females) in the course of a year. About 1,834 adolescents and youth aged from 15-24 years participated in life skills trainings and they later reached 18,340 youth by imparting knowledge critical to reducing HIV/AIDS, violence, abuse and exploitation. Furthermore, TOT trainings were carried out for 120 youth dialogue facilitators (Youth to Youth-Y2Y) in five regions. The approach uses two trained youth facilitators to reach at least 50-60 young people every two weeks for a period of six months. Thus far, 12,708 young people have talked openly to each other about the implications of major socioeconomic problems in their community and explored ways to tackle negative cultural norms and social values with relevant positive solutions.

With the coordination of MoWCYA, over 5,446 young people from universities and high schools in four regions took part in voluntary services during the summer of 2012. In addition to benefiting with regard to their personal growth, youth volunteers contributed to the development of their community through facilitating tree planting, sanitation, OVC support and activities aimed at HIV prevention. In addition, 35 young people were engaged in an internship programme ranging from 6-12 months in the SNNPR, Oromiya and Somali regions.

 On-track

**IR 1410/A0/05/307/003 307/003** Access to a standardized youth services package and system ensured (\*)

**Progress:** The 2012 evaluation report indicates that there is a growing demand in all regions, woredas, kebeles and communities across the country for youth centres since they serve as forums for youth to connect with one another through meetings, recreation, dialogue, play, and self-help peer groups. Moreover, young people who frequently visit youth centres are less likely to be engaged in antisocial behaviours such as addiction to Chat (Khat), and alcohol and drug use.

Since January 2012, access to youth centres has benefited 38,480 young people aged 12-24 years with services such as libraries, ICT, film showings, cafeterias, and recreational and sexual and reproductive health (SRH) services (25 young people per week). UNICEF, in collaboration with the Government and NGOs, has conducted trainings on youth client/customer service handling in youth centres for 125 partner representatives from 10 youth centres. This has enabled the trainees to better provide youth-friendly services (media, play, life skills, SRH and recreation). UNICEF, in collaboration with Right to Play (RTP), facilitated the formation of 10 girls’ clubs in youth centres in Addis Ababa and started promoting the participation of girls in issues which concern them.

To reduce barriers encountered by adolescents with disabilities, in Addis Ababa, Oromiya and Benishangul Gumuz, safe spaces were created in five youth centres and three community playgrounds for play and sport activities, which helped in reducing the experience of social exclusion and discrimination and created the same access to youth centres for disabled young people as that enjoyed by their non-disabled peers. Four multipurpose sports fields (safe spaces) were created in three regions and have benefited 2,300 disadvantaged young people from community youth centres and schools. In the implementation of the integrated/packaged youth centre activities with younger adolescents, lessons have been drawn in Addis

Ababa to link schools and youth centre spaces.

 On-track

**IR 1410/A0/05/307/004 307/004** Evidence-based adolescent/youth management information system (MIS)/database established and functional

**Progress:** Due to a lack of youth-related age and sex disaggregated data in the country, partly resulting from the nonexistence of a detailed and comprehensive youth programming-related monitoring and reporting system/capacity, inconsistent baseline data has been a challenge for programming for this age group (10-24). The creation of a youth MIS would greatly benefit and contribute towards a strong youth development index.

Discussions are ongoing with the Ministry of Women, Children and Youth Affairs on supplementing current MoWCYA endeavours to put together a women and youth database to include information on adolescents aged 10-19 years (sex- and age-segregated). Furthermore, MoWCYA and UNICEF have agreed on the need to not only have a system of documentation of activities being implemented by youth, but also to ensure that there is a national directory which includes capacity gaps, numbers and the distribution of youth-serving organizations. These activities are part of the ministry's approved EFY 2005 and 2006 AWP. The development of TORs on the youth MIS are in process and work is expected to begin in 2013.

 On-track

**PCR 1410/A0/05/308 308** Disaster Risk Reduction (DRR) and emergency response (including timely life-saving interventions during emergencies) respond to emergencies in Ethiopia by 2015, with particular focus on issues affecting women and children in the most vulnerable regions/districts

**Progress:** UNICEF continues to work with the Government and humanitarian partners to ensure that children have access to health, nutrition, education, water and sanitation and are protected during emergencies. UNICEF is the cluster lead for WASH and nutrition. UNICEF also co-leads the education cluster with Save the Children, co-leads the sexual and gender-based violence (SGBV) sub-cluster with UNFPA, and leads the child protection sub-cluster at the national level. The organization provided technical support on regional emergency preparedness and response plans for 2012 to regional government Disaster Prevention and Preparedness Bureaus in the Oromiya, Amhara, Tigray, SNNP, Afar, Somali and Gambella regions. During these planning sessions, UNICEF also provided training on DRR for the Government, UN agencies and NGO partners. Working closely with UNHCR and the Government, through the Administration for Refugees and Returnees Affairs, UNICEF continues to support the response to refugees from Somalia, Sudan and South Sudan, including by supporting 30,000 children to access primary education; nutrition interventions in Dollo Ado and Assosa camps; the provision of essential drugs for primary health care; the deployment of two mobile health and nutrition teams in Dollo Ado; and the tracing and reunification of separated and unaccompanied minors as well as strengthening child protection mechanisms the camps.

The nutrition sector focused on several capacity development opportunities around resilience-building, including Standardized Monitoring and Assessment in Relief and Transitions (SMART), nutrition cluster coordination, and DRR. Biannual nutrition surveys have continued to be supported since 2011, and by November they were being implemented in 22 woredas in five regions.

The UN Joint Programme to enhance public service delivery for accelerating development outcomes in Ethiopia's four Developing Regional States (DRS) has been designed specifically to support the accelerated development of the four DRS (Afar, Benishangul Gumuz, Gambella and Somali). The four regions represent a sizable portion of the most underdeveloped parts of Ethiopia, have low development indicators, and are prone to disasters. The Joint Programme, involving seven UN agencies (UNDP, UNCDF, UNICEF, WHO, FAO, WFP and UN Women) has three core components: [1] Building Capacity for Quality Local Governance, [2] Improving Delivery of Basic Social Services, and [3] Building Capacity for Environmentally Sustainable Livelihoods. UNICEF is the lead agency.

Engagement on DRR capacity development at a systemic level has been constrained. While a strategy note has been developed, and UNICEF is involved in various DRR discussions, the country office has recognized the need for more in-house capacity to engage in this area.

 On-track

**IR 1410/A0/05/308/001 308/001** Strengthened disaster response through emergency preparedness

**Progress:** Eight regional governments, (Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali, Tigray) were supported to develop and review their regional emergency preparedness and response plans (EPRPs). A total of 160 participants from the Government (74), UN agencies (40) and NGOs (46) took part in the EPRP planning process. In addition to leading the process, UNICEF provided training on humanitarian principles and key DRR/Disaster Risk Management (DRM) concepts. The Disaster Risk Management and Food Security Sector (DRMFSS) was supported to establish DRM technical working groups in three regions: Afar, Somali and Oromia. Led by DRMFSS and regional governments, partners were supported to prepare four contingency and response plans for disease outbreaks, floods and communal conflict in Somali, Amhara and Gambella regions.

UNICEF and UNHCR developed an Letter of Understanding (LoU) to define the partnership for the refugee response in Ethiopia, particularly regarding Dollo Ado. Implementation is ongoing. UNICEF contributed to six refugee influx contingency planning processes led by UNHCR and ARRA for the influx of Sudanese, South Sudanese, Eritrean and Somali refugees.

Two multi-agency national assessments to estimate the humanitarian needs in eight regions were undertaken across the country. UNICEF contributed technical and logistics support to the exercises.

Throughout the year, UNICEF participated in key humanitarian coordination forums including the humanitarian country team, DRR workshops, technical forums on resilience and emergency risk-informed programming and cluster meetings.

Constraints included the delayed enactment of a DRM policy.

 On-track

**IR 1410/A0/05/308/002 308/002** Populations build resilience and receive life- and livelihood-saving relief and recovery response to WASH emergencies in accordance with the Core Commitments for Children in Humanitarian Action (CCCs)

**Progress:** As a WASH cluster lead, UNICEF, in collaboration with NGOs and UN agencies, is working with the WASH sector offices at federal and regional levels in support of the Government for pre- and post-disaster response. The support is being provided through ensuring coordination among the humanitarian actors, with subsequent capacity-building for partners, stakeholders and the community and by providing direct support as a last resort. In 2012, parts of the country experienced drought due to the failure of seasonal rainfall/s. As a result, parts of the Somali, Oromiya, Afar and Tigray regions and pocket areas of Amhara and SNNPR faced water shortages. There were also areas that experienced flooding of varying magnitudes, particularly in the Gambella, Amhara, Somali and SNNPR regions. This flooding resulted in the displacement of people and damaged water supply schemes. Outbreaks of water-related diseases continue to be a challenge due to low access and the use of unprotected water sources, coupled with poor hygiene and sanitation practices. In addition, there are 46,237 internally displaced people in Moyale due to clan conflict between the Geri and Borena ethnic groups.

To avert the above mentioned types of human suffering, UNICEF implemented a wide range of life-saving interventions and provided safe water to 1,088,541 people through water-rationing operations, the distribution of household water treatment chemicals, rehabilitation/maintenance of non-functional water schemes, and by conducting hygiene promotion activities. UNICEF supported water trucking and provided water to 350,704 people for an average period of two months. Additionally, 290,500 people were provided with access to a safe water supply through the rehabilitation and/or expansion of 182 existing water sources, and the construction of 10 new water supply systems. Household water treatment chemicals, water containers, and body and laundry soaps were distributed to an estimated 447,337 people. Furthermore, about 3,059,508 people affected from drought, flood and acute watery diarrhoea (AWD) received critical hygiene messages and related information. There were AWD outbreaks in pockets of the Somali, Oromiya, Benishangul Gumuz and SNNPR regions, which were responded to.

 On-track

**IR 1410/A0/05/308/003 308/003** Populations build resilience and receive life- and livelihood-saving relief and recovery response to health emergencies in accordance with the CCCs

**Progress:** The main thrust of UNICEF emergency response in the Somali and Afar regions is the Mobile Health and Nutrition Teams (MHNTs). There are 28 teams supported by UNICEF with a further 20 NGO-run MHNTs supported with supplies. Through October 2012, more than 440,801 consultations had been provided, over two thirds of them being with women and children. Teams provided EPI, antenatal care (ANC), health promotion services and emergency referrals. In both regions, MHNTs are deployed to areas with the poorest health infrastructure and redeployed when crises emerge, for a timely response. An outbreak in April of acute watery diarrhoea (AWD) in a remote, insecure woreda of the Somali region, and the October flood in Gode, Sheygosh and Yocaal areas were managed by redeploying two MHNTs to strengthen the response. In the Somali region, a pilot of transitioning MHNTs from emergency response to resilience-building and the health system has started.

In addition, UNICEF has supported AWD outbreak responses in 11 woredas totalling 420 cases with six deaths recorded (2). UNICEF supported these limited outbreaks by providing technical assistance, logistical and medical supplies as well as operational costs for additional staff time for health and outreach workers. Early identification and response to AWD outbreaks combined with increased prevention activities has reduced the overall AWD burden in the country. Additional disease outbreaks include measles, meningitis, and dysentery. For measles outbreaks, with the exception of a large measles outbreak in the SNNP region, where a campaign was implemented reaching 547,000 children aged 6 months to 15 years, UNICEF has supported the case management of ill children. During the meningitis outbreak, timely vaccination response was not possible due to the non-availability of vaccines for the entire catchment area.

Finally, UNICEF has continued and deepened its support to refugee (Somali and Sudanese) health, particularly in the area of immunization. This has included purchasing additional vaccines and cold chain equipment for the national supply system, in support of requirements.

 On-track

**IR 1410/A0/05/308/004 308/004** Populations build resilience and receive life- and livelihood-saving relief and recovery response to education in emergencies in accordance with the CCCs

**Progress:** Some 238,000 children affected by disasters were supported by the education section in accordance with the CCCs. Out of these, 25,000 (14,000 male and 11,000 female) were refugee children. The psychosocial support, peace education, basic pedagogy and other learning engagements in the schools and friendly learning spaces built resilience to shocks and life-threatening situations. Assessments were carried out in the Moyale woreda and Liben zone of Somali, where UNICEF contributed in terms of financing. In the Meher and Belg assessments it was reported that 385,000 and 118,446 children, respectively, were affected by drought and associated hazards and were at risk of dropping out of school. UNICEF responded by supporting 213,000 children to continue with their education. The MoE requested the extension of RALS to cover all regions of Ethiopia except for SNNPR. RALS is completed in other regions.

Towards improving enrolment and quality of education in refugee camps, UNHCR and UNICEF jointly recruited an L-3 Education Specialist to technically support and coordinate the inputs of partners in the sector.

The 2012 EPRP document was developed and implemented in eight regions, helping children to continue with their education. A PCA with four implementing partners (Save the children, LWF, NRC) is ongoing for the construction of four schools in refugee camps and two schools in host communities by local contractors. Among the six schools, three are ready for use while the remaining three will be ready for use by the first quarter of next year.

Trainings were provided in eight rounds to 369 teachers and reached about 32,000 children in emergency-prone regions. Education cluster linkages with regional task forces were strengthened through development activities.

 On-track

**IR 1410/A0/05/308/005 308/005** The institutional capacity of child protection actors and the resilience of communities strengthened to prepare for and restore child protection systems in all emergencies in accordance with the CCCs

**Progress:** The interventions undertaken in child protection in emergencies are grounded upon building and strengthening child protection systems at the community level. This approach provides an opportunity to identify and respond to priority threats facing children, such as sexual violence against children and separations, and to work in a more structured way to protect all children rather than targeting individual groups.

The programme has made a significant contribution to the strengthening of child protection emergency systems in both refugee settings and in different communities within the country that are affected by drought in 34 woredas in the Oromiya, Somali and SNNPR regions.

The key areas of intervention to prevent and respond to violence, abuse and the exploitation of vulnerable children include the following: sub-cluster child protection and a gender-based violence coordination mechanism at the federal level, including Jijiga and Dollo Ado in the Somali region, have been established and are functional; prevention of the separation of children from their families and the provision of alternative care services for cases of children without parental care using the strengthened clan-based kinship system; the establishment of child protection committees through capacity-building of their membership and development and the mainstreaming of clear terms of reference to guide their operations; community care structures and the training of child protection committees to monitor, report and respond to cases of abuse, exploitation and violence against children in emergencies; and the provision of psychosocial support services to children in refugee settings and their caregivers.

From these interventions, more than 5,000 children in drought-affected woredas have received child protection services, including through the establishment of a case management system to provide alternative care services for over 4,500 separated and unaccompanied refugee children. A data collection and reporting system to track separated children was also established to ensure that a continuum of care is provided to separated children and those in need of care in refugee settings.

 On-track

**IR 1410/A0/05/308/006 308/006** Populations build resilience and receive life- and livelihood-saving relief and recovery response to nutrition emergencies in accordance with the CCCs - Nutrition Information, Early Warning System and Nutrition Cluster Coordination

**Progress:** Ethiopia is a diverse country with many agri-ecological zones prone to different shocks throughout the year. A key element of building resilience in Ethiopia includes providing support to early warning and response systems that are capable of monitoring the nutrition situation of children, alerting partners and coordinating effective emergency nutrition response.

In 2012, various training programmes were supported by UNICEF to build capacity around resilience. Over 600 government staff members from multiple sectors were trained on multi-sectoral early warning and nutrition data collection, nutrition database management, nutrition data analysis and report production, Standardized Monitoring and Assessment in Relief and Transitions (SMART), nutrition cluster coordination and Disaster Risk and Recovery (DRR).

The Emergency Nutrition Cluster Coordination Unit (ENCU) was supported by UNICEF to be engaged in nutrition information monitoring and response coordination. In 2012, monthly nutrition early warning bulletins were produced at the regional and federal levels from data collected in over 600 woredas. A new system of biannual nutrition surveys, started in November 2011, was also supported through the ENCU in order to monitor nutrition prevalence trends in sentinel woredas across six regions. In April, 15 woreda surveys in four regions were implemented by the Government, while by November, system implementation improved to 22 woredas in five regions. The survey data, when triangulated with other food security and early warning data, serves as the basis for nutrition responses.

The ENCU coordinated emergency nutrition response to areas of greatest need, with persistent food insecurity and shocks occurring in 2012. From February through November, three woreda priority rankings were released. For the most recent priority ranking carried out in October, 100% of 84 Priority 1 woredas were covered with an outpatient therapeutic programme (OTP), 92.8% with therapeutic feeding units (TFUs), and 70.2% with targeted supplementary feeding (TSF).

 On-track

**IR 1410/A0/05/308/007 308/007** Populations build resilience and receive life- and livelihood-saving relief and recovery response to nutrition emergencies in accordance with the CCCs - Community Management of Acute Malnutrition

**Progress:** The final draft of the Community Management of Acute Malnutrition (CMAM) evaluation report was presented in several forums including to the State Minister of Health. As a follow-up, UNICEF developed and presented to the Ethiopian Humanitarian Country Team a proposal for multi-year funding of the programme. The integration of the CMAM component into the ICCM supervision and monitoring tool has also been addressed, as has pre-service training to replace the HEWs that have left their positions. UNICEF recognized that one of the weaknesses in CMAM is weak supply and logistics management and this aspect will be addressed in 2013 with the objective of strengthening nutrition supply chain management, building national capacity and developing a transition strategy to enable full government management within the next two to three years.

A total of 229,888 severely malnourished children received effective treatment through CMAM from January to September 2012. It is projected that an additional 76,000\* children will be admitted for treatment from October to December 2012, for a total of 305,888\* severely malnourished children receiving treatment for the year of 2012. UNICEF supported CMAM with the provision of supplies, technical assistance to the Government, and monitoring (through UNICEF field staff and the deployment of sub-contracted CMAM monitors).

*Note: The strengthening of inpatient management of complicated cases of severe malnutrition is addressed under the IR 103/002 (IMNCI).*

\* Final data to be confirmed

 Constrained

**IR 1410/A0/05/308/008 008** Nutrition project support (CMAM and Nutrition Information in Crisis Situations—NCIS)

**Progress:** The annual project staff cost is estimated at USD 1,582,000 for 2012. This is 6% of the total allocated budget under IRs 308/006 and 308/007, which are also supported by the project staff under this IR.

The 6% of programmable funds was spent on staff salaries, travel, education and other staff-related costs. The Nutrition and Food Security (NFS) staff supported under this IR provided support for nutrition coordination and information systems/early warning (NCIS - 308/006) and emergency nutrition activities (308/007 - CMAM and EOS/CHDs) as part of UNICEF's CCCs, including resource mobilization, strengthening government partnerships and building the capacity of government counterparts. More specifically, staff support under NCIS (308/006) included the provision of technical assistance for nutrition situation monitoring and the strengthening of the capacity of nutrition information systems for early warning, such as through data collection, data analysis, report writing, field monitoring, and supportive supervision. Likewise, support was provided for emergency nutrition cluster coordination. This entailed technical support for coordinating NGO and government emergency nutrition responses, resource mobilization for partners, situation monitoring, the training of partners on cluster coordination, field monitoring, and supportive supervision. Support for the CMAM and EOS/CHD programme was for situation and supply monitoring, technical assistance for capacity strengthening on the management of child acute malnutrition, screening for malnutrition, and supportive supervision.

 Constrained

**IR 1410/A0/05/308/009 308/009** - Strengthened communication capacity for Disaster Risk Reduction and Emergency Preparedness and Response in disaster-affected populations in accordance with the CCCs

**Progress:** Emergency preparedness was strengthened in five regions through the pre-positioning of emergency-focused IEC materials, namely 21 megaphones, 2,800 AWD posters, 86,500 AWD brochures, and 81,500 AWD flyers in three different languages.

Support was provided for averting AWD outbreaks during seven targeted religious festivals identified as high risk through assistance to FMoH on the deployment of Audiovisual (AV) vans equipped with print and AV

materials on proper hygiene and sanitation practices. Efforts towards the institutionalization and sustainability of emergency communication in “hot spot woredas” in the four large regions of Ethiopia was furthered through negotiations and the drafting of an agreement with the Integrated Family Health Programme (IFHP) to institutionalize the facilitation of community mobilization and the deployment of AV vans for cross-sector emergency communication.

Support for emergency communication in Sudanese refugee camps was strengthened through the production and distribution of 13,000 posters and 26,000 brochures in English and Arabic on topics of health-seeking behaviour, hygiene, sanitation, immunization, malaria prevention, exclusive breastfeeding and complementary feeding. Capacity for planning and implementing emergency communication in refugee camps was strengthened through trainings delivered to 24 hygiene promoters and WASH officers in Benishangul Gumuz; 34 camp-based hygiene promoters in the Dollo Ado refugee camps; 24 WASH officers and hygiene promoters in the Somali region; and 28 WASH officers in Gambella. Efforts towards institutionalizing and building the sustainability of emergency communication in refugee camps was furthered through the drafting of an agreement with International Medical Corps (IMC) to coordinate the implementation of specific, strategic camp-based emergency communication interventions. This communication initiative is being undertaken within the framework of the Letter of Understanding between UNICEF and UNHCR.

C4D is not yet integrated as a specific and budgeted component in regional/woreda EPRPs. The planned strategic activity of supporting the development of a consolidated package of emergency communication materials in all languages and across all sector areas has not yet begun due to competing priorities.

 On-track

**PCR 1410/A0/05/309 309** The capacity of protection programmes of Ethiopia partners to effectively deliver protection programmes enhanced

**Progress:** With a new approach to building and strengthening Child Protection systems and the departure from vertical programming that is more focused on projects and activities, it is a requirement to have adequate and competent staff with the requisite skills to plan, manage and sustain this process. The programme provides technical assistance to strengthen the institutional capacity of counterparts and partners for the efficient delivery of child protection programmes. Adequate funds were mobilized to ensure remuneration for those recruited and others on-post. Out of a total of 29 positions in the section (17 Addis Ababa-based staff and 11 at field level) all were filled except five positions, including: a P5 Chief of Section, L3 Child Justice, L3 Child Protection Specialist (emergency), P2 M&E JPO, and an NO-B Amhara. It is anticipated that all vacant positions will be filled by the second quarter of 2013. In addition, the programme has contracted 11 (1 NOA, 2 NO-B, and 8 NO-C) highly qualified Ethiopian professionals who have been embedded within the structures of ministries and regional bureaus almost throughout the country.

In order to enhance the technical capacities of staff and counterparts, a total of 20 staff members attended both external and internal trainings. In this regard, the programme facilitated the travel of implementing partners for various study tours, high-level meetings and trainings in South Africa, Senegal, Togo and Kenya. In-country group training workshops were also held for both government counterparts and UNICEF staff, including child protection personnel, in the areas of social protection and communication for social change.

Of a total USD 13,944,847.00 received as the programmable amount for the period 2012, USD 1,931,871.00 has been utilized to cover the project support costs of the programme. In essence, less than 8% of total funds received have been used to cover staff-associated costs, such as salaries and training.

 Constrained

**IR 1410/A0/05/309/001 309/001** Increased demand and utilization of services and improved social norms related to protection

**Progress:** Based on formative research supported on issues related to the Social Cash Transfer pilot programme in Tigray, a draft communication strategy was developed and endorsed by Tigray authorities and stakeholders, and to initiate its implementation, funding support was provided to the Tigray Bureau of Social Affairs.

Towards institutionalizing a national youth media training as one strategy for behaviour change communication undertaken by youth as agents of change, a steering committee was established with representation from MoWCYA, Ethiopia Radio and TV, the Population Media Centre (PMC) and FMoE, resulting in endorsement of the proposed strategy. In support of its roll-out, an agreement was finalized with PMC for the coordination of curriculum development and training.

Progress for the development of strategic partnerships progressed with the drafting of an agreement with Save Your Generation, a national youth network that will assist in the preparation of a training manual and cascade training to institutionalize a mechanism for youth forum drama. Another agreement was drafted with the Ethiopia Inter-Faith Forum, incorporating five major faith-based groups that will facilitate community-based promotion and the development of BCC materials.

There is a need for MoWYCA leadership in coordinating the various strategic partnerships with CSOs. There is also high unmet demand for a number of communication strategies and interventions in relation to the PEP programme. In this context, programme areas/interventions include: Alternative Childcare (MoWCYA); Community Childcare Structures (MoLSA); the Social Workforce (MoLSA); Social Cash Transfer provisions (MoLSA), VAWC/HTPs (MoWCYA, under the joint Gender Programme); Child Justice (MoJ); Youth Development (MoWCYA); most at-risk adolescents (HAPCO); PMTCT (HAPCO); and birth registration (MoJ).

 On-track

**IR 1410/A0/05/309/002 309/002** Protective environment project support

**Progress:** The section received a total of USD 13,944,847.00 to support the implementation of child protection programmes in 2012. The total staff support budget is USD 2,441,596.08 both from Regular Resources (RR) and Other Resources (OR). The budget breakdown from funding sources is thus - RR: USD 373,841.08 and OR: USD 2,067,755.00 to cover staff costs spent on salaries, travel and staff development.

## PC 4 - Analysis, communication and participation

 On-track

**PCR 1410/A0/05/401 401** Policies on the rights of children and women developed and implemented in national and subnational programmes that articulate the claims and duties of boys, girls and women reflecting articles of the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) by 2015, and these are updated periodically on evidence generated from programme evaluations and assessments providing the latest available socioeconomic data and evaluations

**Progress:** For the first time in 19 years, the Government of Ethiopia, with support from the UN, issued an update of the situation of girls and boys, with chapters for each of the major sectors in which UNICEF works and with action points noted at the end of each chapter. To stimulate more dialogue based on the analysis, UNICEF is following up with TV documentaries and radio programmes. A number of national-level surveys providing data updates have been released (DHS, HICE, WMS). Several evaluations and studies have been completed in sectors that were not previously accustomed to evaluating their policies and strategies, and these are feeding back into national thinking about what is realistic with current investment plans (see the status update below). The year 2013 will see the evaluations edited and circulated on a wider basis than in the past to contribute to encouraging an evaluation culture.

The process of deciding whether the country really wants a children's act or a separate children's policy has progressed, as has the development of a federal children's rights committee. Progress is being made in developing more in-depth analysis of children's rights issues region-by-region. Inspired by the good reception received on the Investment in Boys and Girls report, the last quarter of 2012 saw several regional governments develop TORs for their own, more detailed regional situation analysis. These exercises aim to provide the foundation on which regional intersectoral children's rights committees will be built. There has been good progress on two key policies that, if backed-up by funded investment plans, will have an impact on children. the national social protection policy and the disaster risk management policy.

Progress has been slow on developing a joint UN capacity-building strategy for RBM, but this has not stopped the unilateral support UNICEF has been providing. The best progress has been seen in the development of more participatory district (woreda) plans. Progress was made in the 104 districts, including all 23 of the UN Joint Programme for the DRS. Plans have been drawn up based on a participatory process to determine how the UN funds should be used. A next step will be to work on more comprehensive plans that include all development resources in these regions and in the other districts where UNICEF is focusing its support in the nutrition, WASH and education sectors. Finally, a significant number of regional civil servants have also been trained in RBM principles this year.

 On-track

**IR 1410/A0/05/401/001 401/001** GoE and stakeholders have strengthened capacity to report, implement and follow up recommendations from international regional treaty bodies, councils and processes

**Progress:** MoWCYA submitted a combined 4th and 5th CRC report in May of 2012; it drew heavily from the Investment in Boys and Girls report and revealed major gaps in the monitoring of child protection issues. MoWCYA is disseminating the report to civil servants to raise awareness and to facilitate the integration of child rights issues in sectorial programmes. MoWCYA has also developed a child mainstreaming guideline aimed at civil servants in all sectors. With support from UNICEF and the African Child Policy Forum, MoWCYA finalized a draft legal review on children. A task force has now been established to do an in-depth analysis of some areas so as to enrich the review and support MoWCYA in its advocacy with the Council of Ministers for the introduction of a comprehensive children's bill. UNICEF supported MoWCYA to translate its draft child policy into English. The draft child policy has been submitted to the Council of Ministers and is in the queue for review by the council.

In an effort to strengthen the coordination and monitoring of children's rights, the role of national and regional CRC committees is being revised and revitalized to help them focus on more strategic issues. One hundred and twenty members of CRC committees, Bureaus of Women, Children and Youth Affairs as well as Bureaus of Labour and Social Affairs were trained to enable them to integrate child issues into their work. This work is challenged by a lack of action by MoWCYA management to push for reformed and active CRC committees.

Three regions are preparing to conduct a regional situation analysis on boys and girls to map equity gaps in the respective regions and agree on action points for implementation by sectors. More detailed regional situation analyses are now in their early stages in Addis Abeba, SNNPR, Oromiya, Afar, Somali, and Gambella.

 On-track

**IR 1410/A0/05/401/002 401/002** Support research and policy dialogue on the efficiency, effectiveness, impact and sustainability of sector actions working towards the accelerated realization of children's and women's rights

**Progress:** In 2012, a Situation Analysis of Boys and Girls in Ethiopia was launched, leading to an uptake in public dialogue in the country on progress towards realizing children's rights. Work started on radio and TV documentary versions of each chapter and on the Amharic translation.

The nascent child research-to-practice network encouraging discussion on child-relevant research and its links to policy improvements used to be hosted on UNICEF premises. In 2012, its home changed to MoWCYA. The monthly network events are now well attended by civil servants from that ministry, contributing to an atmosphere of basing actions in evidence.

Five evaluations were completed. In terms of contributing to the policy dialogue, the evaluation of economic empowerment is gaining the most traction; its findings have implications for how to manage microcredit targeting the poorest families. Nine surveys and studies were completed and the EDHS 2011 was launched. There are 24 evaluations and studies currently underway. The most notable new evaluation is the SCT pilot evaluation—a three-year evaluation with a baseline and case/reference method budgeted at around USD 900,000 that is being carried out in collaboration with the International Food Policy Research Institute (IFPRI), IDS, Mekele University, and FAO Rome.

New datasets (EDHS 2011, WMS 2011 and the Labour Force Survey 2011) were released this year and UNICEF supported the Central Statistical Office to upload them to the web-based EthioInfo system based on DevInfo; MoH routine data. USAID and UNICEF supported an EDHS in-depth analysis workshop with 22 officials from various ministries working together to produce six papers (Child Poverty; Child mortality; Unmet need for family planning; Components of Fertility; Causes of Stunting; and Women's Empowerment) to be ready early next year.

The Ethiopian Evaluation Association and the Statistics Association annual conferences were also supported, in combination with some training in M&E.

UNICEF worked jointly with UNDP to produce the MDG report 2012.

 Constrained

**IR 1410/A0/05/401/003** 401/003 National and subnational results-based monitoring and evaluation capacity and system to track GTP strengthened

**Progress:** In March 2012, the Ministry of Finance and Economic Development (MoFED) developed the first draft of the RBM capacity-building strategy note. In April, MoFED requested that the UN take up a joint approach towards RBM capacity-building and an RBM task force including UNDP, UNFPA, WFP and UNICEF was formed. The RBM strategy can be finalized only after capacity gap assessment and mapping are complete. TORs were drafted in January, but the selection process was pending as of the time of reporting. In the meantime, UNICEF has continued with the following approach.

About 100 regional officials received refresher RBM training in November and December. A total of 361 civil servants were trained on programme and financial management, with training on PIM included; nine Bureau of Finance and Economic Development (BoFED) review meetings, eight joint field monitoring trips, and monthly BoFED-led intersectoral programme meetings were held in nine regions; socioeconomic data was updated in six regions; updates of regional atlas and statistical abstracts were produced in five regions; some 100 partner staff had their skills in data management and analysis upgraded; and the UNDAF Action Plan M&E concept note and the results matrix were finalized by GoE and the UN M&E Thematic Working Group (TWG). The regional UNDAF Annual Review was organized in September.

Work started based on Integrated Community-Based Participatory Planning (ICBPP) principles to help with the development of more child-friendly woreda development plans in the convergent woredas (for details see IR 401/005).

 On-track

**IR 1410/A0/05/401/004** 004 Capacity for Gender Mainstreaming

**Progress:** As a result of the UN Joint Programme on Gender Equality and Women's Empowerment (GEWE JP), implemented since January 2011, the capacity of the Ministry of Women, Children and Youth Affairs (MoWCYA) to advocate for women's rights and support sectors to address gender equality through their respective programmes has improved. In 2012 MoWCYA published and disseminated gender audit and gender analysis manuals. A training manual on gender mainstreaming, gender analysis, gender audit and gender-sensitive monitoring and evaluation was validated in a stakeholders' workshop in November. MoWCYA plans to promote the use of the training resource within sectors to build their human resources capacity.

MoWCYA convenes a sector gender forum that brings together the gender department heads of government institutions to review achievements and challenges and strategize on future actions. UNICEF supported a forum discussion on the UN concluding observations on the 6th and 7th GoE report to CEDAW. The forum resulted in the development of a draft plan of action now in circulation before finalization and action.

Under the GEWE JP, over 6,000 women and girls benefited from tutorial classes, financial grants, participation in girls clubs and forums as well as scholarships for first and second degrees. The majority of the supported girls were promoted or have joined university. Efforts are underway to institutionalize these initiatives so that all women and girls are entitled to such opportunities.

The evaluations of microcredit programming targeted at vulnerable women and the evaluation of the abandonment of FGM/C using a community dialogue strategy were also outputs of the GEWP JP in 2012.

Phase one of the GEWP JP ended in mid-2012. It is expected to be succeeded by a second phase programme; planning was delayed for lack of consensus on some issues. The AWP for EFY 2005 and 2006 has been signed without an endorsed programme document.

 On-track

**IR 1410/A0/05/401/005 005 DRS Joint Programme - REPOM participatory planning linking kebele and woreda plans to the regional and sector plans in woredas is established and RBM implemented in DRS regions**

**Progress:** In 2012, Integrated Community-Based Participatory Planning (ICBPP) mobilized and trained 592 experts from regions, woredas and kebeles with a focus on the woredas included in the UN Joint Programme for the Developing Regional States. The 18-month AWPs for the UN DRS Joint Programme were prepared based on ICBPP. In addition, Oromiya, Amhara, Benishangul Gumuz, Afar, Somali, Gambella and SNNPR BoFEDs adjusted a prototype manual for their regions. Some 19,500 copies of the ICBPP field guide manuals were printed and distributed to 43 convergent woredas (469 kebeles in Oromiya and 513 in Amhara); the printing of 13,000 copies for the Gambella and Afar regions is underway.

Although a bottom-up approach as well as community ownership are embedded in the ICBPP concept, an evaluation of the Tigray ICBPP experience completed in 2012 found that use of the key principles was limited. In addition, the quality of the community development plans varied. Although this type of bottom-up community development approach takes time, there are unrealistic expectations about the time it takes to build ICBPP capacity. High turnover of woreda staff poses a key cost challenge. The good lesson learned from the experience of implementation of the ICBPP in Tigray could be the placement of strong building blocks for an efficient and effective expansion of the programme to other regions of the country. Slight differences that can occur from region to region in terms of commitment, functionality of local level institutions, and cultural differences are being considered as the roll-out continues.

 Constrained

**IR 1410/A0/05/401/006 401/006 REPOM - Project support**

**Progress:** The Regular Resources (RR) annual project support budget was USD 184,000, 8% of total RR allocated to REPOM; 99% had been used as of 26 November. The Other Resources (OR) allocation to REPOM was USD 1,594,622; USD 84,160 was spent on project support. Thus the total expenditure by REPOM for 2012 was USD 3,466,900 and the expenditure on project support was USD 289,140. This equates to 8.3% being expended on project support. These resources are used to cover the costs of staff salaries and travel costs as the staff interact with counterparts to develop strategies, prepare plans and review progress.

 Constrained

**PCR 1410/A0/05/402 402 Improved C4D capacity and participation - Institutions, mass media, community networks, families, women and children participate effectively in communication for development processes addressing behaviours, norms and actions to protect, promote and fulfil girls', boys' and women's rights**

**Progress:** Incremental progress has been achieved in securing government and CSO commitment, enhancing duty-bearer capacities and empowering claim-holders to more effectively utilize C4D. At the institutional level, advances were made in mainstreaming C4D through developing and incorporating communication strategies within broader national strategies. For the first time, C4D is incorporated as a consolidated component within the two-year workplans of six key federal ministries.

Similar progress was made in initiating a decentralized planning and coordination mechanism for C4D by securing the commitment of government planning bureaus in eight UNICEF-supported convergence regions to lead an ongoing C4D Forum with sector programme managers and proposed CSO implementing partners. Inception meetings were held and cross-sector integrated C4D implementation plans developed for all eight regions to facilitate more strategic approaches. A standardized competency-based C4D training package was developed to build the capacity of sector programme managers and service-providers at national and subnational levels. The package was pretested in two regions and roll out is to be started once the Lon-

Term Agreement has been established to undertake the training.

Groundwork was laid for a systems approach and intersectoral convergence strategy for C4D that can reach all societal levels—households, communities and facilities—at scale. Strategic long-term partnerships were negotiated with a wide range of CSOs that will work with the Government to facilitate a diverse mix of interpersonal and mass media channels. Long-Term Agreements were established and work began on developing multimedia, multi-language material packages for use in each platform across all priority programme areas.

With the commitment of universities in eight regions, endorsement from FMoE, and technical support from an international organization specializing in social change, a University C4D Consortium has been established to strengthen capacities for behavioural research. This is expected to inform evidence-based C4D approaches; support baseline data collection, monitoring and evaluation to measure behavioural and social change; document best practices; and support on-campus and outreach C4D interventions in university catchment areas.

MoWCYA needs further support in its coordination and oversight role for the new cross-sector C4D strategies in partnership with CSOs specializing in C4D. There is also need for a government ownership process and mechanism for systematizing and harmonizing ongoing cross-sector community dialogue in order to avoid the continuation of vertical fragmented sector approaches.

 Constrained

**IR 1410/A0/05/402/001 402/001** - Partnerships for integrated C4D strategies: Expanded partnerships and capacity development of Civil Society Organizations (CSOs) for implementation of integrated C4D strategies

**Progress:** At the federal level, technical support was provided across sectors for the development and incorporation of communication strategies within broader national strategies (i.e., Nutrition, PMTCT, Climate Change, and the Social Cash Transfer pilot).

At the regional level, a new cross-sector C4D Forum was established under the leadership of finance and planning bureaus resulting in integrated C4D implementation plans for all eight UNICEF-supported convergence regions. To equip government programme managers across sectors with skills in C4D, an Amharic C4D training package was developed and pretested in two regions.

Towards establishing a systems-based approach and intersectoral convergence strategy for C4D, strategic long-term partnerships were negotiated with several CSOs specializing in C4D to deliver a mix of C4D interventions across all societal levels. Work has begun on developing cross-sector, multimedia, multi-language material packages for use in each platform.

A University C4D Consortium was established to strengthen capacities for C4D situation analysis and behavioural research to inform evidence-based approaches, to support baseline data collection, and to measure the behaviour and social change impact of UNICEF-supported integrated C4D initiatives.

Engagement of the Ministry of Women, Children and Youth (MoWCYA) in its role as umbrella ministry for the critical cross-sector coordination of the C4D programme urgently needs to materialize to address delays in implementation and low expenditure rates.

 On-track

**IR 1410/A0/05/402/002 002** Community and media capacity in supporting participatory development processes strengthened.

**Progress:** Towards strengthening mass media platforms, an evaluation of the Health Extension Programme weekly Radio Serial Drama was conducted. Based on positive differences in the knowledge, attitudes and practices of listeners, the series is being expanded to incorporate cross-sector priorities and an interactive talk show component.

A partnership with Education Mass Media Centres (EMCs), which coordinate daily transmission to schools in

every region, was also established to develop a training package with multi-issue resource materials to guide production.

In partnership with FMoE, FMoH and Ethiopian Radio and Television, a new 20-minute edu-tainment magazine TV and radio series for children was initiated as a new platform for influencing behaviour change.

To empower children and youth as agents of change, a new joint FMoH-FMoE "Healthy School Initiative" has begun providing systematic capacity development support and monitoring for school club edu-tainment activities, community outreach, and an annual series of interschool festivals.

A partnership was negotiated with the "Save Your Generation" national youth network to develop and deliver a training curriculum to support capacity development for the systematization of Forum Drama as a strategy for youth-led behaviour and social change.

Towards institutionalizing children and youth media training, a multi-partner national steering committee was established, an assessment of School Mini-Media supported, and a CSO Partnership Agreement initiated to undertake youth media curriculum development and training. Media equipment and training was provided for over 50 schools and youth centres across all regions.

A manual for integrated community dialogue was drafted in preparation for piloting in the four Developing Regional States towards providing a model for mainstreaming the Human Rights-Based Approach to Programming.

The development of a strong, community-level Human Rights-Based Approach to Programming has not been possible due to vertical and fragmented sector approaches to community dialogue.

 On-track

## **IR 1410/A0/05/402/003 402/003 Project Support for C4D**

**Progress:** The project support budget for the C4D programme had been secured for the reporting period. The C4D team worked hand-in-hand with various sectors to set the groundwork for a systems approach and inter-sectorial convergence strategy that can reach all communities at different levels. The C4D team provided technical support across sectors for the development and incorporation of communication strategies within broader national strategies such as the National Nutrition Plan, Health Sector Development Plan, Sanitation Action Plan, WASH Implementation Framework, Community-Based Maternal and Newborn Child Health, Education Sector Development Plan, and Emergency Preparedness and Response Plan. Moreover, the team contributed to area programme support offices and emergency interventions.

The team provided cross-cutting technical support for all programme sections (WASH, Health, Nutrition, Protection, Education, and Emergencies) to strengthen the achievement of programme results, baseline data collection, media-related capacity development, and procurement.

The section coordinated and facilitated a five-day C4D training that has benefited different programme staff from Addis Ababa and regions.

## **PC 800 - Cross-sectoral costs**

 On-track

### **PCR 1410/A0/05/501 501 Management and support to the country programme are effective and efficient**

**Progress:** The office determined early on in 2012 that establishing the management priority areas should be completed by March. Therefore, a task force which reviewed the implementation of prior-year management plan activities recommended seven priority areas for 2012. The Country Management Team (CMT) endorsed the recommended priorities and the corresponding indicators that should be monitored as well as the frequency of monitoring throughout the year.

Programme management indicators were reviewed at the weekly Monday morning meetings and the monthly programme meetings as part of the regular monitoring of activity implementation and budget utilization. Emphasis was given to the timely liquidation of Direct Cash Transfers (DCTs), for which additional housekeeping meetings were organized with the regional team to review DCT status. An Standard Operating Procedure (SOP) is being prepared to strengthen the DCT monitoring system.

The operations management indicators were also reviewed during the weekly monitoring meetings and special topics were addressed, such as the timely completion of ePAS for the section. Specific meetings were also devoted to the midyear closure exercise, with particular emphasis on the completion of schedules, bank reconciliation, inventory programme supplies and reconciliation of the supplies record with the result of the count.

Six UNICEF National Committee visits were coordinated and often resulted in new financial commitments. The office also shared several press release/alerts with the media and key packages were disseminated globally.

 On-track

#### **IR 1410/A0/05/501/001 001 Governance and Systems**

**Progress:** Care was taken to ensure the participation of a wide range of staff members in governance and decision-making within the office. Various issues and standing topics were discussed in the management team meetings and the decisions disseminated to staff. Common staff-related issues were also discussed at the JCC.

UNICEF continued to play a leadership role in order to accelerate progress on implementing the harmonized approach to cash transfers (HACT) at the UN level. UNICEF was the chair of the UN Human Resources Working Group; co-chair of the UN Field Offices Working Group; and a member of the HACT Working Group. UNICEF also led some of the procurement activities, such as by contracting companies for micro-assessment exercises, and sharing long-term agreements (LTAs) and the revised orientation package with the other UN agencies.

 Constrained

#### **IR 1410/A0/05/501/002 002 Financial Resources and Stewardship**

**Progress:** Immediately after VISION SAP was rolled out, the office embarked on holding weekly Change Management Task Force meetings, first to educate staff on the performance of different modules and second to share the positive results of transactions that were successfully processed. Some training sessions were held with the regional subject matter experts (SMEs) and HQ on specific topics such as travel on behalf of the country and regional staff and also on various procedures related to DCT transactions.

A series of email messages were sent to staff explaining the functional roles assignment and its implication for transaction processing. A presentation and WebEx sessions were also held to familiarize staff with Approva and user provisioning systems. The requestors and local site administrators were also trained on their specific roles in VISA.

Subsequent to the release of the Use Access Management in VISION Transaction Management and the Segregation of Duties (SOD) conflict report, the office reviewed the assigned roles and cleaned up the database.

Challenges were noted in 2012 in the management of PPE, the segregation of duties, and some internal controls. These became apparent with the introduction of VISION and office strategy developed to resolve them. The internal audit of the country office recommended that the office strengthen its capacity in finance and administrative areas, particularly given the VISION and IPSAS requirements.

 On-track

#### **IR 1410/A0/05/501/003 003 Human Capacity**

**Progress:** Following the last two external and internal audits, both of which identified some areas to monitor

and improve, Human Resources (HR) has put in place monthly tools and indicators to monitor (recruitment timeline, Performance Evaluation Report completion, consultant contracts, etc.) and brief the CMT on these indicators on a monthly basis. From the second half of 2012, performance improvements have been noted, particularly in improving recruitment time within the global Key Performance Indicator (KPI) of 90 days. Efforts will continue in 2013 to improve the staff gender ratio in the country office and support to the field offices, two areas that continue to be challenging.

 On-track

#### **IR 1410/A0/05/501/004 004 External Relations and Internal Communication**

**Progress:** To set a strategic framework to guide Media and External Relations (MER) activities, knowledge management (KM) and One UN communication strategies are drafted by MER. Ongoing support was provided to the African Adaptation Programme communication strategy, KM strategy and journalist guide. Important strides were made with the setting up of nine social media system platforms for the Ethiopia country office (ECO). Training was coordinated in the areas of media/spokesperson duties for management, social media, and KM. A social responsibility partnership between ECO/Private Fundraising and Partnerships Division (PFP) and Ethiopian Airlines is being explored and managed by MER.

Visits were coordinated for the NatComs of the United Kingdom, the United States, Croatia, and Australia; representatives from the Netherlands (P&G) and Germany (Montblanc); the Regional Office; UN Executive Board; DSG; and donors including CIDA and Japan; which often resulted in new financial commitments. (Inter) national video/photo missions were supported including from: DCOF, TV Brazil, MDG Spain, APR, EU, Germany, UN, Japan and REACH, in addition to 'internal' audiovisual requests. Close to 40 press release/alerts were shared with the media; 30+ media interviews for (inter)national TV, radio, print and the Internet were facilitated. Key packages were disseminated globally, including those on: 'A Promise Renewed', Rio+20, CMAM, the Elimination of Mother-to-Child Transmission (of HIV), DRR and HoA.

MER provided support to the UN/UN Communications Group (UNCG) and government partners on capacity development, coordination and participation, including through strategy development, exhibitions, One UN branding, the Great Ethiopia Run, UN Week, observance of key days and events, and child forums. DHS and SitAn communication activities have been given support with regard to communication strategy development and implementation around the report launches and audiovisual productions. Support was provided for editing feature stories, sourcing photographic material in support of donor requirements, speeches, branding, and the distribution of visibility items, including for print.

ECO briefing materials included Q&A's, Fast Facts, and key messages. The intranet and Internet were revamped in line with the new Country Programme. The EthioIcon home page and MER page were regularly updated. A major revamping of the office's Internet presence has been pending due to the fact that RedDot Version 2 has not yet been provided to ECO by HQ.

 On-track

#### **IR 1410/A0/05/501/005 005 Internal Planning and Monitoring**

**Progress:** This year, the focus of internal planning and monitoring was to establish and strengthen strategies of implementation and monitoring of the Country Programme (2012-2015). The planning outline was entered into VISION in line with the approved Country Programme Document (CPD). The linkage between the UNICEF and UNDAF results was established to facilitate joint implementation and monitoring. Annual Work Plans (AWPs) were prepared and signed by government and UN partners at the regional and federal levels for 252 regular programmes and four Developing Regional States programmes for the first two years of the CPD. Agreements were signed with NGOs and CSOs to implement 27 Programme Cooperation Agreements (PCAs).

Programme management indicators were reviewed at the weekly meetings and the monthly programme meetings as part of the regular monitoring of activity implementation and budget utilization. Emphasis was given to the timely liquidation of DCTs, for which additional meetings were organized with the regional team to review DCT status. An SOP was prepared to strengthen DCT monitoring. Implementation of HACT was

constrained due to the lack of a joint UN position and internal capacity issues. This will be a major priority in 2013, as will the systematic linkage of financial liquidation to programme results.

Reporting and review tools were prepared for the Country Programme. There were delays in quarterly report submission from the federal level, Addis Ababa, Dire Dawa and Harari, in response to which a management decision was taken to assign a focal person in the Emergency and Field Operations section for Dire Dawa and Harari. Efforts are in place to finalize the draft bottleneck analysis and the strategy notes to reinforce MoRES.

A total of 130 donor reports were prepared; 117 of which were submitted on a timely basis. To further enhance donor partnerships and maximise funding, a fundraising strategy for 2012-2015 was developed.

### Effective Governance Structure

The Country Management Team (CMT) continues to be the central statutory committee and management body for advice to the Representative on policies, strategies, programme implementation, management and performance. It also acts as the decision-making organ of the office. The CMT met twelve times with the key aim of keeping all resources focused on the key results of the new Country Programme 2012-2015.

The CMT meetings were well attended and ensured that the ECO team works together towards a common mission, i.e., to deliver results for the children. This forum reviewed alerts on key management indicators, including outstanding cash advances, bank optimization, ePAS and recruitment status, expiring grants, donor reports, and stock movement from the warehouse.

The office has a number of statutory and non-statutory committees, task forces and working groups with assigned chairs, vice-chairs and secretariats for each group; detailed Terms of Reference defining their respective roles and responsibilities; and calendars of meetings. Minutes of the meetings held are circulated among members by email. Through these forums, programmatic and management performance indicators are regularly reviewed.

The Contracts Review Committee (CRC) met 32 times and reviewed 85 new submissions that included 29 amendments and resubmissions for supplies and services. The PCA Review Committee met 25 times and reviewed 31 PCAs; 9 are under review, 22 were signed. In addition to the requisite committees, in March the office established an audit task force to review critical work processes, monitor the implementation of audit and peer review recommendations and report on the progress to the CMT. To include a focus on risk management, the Audit Task Force membership and terms of reference have been revised to include risk management. The office has 43 specific standard operating procedures to guide work practices.

The Table of Authority (ToA), incorporating delegated financial control authorities from the Representative to staff, was updated in July 2012. The ToA will be further refined and updated in line with the Comptroller's instructions issued in November 2012.

### Strategic Risk Management

Throughout 2012, the office continued to build on the existing risk mitigation strategies, focusing on updating the overall office country risk profile. The CMT requested that technical staff members, together with counterparts, document key programmatic risk areas in a specific section of the programme strategy notes. Programmatic risk assessment has been completed for most programmes. Some programmes (e.g., Child Protection and RBM capacity-building) are preparing a joint strategy with the Government that includes elements of risk management.

The office started a risk and control self-assessment (RCSA) exercise to assess the effectiveness of existing controls to mitigate risks. This exercise will involve a thorough review of programmatic and operational risks, taking into consideration the changing environment and new Country Programme. The exercise is expected to be completed by the end of January 2013.

Since 2007, UNICEF has been supporting the decentralized Emergency Preparedness and Response Plan (EPRP) process that is increasingly being led by regional governments in the Somali, Gambella, Benishangul Gumuz, Afar, Tigray, Amhara, Oromia and SNNP regions. This EPRP is based on multi-hazard, multi-sectoral and multi-partner trend analysis, early warning information, and assessment results. Key preparedness and response activities are incorporated in partners' annual workplans. Additionally, UNICEF engaged in dialogue with the national Government to anchor the regional EPRP process into the upcoming national DRM policy and/or other related national frameworks. The regional EPRPs have reduced the risk of a delay in responding to humanitarian situations in Ethiopia.

The Early Warning Early Action ECO web-based portal—a single platform for UNICEF's emergency preparedness—was updated twice in 2012. The information uploaded to the Early Warning Early Action portal is based on the emergency risk exposure assessment of Ethiopia and the consequent level of readiness to respond.

Throughout the year, ECO maintained a minimum readiness level to respond to the emergency needs of 100,000 people within 72 hours in Ethiopia. The supply pre-positioning strategy was revised in November 2012. In addition to Addis Ababa, Gode, Jijiga, Gambella and Mekele pre-positioning hubs, additional hubs for life-saving emergency response for refugees were established in Dolo Ado and Assosa for 10,000 people (5,000 people for each hub).

Three staff members from ECO participated in an Eastern and Southern Africa Regional Office (ESARO)-organized Emergency Risk Informed Programming (ERIP) TOT training. The ERIP will be rolled out in ECO at the beginning of 2013.

In 2012, UNICEF ECO received humanitarian funding of USD 39,875,062, which is 68 per cent of the requested USD 58,339,000 required to respond to the needs of children and women affected by various humanitarian situations in 2012.

The office conducted a thorough review of business continuity procedures. To achieve this, a business continuity plan (BCP) simulation exercise was conducted with a focus on operations. The BCP was totally revamped to ensure the practicality and applicability of disaster preparedness procedures. The simulation exercise highlighted the need to conduct regular exercises focusing on the impact of disasters on business continuity aspects that could affect programmatic response.

## Evaluation

The reorganization of accountabilities for evaluation in 2010/11 is leading to a richer output in 2012 than in previous years. The management of evaluations is based on a standard operating procedure agreed to in 2010, which delegates responsibility for reviewing the evaluation plans for each programme to the research and policy advocacy committee, which liaises with MoFED on final decisions for evaluations.

In 2012 the IMEP was updated three times. Evaluation management responses are prepared by the specific evaluation steering committees; and when finally agreed upon, those actions of relevance to UNICEF are reviewed by the CMT and progress is reviewed at intervals thereafter.

Preparing for the current crop of evaluations in the Child Protection sector highlighted the need for clearer programme strategies in this area. Thus the evaluation TORs drafting process became the time when the de facto strategy description was clarified in writing. This, together with the results of the October 2010 Control and Risk Self-Assessment exercise, led to the CMT developing strategy notes that would include evaluation plans. Having a clear strategy described at the beginning of a programme period, including a description of the evaluation plan and work to lay down baselines in some cases, thus serves as good preparation for evaluations that will be completed in the 2013-2015 period.

The year saw the completion of evaluations of support for integrated community-based participatory planning, microcredit targeted at vulnerable women, the adolescent development programme (2007-2011),

the strategy that aims to encourage the abandonment of FGM/C, an evaluation of the community management of acute malnutrition, and an evaluation of the UNV deployment strategy, which served as an exit strategy. Evaluations of the two UN joint programmes in gender equality and empowerment and the integrated programme in the developing regional states are being prepared. Baselines have been put in place for the evaluation of the social cash transfer programme and for the education quality improvement pilot. Plans are being prepared for a baseline for the evaluation of the community-based nutrition programme.

On building national capacity for evaluation, it is MoFED policy that all evaluations include the presence of national research firms. UNICEF aims to support such firms with international partnerships in most cases. UNICEF also supports the National Evaluation Association and the National Statistical Association by supporting their annual conferences. In 2013, UNICEF aims to help them publish their first ever peer reviewed journal by contributing articles based on the current crop of evaluations of UNICEF-supported programmes.

### Effective Use of Information and Communication Technology

The focus of ICT activities for 2012 was to secure an adequate level of connectivity for VISION implementation as an office priority. The office implemented several innovative activities, such as load balancing aiming to improve the resilience of the UNICEF network, especially in the field. The ICT Section was fully engaged in negotiations with the single telecommunications provider in the country to enhance and upgrade connectivity. For the first time, the field offices in the Gambella, Semera, Somali, Tigray and SNNPR regions received a fibre optic connection with a failover option using an Asymmetric Digital Subscriber Line (ADSL). This effort was accompanied by the establishment of an automated network monitoring system that alerts and reports network performance. Given the peculiar connectivity situation, a dedicated VPN hub was also established for Ethiopia to support staff in the field so that they have direct remote access to the office without having to go through the international internet gateway, which often breaks down.

In terms of ICT governance, several procedures for ICT change management were implemented with the aim of establishing a controlled and predictable ICT environment that will further improve the resilience of the UNICEF network.

With the introduction of VISION, there was a need to improve the existing help desk procedures for faster response to business needs and issues. The Service Level Agreement (SLA) for the provision of ICT services was developed and discussed during the ICT workshop and several metrics were developed to measure the performance of the ICT Help Desk. The number of local help desk calls increased two fold in 2012 compared to 2011, and it was reported that help desk performance and response time has improved.

The ICT Section was also engaged in the design and review of ICT-related programme activities. As a result, it has been providing all the necessary support to programme activities, mainly in relation to VISION business issues, and designing and reviewing the specification of ICT-related Requests for Proposal for Services (RFPs) and consultancy contracts. To this end, it is continuously working with programme sections to look into new possibilities of broadening the scope of ICT's involvement in programme activities. The office also received valuable guidance from Regional ICT and will continue working to investigate further possibilities for expansion, including the development of a T4D strategy.

In terms of preparedness, the office planned and successfully executed a BCP review exercise and simulation. The findings and observations of the exercise were used to convert the business continuity plan into a more practical and robust document. Based on the newly identified mitigation strategies, additional equipment for installation in the BCP location was procured for implementation in the first quarter of 2013.

## Fundraising and Donor Relations

In 2012, with the beginning of the Country Programme (CP) 2012-2015, UNICEF Ethiopia aimed at a yearly fundraising target of USD 165.1 million, including USD 40.1 million in RR and USD 125 million in OR/ORE. The office started a more systematic, strategic shift to mobilize multi-year, predictable resources in support of the identified office priorities: the Newborn Initiative; the Nutrition/SUN Initiative; Early Childhood, Education, and Social Protection; Child Protection and Justice for Children; and Water Sanitation and Hygiene. To support this effort, a Resource Mobilization Task Force (RMTF), chaired by the Representative, was formed in September and held its first quarterly meeting in October. A Resource Mobilization Strategy for the CP 2012-2015 was drafted. UNICEF also continued to support fundraising efforts related to the three UN Joint Programmes (JPs), namely the Maternal and Neonatal Health JP, the Gender JP and the Development Regional States (DRS) JP.

In 2012, UNICEF had USD 142.6 million OR/ORE available for programmes, including USD 52.3 million carried over from the previous country programme and USD 90.3 million (72 per cent of the target) mobilized during the year. A total of USD 38.9 million of the USD 58.3 million listed in the 2012 Humanitarian Action for Children (HAC) appeal was received.

Utilization of funds and the quality and timeliness of donor reports were monitored at weekly meetings, as well as at the CMT and at the Programme Management meetings. A three-month donor reporting forecast—including human interest stories and other visibility requirements—was reviewed monthly for the advanced preparation of reports and to alert the CMT of any critical issue requiring immediate action. A two to three-month forecast of expiring grants was reviewed on a weekly basis to ensure the timely utilization of funds or the timely submission of extension requests. All electronic documents pertaining to contributions have continued to be filed in the office shared drive so as to facilitate access and reference. A hard copies archive also continued to be maintained.

Two Reports Officers and the Deputy Representative review all donor reports for quality assurance before submission. In 2012, UNICEF submitted a total of 130 donor reports directly to donors and through headquarters. Thirteen of the reports were submitted late (10 per cent) while three reports were submitted in advance. Nine of the late submissions occurred during the first semester, five of these were due to challenges with the issuing and confirmation of financial implementation due to UNICEF's migration to the new enterprise system, VISION.

To set a strategic framework to guide media and external relations activities, including support to fundraising and donor relations, a Knowledge Management and a One UN Communication Strategy were drafted in 2012. Nine social media system platforms were established. UNICEF hosted 11 field visits, including six from National Committees, two from donor governments, as well as those from the regional office, UN Executive Board and Deputy Secretary-General. Throughout the year, six audiovisual packages, 40 press releases/alerts, 30 media interviews, and a number of briefing materials—including Q&A's, Fast Facts and key messages—were produced. Ten (inter)national video/photo missions for donors and partners were also supported.

## Management of Financial and Other Assets

The country office has received good ratings by the 2012 internal audit in the establishment of standard operating procedures for travel management, assets management, the disposal of used vehicles, as well as the tracking of the distribution of equipment to staff and recovery, and personal telephone use. However, the office needs to strengthen the management of assets in-hand valued at USD 9 million to ensure the validity, completeness and accuracy of the inventory records in VISION SAP.

The office has completed bank reconciliations up to November 2012 for all five bank accounts. The office has conducted cash-in-hand training in October 2012 and the same type of training will be conducted to all petty cash custodians in early 2013. For bank optimization, office maintained a benchmark of 5 per cent throughout the year except for July and August 2012.

UNICEF Ethiopia has continued to closely monitor outstanding DCTs to ensure minimum levels are maintained. As of 30 November 2012, the office had achieved a 0 per cent DCT outstanding balance over 9 months. In November 2012, the CMT agreed to get the DCTs over six months to be zero at the end of the year; however, as of 31 December, DCTs over six months remained at USD 3,656,717. Due to VISION-related glitches, the office faced challenges in the processing of DCTs and travel transactions in 2012.

VAT refund status has improved in 2012. Out of the total balance of Ethiopian Birr (ETB) 44 million, the office has requested to the authorities ETB 40 million for reimbursement and received ETB 22 million as a refund with the balance of ETB 22 million as receivable.

The office monitors RR/OR and ORE expenditure levels on weekly basis through the section chiefs meetings; similarly, the expenditure levels of grants expiring during the coming three months are monitored. As of 31 December, the RR expenditure level was 89 per cent (if commitments are included, the ECO utilization rate is 100 per cent, leaving only USD 148,000 unallocated). The office requested an extension for six out of 118 grants during 2012.

The Administrative and Finance Section produced 5,900 payment vouchers and 5,313 TAs during the period of January to November 2012.

## Supply Management

Supply inputs amounting to USD 79,198,639 million were a significant component of the CP. Procurement Services transactions for the Government stood at USD 15.9 million, in addition to USD 81.9 million for GAVI. Local procurement was valued at USD 58,067,260 million.

Regular consultation with government partners and UNICEF programme staff (i.e., bilateral discussions) in formulating the Supply Plan and the frequent joint reviews of the supply plan status provided a good platform for strengthening programme-supply integration.

UNICEF moved forward with its support for building the procurement capacity of government bureaus: After a number of assessments, a sum of approximately USD 2.6 million was transferred to and managed by the Government regional bureaus for local procurement.

The year 2012 saw increased collaboration with the Pharmaceutical Fund and Supply Agency (PFSA), the Food, Medicine and Health Care Administration and Control Authority (FMHACA), and the Customs Authority. These collaborations have resulted in a decrease in the value of 'bonded' items from an average of USD 7.2 million and USD 3.42 million in 2010 and 2011, respectively, to USD 1.5 million in 2012.

UNICEF is an active member of the UN Inter-Agency Procurement Group. This forum enabled UN agencies to issue joint competitive tenders and to share vendor lists, long-term agreements, and specifications. The UNICEF Supply Unit led a joint bidding process on the HACT Assessment on behalf of the UN Inter-Agency Procurement Group.

Strategic sourcing and contracting tactics, such as the establishment of supplier Long-Term Agreements for 41 key services, allowed for the strengthening of the decentralization strategy, the enabling of zonal offices to manage their ancillary and transport contracts, and ensured the widening of the supplier base for these services for CMAM monitoring.

Of particular importance is the continued implementation of the 2011 minimum/maximum inventory supply system, where stock items were rationalized and levels closely monitored and replenished when they reached a minimum level. This strategy has greatly assisted in avoiding stock-outs and disruption to programme plans and implementation, but most importantly it has reduced the annual average value of stocks from USD 21 million to USD 12.4 million.

UNICEF continues to support and encourage staff development. In 2012, three staff from the Supply and

Logistics Section received specialized training in Copenhagen, Zimbabwe, and Nairobi (in procurement, contract management, and VISION, respectively).

## Human Resources

During 2012, ECO had two Programme Budget Review (PBR) submissions in January and June, respectively. Both witnessed minor changes (reporting and title changes) and the addition of two posts, an L4 Planning Specialist and an L3 HR Specialist. Recruitment against these is completed and the selected candidates will join in January 2013. Throughout the year, some 32 NO and 26 GS recruitments were completed and by December 2012, there were 11 vacancies. While gender parity has improved in the IP (55 per cent female) and GS categories, ECO continued to be challenged in the NO category due to the high demand for a very small market for female professionals. The problem is greater when recruiting female professionals to serve in field locations.

The recent internal audit commended the office in having a structured induction programme, which includes topics on ethics and code of conduct. However, although the 2012 Learning Plan included nine group training priorities, due to competing priorities (VISION roll-out, the start of the CP, and the Internal Audit), only four out of nine were implemented, in the areas of Managing Performance for Results, Ethics, New Staff Orientation, and Social Protection. Further, 57 per cent of section-specific (8 out of the 14 planned) and 69.7 per cent of individual training activities were implemented. HRDC held five meetings to monitor the 2012-2013 Staff Learning and Development Strategic Plan.

One of the achievements was the development and implementation of the Training and Staff Development Database (TSDD). This role-based database is useful for submitting, reviewing and approving individual and group training requests and is essential for planning, recording, monitoring and reporting all training and staff development activities. It serves as reference for data dating back to 2007. Training was conducted for staff, both in Addis Ababa and in the field, on access and usage of the database.

Completion of ePAS/PER remains a standing agenda for the CMT. As of the end of February, the ePAS of three IP staff (8.57 per cent) and the PAS of 154 national staff (49.68 per cent) were completed. As of the end of March, 27 IP staff (77.14 per cent) and 202 national staff (65.16 per cent) had completed the performance appraisal, and as of the end of April, it had been completed for 28 IP (80 per cent) and 228 national staff (73.55 per cent).

Three Joint Consultative Committee (JCC) meetings were conducted where management and the Staff Association discussed and addressed general staff concerns. As a result, the office has implemented the flexitime workplace for national staff in hardship locations, like Dollo Ado.

A review of the 2009 and 2011 Staff Surveys showed an improvement in trends between the two survey years, but also revealed some areas that needed to be addressed, including career development, staff/management communication, workload, etc. A task force was established to prepare a workplan in 2013. The JCC had follow-up discussions on the implementation of the recommendations. To help with socializing in the office, there is a staff socialization event (Friday tea/coffee) once a month and a family outing is organized every year. Bereavement guidelines were also approved. The Security Officer works closely with UNDSS to look after the well-being of staff members and a Weekly Security Advice and Travel Advisory is sent to all staff.

## Efficiency Gains and Cost Savings

Throughout the year, UNICEF continued to share common premises with WFP in three locations, Dollo Ado, Gode and Kebridahar. UNICEF is also sharing office facilities with UNHCR in Jijiga. Having a shared office and accommodation enabled UNICEF to have Minimum Operating Standards of Security (MOSS)-compliant premises in these locations in a cost-effective manner. Services shared include office space, accommodation,

VSAT and internet connectivity, warehousing facilities in Kebridahar, HF radio services, as well as other ancillary services.

In 2012, UNICEF ECO introduced the use of videoconferencing to connect the field offices in nine locations, including Addis Ababa. The adoption of the videoconferencing and Skype reduced the need for staff members to travel to various destinations for meetings, thereby reducing travel costs. The ITC Section also introduced remote assistance for Addis-based staff to access IT equipment in field offices without travelling, thereby improving response time to troubleshooting and minimizing travel costs.

In programming, UNICEF Ethiopia introduced a number of strategies to improve programme efficiency. In Health, telecommunication technologies have been effectively utilized to increase health service utilization and PMTCT uptake. Reminder phone calls made to pregnant women who are following antenatal care (ANC) services complemented the current national effort to increase the ANC and PMTCT services uptake and increase the number of pregnant women delivering in health facilities. In Nutrition, the country office progressed with the transition from using the biannual enhanced outreach services for screening and monitoring children to the monthly CHDs, allowing for programme efficiency in the timely detection and treatment of malnutrition and other childhood illnesses. The community management of malnutrition was increasingly integrated into the health extension programme as compared to the earlier emergency stand-alone approach that is NGO based. An additional programme efficiency approach was the adoption of the child-to-child approach for Early Childhood Development (ECD) programming. While these programme efficiencies are yet to be evaluated for cost savings, the benefits are demonstrated by the rapid scale up by the Government.

Through the year, the country office continued to provide technical assistance to the Government through the third-party agency, the United Nations Office for Project Services (UNOPS). As of the end of the year, 63 consultants were providing critical technical support to government partners at the federal and regional levels. The third-party arrangement allowed UNICEF to provide the much needed support without hiring additional UNICEF staff or directly engaging consultants, which would be more costly and require more day-to-day management by UNICEF.

In 2012, the country office established 52 long-term agreements for the procurement and provision of various goods (22 LTAs) and services (30 LTAs). The establishment of the LTAs reduced the lead time of procurement by between four to six weeks. This was particularly efficient in supporting a timely response to various emergencies.

## Changes in AMP & CPMP

Having carried out a major Country Programme Management Plan (CPMP) exercise in tandem with the new 2012-2015 Country Programme, there were no major structural changes to the programme or staffing structure in 2012. Some organizational units and reporting relationships were updated in 2012 to conform with the actual location of the positions.

With regard to 2013, some post changes will be proposed to address VISION requirements and audit findings, heavy workload, capacity gaps, segregation of duty, and internal quality control requirements in some sections, including a proposal to add senior-level national staff on HACT to both programme and operations.

In 2013, the Annual Management Plan (AMP) will focus on the following:

- [a] Closing of the one outstanding external audit recommendation and implementing the 2012 Internal Audit Observations;
- [b] Reviewing and updating the remaining Standard Operating Procedures (SOPs) in view of VISION SAP and IPSAS implications;
- [c] Full implementation of HACT, including completing the micro-assessment review of the implementing partners receiving more than USD 100,000 from the ExCom agencies in Ethiopia. Ensuring the assurance activities are planned, implemented and monitored; the training of staff from programming, operations and implementing partners (government and CSOs), as well as scheduling and implementing the audits.

- [d] Developing the capacity of all zonal operations officers in view of decentralizing operations to the zones;
- [e] Continuing to train staff so that all VISION users will have competencies to use VISION SAP;
- [f] Ensuring uninterrupted connectivity in all offices; and,
- [g] Ensuring adequate supply stocks are available for pre-positioning and the minimum/maximum strategy.

## Acronyms

ABEC	Alternative Basic Education Centre
ADPH	Adolescent Development, Protection and HIV/AIDS
AMP	Annual Management Plan
ANC	Antenatal Care
AWP	Annual Work Plan
BCP	Business Continuity Plan
BEGE	Basic Education and Gender Equality
BoWCYA	Bureau of Women, Children and Youth Affairs
C4D	Communication for Development
CBN	Community-Based Nutrition
CCEE	Climate Change and Environmental Education
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHDs	Child Health Days
CI	Catalytic Initiative
CMAM	Community Management of Acute Malnutrition
CMT	Country Management Team
CPD	Country Programme Document
CPMP	Country Programme Management Plan
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
DCTs	Direct Cash Transfers
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DRS	Developing Regional States
EC	European Community
ECCE	Early Childhood Care and Education
ECHO	European Commission Humanitarian Aid Office
EMIS	Education Management Information System
EmONC	Emergency Obstetric and Neonatal Care
ENCU	Emergency Nutrition Cluster Coordination Unit
EOS	Enhanced Outreach Strategy
EPA	Environment Protection Agency
EPRI	Economic Policy Research Institute
EPRP	Emergency Preparedness and Response Plan
ETB	Ethiopian Birr
FGM/C	Female Genital Mutilation/Cutting
FGoE	Federal Government of Ethiopia
FMHACA	Food, Medicine and Health Care Administration and Control Authority
FMoH & MoH	Federal Ministry of Health
GTP	Growth and Transformation Plan (national)
HEP	Health Extension Programme
HEW	Health Extension Worker
HICE	Household Income Consumption and Expenditure
HTPs	Harmful Traditional Practices
HRBAP	Human Right-Based Approach to Programming
HSDP	Health Sector Development Plan
IASC	Inter-Agency Standing Committee
ICCM	Integrated Community Case Management

IFI	International Financial Institutions
IMEP	Integrated Monitoring, Evaluation and Research Plan
IPSAS	International Public Sector Accounting Standards
IR	Intermediate Result
JP	Joint Programme
JCC	Joint Consultative Committee
LTA	Long-Term Agreement
Kebele	Sub-district
KM	Knowledge Management
KPIs	Key Performance Indicators
MDGs	Millennium Development Goals
MDTF	Multi-Donor Trust Fund
MI	Micronutrient Initiative
MNCH	Maternal, Newborn and Child Health
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH & FMOH	Ministry of Health
MoFED	Ministry of Finance and Economic Development
MoLSA	Ministry of Labour and Social Affairs
MoRES	Monitoring Results for Equity System
MoWCYA	Ministry of Women, Children and Youth Affairs
MP4R	Managing Performance for Results
MTR	Mid-Term Review
MTSP	Medium-Term Strategic Plan
OR	Other Resources
ORE	Other Resources Emergency
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PCA	Programme Cooperation Agreement
PCR	Programme Component Result
PER	Performance Evaluation Report
PFSA	Pharmaceutical Fund and Supply Agency
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PSNP	Productive Safety Net Programme
RBM	Roll Back Malaria
RBM	Results-Based Management
ReSoMal	Rehydration Solution for Malnutrition
RHB	Regional Health Bureau
RR	Regular Resources
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SAP	Strategic Action Plan
SNNPR	Southern Nations, Nationalities and Peoples' Region
SOPs	Standard Operating Procedures
SPAP	Strategic Priority Action Plan
SSC	Society Studies Centre
SUN	Scaling Up Nutrition
T4D	Technology for Development
ToA	Table of Authority
TVET	Technical and Vocational Education and Training
U5MR	Under-Five Mortality Rate
UNCT	United Nations Country Team
WASH	Water, Sanitation and Hygiene
Woreda	District
YCSD	Young Child Survival and Development

## Evaluations

	<b>Title</b>	<b>Sequence Number</b>	<b>Type of Report</b>
1	End-Term Evaluation of Capacity-Building Strategy in remote zones in SNNPR with teams of NUNV experts	2012/001	Evaluation
2	Evaluation of Adolescent Development Programme	2011/049	Evaluation
3	A joint evaluation for the UNV project	2011/054	Evaluation
4	Assessing the impact on child nutrition of the Ethiopia Community-Based Nutrition Programme	2011/057	Survey
5	Evaluation of Community Management of Acute Malnutrition (CMAM)	2011/058	Evaluation
6	Validation of FGM Abandonment	2011/053	Evaluation
7	Assessing the impact on child nutrition of the Ethiopia Community-Based Nutrition Programme	2011/057	Survey
8	Assessing the impact on child nutrition of the Ethiopia Community-Based Nutrition Programme	2011/057	Survey

## Other Publications

	<b>Title</b>
1	In areas once affected by famine, Ethiopia builds capacity to wipe out malnutrition – CMAM Interventions in North Wollo (video, photographs, human interest story)
2	Achievements in Child Health and Family Planning in a Rural Community in Ethiopia (Documentary)
3	Mobile Health Teams Bring Medical Care to Pastoralists in Remote Regions of Ethiopia (video, photographs, human interest story)
4	In rural Ethiopia, UNICEF and ECHO support community-based nutrition services for children
5	In Ethiopia, the Expansion of Rural Health Services is Key to Reducing Child Mortality: Building the resilience of communities in drought-prone areas of the country through the Health Extension Programme (video, photo, human interest story)
6	Launching the 2012 Situation Analysis of Children in Ethiopia - PSAs
7	In Ethiopia, more HIV-positive mothers deliver babies free of the virus (video, photo, human interest story)
8	A Call to Action – Bringing Child Deaths Down in Ethiopia (video, photo, human interest story)
9	United Nations Deputy Secretary-General Jan Eliasson visits Programmes for Adolescents
10	Breastfeeding Practices in Addis Ababa – A Birds Eye View (advocacy video)
11	University Students Debate on Whether Ethiopia is Ready for a Social Protection Policy
12	Polio Sub-National Immunization Days in Hard-to-Reach Areas of East Harerghe (video, photos, human interest story)
13	Child Reunification in SNNPR – (video/HIS/photo package on the UNICEF-supported SNNPR BoWCYA reunification of children removed from child care institutions that were closed down following assessment)
14	One UN
15	One UN Communication Strategy (internal and external versions)
16	Great Ethiopia Run – Advocacy materials in support of the MDGs
17	Typhoid IEC Materials

## Lessons Learned

	Title	Document Type/Category
1	Programme strategy notes; a way of managing programme knowledge	Innovation
2	Climate Change and Environmental Education	Innovation
3	Effectiveness of a reminder telephone call in improving utilization of essential maternal and child health services in Addis Ababa, Ethiopia	Innovation
4	Stimulating public dialogue on Ethiopia's draft national social protection policy	Innovation
5	Evaluation on the Progress in Abandoning FGM/C and Child Marriage in Self-Declared Woredas	Lesson Learned
6	Lessons learned from the evaluation of the UNICEF/MoWCYA Adolescent/Youth Development Programme in Ethiopia, 2007-2011	Lesson Learned
7	Transition of Enhanced Outreach Strategy (EOS) to Community Health Days (CHDs)	Lesson Learned
8	Scaling up the community management of acute malnutrition (CMAM) in Ethiopia	Lesson Learned
9	Scaling up district development programme management in 200 districts in Ethiopia	Lesson Learned
10	Lessons learned from an evaluation of activities aimed at economically empowering women	Lesson Learned

## Lessons Learned

### 1 Programme strategy notes; a way of managing programme knowledge

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA5, KM	
Contact Person	Language	Emergency Related
Roger Pearsonr; pearson@unicef.org	English	

#### Abstract

Programme documentation requirements have been paired to a minimum in the course of the last ten years even more so for countries like Ethiopia where only an UNDAF and the CPD are required as formal programme documents other than annual work-plans. MoRES has highlighted how the strategic thinking that underpins how results are going to be achieved needs to be strengthened especially in the less mature programme areas. Writing up and maintaining programme strategy notes as living documents helps maintain clarity of thought, provides a skeleton for country programme knowledge management, and establishes accountability for strategic thinking including providing a way in which regional and HQ oversight can be expressed for that thinking.

#### Innovation or Lesson Learned

Apart from deciding in-house that it would be a useful exercise to draft these notes, agreement was reached with government that they would co-author the notes. Agreement was also reached with ESARO that their oversight of country programme strategy would be signified by the appropriate regional adviser appearing as a co-author of the first final versions. The drafting process has helped government and UNICEF teams work together to understand better what is

known and what is not known in working towards planned results. The process is helping to crystallise the research and evaluation planning for the country programme and is serving as the skeleton on which the programme knowledge management is being built.

Expecting programme teams who are managing the tail end of a country programme, and often humanitarian emergency responses as well, to answer well the challenging questions demanded by the strategy note, and to do so in good time is unrealistic. Dedicated teams, possibly including regional and headquarters advisers and consultants are required if drafting is to take place in a timely fashion.

### **Potential Application**

MoRES requires greater precision in describing programme strategies and the format developed in Ethiopia requires paying attention to some key elements of strategy not covered by MoRES HQ guidelines, particularly the knowledge management and the evaluation planning elements.

Particularly for the non-health sector work of UNICEF the organisation may want to revisit the decision taken many years ago to drop the requirement for what were then called "project plans of action" and think about reinstating a requirement for some form of strategy note. In Ethiopia, a country where only the UNDAF and the CPD are formally required, documents where only the briefest descriptions of strategy are found, we have found the drafting of the notes to be a process that has helped pull government and UNICEF teams together in terms of alignment and understanding what we know and what we don't know.

### **Issue**

A 2010 control and risk self-assessment exercise carried out by UNICEF Ethiopia revealed that the GoE/UNICEF programme strategies designed to lead to the outputs described in the results matrix were not well documented. This caused problems for the quality of the MTR and for planning the focus for programme evaluations. The CMT thus resolved to produce strategy notes that would document the strategies and serve as the base for long term programme knowledge management.

### **Strategy and Implementation**

The CMT endorsed the following table of contents in June 2011. A) Situation analysis. B) Intermediate result, indicators (baseline and target) and budget allocations. C) Description of strategy including, logic tree, risks and assumptions, unit costs, description of relevant national policy and strategy, contributions of other development partners, extent to which strategy aims to be catalytic of wider outcomes, extent to which strategy addresses discrimination and focuses on the most vulnerable, extent to which it aims to build commitment and capacities, extent to which strategy aims to mainstream gender equity, extent to which strategy aims to build models for replication. D) Knowledge base; extent to which the strategy is an extension of previous work and if so lessons learned from previous work including actual outputs achieved verses planned; extent to which risks were controlled; lessons learned regarding identified assumptions; knowledge gained regarding efficiency, effectiveness and impact; listing of key peer reviewed references of relevance to the strategy; understanding of extent to which strategy can be sustained. E) Budget estimates and human resource requirements. F) Evaluation plan.  
Annex: Desk review bottle neck analysis.

### **Progress and Results**

Compiling the strategy notes turned out to be more challenging than originally envisaged. An initial deadline of three months was not met by any programme. Eventually in the course of 2012 mature programmes managed to produce serviceable drafts. These are programmes that do not change greatly from one country programme to the next, and in which UNICEF is essentially a partner among many others to a strongly led country sector strategy underpinned by a well organised review and national evaluation process. Where government policies and strategies are not clear cut, in the case of Ethiopia, entire child protection, social protection and results-based management sectors fall in this category, strategy papers are still in early draft stages.

### **Next Steps**

All the strategy notes are still being worked on to get them to the quality where we will make them publically available on the internet. For the child protection programme a mission from the regional office is scheduled to

arrive in the first quarter of 2013 to finalise the first draft of the strategy notes.

The strategy notes are envisaged as living documents for revision as part of the annual review process. Given the length of time it has taken to prepare them we anticipate that updating them at annual review time will not be universal, rather the MTR is now seen as the time when a major review will take place.

Finally we soon hope to start making the strategy note publically available and we are exploring the use of internet tools to help speed up the revision by small groups including headquarter and regional advisers of the strategy notes as new thinking and new information becomes available.

## 2 Climate Change and Environmental Education

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA2, Partnership and KM	<a href="http://www.ccee-ethiopia.org">www.ccee-ethiopia.org</a>
Contact Person	Language	Emergency Related
Sibeso Luswata, Chief of Education, <a href="mailto:sluswata@unicef.org">sluswata@unicef.org</a>	English	

### Abstract

The Africa Adaptation Project (AAP), a joint programme funded by the Japanese Government through UNDP aimed to contribute to the establishment of an integrated approach to Ethiopia's management of climate change opportunities and risks. The project is managed through Ethiopia's Environment Protection Agency (EPA) and Ministry of Finance and Economic Development with primary collaborating agencies being Ministries, state bureaus and targeted Woreda administrations, supported by UNDP, WFP and UNICEF.

UNICEF's engagement and contribution was through education, water, communication sectors, primarily schools to promote innovative school-based and school-community interactions; appropriate technologies for water and sanitation, advocacy and knowledge management. Key outputs were the production of a Climate Change and Environmental Education Manual, advocacy video showing good school-community practices, an appropriate technology portfolio for school WASH, a nationwide web-based platform for documenting good practices in environmental protection including in education, and a gender sensitive climate change communication strategy.

### Innovation or Lesson Learned

Engagement of environment experts and teachers in the development of the CCEE manual worked well – the two groups complemented each other's expertise - capacity building for teachers to isolate and define environment issues and teachers helped to keep experts grounded in reality. The outcome was the realization of a user friendly resource.

Model innovations in schools served as preliminary data for the development of a platform for sharing good practices on school-based activities.

The use of school learners to extend the lessons of climate change adaptation to their parents and carers is gaining momentum.

An advocacy package useful for media to facilitate informative yet simple communication for the ordinary citizens has been utilised.

Close collaboration with EPA and partners has resulted in government owned AAP products.

### **Potential Application**

The CCEE Manual can be translated and used in all parts of the country.

The WASH portfolio will guide not only UNICEF-supported interventions but other WASH partners.

Web-based platforms are accessible to all including teachers, learners, Climate Change stakeholders; and regional information can be regularly updated through CCEE focal points.

Public information on climate change is accessible through an informed media and web-based platforms.

Climate Change Communities of Practice can be energised by the information available and easily accessible.

### **Issue**

Ethiopia has a designated Environmental Protection Authority (EPA) to lead and guide multi-sectoral responses to climate change. Through the Africa Adaptation Project (AAP), UNDP, WFP and UNICEF supported education, water, agriculture and communication sectors' engagement in innovations at school level and school-community advocacy. The schools were targeted due to UNICEF's conviction that children are important agents of sustainable change. With regard to climate change adaptation and environmental protection, knowledge, skills and attitudes gained at school will generate new sensitivities, behaviours and respect for their environments that extend to their homes and communities.

### **Strategy and Implementation**

The Ministry of Education convened a team of environmental science experts, including civil society organisations to work with education experts and teachers from the 7 regions to develop a resource book that would support innovative environmental science lessons and school environment clubs. The resource book was developed in Amharic and each region is able to translate it into local languages. Teachers have been trained on effective instruction and teachers and learners have been trained to develop environmental club action plans that encompass school-community issues.

A portfolio of Climate-Resilient Water and Sanitation Technological Options for Schools which was developed in consultation with EPA, Federal Ministries of Water & Energy, Health and Education and participating Bureaus was developed. As a result, 12 of the most disadvantaged schools provided with appropriate water pumps, sanitation facilities and hygiene education.

Technical inputs from UNICEF, UNDP, WFP and AAU in collaboration with EPA have resulted in the development of a gender sensitive climate change communication strategy, a set of advocacy materials as well as web-based platform linked to the EPA website documenting good practices.

### **Progress and Results**

UNICEF supported the development of a school resource manual for CCEE, Education and WASH activities through School Cluster Resource Centres (SCRCs) in 7 Regions. Cluster Schools offer a mechanism for sharing new information and innovations to neighbouring schools: currently 562 schools are involved and 2,812 teachers trained to facilitate innovative environmental education lessons and environmental clubs that model climate change adaptation projects. Innovations have been documented in a web-based platform linked to the national EPA website.

A portfolio of suitable climate resilient technologies and approaches was produced in consultation with AAP partners. This will guide the roll out of WASH interventions supported by UNICEF currently being modelled in twelve of the schools; where pumps were installed, and sanitation facilities constructed including hygiene education.

A variety of advocacy materials were produced - systematic documentation of good practices undertaken for selected AAP action learning projects.

A gender sensitive communication and knowledge management strategy for climate change was developed, a web-based knowledge management platform on Climate Change was developed and linked to EPA's website and a capacity building workshop on the management of the platform was conducted for EPA.

Reference materials and an Information Management Guideline were produced for journalists and media producers.

**Next Steps**

Finalise strategic guidance for options on UNICEF's role and engagement in Climate Change and Environmental Education and support government scale up of CCEE.

Popularize web-based information platforms.

Mobilize/Energize multi-sectoral Climate Change Communities of Practice in regions and include learners and young people.

**3 Effectiveness of a reminder telephone call in improving utilization of essential maternal and child health services in Addis Ababa, Ethiopia**

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA1, Service Delivery	
Contact Person	Language	Emergency Related
Dr Luwei Pearson; lpearson@unicef.org	English	

**Abstract**

Loss to follow up is one of the major barriers for limited PMTCT uptake in Ethiopia. Telecommunication technologies have effectively been utilized to increase health service utilization in many areas of health care. This UNICEF supported study in Addis Ababa measured the utility of the approach in essential maternal health care and PMTCT services.

A longitudinal interventional study was conducted from June, 2010 to October, 2011 among antenatal care (ANC) attendants at three health centers in Addis Ababa. The study aimed at assessing the effect of reminder phone calls on the antenatal follow-up, facility delivery and uptake of PMTCT services among HIV positive pregnant women and their new born babies. The study findings indicated that reminder phone calls made to pregnant women who are following ANC service can complement the current national effort to increase the ANC and PMTCT services uptake and raise the number of pregnant women delivering in health facilities.

**Innovation or Lesson Learned**

Reminder phone calls made to pregnant women who are following antenatal (ANC) service can complement the current national effort to increase the ANC and PMTCT services uptake and raise the number of pregnant women delivering in health facilities. This can augment current global efforts towards elimination of mother to child transmission of HIV by 2015 to which Ethiopia's national health system has firmly committed to action.

**Potential Application**

The findings of the study have the potential to increase the low levels of completed antenatal care follow ups as well as increasing delivery of pregnant women in health facilities across the country. This will allow wider access of essential services such as PMTCT to many mothers thereby augmenting efforts towards elimination of mother to child transmission of HIV. The large scale expansion of telecommunication services currently going on in the country provides a fertile ground for this essential intervention.

**Issue**

PMTCT coverage in Ethiopia is 27%. However, HIV prevalence is much higher in urban than rural areas. Improving efficiency of urban PMTCT programme by reducing loss to follow up could significantly contribute to the PMTCT coverage. A formative research informed that over 80% of pregnant women had access to either a mobile phone or landline telephone in 2010. The utility of this approach has not been documented in the Ethiopian setting. This UNICEF supported study aimed at filling this critical knowledge gap.

**Strategy and Implementation**

The study followed an interventional design with an intervention and two control arms and used quantitative data collection techniques to gather the required information. Four thousands one hundred and ninety seven (4,197) pregnant women attending the ANC units of the three health centers were followed during the course of their ANC, delivery and postnatal period. One thousand eight four (25.8 per cent) of the pregnant women were grouped in the intervention category, 1,303 (31 per cent) in control group one and the remaining 1810 (43.1 per cent) in control group two.

Women grouped under the intervention category were those pregnant women who own mobile and/or landline telephone and received reminder phone calls seven days and one day before each of their planned ANC visit. Those in control group one were pregnant women who own either mobile line and/or landline telephone but did not receive the remainder phone calls. Whereas, women in control group two were pregnant women who own neither mobile line and/or landline telephone and did not receive the reminder phone calls.

**Progress and Results**

Pregnant women from the intervention group had a higher attendance of antenatal care follow up and institutional delivery rates. Compared to those in control group two, pregnant women who received remainder phone calls were twice more likely to appear in all ANC visits on the date of appointment (OR 1.94, 95% CI 1.34-2.82, p<0.01). Similarly pregnant women who received reminder phone calls were two to three times more likely than pregnant women from control group two and control group one respectively to deliver in a health facility. It was further shown that attending school (OR 1.36, 95% CI 1.02-1.81, p<0.05), owning functional television (OR 2.51, 95% CI 1.87-3.36, p<0.01) and living in places within 30-60 minutes walking distance from the health center (OR 1.36, 95% CI 1.00-1.845, p<.05) were significantly associated with delivering in a health facility.

**Next Steps**

The study will be submitted for publication in a local peer reviewed journal.

Using a reminder telephone call in improving utilization of essential maternal and child health services included in the national elimination of mother to child transmission of HIV.

**4 Stimulating public dialogue on Ethiopia’s draft national social protection policy**

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA5, Advocacy	

Contact Person	Language	Emergency Related
Roger Pearson rpearson@unicef.org	English	
<b>Abstract</b>		
<p>A recent review of progress with the policy advocacy MTSP focus revealed a deficit of policy advocacy success stories. This note posits that when social policy and communication teams work together applying realistic resources to stimulating informed policy dialogue then a rich public discourse can be achieved. Such efforts can ultimately lead to legal changes in formal accountabilities and resource allocations in society even in a poor country such as Ethiopia.</p>		
<b>Innovation or Lesson Learned</b>		
<p>Much of the responsibility for social protection (e.g. emergency response, work guarantee schemes, free health services targeted at the poorest) has, for many years, been abrogated to international development partners; this includes funding, which has been quite stable and generous, and some elements of management. The flip side of this arrangement is the erosion of national accountability both for funding and ensuring management capacity. In part, it is this concern that the Prime Minister wanted addressed when commissioning the new policy. Building up a consensus on accountability for social protection national level and putting in place the capacity building plan is at the core of the enterprise.</p> <p>Thus for a policy advocacy strategy to transform societies understanding of where accountability for social protection lies, actions to stimulate dialogue must ensure multiple sections of society are engaged. To support this aim, apart from the usual workshops, trainings, meetings and study tours, media products including radio and TV material are being prepared to help stimulate the dialogue and these materials need to be informed by knowledge generated by studies and evaluations. Non-trivial budgets and staff time allocations are thus required to have an impact on building-up a new consensus across society. In Ethiopia the inclusion of a specific result area in the UNDAF results matrix has allowed the long time horizon for implementing the required multiple actions along with the budget and staff time allocations required across several UN agencies.</p>		
<b>Potential Application</b>		
<p>UNICEF's ability to field policy advocacy strategies that have demonstrated leverage of national resources for children has been questioned in internal reviews yet our senior management is keen for country programmes to deliver more successes in this focus area. Success requires sufficiently long time lines are given as well as staff time and finance both for policy analysis and communication teams.</p>		
<b>Issue</b>		
<p>In 2011 the Prime Minister asked the Minister of Labour and Social Affairs to prepare a social protection policy. The request came in the wake of discussions between the prime minister and development partners in which he accepted that the national development plan was weak in its articulation of social protection. The Minister thus created a national social protection platform with multi stakeholder membership including several ministries, private sector, civil society and development partners to coordinate widespread public policy dialogue and to draft the policy for submission to the council of ministers.</p>		
<b>Strategy and Implementation</b>		
<p>By mid- 2011 MoFED and the UN had prepared a MoFED working paper on social protection and a social protection result area was included in the 2012-2015 UNDAF including commitment to regional social cash transfer pilots and development of a nationwide social worker cadre. 2012 saw several actions. The inclusion of a chapter on the issue in MoFED's widely disseminated situation analysis on children and the development of an Amharic edition. The development of a documentary and radio programme. Several visits by policy-makers to the first cash transfer pilot, located in Tigray. A task force was set-up to look into the details of creating a social worker cadre. A week long social protection training of 60 influential policymakers (and 30 UN staff). The production of a policy draft used in several workshops attended by politicians, federal and regional civil servants, academia, lobby groups for the aged, youth, the disabled and children, and the private sector to understand the concepts, debate content and agree on accountabilities. The end of 2012 saw a</p>		

university debate captured for TV organised with a “for” and “against” motion on the policy.

**Progress and Results**

Thus the end of 2012 saw the key output of a draft policy on the verge of submission to the council of ministers backed by wide consultation and buy-in. Wide-spread support for a draft policy is important in a country where policies without wide backing can languish at the council and die through a lack of will and clarity on accountabilities moving forward. Proposed new elements in the policy are being implemented on small scales for testing effectiveness, learning lessons about efficiency, capacity requirements and impact e.g. cash transfer pilots. Where the modus operandi and efficiency, effectiveness and impact of existing actions are not clear evaluations are contributing to dialogue e.g. the 2012 evaluation of UN support for micro credit targeted to the poorest is leading to efforts to clarify guidelines and accountabilities for targeted micro credit. Work is progressing on agreeing on accountabilities for social work at local level should be shared is being addressed.

**Next Steps**

We anticipate that public policy dialogue on the national social protection policy will be required for several years to come even if the policy is passed by the council of ministers since its implementation implies major clarifications regarding accountabilities for social protection in society. Understanding and owning these new accountabilities will require a long period of dialogue.

Work will start on the development of the national social protection strategy and investment plan early in 2013.

It will be informed by; a) cost simulations using the models developed by UNICEF and ILO. b) In-depth situation analysis on micro credit targeted to the poorest following-on from the evaluation carried-out in 2011. c) The conclusions of the task force deciding how social work will be managed across the country. d) Early information coming out of the social cash transfer evaluation. The stepping-up of public discourse stimulated by finalisation and use of media products aimed at the radio listening and TV-watching audience.

**5 Evaluation on the Progress in Abandoning FGM/C and Child marriage in Self-Declared Woredas**

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	FA1 & FA5 (Advocacy, C4D and Partnership)	
Contact Person	Language	Emergency Related
Roger Pearson; rpearson@unicef.org	English	

**Abstract**

For several years UNICEF has supported GoE to encourage local level abandonment of FGM/C through a strategy of conducting community conversations, usually organised by locally-based CSOs. At a certain point the local administration organises an event where a declaration of abandonment across the district is made. The strategy is followed in several countries where UNICEF is helping to reduce the prevalence of FGM/C. Lessons learned from this evaluation will feed into the fine-tuning of the national strategy for the abandonment of harmful traditional practices and will be of interest for the global discourse on this key strategy UNICEF promotes to tip the balance of society away from harmful social conventions.

### **Innovation or Lesson Learned**

The GoE and UNICEF scale-up plans were revealed to be overly ambitious when the 2007-2011 country programme was being developed. The plan had a target of abandonment complete in 300 woredas by 2011. By the end of 2011 the figure was closer to ten and the evaluation revealed that the quality of the work was good in half of these woredas.

Given the nature of Ethiopia, with over 600 districts some of which are very remote as of 2012 it is hard to see where the resources are going to come from to scale-up this strategy beyond the modest gains seen so far unless stakeholders show stronger commitment than has been the case over the last few years.

The work in Ethiopia was embarked upon in the absence of a national budgeted strategy resulting in a lack of clarity regarding overall budget requirements, who is accountable and without overall targets for numbers of districts where abandonment should be declared per year. There is no agreement on how to follow-up in districts where abandonment has been declared. Government is leading discussions that aim to result in such a strategy but at this point it is still unclear whether the lead ministry will be able to negotiate a budget from MoFED to twin with international support that will be required if the abandonment strategy has a chance of being scaled-up under government leadership.

Within the UNICEF office the work is one element of the child protection programme which has around ten major lines of work and with one officer per region to oversee all areas of work the field monitoring quality standards the abandonment strategy requires have been hard to meet thus resulting in the variable quality revealed by the evaluation. UNICEF needs to invest more resources into field monitoring in districts where an investment is being made.

The key areas that need a stronger focus in field monitoring of districts where an investment is being made include:

- 1) An increased frequency of field monitoring and while monitoring making a point to ensure:
  - a) Awareness creation is aimed at improving enforcement of the law targeted at elders, clan leaders, and religious leaders as it has been observed that they interfere with enforcing the law and enforcement agents.
  - b) Making sure targeting of the awareness creation is not limited to girls and women but also men and boys.
  - c) Ensuring that the strategy is being applied in remote locations since the evaluation revealed that sometimes remote areas were not covered.

### **Potential Application**

The strategy is intensive, requires a strong field monitoring presence and a budget of around 40,000-60,000 per district over a three year period on top of field monitoring expenses. Field monitoring needs to be of high quality. Country programmes investing in the abandonment approach need to be realistic regarding the inputs and timeline required to implement the strategy ensuring the cash and field monitoring staff time are budgeted. Similarly, if this strategy is an element of a national strategy the inputs for scale-up need to be realistically documented in the action plan.

### **Issue**

FGM/C has been declining across Ethiopia for several decades. The 2005 EDHS found that while the prevalence was 81 per cent for women 45-49 the figure had declined to 62 per cent for 15-19 year olds. The 2011 WMS found that less than 25 per cent of 0-14 year olds were cut. The strategy of community abandonment promotion has resulted in 10 districts making such declarations. This evaluation focussed on finding out what the situation was after the declarations had been made in these ten districts, four in Afar, one Beneshangul, three in SNNPR and two city-administrations in Addis-Ababa.

### **Strategy and Implementation**

The national abandonment strategy is based on social convention theory. Where FGM/C is a social norm, no family has the incentive to deviate from the social expectation of cutting for it will result in difficulties negotiating marriage. This is one equilibrium state. If not cutting is the social norm, this too will be an equilibrium state. The strategy aims through sponsoring community conversations managed by contracted

CSOs to move from a cutting norm to a non-cutting norm. To ensure the participation of girls and women, groups of women and uncut girls are made to become community conversation facilitators to promote women's rights. Religious leaders are also enrolled in the dialogue to gain their support for abandonment as are local level health workers and local political leaders. At a certain point the local administration declares district-wide abandonment. In theory this then leads to authorities taking a tougher enforcement approach to a practice that was made illegal in 2005. Another outcome of the strategy is an increase in average age of marriage and girls spending longer in school.

The costs of the strategy vary from 15,000-30,000 USD per district per year. Around three years are required to reach the abandonment declaration.

### Progress and Results

The evaluation included a survey of 1,250 households. Declaration awareness varied from 70-90 per cent among women (an outlier with 46 per cent had only recently declared abandonment); among teenagers awareness varied from 70-12%. In the two city districts FGM/C was low for adults (less than 40% and not clear for teenagers since many respond "don't know"). On average among women older than 19, 80% were circumcised compared with 35% among teenagers. 69% of women and 41% girls interviewed perceived a decline in the practice (range 40-90 per cent) after the declaration; 60% of women and girls acknowledging the abandonment declaration had had an impact. There is a change in attitude towards the practice; 81% of women say they will not circumcise girls in the future. A stronger effort by authorities to enforce the law in post abandonment districts was evident. In some districts community pressure for abandonment increased. In some districts reports indicated the practice had gone underground and in some this was not reported. In two districts 30% of women said they would circumcise in future and over 15% said so in two other districts. In five districts less than 5% said they would do so.

### Next Steps

UNICEF Ethiopia has financial resources for continuing with this strategy in a few more districts. Some of these resources should be used to intensify the quality of field monitoring in targeted districts including in districts that have declared abandonment, for, as the evaluation has shown, this is not the end of the FGM/C in these districts.

At the national level a more intensive lobbying of government is required to ensure that the national HTP strategy is finalised and that the strategy includes clarity regarding accountabilities in the various arms of the state and that realistic budget allocations are made from government to support funding coming from international supporters.

The evaluation for the first time gives the programme independent figures on costs and impact. This can be used to solicit greater funding for the activities once a stronger national strategy has been endorsed at the highest levels.

## 6 Lessons learned from the evaluation of the UNICEF/MoWCYA Adolescent/Youth Development Programme in Ethiopia, 2007-2011

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	FA3 & FA5 (Advocacy, CD and Service Delivery)	
Contact Person	Language	Emergency Related
Roger Pearson;	English	

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### Abstract

Unemployment among youth is one of the top priorities of government identified in the 2004 National Youth Policy. The GoE/UNICEF Youth Development Programme (2007-2011) was designed to help MoWCYA contribute towards addressing the issue. The programme will continue in 2012-2015 thus the lessons learned from the evaluation will inform strategic revisions. The evaluation interviewed 1607 youth in one-on-one interviews at household level and 415 youth in focus group discussions across seven regions. The global rise of youth unemployment is likely to feature as a key post 2015 agenda item thus understanding better current UNICEF efforts to support national strategies on youth unemployment need to be shared to help focus our global strategies for youth.

### Innovation or Lesson Learned

The UNICEF support demonstrated that the planned outputs were mainly delivered according to plan except for in the area of helping to refine policies and strategies. While a small programme in scope, it has demonstrated proof of concept and now has a good idea of unit costs. Given the scale of the issue, the investment in capacity building and support to service delivery of a little over 1 million US\$ per year is only a small proportion of what is required to have an impact at scale. The issue however, is there is no consensus on what is required since the official policy and strategy documents do not go into these details.

On the face of it this may come as a surprise since youth unemployment is a key issue in the national development plan and is a frequent topic of discussion at the highest levels of government. Two factors contribute this state of affairs. First, there is no clear coalition of international partners that has come together to help government fine tune its articulation of policies and strategies. Second, the department responsible for driving the agenda is still trying to find its feet after it was moved from the abolished Ministry of Youth and Sports to the newly created but under-resourced Ministry of Women, Children and Youth Affairs.

Despite the lack of specificity in the policy and strategy, large-scale outputs are being delivered in terms of youth employment. Government has channelled substantial funds to the micro and small enterprise agency with the aim of creating work for youth in urban areas and in rural areas. A key focus has been the Ministry of Agriculture with international partners supporting large programmes that occupy unemployed youth such as the productive safety-net programme and the household asset building programme, essentially a micro-finance programme aimed at rural small scale agriculture.

However, what is lacking is a youth strategy with targets and budgets based on national requirements that can give a comprehensive overview of the key youth issues and manage an annual review process that can give relatively real time updates on progress with addressing the issue.

### Potential Application

Large numbers of unemployed youth with secondary and tertiary education are a high risk for destabilising many societies around the world. Government's seeking electoral support from youth need to allocate increasingly large portions of their budgets for helping to stimulate youth employment and to provide diversion for the many youth that will inevitably be only partially or totally unemployed. Some combination of investment in vocational and life-skills training combined with reaching agreements with private sector micro finance institutions that will service this group in exchange for a fee charged to government seem to be key elements of efforts to scale-up youth unemployment reduction. More needs to be invested in organised recreational and learning spaces for youth, especially the majority who are not going to complete secondary or tertiary education or find full time employment.

### Issue

Ethiopia's has a young population; 30 per cent are youth (aged 15-29). To address their problems (unemployment, poverty and vulnerability) government issued a youth policy in 2004. This programme, with a five-year budget of \$US 4.9 million was designed to support it. At the start of the programme government allocations were less than \$US 50,000 per year. By 2011 government allocation was over \$US 1 million per year.

The programme focuses on building youth resource centres, including developing the capacities of civil servants that facilitate adolescent participation, life skills training emphasizing gender and girls' empowerment and issuing micro-credit to youth.

## Strategy and Implementation

The national youth strategy focuses on developing their skill sets and reducing their exposure to social and economic risks includes interventions in four areas. 1. Youth participation and capacity building (youth volunteerism, dialogue, life skills, girls' forum, youth focused media and supporting youth clubs). 2. Youth and Economic Strengthening/Livelihood opportunities (training and interest free credit) 3. Youth centre service delivery (libraries, recreational centres, youth clubs) and 4. Policy and strategy development. The programme was implemented directly by the government (MoWCYA) through signed AWP by UNICEF, MoWCYA, MoFED, and BoWCYAs. Other partners working with the government include community based organizations, other UN agencies, small business enterprises and some NGOs. BoWCYAs at the regional level implement and monitor the programme. The Ministry increased girls' participation through the formation of girls' clubs and supporting CSO to promote girls participation. Some of the activities such as the youth centres are designed to generate income and use it for further development.

## Progress and Results

The intervention achieved most of its planned outputs: 95 per cent of targets regarding deployment (over 160,000 deployed) of youth volunteers, 100 per cent of its targets for youth interns (358 deployed), and 98 per cent of capacity building, inter alia, life-skills, and leadership training targets (378,152). 65 per cent of targets for loans to youth to establish businesses (13,381 loans); the shortfall was due to under-budgeting. 80 per cent of businesses created were profitable. Youth participation in capacity building improved- it was found that 57 per cent of surveyed youth had volunteered for tree planting, environmental rehabilitation, natural resource conservation, and road and bridge construction. More than 90 per cent said the training received in negotiation, dialogue and problem solving relating to HIV/AIDS and reproductive health had improved their social and emotional skills. The poor performing element was support for policy and strategy development; the key issue is lack of clarity on state accountabilities for oversight of and coordination of the policy and strategy; as a small ministry with high staff turnover MoWCYA has not been able convince wider government that clarity is needed, and UNICEF has not made enough investments here.

## Next Steps

The detailed results of the evaluation will be used to fine-tune the programme model. The gender imbalance in use of the services the programme provides will be urgently addressed. Work needs to take place together with the National Bank of Ethiopia and MoFED to develop a scale-up plan for micro finance targeted at youth with bench marks and targets in place. At the end of 2012 discussions have taken place and the NBE is about to submit a proposal to the MoFED with support being promised by ILO and UNICEF.

The UN system and other partners need to come together in a more coordinated way to help the government fine-tune the articulation of their youth development and policies and strategies, making use of classic strategic planning tools to set targets and define budget requirements now that a better understanding of unit costs exists than was the case five years ago.

## 7 Transition of Enhanced Outreach Strategy (EOS) to Community Health Days (CHD)

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	....	
Contact Person	Language	Emergency Related
Sylvie Chamois;	English	

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### Abstract

Since 2004, the Enhanced Outreach Strategy has been conducted as one of the major child survival interventions conducted in Ethiopia. It comprises twice yearly high impact, low cost child survival interventions such as vitamin A supplementation for children 6-59 months, de-worming of children 2-5 years of age and nutritional screening for both children under five years of age and pregnant and lactating women. The current existence of well-established routine health service delivery at grass roots necessitated the integration of EOS service delivery components into CHD, which is implemented as part of the existing Health Extension Program.

The lessons learned is shared with the purpose of sharing the strategy used to integrate a large scale, low cost, high impact highly donor supported child survival intervention into the existing Government program for the benefit of children. The integration of the programme into the government mechanisms is a significant contribution towards programme sustainability.

### Innovation or Lesson Learned

Consensus building among all key stakeholders and role clarification and assignment of responsibilities were key catalysts in driving the transition process. This process has taken about 6 months at national level and bringing regional implementers on board has taken an additional 3 months.

There was a focus on initial advocacy that helped to accelerate the process as it enabled the FMoH to place the transition of EOS to CHD and HEP in its five years Health Sector Development Plan (HSDPIV).

A series of orientation meetings were conducted at regional, zonal and woreda levels between June to Sept, 2012 that brought all implementers at various levels to the same level of understanding that the new strategy would be an integral part of the HEP from then onwards.

The operational cost that was spent during implementation of EOS has been reduced by 50% as CHDs are mainly implemented by the HEWs. This has paved the way for sustainability of the program as vitamin A supplementation, de-worming of children and screening of children for malnutrition are now included in the job description of the HEWs.

Currently, financial inputs are mainly meant to strengthen the monitoring, supportive supervision and review meeting process specially at woreda level to ensure sustainability of the program. It is anticipated that this financial support will eventually decline considerably as the integration is strengthened.

### Potential Application

One of the main issues that helped the transition of EOS to CHD and HEP in the four major regions is the presence of strong Health Extension Program at the community level staffed by the Health Extension Workers.

Based on the lessons learned thus far, transition of EOS to CHD in pastoralist regions through strengthening the HEP will continue to be advocated for. Continued and sustained collaboration between Government and stakeholders or partner organisations will be strengthened for continued application of best practices and lessons learned.

### Issue

The EOS service coverage has been consistently high (> 90 per cent) since its inception in 2004, providing key proven child survival interventions to over 11 million children and 700,000 pregnant and lactating women every 6 months.

However, the current existence of well-established routine health service delivery at community level necessitated the integration of EOS into more sustainable approach. Hence, a transition strategy & implementation guideline has been prepared and endorsed by the Government and EOS has transitioned into CHD in the four regions with an estimated Vitamin A supplementation coverage for 10,522,990 (88% coverage) children under five years age.

## Strategy and Implementation

To facilitate the transition of EOS to CHD and Health Extension Program, a transition working group has been established under the leadership of the Federal Ministry of Health (FMoH), composed of UNICEF, MI and WFP, who are the main stakeholders in EOS. The development of a transition strategy at the beginning has helped to guide the way to establish a strategic framework for the transition and developing a detailed implementation guideline to guide the transition process.

EOS was conducted with high operational expenditure on mobilizing health staff from district level to support the HEWs. However, CHDs are mainly implemented by the HEWs and no operational cost is involved. The transition experience used a step-by step process, which was adopted to change the mind-set of the primary implementers through cascaded orientation meetings thus facilitating the consensus building and strengthening coordination in conducting the CHD.

The supervision and monitoring of the CHD at the woreda level is strengthened through capacity building of the health personnel who have a direct supervisory role over the HEWs who implement CHD for quality service delivery and sustain the existing high coverage that would benefit the children of Ethiopia.

## Progress and Results

The EOS has made a successful transition from a vertical donor supported program to Community Health days and the routine health extension program in four major regions in Ethiopia. This has been achieved by leveraging strong collaboration and working relationships with the Federal Ministry of Health and other partner organizations like the MI and WFP.

The transition committee established at the FMoH level has continued to work on strengthening the transition through executing validation surveys on CHD, since previous validation surveys have shown a lower percentage coverage compared to the administrative data reported. Hence, the committee is following up on the progress and seeks solutions for challenges faced.

After the transition cascade meetings ( which took place over 3 months) and were attended by on average of 42,428 participants drawn from the four Regional, Zonal, Woredas/District Health Offices & NGOs; FMoH experts, all the four major regions fully implemented the CHD. The significance of the implementation is that the CHD is mainly conducted by the HEWs and no operational cost is incurred to mobilise health staff from the woredas and it is projected that 8,993,783 children, 6-59 months of age received vitamin A supplementation through the CHD program in 2012, in all 4 regions, post transition.

## Next Steps

The ultimate aim of the program is complete integration with the existing health Extension program as a routine program and for service delivery to be supported as a routine intervention on regular basis instead of applying the campaign mode approach which was the strategy for EOS woredas.

The critical shift observed with the transition of EOS to CHD and HEP will enable UNICEF to move towards longer-term approaches that facilitate greater sustainability and full ownership of the program by the government.

Lessons learned from these agrarian regions will be implemented in the Pastoralist regions provided that the Health Extension program in these regions is strengthened by the Government of Ethiopia.

## 8 Scaling-up the community management of Acute malnutrition (CMAM) in Ethiopia

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links

Lesson Learned	FA1, Service Delivery	
<b>Contact Person</b>	<b>Language</b>	<b>Emergency Related</b>
Roger Pearson	English	
<b>Abstract</b>		
<p>A food security crisis due to drought across much of Ethiopia in 2003/4 resulted in the adoption of a new strategy, the community management of acute malnutrition (CMAM). As a result of increasing SAM cases in 2008 in Oromia and SNNPR, MOH decentralized CMAM services to primary health care level with the support of health extension workers (secondary school graduates with one year initial training and a modest salary) for managing outpatient therapeutic feeding with supplies of Ready to Eat Therapeutic Food delivered to several thousand health posts gradually scaling up over the following years. The scale-up was evaluated in 2012 by an independent team of national and international evaluators reporting to a multi-agency steering committee. They collected data from five regions, 15 woredas and 45 health facilities, as the basis of their evaluation. The lessons learned may be of use for other countries that aim to scale-up CMAM.</p>		
<b>Innovation or Lesson Learned</b>		
<p>CMAM without medical complications can be managed to acceptable international standards by relatively junior level health sector workers (secondary school leavers with specialist training on a salary of less than \$70 per month).</p> <p>Producing quality RUTF locally and thus reducing hard currency requirements is not as easy as anticipated. Dried skimmed milk is a key ingredient; dairy industry is not advanced to the point where this product is made in Ethiopia. Sourcing realisable afla-toxin and other contaminant free peanuts is also a challenge.</p>		
<b>Potential Application</b>		
<p>Other countries wishing to scale-up the proportion of severely malnourished children treated according to the international standards could consider fielding health sector workers at the sub health centre level of a similar background and training as has been fielded in Ethiopia. Apart from treating SAM they also provide other services such as provision of modern contraception, distribution of bed nets, treatment of pneumonia and malaria thus allowing for an expansion of coverage of several key lifesaving interventions.</p>		
<b>Issue</b>		
<p>CMAM scale-up started in 2008. It was based on the premise that HEWs could manage, with community involvement, cases of acute malnutrition without underlying medical complications. This was a departure from a service delivery model that relied on NGOs with high overheads relative to the HEW model and an ability only to cover areas suffering from acute episodes of food insecurity usually due to drought or crop infestations. It allowed for a wider geographic coverage since HEWs are in all parts of the country. What was not proven was whether HEWs could deliver an acceptable quality of service.</p>		
<b>Strategy and Implementation</b>		
<p>CMAM is included in HSDP-IV, the National Nutrition Strategy and its Plan of Action adopted in 2008. The NNS relies on community participation, good coordination, establishing and strengthening community accountability for good nutrition, a priority for vulnerable groups and improving nutrition knowledge.</p> <p>The strategy is laid out in the 2007 MOH publication "Protocol for the Management of Severe Acute Malnutrition". Community Outreach through CMAM consists of screening, referral, admission and home follow-up. Health Extension Workers and Volunteer Community Health Workers manage community screening. Responsibilities for many health and nutrition activities are shifted from the VCHWs to the Health Development Army (HDA) a network of volunteers in each community. One of their tasks is to identify children who are potentially severely malnourished and referring them to HEWs who enrol them in CMAM if their arm circumference is below a certain value. HEWs are based in health posts and receive supplies of RUTF at the health posts. The HEWs report on CMAM inputs and outputs on a monthly basis.</p>		

## Progress and Results

CMAM decentralization to HEWs resulted in SAM treatment increasing from 18,000 in 2002 to 230,000 in 2010. Service points increased from 239 in 2007 to more than 9,000 in 2011. Treated SAM average recovery rate was 83%, mortality rate was 0.6% and defaulter rate was 5%, within international quality standards. 70% of CMAM services were working well; 10% required substantial support. Quality is weak in the pastoralist regions. Scale-up of health centres providing SAM with medical complications treatment is lagging as is the referral service. CMAM is not integrated into core health sector management.

The cost per child treated, excluding drugs, is US\$110. Excluding fixed health service costs reduces the cost to \$73. The cost per district ranges from \$35,000 to \$85,000. There is work to do to put the budget for the RUTF supplies (\$16 million in 2012) onto the regular health sector budget. For now 75% of costs are funded from emergency budget sources provided by international partners and channelled via UNICEF. An increasing number of treated SAM cases are not in emergency locations thus it is increasingly accepted that paying for CMAM should not exclusively be from emergency budgets.

## Next Steps

Advocacy is taking place with GoE and donors to the health sector regarding the switching of RUTF purchasing budgets from emergency budgets to more predictable long term budget lines.

MoH is making plans to integrate CMAM into the woreda planning and HMIS systems.

Training on CMAM for health sector staff is now being integrated into other trainings rather than being provided on a stand-alone basis as was the case in the recent past.

MoH with UNICEF support is exploring options for encouraging more private sectors involvement in the local production of RUTFs.

The Pharmaceutical Fund and Supply Agency is being strengthened to improve their ability to deliver RUTF to the increasing number of service delivery points.

## 9 Scaling-up district development programme management in 200 districts in Ethiopia

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	FA5, Partnership and KM	<a href="https://icon.unicef.org/apps02/cop/edb/Lists/Evaluation%20Reports/RecentlyUpdated.aspx?View={9F0568C7-6259-490B-BEA5-8ABE19D1A0B5}&amp;FilterField1=CountryLookup%5Fx003a%5FCountry&amp;FilterValue1=Ethiopia">https://icon.unicef.org/apps02/cop/edb/Lists/Evaluation%20Reports/RecentlyUpdated.aspx?View={9F0568C7-6259-490B-BEA5-8ABE19D1A0B5}&amp;FilterField1=CountryLookup%5Fx003a%5FCountry&amp;FilterValue1=Ethiopia</a>
Contact Person	Language	Emergency Related
Roger Pearson	English	

## Abstract

Community participation is key to UNICEF's human rights approach to programming. Done well, it is a means towards more efficient and sustainable realisation of development outcomes and helps strengthen the engagement of women, youth and other vulnerable groups. GoE is decentralising programme management by channelling the majority of development funding to district level. UNICEF helped to build capacity for integrated community-based participatory planning in the period 2005-2011 in Tigray region and based on the experience agreed to scale-up to other regions in the 2012-2015 programme. The focus will widen to build the capacities for bridging bottom-up programme management and top-down target setting with a focus on the district plan. The headline messages for UNICEF's five point post-2015 advocacy agenda are all relevant to

this work thus the lessons learned from Ethiopia and actions moving forward will be of interest to other countries.

### **Innovation or Lesson Learned**

Now that ICBPP is scaling-up in Tigray and maintenance costs are clearer more oversight will be required at cabinet level including the allocation of resources to ensure quality is maintained. The evaluation has recommended that a full time expert be appointed to coordinate scale-up in the Tigray BoFED.

Accountabilities at district and kebele level for the quality of development programme management need to be made clearer. Guidelines for the management and even the structure of district plans need to be issued so that sub-district planning can be compiled into a clear district plan that shows all budget planned allocations and expenditures.

The plans need to improve their articulation and monitoring of higher level results; to do this UNICEF aims to integrate some of the working principles of MoRES including bottle-neck analysis into the district –level planning and monitoring work.

The lower the administrative level, including local level community groups, the higher the need to maintain capacity building efforts thus capacity building has to be institutionalized, supported by a budget and be considered part of the regional development expenditures. Mainstreaming gender and including vulnerable groups needs work. For example, although women are represented their participation is limited due to their duties in the household.

The communication strategy for ICBPP needs more investment including using leaflets, websites and orientations to relevant staff of sector bureaus and other development partners and working on better feedback to communities on the performance of plans.

Coordination of this capacity building work in the UNICEF office also requires dedicated staff, and adjustments have been made so that some staff can dedicate the majority of their time to working in this area.

### **Potential Application**

ICBPP and its role in supporting the management of integrated district programmes is now worked into the 2012-2015 country programme with a target of helping to improve quality in 200 districts. The results of the Tigray evaluation are a key resource for the planning of this multi-regional scale-up.

With respect to Tigray the evaluation steering committee was set-up to ensure regional cabinet members were part of the committee in anticipation of action points emerging regarding closer involvement of the cabinet in managing ICBPP now that region-wide scale-up is taking place. The endorsement of the wider cabinet was signalled by the steering committee receiving a letter from the Regional President endorsing the management response action points endorsed by the steering committee.

### **Issue**

UNICEF's programme guidance emphasises the importance of community participation in development planning. Yet ensuring capacities are genuinely built in this area have proven difficult to deliver as the global evaluation of HRABP has pointed out. The Government of Ethiopia has a serious decentralisation agenda and has agreed with UNICEF that substantive financial and human resources from the GoE/UNICEF programme should be allocated to building capacity for local level results-based management. This note describes how, when substantive resources are allocated, it is possible to deliver quality community participation in planning.

### **Strategy and Implementation**

The GOE/UNICEF strategy to ensure community participation is to support kebeles, districts and sector bureaus to enable them to develop integrated development plans in a participatory manner. ICBPP is based on sub-kebele committees agreeing on their work-plan which includes resources they contribute and those from the district. The kebele administration finalizes the plan in a participatory dialogue, sends this to the district which prepares the district development plan on the basis of the kebele plans. The BoFED then interacts with the district to prioritize which actions to fund based on resource availability.

Activities for implementing ICBPP include manual development, translation into local languages and support training of key actors from regional to kebele level.

**Progress and Results**

ICBPP was piloted in 2 districts and scaled-up region-wide Tigray between 2007 and 2011. It is underpinned by a Tigrinya language manual based on the guides of a number of development partners. On average USD 1005 per year per District was required to implement ICBPP. On average for sustaining ICBPP implementation USD 3243 per district is required annually in Tigray region.

Community participation in development increased leading to a sense of ownership and optimism that community based plans can lead to better development results. Community participation is stronger in the implementation of the plans than in the initiation of ideas. At the district level, ICBPP enhanced the level of integration among sectors and bureaus. There are variations in the quality of plans between sub-kebeles. ICBPP resulted in the incorporation of the issues of women and other vulnerable groups and strengthened social cohesion among different groups.

The evaluation found that the four-day TOT style training given to 322 trainees from 46 districts is not sufficient for civil servants to grasp the principles and methodologies of ICBPP. The training strategy needs an overhaul to provide continuous training. Also, the curriculum needs to add more on leadership and planning skills.

**Next Steps**

While accountability for this cross-cutting capacity building endeavour was not clear in the 2007-2011 plan this has now been remedied with MoFED in partnership with the UNICEF Research, Evaluation, Policy and Monitoring group clearly responsible for trying to deliver on 200 better quality district development plans with substantive resource allocations underpinning this target. As of the end of 2012 work has started in over 100 districts including those districts in Tigray that started work in 2011 (and earlier for the case of the pilot areas).

The results of the evaluation are being used to adjust investments in Tigray and are serving as inputs in the other regions as they develop their district planning capacity building plans from the beginning. For example the lack of good quality guidance by regional governments for how districts should compile and manage district development plans has now been confirmed as a universal issue in all regions and this is leading to the UN working with MoFED to develop an overall guide for regional adaptation.

A key element of this focus on integrated district development plans is the hope that these plans, for the first time in Ethiopia will be able to detail all development resources being spent at district level including community contribution, money channelled through government systems and resources channelled outside of government systems to community level actions.

Study tours to the pilot districts in Tigray by regional and district staff were very useful for them to start thinking about how they could make adaptation in their districts. These groups have also adapted the manuals developed by Tigray region to guide ICBPP for their own region's use with UNICEF helping to finalise and pay for printing.

Finally Ethiopia has by no means all the answers regarding how to make a stronger connection between regional, district and local level programme management. A study tour is being planned to several states in India to look at their progress since participation in planning has a much longer tradition there than in Ethiopia.

**10 lessons learned from an evaluation of activities aimed at economically empowering women**

Document Type/Category	MTSP Focus Area or Cross-Cutting	Related Links

	<b>Strategy</b>	
Lesson Learned	FA3, Service Delivery	
<b>Contact Person</b>	<b>Language</b>	<b>Emergency Related</b>
Roger Pearson	English	

### Abstract

Children's rights will not be met with equity unless the most vulnerable households are given special support. This evaluation produces evidence on accelerated realisation of children's rights in vulnerable households targeted for micro credit; use of health and education services increased as well as household food security. There are many resources being channelled into micro credit mainly by the commercial microfinance sector. If viable strategies can be devised that aim to enrol the commercial micro finance sector into reaching targets for vulnerable households this could be a viable way to reach these households at scale. For the case of Ethiopia this is being explored via a partnership between the National Bank, MoFED, the social sector ministries and several development partners.

### Innovation or Lesson Learned

The evaluation put into perspective the relatively small scale of the UN contribution to the national micro credit strategy. Yet it showed that microcredit to the poorest households is a powerful tool to help reach national development targets for the most vulnerable thus contributing to the equity agenda. It also showed that social service ministries should refocus their role from trying to be direct providers towards working on a policy and strategy to harness the commercial sector to focus on credit at scale for the target group.

Thus given the amount of capital available for micro credit, including recent substantive injections from the treasury, discussions are underway to divert the UN support from direct micro credit management towards helping accelerate agreements and action between all key actors to scale-up target achievement in terms of numbers of vulnerable households reached with credit from the commercial sector.

### Potential Application

Targeted micro-credit to the poorest elements of society is commonly one element of a larger social protection strategy. Targeting microfinance to the most vulnerable households is an action recommended in the final draft of Ethiopia's national social protection policy. This experience in Ethiopia has demonstrated that the children in beneficiary households start to realise rights that they did not realise before benefiting from micro credit. If children's rights are to be realised equitably for the children of the poorest households then scaling-up micro credit accompanied by literacy and appropriate skills training should be part of overall push towards greater equity in national development strategies with the details agreed upon in national social protection policies, strategies and investment plans.

### Issue

Scaling-up access to micro credit by vulnerable groups, including poor women, is a national development priority. Commercial MFIs and SACCOs have 3.5 million customers and almost US\$500 million in loans outstanding. Non UN development partners manage credit worth almost US\$700 million over 7 years targeted at small scale farmers.

UNICEF has been supporting GoE to target credit and loans to poor female headed households. The 2012 evaluation informed the evolution of this support as micro finance an element of a UN joint programme focussed on gender equality and women's empowerment and a feature of the draft national social protection policy.

### Strategy and Implementation

Between 2007 and 2011 UNICEF channelled \$US 2 million per year to regional government social service departments to fund microcredit and grants for the families of vulnerable children. Committees at district level made up of social sector civil servants decided who would get access to credit. If there are no able bodied persons in the household a grant is given, households with able-bodied people are given interest free

loans. By comparison commercial micro loans have interest rates of between 10-20%. Cash would be disbursed by the district government finance department. Loanees received training in some cases before the loan or grant was issued to help them develop business skills. Grants and loans averaged around \$170. Over the period 2007-2011 just over 90,000 children lived in beneficiary households, on track for achieving programme targets by the end of the programme in mid-2012.

### **Progress and Results**

Evaluators conducted a desk review, interviewed 1,537 randomly selected recipients of grants and loans (half from UN and UNDP programme and half from any other type of micro credit programme), and conducted focus group discussions and in-depth interviews in seven regions. In households receiving loans, meal frequency of less than 3 per day went down from 44% to 25%. Quality of clothing, health care and sanitation improved in 95%; access to health improved in 72%, access to education in 88%, and availability of educational materials increased in 79%. Income increased in 60% and did not decline another 33%.

The repayment rates on the UNICEF loans were low, never going above 25% by region compared to rates of over 95% in the private sector. Targeting of the very poorest vulnerable households was weak. Only 51% in the UN supported programmes were classified as most vulnerable or survivalist entrepreneurs; 53% were found to be in this category in the non UN micro credit that does not particularly aim to target this group. The lack of innovation in the businesses set-up was a concern highlighted by the evaluation; over half the businesses created were small-scale retail trade thus crowding out similar existing businesses.

### **Next Steps**

The UN agencies partnering with the ministries working on the joint UN programme aim to understand more about the degree of financial literacy vulnerable women have as a prelude to devising a literacy training strategy aimed at helping them access better the existing commercial microfinance at a much greater level than is currently the case.

MoFED, the National Bank of Ethiopia and ministries concerned with the social sector are discussing the possibility of compiling a national strategy and budgeted plan of action aimed at enrolling the commercial finance sector in targeting vulnerable groups including women as one element of the national social protection strategy being developed as the draft national policy is discussed in the council of ministers. With the right incentives and with continued capital injections from government into the commercial sector, it would be possible to reach many more vulnerable women than is the case if the UN resources available for micro credit are to be used directly as in the past. The resources are very small compared to those available to the commercial sector. Using UN resources to facilitate an accelerated agreement over a viable national plan of action may be a smarter way to involve the UN system.

The pre-loan training in government institutions is not very dynamic providing skills in areas where the market demand is not strong and leading to crowding of already well-served economic niches. The partners have agreed therefore to look in more depth at the training issue and see if a budgeted plan can be put in place that will result in more dynamic training for the target group.