

Ethiopia

Executive Summary

Context: 2015 took place in the context of a transition from the Millennium Development Goals (MDGs) towards the post-2015 development agenda and its translation into Ethiopia's national development framework and related sectoral policies, strategies and programmes. A new Country Programme Document and Country Programme Management Plan (mid-2016 to mid-2020) was developed, reflecting changes in the national development landscape, as well as the development financing environment. The new Country Programme includes adolescent girls and integrated early childhood development as new outcomes, as well as a focus on resilience and urbanization.

The year was marked by failed harvests in large parts of the country, leading to one of the worst droughts and food deficits in decades, with an estimated 10.2 million people in need of relief food at the end of the year, and a worsening situation in 2016. In September, UNICEF activated emergency measures and adjusted programme plans, priorities and resources accordingly.

UNICEF saw a change in leadership when the new Representative began duties in May.

Achievements: UNICEF successfully advocated for the mainstreaming of key child rights issues and a focus on equity into Ethiopia's new medium-term national development plan (Growth and Transformation Plan II), key sectoral declarations, including the Seqota Declaration on ending child undernutrition by 2030, and the new United Nations Development Assistance Framework (UNDAF). Reflecting its focus on system building for sustainable development, in 2015 UNICEF Ethiopia supported the integration of vital events registration structures into the national health system, which will enable a national roll-out of birth registration in 2016. UNICEF has supported the development of the Health-Care Financing/pro-poor Maternal, Newborn and Child Health Strategy, which is a precondition for Global Financing Facility funding.

In April 2015, Ethiopia achieved MDG 7c on access to safe water, and supported the development of national sanitation and hygiene promotion guidelines. In addition, UNICEF supported the development of an Integrated Urban Sanitation and Hygiene Strategy.

With UNICEF support, the Productive Safety Net Programme IV was launched, with a strong focus on nutrition outcomes and child- and gender-sensitive targeting mechanisms. UNICEF supported the development of the new Education Sector Development Programme IV, which emphasizes quality of education and integrates early childhood development as a national education priority. UNICEF engaged in high-level advocacy for girls' empowerment, supported a National Girls Summit with a focus on ending child marriage and female genital mutilation/Cutting (FGM/C), and implemented related social mobilization activities.

Management achievements in 2015 include closure of all 2015 external audit observations within six months. UNICEF Ethiopia successfully updated and rolled out the revised Table of Authority, updated its risk profile and harmonized its business continuity plan with the United Nations Economic Commission for Africa. At the end of 2015, UNICEF Ethiopia had no

outstanding direct cash transfers over nine months, and there were no supplies outside the minimum-maximum and preposition strategy. The emergency management team was reactivated mid-year to address the ongoing drought emergency.

Shortfalls: A number of shortfalls warrant increased attention in 2016. Despite near universal primary school enrolment, completion rates and learning outcomes remain at lower levels, particularly for girls. While the MDG target on access to safe water has been met, sanitation and hygiene indicators are still low and need increased focus in 2016, in particular in light of the country's ongoing urbanization. National stunting rates remain high and lessons from the Horn of Africa crisis show that the current drought could exacerbate stunting rates for years to come. A stronger focus on resilience is needed to ensure that recurrent crises do not diminish development gains.

Partnerships: UNICEF successfully supported the Government of Ethiopia in strengthening South-South development cooperation with Brazil (water, sanitation and hygiene, or WASH) as well as China (health). In response to changes in the global aid environment, UNICEF strengthened its partnership and resource mobilization with foundations and private-sector partners. UNICEF signed a Memorandum of Understanding (MoU) with the Ethiopian Islamic Affairs Council on a partnership to end harmful traditional practices and violence against children, and to promote progressive gender roles for girls' empowerment in Ethiopia. Furthermore, UNICEF and the United Nations Population Fund signed an MoU for Enhanced Collaboration in Ethiopia in the areas of gender equality and women's empowerment; adolescent and youth development; and child protection and gender-based violence in emergency and humanitarian settings.

UNICEF's work in Ethiopia is fully aligned with the Global Strategic Plan. Key outcomes and theories of change from the Global Strategic Plan as well as the Gender Action Plan are reflected in UNICEF Ethiopia's new Country Programme Document 2016–2020.

Humanitarian Assistance

Effects of the El Niño weather phenomenon were prominent throughout 2015 in Ethiopia, causing failed spring/Belg rains and severely affecting rainfall patterns of the main summer/Kiremt rains. Normally, the Kiremt rains (long duration rains) provide 80 per cent of the country's agricultural harvest. This combination resulted in a slow-onset emergency and, during the fall of 2015, Ethiopia moved into its worst drought in decades. The drought has devastated livelihoods and greatly increased malnutrition rates in Afar, Amhara, Oromia, Southern Nations Nationalities and Peoples (SNNP), Somali and Tigray regions.

Recognizing the increased needs, the Government in December presented the 2016 Humanitarian Requirements Document (HRD) requesting US\$1.4 billion for relief efforts. The HRD estimates that 10.2 million people are in need of food aid (compared with 2.9 million in the beginning of 2015) and 435,000 children require treatment for severe acute malnutrition (compared with 264,515 at the beginning of 2015). An education sector rapid assessment in September 2015 found that 2.3 million school-age children were affected by the drought. The HRD foresees 1.3 million children in direct need of education in emergencies supplies, school meals and WASH in 2016 (compared with 292,118 at the beginning of 2015). The HRD foresees 5.8 million people in need of access to clean drinking water and basic latrine facilities in 2016 (compared with 1.4 million at the beginning of 2015). Shortage of water forces communities to use unsafe water, exposing them to waterborne diseases. As of November 2015, 15,976 confirmed cases of measles were reported. Critical shortages of water have also

resulted in an outbreak of scabies in the Amhara, Oromia and Tigray regions and acute watery diarrhoea in the Oromia and Somali regions. The drought also raises many child protection concerns and, for the first time, the HRD includes 2.5 million people in need of protection interventions in 2016.

Compounding the situation, in October, El Nino brought flooding to the Somali region, causing fatalities and displacing more than 46,000 people. The flooding in certain locations is expected to worsen in 2016, and the Government has prepared a contingency plan for 210,000 affected people in Oromia, SNNP and Somali regions.

The influx of refugees continued in 2015. According to the UN Refugee Agency (UNHCR), as of 30 November 2015, Ethiopia was hosting 730,358 refugees and asylum seekers. The majority had arrived from South Sudan (39 per cent), Somalia (34 per cent) and Eritrea (21 per cent). However, UNHCR reports that of the 152,555 Eritrean refugees, 81,078 of those previously registered in the camps are believed to have left.

In Gambella, where there is a large concentration of South Sudanese refugees, UNICEF supported the vaccination of 19,641 refugee children between 6 months and 15 years old against measles; 21,067 refugee children between 0 and 15 years old against polio; and has provided vitamin A supplementation to 10,295 refugee children between 6 months and 5 years old. UNICEF supported the construction and renovation of six health facilities to benefit an estimated 95,000 people from host communities. In addition, UNICEF supported a permanent water system in Itang town, enabling access to clean water to an estimated 150,000 people in Kule and Tierkidi refugee camps and the host communities living in the surrounding areas. Nearly 54,000 children in refugee camps and host communities benefited from child protection services.

UNICEF continued to support the Community Management of Acute Malnutrition programme, including supplying therapeutic feeding sites with necessary drugs, equipment, technical assistance and therapeutic food. The number of therapeutic feeding sites increased from 14,334 in 2014 to 15,000 in 2015, allowing for the treatment of more than 321,776 children with severe acute malnutrition from January to November 2015.

UNICEF procured 5,894,100 doses of measles vaccine to vaccinate 5.31 million children in drought affected areas of Afar, Amhara, Dire Dawa, Oromia, Somali and Tigray in October–November. In 2015, UNICEF reached more than 155,300 people with health-care services through mobile health and nutrition teams in the remote areas of Afar and Somali. More than 800,000 affected people gained access to clean water, while nearly 184,550 received key sanitation and hygiene messages. UNICEF provided education supplies for 195,709 children (including refugee children) affected by emergencies to enable them to continue their education.

UNICEF appealed for US\$55 million through the Humanitarian Action for Children (HAC) appeal to meet the needs of affected women and children. As of the end of December, the HAC was fully funded though with inequities, as WASH and Nutrition were overfunded, while Health, Education and Child Protection were underfunded.

Summary Notes and Acronyms

ABE – Alternative Basic Education

ACRWC – African Charter on the Rights and Welfare of the Child

ARRA – Administration for Refugees and Returnees Affairs

ASR – Accelerated School Readiness
C4D – Communication for Development
CBNC – community-based newborn care
CCCs – Community Care Coalitions
CEDAW – Convention on the Elimination of all Forms of Discrimination against Women
CMAM – Community Management of Acute Malnutrition
CMT – Country Management Team
CRVS – civil registration and vital statistics
CSA – Central Statistical Agency
CWA – Consolidated WASH Account
DCT – direct cash transfer
DHS – Demographic and Health Survey
DRMFSS - Disaster Risk Management and Food Security Sector
ECCE – early childhood care and education
EDRI – Ethiopian Development Research Institute
EMIS – Education Management Information System
EPI – Expanded Programme on Immunization
EPRP - Emergency Preparedness and Response Plan
ERCS – Ethiopian Red Cross Society
ESDP – Education Sector Development Plan
ESPA+ – Ethiopia Service Provision Assessment plus
FGM/C – female genital mutilation/cutting
FMoH – Federal Ministry of Health
GTP – Growth and Transformation Plan
HACT – Harmonized Approach to Cash Transfer
HEWs – Health Extension Workers
HRD – Humanitarian Requirements Document
HSTP – Health Sector Transformation Plan
ICBPP – Integrated Community Based Participatory Planning
ICCM – Integrated Community Case Management
ICT – information and communication technology
IOM – International Organization for Migration
IT – information technology
IRT – Integrated Refresher Training
IYCF – infant and young child feeding
LLIN – long-lasting insecticide-treated nets
MDGs – Millennium Development Goals
MIS – Management Information System
MNCH – maternal, newborn and child health
MoE – Ministry of Education
MoFEC – Ministry of Finance and Economic Cooperation
MoH – Ministry of Health
MoLSA – Ministry of Labour and Social Affairs
MOSS – Minimum Operating Security Standards
MoU – Memorandum of Understanding
MoWCYA – Ministry of Women, Children and Youth Affairs
MUAC – Mid-Upper Arm Circumference
NDRMCC – National Disaster Risk Management Coordination Commission
NGO – non-governmental organization
OPV – oral polio vaccine
PBEA – Peacebuilding, Education and Advocacy

PFSA – Pharmaceutical Fund and Supply Agency
PSNP – Productive Safety Net Programme
REBs – Regional Education Bureaus
RHB – Regional Health Bureaus
RUTF – Ready-to-Use Therapeutic Food
SMIS – School-Based Management Information System
SDG – Sustainable Development Goals
SNNP – Southern Nations Nationalities and Peoples
SRGBV – school-related gender-based violence
TSF – Targeted Supplementary Feeding
UNDAF – United Nations Development Assistance Framework
UNCRC – United Nations Convention on the Rights of the Child
UNCT – United Nations Country Team
UNDSS – United Nations Department of Safety and Security
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
WFP – World Food Programme
WHO – World Health Organization

Capacity Development

UNICEF supported capacity development of the Ministry of Health (MoH) staff to plan, monitor and evaluate programmes through technical support, training and coordination. The national Pharmaceutical Fund and Supply Agency (PFSA) was supported to implement supply delivery and distribution, and 10 warehouse managers were trained on warehouse and inventory management. UNICEF supported training of 5,971 Health Extension Workers (HEWs) to manage major childhood illnesses and newborn sepsis at community level, and 1,274 newborns were treated for sepsis. UNICEF is supporting accelerated Basic Emergency Obstetric and Neonatal Care training and supportive supervision; 57 per cent of health facilities are providing these services, reaching 9 million children under 5 and treating 1.2 million children in 2015.

Integrated Refresher Training (IRT) was provided for 33,499 HEWs, 547,772 Health Development Army members, 656 facilitators of women-to-women groups and 6,282 Agriculture Development Agents. Through the adolescent nutrition pilot, 585 boy and 464 girl adolescents were trained on youth dialogue facilitation, and 1,279 boys and 1,339 girls on peer-to-peer learning on nutrition.

UNICEF facilitated the set-up of the Water Sector Working Group secretariat and development of improved water, sanitation and hygiene (WASH) curricula for Technical and Vocational Colleges in four regions.

Central Statistical Agency (CSA) staff were trained on child poverty analysis, child labour and sampling methodology in pastoralist areas. Five regions integrated demographic and socio-economic data into their development plans. UNICEF trained 466 experts on child-focused socio-economic data collection, Geographic Information Systems and DevInfo. UNICEF supported training of 1,741 civil servants on results-based management.

With UNICEF support, 1,400 justice professionals now provide quality services to children in conflict with the law. UNICEF trained staff of the Vital Events Registration Agency on building the Civil Registration and Vital Statistics System.

UNICEF supported training of 2,000 education staff on disaster risk reduction and risk-informed programming, to anticipate, manage and recover from shocks to the education system.

Evidence Generation, Policy Dialogue and Advocacy

Key 2015 policy breakthroughs are directly attributable to UNICEF Ethiopia's evidence generation and policy advocacy work, including: the launch of the Productive Safety Net Programme (PSNP) IV, National Integrated Urban Sanitation and Hygiene Strategy, Health Sector Transformation Plan (HSTP) 2015–2020, Newborn and Child Survival Strategy, health-care financing strategy, and the national day of Ending Child Marriage.

UNICEF established partnerships with international and national institutions to support generation of evidence and build the capacity of the CSA, Ethiopian Development Research Institute (EDRI), federal ministries, regional bureaus and civil society organizations to deliver high-quality research products. UNICEF and CSA supported the finalization of a child well-being report; UNICEF and the Ministry of Finance and Economic Cooperation (MoFEC) supported the finalization of the 2015 Update National Equity Situation Analysis; UNICEF and the Ministry of Labour and Social Affairs (MoLSA) supported the dissemination of the Impact Evaluation of the Social Cash Transfer in Tigray, which has influenced the design and launch of the PSNP IV; UNICEF, the Ministry of Women, Children and Youth Affairs and the National Alliance to End Child Marriage and Female Genital Mutilation/Cutting (FGM/C) supported the finalization of research on child marriage and the mapping of existing programmes, which has positioned UNICEF as a key partner during the national day of Ending Child Marriage; and UNICEF and the MoH supported the Service Provision Assessment showing health system delivery disparities and the Countdown Case study providing valuable guidance on best practices and lessons learned to reduce child deaths used during the design of the HSTP.

Development of a roll-out plan for the Sustainable Development Goals (SDGs) with the United Nations Country Team (UNCT) will position UNICEF and priorities for children on the national agenda. The main objectives will be setting national baselines and goals and domestic financing needs for each goal, with a focus on the unfinished business of the Millennium Development Goals (MDGs) for policy dialogue and advocacy for equitable development.

Partnerships

As Ethiopia's private sector gradually expands, UNICEF is exploring with private-sector partners areas of collaboration that positively impact women and children. With the Government of Ethiopia launching its second Growth and Transformation Plan with major emphasis on economic growth, UNICEF hopes to capitalize on this momentum, with Ethiopia's anticipated increased economic growth and investment providing opportunities to partner with the private sector and provide services to communities in need.

International foundations continue to grow as key partners for UNICEF in Ethiopia, focusing mainly on maternal and child health programmes. In addition to financial resources, international foundations play an increasing role in providing technical assistance in innovative programme development, such as a cold chain device piloted in 2015 which enables better vaccine storage and transportation to remote areas. UNICEF is looking to scale up this initiative as a trilateral partnership with the Bill & Melinda Gates Foundation and Government of Ethiopia.

UNICEF is partnering with the Ethiopian Islamic Affairs Council to end harmful traditional practices and violence against children, and to promote progressive gender roles for girls' empowerment.

As coordinating agency for the Global Partnership for Education in Ethiopia, UNICEF provided ongoing technical assistance to the pooled sector programme, with results including a strengthened teacher inspectorate system, wide scale provision of teacher training and distribution of School Block Grants.

UNICEF continues to engage with regional academic institutions to conduct situation analyses to inform programming and decision-making at the sub-national level. In 2015, Bahir Dar University conducted the Amhara region situation analysis, commissioned by the Amhara Region Bureau of Finance and Economic Cooperation with support from UNICEF.

UNICEF Ethiopia continued its strong partnerships with international and local governments, United Nations agencies, civil society organizations, academia and the private sector towards achieving the targets of Committing to Child Survival: A Promise Renewed; the Every Newborn Action Plan and Scaling Up Nutrition.

External Communication and Public Advocacy

A key focus of UNICEF Ethiopia's communication work in 2015 was supporting advocacy around MDGs 3 and 5. National Ambassador Abelone Melesse played a key role in raising visibility of maternal, newborn and child health (MNCH) through the 'A Promise Renewed' meeting in India and the global MNCH meeting in Mexico.

UNICEF Ethiopia continues to advocate for girls' empowerment to be high on Ethiopia's political agenda. The Girls' Empowerment campaign complements and supplements the ongoing work by the Government and partners and is an umbrella concept to guide advocacy and communication efforts. Key social mobilization/advocacy activities included regional races (5 kilometres) in the Amhara and Afar regions around 'Ending Child Marriage' and 'Ending FGM/C', respectively. Nearly 20,000 people participated in the running events and activities included children's races, photo/art expositions and media round-table discussions.

Other key public advocacy events supported in 2015 included: Ethiopia's achievement of MDG 7c of the WASH target; the third Conference on Financing for Development in Addis Ababa; South-South cooperation between Ethiopia and Brazil on urban WASH; Universal Children's Day; a visit from the Queen of Belgium; and the Chinese media and private-sector visit on child health, in conjunction with the Bill & Melinda Gates Foundation.

Ethiopia's communication, advocacy and partnerships activities are aligned with global and regional strategies, plans and priorities, and are fully integrated in the country programming.

UNICEF Ethiopia's strong social media presence has led to 303,588 web views, 20,340 Facebook 'likes', 11,874 Twitter followers, 1,135,847 photo views, 40,324 views on WordPress, and 200 followers on Instagram. The numerous communication activities supported by UNICEF Ethiopia, including 44 events, 72 briefing documents, 69 blog posts and 55 visits, helped raise public awareness on issues affecting women and children in Ethiopia, and have led to important commitments by the Government, including the Seqota Declaration to end child malnutrition in Ethiopia by 2030.

South-South Cooperation and Triangular Cooperation

UNICEF Ethiopia is strongly committed to South-South cooperation and implemented related key activities in 2015.

The South-to-South Cooperation programme between Ethiopia and Brazil was initiated with a feasibility study for a condominium sewerage system in Wukro town, Tigray region, developed by UNICEF's WASH team in October 2015 using best practices from Brazil as benchmarks. The WASH section also facilitated a visit of a Cuban delegation to Ethiopia to support the establishment of an integrated water resources management system.

UNICEF facilitated a Sudan/Ethiopia learning visit to Afar, where the Bureau of Women and Children Affairs gained additional expertise on approaches to scaling up interventions on ending FGM/C through an experience-sharing visit. With Sudan facing many similar challenges with regard to FGM/C, the two countries benefited from sharing best practice experiences in ending harmful traditional practices.

UNICEF hosted a large Chinese media delegation visit that focused on child health-related programmes. The visit was part of a UNICEF China and UNICEF Ethiopia partnership with the Bill & Melinda Gates Foundation and Aucma, one of China's leading refrigeration companies, to improve Ethiopia's vaccine cold chain, in order to reduce preventable child deaths.

With the aim of improving universal salt iodization in Ethiopia and in order to showcase and expose the Government and the private sector to the latest technologies on central iodization facilities, UNICEF organized an experience-sharing visit to Azerbaijan. A delegation of seven participants from the Government, Micronutrient Initiative and UNICEF, as well as salt producers, visited Baku in October 2015. As a result of the visit, the Ethiopian team developed a time-bound action plan to establish a central iodization facility in partnership with the private sector.

Identification and Promotion of Innovation

As part of the annual work plan with MoFEC, UNICEF and CSA worked with sampling experts from the University of Southampton to improve sampling methodology for statistical data in pastoralist areas. The survey methodology currently in place does not collect data from these remote areas and population. A pilot was implemented in Afar to test an innovative adaptive sampling technique with the use of tablets for data collection. The results of this exercise will inform future data collection method and improve the Government's understanding of the situation of women and children in remote areas. The introduction of 'mobile networking cards' in Somali was launched as a means of providing flexible access to basic education across children's migratory routes, with expansion to one other region planned for 2016.

A joint UNICEF-United Nations Educational, Scientific and Cultural Organization (UNESCO) pilot project on improving the drilling success rate in complex hydrogeological areas of Afar region was completed in 2015. Base maps of hydrogeology and geology were produced at a scale of 1:250,000, which were overlaid on radar and optical remote sensing maps of the same areas. Most prolific aquifer areas and areas with complex hydrogeology were identified. This scientific knowledge is being used to improve targeting of new borehole sites. Geophysical surveys were used to identify a borehole drilling site for Welenchiti town to explore aquifer with acceptable concentrations of fluoride. Drilling was undertaken based on the study and resulted in successfully striking the required quantity and quality of water with fluoride concentration below 0.9 milligrams/litre.

Support to Integration and Cross-Sectoral Linkages

The Research, Evaluation, Policy and Monitoring, Child Protection and Nutrition programmes jointly implement an integrated basic social services through social cash transfer programme in two regions. UNICEF supported the training of social workers on the integrated system approach and developed a communication strategy. The Management Information System (MIS) was piloted as a case management tool to link the most vulnerable PSNP clients with basic social services.

As part of the joint programming between WASH and Nutrition, UNICEF Ethiopia supported the sustainable reduction of diseases related to poor sanitation and hygiene contributing to stunting and child mortality in 10 Developing Regional State Woredas in Somali, with a focus on pastoralist and agro-pastoralist communities.

UNICEF Health and Child Protection are strengthening the Civil Registration and Vital Statistics (CRVS) System with an emphasis on birth registration for MNCH. A Memorandum of Understanding (MoU) has been signed with defined roles and responsibilities to enhance the interoperability between the health and the vital events registration systems. Health and Child Protection are working in Somali and Afar to prevent FGM/C and provide care to survivors. The programme on adolescent girls' empowerment is being implemented across various sectors.

UNICEF Ethiopia focused its support on ending child marriage programmes. Joint interventions with WASH on menstrual hygiene management, girl adolescents' nutrition, education and reproductive health, and social norms change are currently implemented in Afar, Amhara and Somali, to support the Government in meeting its commitments on ending child marriage and FGM/C by 2025.

Multi-sectoral Communication for Development (C4D), health and WASH interventions were mounted in response to acute watery diarrhoea outbreaks in Oromia and Somali and across the Ethiopia/Kenya border, as well as scabies outbreaks in Amhara, Oromia and Tigray. A communication strategy and integrated training materials and messages were developed. Health, WASH and C4D supplies were provided to affected regions.

Service Delivery

Some 70 per cent of health posts provided CBNC in 2015, making newborn care and Integrated Community Case Management (ICCM) interventions available to 9,069,776 children under 5. UNICEF supported procurement and distribution of 30 million long-lasting insecticide nets to protect 54 million people and 5.8 million doses of measles vaccines to immunize 5.3 million children under 5 living in drought-affected woredas. A total of 11.7 million children under 5 were supplemented with vitamin A and 6.8 million children were dewormed. UNICEF provided 36,996 rations of complementary food to 1,270 children (6–24 months old) a month in 20 pilot woredas and supported the treatment of 257,878 children for severe acute malnutrition (88 per cent cure rate). Some 1.1 million children were weighed during monthly growth monitoring and promotion sessions in 378 woredas. A total of 492,399 people had improved access to safe water, 4,073,420 people gained access to latrine facilities, 8,132 villages became Open Defecation Free (1,717 in 2015), 61 health facilities and 69 schools were provided with improved WASH services, and menstrual hygiene management awareness-raising interventions were developed in 12 schools. UNICEF provided comprehensive child-friendly social welfare services, including alternative care and family strengthening services to 71,401 children. Since 2012, 6,428 child survivors of sexual violence received service at the One-Stop Centre in Addis Ababa. Child-Friendly Spaces established in refugee camps and host communities in Gambella and Shire

benefited 49,161 children.

More than 103,500 children benefited from delivery of early learning programmes in seven regions, responding to high parental demand for quality care and education services. This was complemented by implementation of holistic parental education programmes reaching more than 58,000 caregivers. Support was provided to meet the educational rights of 120,000 children from refugee camps and neighbouring host communities through school construction, provision of supplies and teacher education.

Human Rights-Based Approach to Cooperation

To assess progress towards achieving human rights-based approach benchmarks and the realization of the United Nations Convention on the Rights of the Child (UNCRC) goals, an update of Ethiopia's Situation Analysis Report was conducted in 2015, focusing for the first time on equity to better address marginalized and excluded children. Findings illustrate that while most MDGs are achieved, much remains to be done. For instance, although under-five mortality decreased from 166 per 1,000 live births in 2005 to 122 per 1,000 live births in 2011, urban-rural differences remain, a notable gender gap in mortality persists, and geographical variations are clear. With regard to gender equality, challenges exist in enforcement, gender parity is achieved only for selected outcomes, girls and women are at a disadvantage with regard to literacy, secondary education, HIV and violence, while vulnerabilities for boys exist in the areas of malnutrition, under-five mortality, contact with the law, corporal punishment, and child labour. Drivers of pastoralist vulnerabilities and tailored approaches that address such complex sociocultural and governance systems are also addressed. Independent situation analyses are conducted for sub-national regions to reveal local disparities masked by national averages.

UNICEF promotes community participation notably through its Integrated Community-Based Participatory Planning programme. Efforts are under way to incorporate and strengthen the participation of children and adolescents and their capacities to participate in decision-making. A draft National Action Plan for Children was developed. With technical and financial support from UNICEF, the Ethiopian inter-sectoral UNCRC committee is tasked with addressing the concluding observations issued by the 2015 UNCRC committee and the African Charter on the Rights and Welfare of the Child relating to recommendations on legislation, coordination, allocation of resources, data collection, independent monitoring, cooperation with civil society, etc. The eighth Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) country report is due in March 2016 and UNICEF is supporting the assessment of progress made since the last report. To strengthen accountability mechanisms for the realization of children's rights, UNICEF supports the capacity building of national and local inter-sectoral UNCRC committees that monitor compliance with child rights through programme implementation, tracking progress and periodic reporting.

Gender Mainstreaming and Equality

Ending child marriage is UNICEF Ethiopia's flagship gender programme. Starting in 2015, it is implemented through a phased approach at the national level and Afar, Amhara and Somali regions, targeting more than 500,000 girls, of which an estimated 300,000 have been reached. The programme will expand over the next three years to hotspot woredas in three new regions. Some 1.6 million girls will directly benefit from different initiatives – e.g., education opportunities. The total budget is US\$35.1 million, 10 per cent of which is secured and under implementation. Initiatives implemented to strengthen the enabling environment focus on supporting the national alliance to end child marriage and FGM/C and regional coalitions, law reform advocacy in regions where the minimum age for marriage is 15 years old and evidence generation on child

marriage. The Government committed to eliminate child marriage and FGM/C by 2025 by improving coordination, data availability and quality, accountability and budgets. A road map is under development to define budgeted action towards the achievement of this vision. Child marriage research completed in 2015 provides child marriage rates at the woreda level by analysing the latest census, presenting the drivers and protective factors in selected hotspot woredas, and mapping existing programmes. The outcomes of the research will inform the ongoing development of the road map to achieve 2025 commitments, in collaboration with the United Nations Population Fund (UNFPA).

A multi-sectoral intervention is implemented across the targeted locations by government sector bureaus. The programme provides educational material, life skills/information, and economic, psychosocial and legal support to girls. Community dialogue, radio programmes and school C4D initiatives are implemented to change gender norms. A comprehensive monitoring, learning and monitoring framework for the programme is under development.

A rapid gender review was carried out to inform the next Country Programme (2016–2020). The result of the review was discussed during the strategic moment of reflection and the section retreats. It was also utilized during the development of the Country Programme document results framework, which reflects improved alignment with the UNICEF Gender Action Plan (2014–2017). Gender specialists at national level and gender focal persons in each section support and coordinate gender initiatives at country and regional levels.

Environmental Sustainability

UNICEF continues to advocate for and support the replacement of fuel refrigerators by solar ones as part of its green environment strategy. In line with this strategy, UNICEF facilitated the procurement of 2,200 Solar Direct Drive refrigerators (2,000 by the FMoH, 100 by the Clinton Health Access Initiative and 100 by UNICEF). In addition, UNICEF supported the procurement of 75 new Passive Vaccine Storage Devices, which will help overcome long-standing cold chain problems, increase immunization coverage, and contribute to the promotion of environmental protection and sustainability.

To reduce the environmental impact of running more than 40 water trucks going back and forth 13 kilometres each way to provide water for 100,000 refugees in Gambella, UNICEF undertook the design and construction of a permanent water supply system in Gambella/Itang that provides more than 150,000 people, in two large refugee camps and the host communities around them, with access to safe water. This water scheme was inaugurated on 16 November 2015.

Under the urban WASH programme, environmental and social impact assessments were conducted in all eight project towns and possible mitigation plans have been agreed on with the respective local authorities. Additionally, as part of the year one sustainability check assessment, key environmental indicators were introduced and agreed on by sector stakeholders to measure the medium- and long-term sustainability of the infrastructure and services provided, from an environmental perspective.

At the September 2015 Country Management Team (CMT) meeting, UNICEF Ethiopia established a Greening Committee. The aim of this Greening Committee is to promote environmentally friendly practices and to advise UNICEF management and staff to realize the long-term goal of a neutral carbon footprint for UNICEF Ethiopia. A Greening Action Plan for 2016 has been developed and will be monitored by the CMT on a quarterly basis.

Effective Leadership

Monthly CMT meetings focused on improvement of operations and programme management monitoring and performance in the areas of budget, human resources, finance, administration, information and communication technology (ICT), supply, logistics, DCT, and grant management.

In 2015, the office continued its efforts to increase staff competencies in programmatic and operational areas. As a result, an Office Learning Plan was developed and endorsed by the CMT. The 2014 Global Staff Survey results were analysed and the office developed an action plan to improve staff morale in coordination with the Staff Association. The Risk Management and Audit Task Force successfully closed the 2015 external audit observations and prepared for the upcoming internal audit. Two peer reviews were conducted in 2015 to ensure that areas of weakness were identified and addressed to confirm the sustainability of audit recommendations and actions. In addition, the Regional Office conducted a peer review of the operations performance of UNICEF Ethiopia. The office's Risk Control Self-Assessment library was updated by the CMT following training provided by the Regional Office. Capacity-building training on VISION database for operations and programme staff was conducted with support from the Regional Office. In line with the Executive Director's decision to work towards climate neutrality, UNICEF Ethiopia conducted an assessment of greenhouse gas emissions for the office and reported the results to UNICEF headquarters. The business continuity plan has been updated for all field offices and Addis Ababa in 2015. The office worked closely with the Regional Office and the United Nations Department of Safety and Security (UNDSS) to ensure that there is continued Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards compliancy. Due consideration was given to offices located in phase III areas – Afar, Gambella and Somali.

Financial Resources Management

UNICEF Ethiopia processed more than 7,600 payment vouchers, completed 30 monthly bank reconciliations, facilitated smooth closure of 2014 year-end activities meeting all deadlines, and is currently working on 2015 account closure activities. Regular follow-up and reporting on cross-sectoral budget management has contributed to the reduction of funds lost from expiring grants compared with 2012 and 2013. UNICEF Ethiopia facilitated four Harmonized Approach to Cash Transfer (HACT) training courses for implementing partners and UNICEF field offices. Through leading the United Nations HACT working group, UNICEF initiated a capacity development training on HACT and financial management to about 135 implementing partners and provided support in HACT training for UNICEF Swaziland. Two Long-Term Agreements were signed for micro-assessment and spot-check training, to be used by UNICEF and other United Nations agencies.

UNICEF also developed and implemented a finance-related documentation filing management guideline, a process to streamline collection and accounting for personal use of UNICEF resources, and assisted in the development of a standard operating procedure on direct payment modality. Taking into consideration the importance of staff capacity development, UNICEF organized training on VISION for Finance, Administration, VISION hub and field office operations staff with support from the Regional Office, and arranged four local and international mission assignments for staff. The Table of Authority was updated to ensure that the office maintains internal controls and segregation of duties in line with UNICEF Administration/Finance policy. UNICEF Ethiopia had 0 per cent DCTs over nine months and 2.2 per cent over six months at the end of 2015, meeting the Key Performance Indicators. UNICEF Ethiopia committed 100 per cent of its Regular Resources, 98 per cent of its Other Resources, and 67

per cent of its Other Resources–Emergency, the remaining balance of which will be carried over to 2016.

Fund-Raising and Donor Relations

UNICEF Ethiopia has a large and diverse donor base, and therefore has significant donor reporting requirements. Of the 99 reports due in 2015, 98 were sent on time, with 1 being sent late due to information gaps. UNICEF Ethiopia places major emphasis on donor relations, of which donor reports are a critical component and the status is therefore monitored on a weekly basis by Section Chiefs and on a monthly basis by the CMT. Grant Opening Meetings continued as a useful tool to highlight reporting schedules, key milestones and grant requirements prior to grant utilization. These meetings are held no later than 48 hours after a grant is registered.

UNICEF Ethiopia utilized 98 per cent of available Other Resources in 2015. The remaining balance was on continuing grants to be utilized in 2016. UNICEF Ethiopia managed a total of 128 grants from 42 separate funding sources/donors in 2015, ranging from institutional donors and government donors to international foundations and UNICEF National Committees that in turn have a large range of donors they manage. Major fund-raising efforts took place to build this donor base, with nearly 70 proposals developed in 2015 in addition to donor briefing meetings, field visits, etc. A total of 26 new grants were received in 2015, amounting to US\$22.5 million. In addition, US\$56 million was received against grants created before 2015. With regard to humanitarian needs, 15 new grants valued at US\$45.5 million were received and US\$5.5 million was received against grants created before 2015.

Although it has been challenging to raise new funds for the refugee situation in 2015, donors responded well to the ongoing drought situation that emerged mid-year. Additional funds are still required, however.

Evaluation

In 2015, the UNICEF Ethiopia Research, Evaluation, Policy and Monitoring section revised the Standard Operating Procedure for the Research and Evaluation Committee, which defines the modality and process for research and evaluation activities, to streamline processes and improve the quality of the overall portfolio of studies. After consultations with Section Chiefs, the Deputy Representative and monitoring and evaluation experts, a series of modifications to the Standard Operating Procedure were proposed. These new procedures were tested over the past 12 months and are now endorsed by the Representative. The new Standard Operating Procedure for the Research and Evaluation Committee envisaged stronger interaction between the Research, Evaluation, Policy and Monitoring team and the sections during the design and conceptualization of research activities, plus increased ownership of the section, Section Chiefs and national partners in terms of the planning and findings of the research and evaluation activities.

In the past 12 months, the budget for research has increased and the quality of terms of reference and research and evaluation commissioned have gone through a rigorous process of consultation and approval. In 2015, the office performed quarterly monitoring of Integrated Monitoring and Evaluation Plan activities and closely followed up with sections on the management responses. The newly available evidence generated in 2015 has helped the office develop an updated equity situation analysis of women and children, stronger and cost-efficient policies for the new Country Programme, as well as helped to shape discussions during the Strategic Moment of Reflection. In addition, evaluation findings and recommendations were utilized to influence the design of national programmes such as the PSNP IV and to advocate

for policy dialogue during the elaboration of the Health Sector Transformation Plan 2015–2020, and the Education Sector Development Plan (ESDP) 2016–2020.

Efficiency Gains and Cost Savings

In 2015, following the Business Operations Strategy adopted by the UNCT, the UNICEF Ethiopia Management Team continued to work on services prioritized for establishing joint Long-Term Agreements (uniforms; HACT micro-assessments; ICT equipment; cleaning services; conference services; and vehicle maintenance) that can be used by all United Nations agencies. It is estimated that US\$11.9 million (US\$9.5 million in material costs, and US\$2.4 million in labour costs) will be saved through inter-agency procurement in these categories during 2013–2015. The UNCT is estimated to have saved US\$211,000 and UNICEF Ethiopia is estimate to have saved US\$137,000 (US\$120,000 from HACT and US\$17,000 from uniforms). An introductory course on the Certificate in Public Procurement (level 2) was organized by the United Nations Procurement Working Group for United Nations agencies' staff members (including four UNICEF staff) in November 2015. The United Nations Economic Commission for Africa, in collaboration with all United Nations agencies in Addis Ababa and the Ethiopian Chamber of Commerce, organized a seminar on doing business with the United Nations in Ethiopia for 350 vendors in October 2015.

The United Nations HACT and ICT working groups jointly developed a common United Nations database of shared implementing partners and micro-assessments. In addition, the HACT working group, in collaboration with the MoFEC, conducted a joint United Nations HACT training for about 140 government and non-government implementing partners. The United Nations ICT working group is consolidating the information technology (IT) networks of interested United Nations agencies, to improve connectivity while ensuring cost-effectiveness. The project is expected to provide a return on investment in about 18 months.

Supply Management

UNICEF Ethiopia's total procurement value was US\$202 million as per details below.

Regular consultations with government partners, including formulating the supply plan, and frequent joint status reviews across all sectors continued during 2015, providing a strong platform and enhancing integration between programme and supply.

For the malaria prevention programme, 3.5 million nets and 3 million doses of coartem were procured. More than 41 million doses of oral polio vaccine (OPV) and 6 million doses of measles vaccines for the emergency response were procured.

For the Community Management of Acute Malnutrition (CMAM) programme, 543,591 cartons of Ready-to-Use Therapeutic Food (RUTF) were procured, of which 354,130 cartons are for pre-positioning for the emergency drought response in 2016. During the year, 298,221 cartons of RUTF were distributed to all regions.

As part of capacity-building initiatives, in March 2015 an experience-sharing visit was organized for the PFSA, MoH and the Food Medicines Health Care Administration and Control Authority to the UNICEF Supply Division in Copenhagen. In October, an intensive training in warehouse and inventory management was organized by the UNICEF Supply Division for the PFSA.

UNICEF Ethiopia 2015	Value in US\$	Total in US\$
Total value of procurement and services received		202,054,368
Total value of supplies, services and construction works		77,339,018
Programme supplies	58,811,784	
Operation supplies	763,767	
Services	16,544,707	
Construction works	1,218,761	
Total value of procurement services for partners		124,715,349
Government of Ethiopia	28,988,743	
GAVI	95,726,606	
Total value of local procurement performed by the office for programme and operation		26,030,052
Programme supplies	7,502,817	
Operation supplies	763,767	
Services	16,544,707	
Construction works	1,218,761	
Total value of inventory as of 31 December 2015		13,702,249
Regular programme supplies	12,472,361	
Pre-positioned supplies for emergency response	1,229,889	
Total value of programme supplies issued from Country Office-controlled warehouses		45,460,998
Total value of supplies managed in the Country Office-controlled warehouses		59,163,247

Security for Staff and Premises

A MOSS assessment was conducted by the Regional Security Adviser and the National Security Officer in 2015 and the following issues were addressed: the UNICEF Afar Office moved from a government facility that was not compliant to the World Food Programme (WFP) sub-office in Semera; in Mekele, an emergency gate was constructed; and in Bahir Dar shatter-resistant film was fitted to the windows and training was provided for security guards. Fire safety training, building evacuation drills and security briefings were conducted at all field offices and Addis Ababa. First-aid kits were provided to all UNICEF offices. In Gambella, local authorities allocated land for the UNICEF Office. An expression of interest was completed to identify a supplier to provide prefabs, but due to high cost bids this will be rebid early 2016.

UNICEF Ethiopia conducted a security assessment of international staff residences. The staff list was updated quarterly and sent to UNDSS and UNICEF Emergency Operations. Security advisories were sent to all staff on a weekly basis, with a focus on programme implementation through providing information on roads that cannot be accessed and potential unrest that might hamper implementation. The Security Officer is on standby to advise on issues that can affect implementation. For missions to insecurity-prone areas, staff are requested to first check with the Security Officer and/or UNDSS. UNDSS provides training for Area Security Coordinators,

which serves UNICEF well, as six UNICEF Chiefs of Field Offices are Area Security Coordinators.

Potential Al-Shabab terrorist attacks and armed inter/intra-clan and ethnic community conflict in Afar, Gambella, Oromia, SNNP and Somali regions are potential major security threats to UNICEF programme delivery and staff safety. Staff are regularly advised and trained on how to avoid common security threats in their duty stations.

Human Resources

As of 31 December 2015, there were 39 vacant positions, and UNICEF Ethiopia had offered 47 fixed-term positions to selected candidates during the year. There are currently 23 frozen fixed-term positions following a CMT decision. By 31 December 2015, UNICEF Ethiopia had 380 staff (334 fixed term, 29 permanent and 17 temporary appointments). Of these, 164 were General Service, 165 were National Officers and 51 were International Professionals. In terms of gender, 236 staff were male and 144 female.

There is a good gender balance among international staff (44.19 per cent male, 55.81 per cent female). General Service staff consist of 62.5 per cent male and 37.5 per cent female members; this includes drivers, who in Ethiopia are predominantly male. Gender parity in the National Officer category remains modest (65.25 per cent male and 34.75 per cent female) due to high demand for female professionals from a small pool of qualified candidates.

Close monitoring of performance assessments led to an improved completion rate. By the end of December 2015, 100 per cent of staff had submitted their 2015 plan and 86.7 per cent had submitted their 2015 mid-year review.

Due to budget cuts, trainings could not be conducted as planned. As of the end December 2015, only 2 out of 8 cross-cutting trainings and 7 out of 14 section-specific group trainings had been implemented. Of 111 individual trainings planned, only 42 were implemented. Emergency preparedness and response and resilience trainings were conducted with the support of the UNICEF Eastern and Southern Africa Regional Office. Given the severe drought, emergency staffing gaps are being addressed by the surge capacity support from the global clusters.

In follow-up to the Global Staff Survey, UNICEF Ethiopia is actively implementing a concrete action plan.

UNICEF Ethiopia staff participated in an HIV/AIDS awareness training organized by the Joint United Nations Programme on HIV/AIDS and the United Nations Health Care Centre, which focused on minimum HIV standards in the workplace.

Effective Use of Information and Communication Technology

The ICT section continued to contribute to the overall office business environment by providing support to VISION-related issues and escalation of problems to the regional Subject Matter Experts and headquarters. Pending VISION issues were followed up and resolved through a close monitoring mechanism.

UNICEF Ethiopia's strategic approach to social/digital media continues to yield results. A significant increase in online presence is observed through strategic content placement, resulting in 303,588 web views with 15 per cent increase, 20,340 Facebook likes with 264.63 per cent increase, 11,874 Twitter followers with 192 per cent increase, 1,135,847 photo views

with 28.5 per cent increase in Flickr views, and 40,324 views on WordPress with 36 per cent increase. In September, UNICEF Ethiopia launched its Instagram account, with 200 followers and counting.

UNICEF Ethiopia achieved several connectivity improvements in Addis Ababa and field offices. In Addis Ababa, the ICT section negotiated a back-up broadband connection with the Internet service provider, which improved overall availability from 96 per cent to 99 per cent. Four VSAT's were installed in Afar, Assosa, Gambella and Somali, and connectivity in these offices improved to more than 95 per cent, up from 80 per cent.

The open space work environment in the new office building in Addis Ababa enabled the implementation of several innovative projects including unified printing and imaging. Automated monitoring of power usage and consumables allowed optimization of usage and environmental impact.

ICT staff continue to participate in several Technology for Development projects, including School Integrated Management Information System and Social Cash Transfer project.

A business continuity plan workshop was conducted for essential staff, which focused on aligning the business continuity plan risk profile with the United Nations business continuity plan risk matrix. A new alternate business continuity plan site was established at the Representative's residence, complete with full equipment and connectivity.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: MoH capacity to respond to the polio virus is strengthened in regions and zones, including pastoralist areas, with large numbers of unimmunized children.

Analytical statement of progress:

Ethiopia is one of the few countries in sub-Saharan Africa that has achieved MDG 4 – the under-five mortality rate continues to further drop to from 64 per 1,000 live births in 2013 to 59 per 1,000 live births in 2015. The neonatal mortality rate has not changed during the same period, remaining at 28 per 1,000 live births.

The maternal mortality ratio fell from 1,250 to 353 maternal deaths per 100,000 live births between 1990 and 2015. This represents a major improvement – Ethiopia saw a 71.8 per cent decrease in its maternal mortality ratio, but fell short of the MDG 5 target of a 75 per cent reduction.

Skilled birth attendance significantly improved to 60.7 per cent in 2015, up from 41 per cent in 2014. The proportion of health posts providing community-based newborn care (CBNC) services rose to 70 per cent from 16 per cent, making CBNC available to 9,069,776 children. Facility-based newborn care was established in 20 more hospitals, resulting in 70 hospitals being equipped to provide neonatal intensive care services.

By the end of October 2015, the administrative coverage data for Penta -3 in the supported 20 low-performing zones was 92 per cent, up from 81 per cent in 2014, indicating that the planned target (95 per cent) to be achieved is on track. Polio-free status has been maintained in Ethiopia for the past 22 months, with the last case of wild polio virus reported on 5 January 2014. On the

emergency response front, between January and September 2015, about 21,067 children (99 per cent of planned) who entered the country were vaccinated against polio, and 19,641 (greater than 98 per cent) were vaccinated against measles. The distribution of two long-lasting insecticide-treated nets (LLINs) per family has benefited about 101,544 refugees. UNICEF supported the procurement of 5.8 million doses of measles vaccines to immunize 5.3 million children under 5 living in the drought-affected priority woredas.

On the policy and advocacy front, UNICEF supported evidence generation such as the implementation and dissemination of a national Service Provision Assessment Plus survey and Countdown 2015 studies. The study results were helpful to sharpen strategic and operational plans. Moreover, UNICEF contributed to enhance coordination and partnership by actively participating in different coordination forums and managing the health pool fund.

OUTPUT 1: The Government's capacity to coordinate, develop and implement evidence-based, equitable and gender-sensitive policies, strategies, plans and budgeting is strengthened.

Analytical statement of progress:

UNICEF Ethiopia provided quality technical, financial and coordination support in the finalization and dissemination of key strategic documents, including a 20-year visioning document for the health-sector, the five-year HSTP, the Newborn and Child Survival Strategy, the Ethiopia Service Provision Assessment plus (SPA+) report, the Countdown 2015 report, and other research findings. These key evidences were used in shaping the strategic documents.

UNICEF, with other development partners, supported the joint assessment of the national health sector development plan using Joint Assessment of National Health Strategies tools that resulted in a significant improvement in the quality of the HSTP. UNICEF's involvement has contributed to maintain the prioritization of MNCH and nutrition as a key priority focus of the sector, equity and quality agendas adequately reflected in the strategic documents. UNICEF also played a key role in supporting the revision of the health policy, the health-care financing strategy, the monitoring and evaluation strategy, and the data quality improvement guideline. UNICEF has provided support to develop a knowledge management strategy and road map by hiring a private firm for the Federal Ministry of Health (FMoH).

UNICEF, with other development partners, has contributed to key policy dialogues including the Joint Consultative Forum and the Joint Core Coordinating Committee, and to other technical working groups such as the revision of the joint finance arrangement for SDG performance fund, which led to improved accountability, responsiveness and transparency. UNICEF, as a manager and administrator of the health pool fund, contributed to strengthen the planning, monitoring and evaluation capacity of the sector's finance and health programmes through deploying more than 30 qualified technical assistants. UNICEF has supported the health-sector annual review meeting, which reviewed the past year's performance and enhanced the health-sector transformation agendas. UNICEF also supported strengthening community health information systems through training more than 2,240 health personnel, and assisted with the development of various guides. UNICEF supported the FMoH, the Vital Events Registration Agency and counterparts at the regional level to sign the MoU in preparation to effect birth and death notifications for the Civil and Vital Events Registration Agency.

While capacity has been improved through technical assistance, skill transfer remains a challenge due to high turnover and inadequate motivation of government staff. Thus, continuing UNICEF staff engagement in capacity building is important. Although UNICEF's engagement on overall sector support has strengthened the partnership, it is important to focus on selected

areas based on UNICEF's key comparative advantage.

OUTPUT 2: The FMoH's capacity to plan and implement C4D programmes, including capacity for assessing the traditional way of communication, is strengthened.

Analytical statement of progress:

In 2015, through UNICEF and other relevant partners, the FMoH has developed a health communication and promotion strategy and strategic plan. Based on the strategic plan, the FMoH and regional health bureaus prepared the 2008 Ethiopian fiscal-year annual work plans in which C4D activities are well reflected. Through UNICEF's technical and financial support, the FMoH has developed a best practice documentation guidance and selected and documented best practices in the area of maternal health and child health intervention uptake, particularly through the involvement of Women Health Development Armies. UNICEF trained 35 zonal immunization technical assistants to support the implementation of C4D interventions activities in 20 UNICEF-assisted priority zones for increasing immunization coverage. During the reporting period, about 24,000 Expanded Programme on Immunization (EPI) advocacy booklets were produced in Amharic, Oromiffa and Somali languages and disseminated to 20 UNICEF-supported zones during the advocacy sensitization meetings conducted in each zone. This has contributed to increased immunization coverage.

UNICEF also supported the cascading of IRT at the regional level through assisting regional Training of Trainers. Moreover, birth registration messages were incorporated in HEWs' training manual and family health guide, which comprises about 67 key health and nutrition messages and is distributed to Women Health Development Armies and households with pregnant women and children younger than 1 year of age. In addition, technical and material development support has been provided to the FMoH and Regional Health Bureaus (RHBs) during immunization campaigns and on a regular bases. The capacity of FMoH and the C4D team at the RHB was strengthened through this process. However, like other programme areas, the turnover of skilled staff in the area of C4D remains a challenge in the health sector.

A barrier analysis study on determinants of care seeking to ICCM and CBNC services is under way in Southern Nations Nationalities and Peoples and Tigray region to identify the root causes of low-service utilization among low-performing areas.

OUTPUT 3: The MoH's capacity to deliver an essential package of basic high-impact MNCH interventions (antenatal care, skilled delivery services, post-natal care, integrated management of childhood illnesses, BEmONC, prevention of mother-to-child transmission of HIV, paediatric HIV care, and community-based maternal and newborn care) is strengthened.

Analytical statement of progress:

The 2015 annual performance report of the FMoH indicated that the coverage of skilled birth attendants has reached 60.7 per cent, up from 41 per cent in 2014. UNICEF Ethiopia has continued to support accelerated strengthening of Basic Emergency Obstetric and Neonatal Care services provision at the primary health-care units across the country. During the reporting period, UNICEF supported the FMoH through procurement and distribution of key supplies and equipment required to provide essential emergency obstetric and neonatal care services to 500 health centres and 55 primary hospitals across the country. Four additional standard Basic Emergency Obstetric and Newborn Care training centres were established in addition to maintaining the existing 15. UNICEF has sustained its effort to support key health human resource development for Emergency Obstetric and Newborn Care through the training and supervision of 450 junior midwives and nurses working in as many health centres across the

country. European Union support through UNICEF has significantly improved the readiness and capacity of health centres and hospitals to provide skilled delivery.

Out of the total 16,447 health posts, about 11,238 are staffed with trained HEWs, equipped with CBNC essential kits. The post-training follow-up visit indicated that the quality of CBNC for newborns by HEWs is more than 80 per cent during the past one year and the availability of essential CBNC commodities (amoxicillin and gentamycin) stock in the health posts was nearly 90 per cent.

OUTPUT 4: MoH capacity to prevent vaccine preventable childhood illness is strengthened in regions and zones with large numbers of unimmunized children, including pastoralist areas.

Analytical statement of progress:

As part of the Routine Immunization Improvement Plan, UNICEF supports 20 out of 51 identified priority zones with low coverage of immunization which contribute to 50 per cent of the unimmunized children in the country. Since August 2014, 20 Zonal Technical Assistants, 20 vehicles and operational costs were provided, aiming at improving programme performance. As a result, the administrative coverage in the targeted zones has increased from 81 per cent in 2014 to 92 per cent in 2015.

UNICEF provided 50 per cent of the annual OPV for routine immunization targeting 3 million infants. UNICEF contributed to procure measles vaccines, although funding remained a challenge. No vaccine stock-out was reported in 2015. By working with partners such as John Snow, the Clinton Health Access Initiative and the World Health Organization (WHO), UNICEF supported the PFSA in implementing the cold chain and vaccine management transition plan. Two cold stores were handed over to the PFSA to manage stock and delivery at sub-national levels.

Five 40-meter cube capacity cold rooms were procured to replace those that were damaged. The Clinton Health Access Initiative engaged with the FMOH/PFSA in the rehabilitation of the stores.

In response to the cold chain equipment inventory status, and to overcome the long-standing cold chain problem, 2,200 Solar Direct Drive refrigerators were provided (2,000 by the FMOH, 100 by the Clinton Health Access Initiative and 100 by UNICEF), and UNICEF also provided 250 ice-lined refrigerators. Moreover, 1,200 Solar Direct Drive refrigerators and 250 ice-lined refrigerators were installed in some identified facilities. The distribution and installation of the remaining 1,000 Solar Direct Drive refrigerators are ongoing. UNICEF, the non government organization PATH and the Bill and Melinda Gates Foundation are jointly implementing the second phase of Passive Vaccine Storage Devices introduction to the cold chain system, with 75 such devices under procurement. Direct technical assistance to the FMOH has continued through deployment of a logistic specialist.

The third round of a vaccination campaign on maternal and neonatal tetanus elimination was completed in July in two high-risk zones in the Somali region, with coverage of 89 per cent. The validation of maternal and neonatal tetanus elimination is scheduled to be conducted in December 2015. The third phase of a meningitis A campaign was conducted, and injectable polio vaccine introduction preparatory activities are in progress. Responding to the current drought and measles outbreak, a measles emergency vaccination campaign was conducted, targeting 273 first-priority woredas, in which 5.8 million doses of measles vaccines were

procured. A total of 5,309,348 children 6–59 months old were targeted in priority 1 hot-spot woredas, and 4,903,012 children (89 per cent) were reached.

OUTPUT 5: MoH capacity to respond to the polio virus is strengthened in regions and zones, including in pastoralist areas, with large numbers of unimmunized children.

Analytical statement of progress:

The last reported case of wild polio virus was on 5 January 2014. In June 2015, the transmission of the virus was declared interrupted in Ethiopia, as a result of efforts put in place since August 2013. Ten cases of wild polio virus were confirmed during the outbreak, and all of them were reported in the Dollo zone of the Somali region. UNICEF continued to provide support to maintain the polio-free status, since Ethiopia is still at risk of wild polio virus importation due to suboptimal routine vaccination coverage, cross-border and intra-country movements, and underdeveloped infrastructure. Two ambiguous cases of vaccine-derived polio virus were confirmed in January and April 2015. Required resources were successfully mobilized as per the 2015 polio-specific annual work plans of the Ethiopia Country Office. Implementation of the planned activities is on track.

Some 17 rounds of polio Supplementary Immunization Activities have been implemented since 2013. In 2015, five polio campaigns (one National Immunization Day and four Sub-National Immunization Days) were implemented. The reported coverages for the first four rounds in 2015, in all regions, were greater than 95 per cent, with a national coverage of 99.7 per cent, 102.9 per cent, 101.2 per cent and 97.1 per cent, respectively. The quality of implementation was validated by the independent monitoring process.

UNICEF maintained the Polio Communication Network through March 2016, with emphasis on reaching pastoralist communities, increasing awareness, and addressing and preventing non-compliance through multiple locally tuned strategies. The Programme Cooperation Agreement with the Islamic Affairs Supreme Council continued to engage a network of more than 1,200 leaders and 2,500 mosques, reaching more than 1.5 million audience members, including an average of 39 per cent females. Clan and kebele leaders in every kebele of Doolo Zone are engaged in microplanning in each polio round, and mapped new settlements. In the Somali region, infection prevention and control training and engagement with livestock market brokers, and revitalization of kebele social mobilization have helped to better reach pastoralist communities. The national indicator to maintain missed children due to non-compliance below 1 per cent was achieved for 2015 meningococcal disease, invasive, rounds 13–16. Furthermore, 'parents informed' in the Doolo Zone shows a steady increase from round to round meningococcal disease, invasive, rounds 8–15). Polio legacy visioning for broader EPI and child health and survival contribution is under way to explore the sustainability of achievements and capacities. Already, the communication network contributed to the drought response interventions, maternal and neonatal tetanus elimination, and routine immunization by providing technical, logistic and coordination support. Some 40.4 million doses of OPV have been procured for polio supplementary immunization activities, and the transportation of vaccines to remote zones was facilitated.

OUTPUT 6: MoH capacity to prevent malaria is strengthened in regions and zones in malaria-endemic areas.

Analytical statement of progress:

UNICEF Ethiopia supported the planning, implementation and monitoring of an LLINs distribution campaign aimed to distribute more than 30 million LLINs to protect 54 million people

living in an area in Ethiopia at risk of malaria. As part of the campaign, UNICEF used Global Fund money to procure 8.8 million LLINs on behalf of the FMoH through UNICEF procurement services, and delivered the nets during May–July 2015. In addition, UNICEF used the U.S. President’s Malaria Initiative grant to procure and distribute 3.5 million LLINs, and the delivery of nets began in September and was completed in November 2015. These two procurement orders have significantly contributed to the success of the LLIN distribution campaign to achieve universal coverage of LLINs to communities at risk of malaria in Ethiopia. In addition, UNICEF provided a critical role in the provision of technical assistance to the FMoH and RHBs in the implementation and monitoring of the campaign through country and field offices.

Using resources of the U.S. President’s Malaria Initiative, UNICEF Ethiopia purchased 3 million doses of artemisinin-based combination therapy to effectively treat cases of malaria at all levels of health delivery system. The first lot of 1.8 million treatment doses was delivered in September 2015. The current universal LLIN distribution campaign and the availability of effective antimalarial treatment services in malaria risk areas and other interventions are key preparedness interventions in place for the prevention of a potential malaria outbreak.

UNICEF supported the preparation and implementation of a national malaria indicator survey conducted from September to November 2015. Technical assistance was provided to overall survey planning, supervision of data collection and community sensitization activities during the survey through the production of information, education and communication materials and radio spots. The recent data on the proportion of children sleeping under treated nets is expected in early 2016 from the current national survey. Technical assistance was provided to support the FMoH for the revision of a national malaria diagnosis and treatment guidelines to include the most recent updates.

OUTPUT 7: Increased country capacity and delivery of services to prevent excess mortality among girls, boys and women in humanitarian situations.

Analytical statement of progress:

UNICEF, with the Gambella regional health bureau, vaccinated all arriving refugees. A total of 21,067 children (99 per cent) have been vaccinated against polio between January and September 2015, and 19,641 children (more than 98 per cent) were vaccinated against measles. During the same period, 1,549 children younger than 1 year old (27 per cent of targeted children) were vaccinated with Penta 3 through routine immunizations in refugee camps. In addition, 10,295 children (more than 98 per cent) received vitamin A supplementation, and 6,600 children received deworming tablets. Medical consultation has been provided for 22,928 people, of which 20 per cent are children under 5. UNICEF provided 50,772 LLINs in all refugee camps, benefiting 101,544 refugees with a distribution of one net for two people. Three consultants are providing technical support to the RHB to provide entry-point vaccination to refugees.

UNICEF supported the renovation of five health facilities in Gambella, making health-care services available to more than 95,000 host community and nearby South Sudan refugees. ICCM and facility-based Integrated Case Management of Newborn and Childhood Illnesses were scaled up in Gambella region from 3 to 12 woredas, covering all woredas.

With the current drought, UNICEF has procured 5,894,100 doses of measles vaccine to vaccinate 5.31 million children against measles through a mass campaign in the priority districts. The campaign is ongoing and the final result is not yet available. In Afar and Somali regions, the regional authorities have relocated the Mobile Health and Nutrition Teams to the

nutrition hot-spot priority woredas to provide life-saving interventions. UNICEF has scaled up the teams' operation from 30 to 43 (36 RHBs and 7 international non-governmental organizations (NGOs)) in Somali (29 teams) and Afar (7 teams). As of September 2015, more than 155,300 consultations were provided with women and children, representing two thirds of the consultations.

UNICEF has provided 10 emergency drug kits (expected to support 25,000 people) and 1,800 bottles of Benzyl benzoate lotion 25%/BOT-1,000 millilitres expected to treat more than 18,000 cases of scabies in the Amhara region.

Following the cholera report from neighbouring Kenya, two Cholera Treatment Center kits and cholera treatment supplies were pre-positioned in the Moyale woreda of Oromia and Somali regions.

OUTCOME 2: Project support

Analytical statement of progress:

The latest available data for high-level indicators from the mini-Demographic and Health Survey (DHS) 2014 showed a decrease in stunting from 44 per cent (2011) to 40 per cent nationally, and a reduction in wasting from 10 per cent (2011) to 9 per cent. However, these data do not represent 2015 performance. Data for feeding practices, minimum acceptable diet and exclusive breastfeeding will also be captured in the coming Ethiopia DHS 2016.

UNICEF supported both nutrition-specific and nutrition-sensitive interventions in 2015. Nutrition-specific interventions – which included adolescents, maternal and infant and young child feeding programmes, micronutrient supplementations and management of acute malnutrition – were implemented at large scale. Moreover, nutrition-sensitive interventions such as nutrition agriculture linkages, school-based nutrition education and nutrition-sensitive productive safety net programmes – were supported in selected districts. The integrated refresher training provided for more than 33,000 HEWs and more than 55,000 Health Development Army members in the four agrarian regions and the training given to 19,000 women-to-women support group facilitators in Developing Regional States had significant contributions for improved coverage and quality of nutrition programmes. The multi-sectoral nutrition coordination structure created at national, regional and zonal levels also helped to ensure that nutrition-sensitive interventions are getting due attention. Furthermore, the partnership between UNICEF and Cornell University also helped to document best practices for scale-up of multi-sectoral nutrition coordination.

The failure of Belg rains and the El Niño negative impacts (poor Mehir rain seasons) in many areas of the country are contributing to the deterioration of food security and consequently increasing malnutrition. The number of hot-spot priority woredas were increased from 49 during the first quarter of 2015 to 186 during the fourth quarter of 2015. Between January and October 2015, a total of 291,214 cases of severe acute malnutrition were treated under the Therapeutic Feeding Programme. During normal times, programme admissions follow either a decreasing trend or stable situation from July onwards until the end of the year, but this year the trend is not showing this pattern in many of the regions because of the negative impact of El Niño. This negative impact is expected to continue at least for the first three quarters of 2016.

OUTPUT 1: By 2016, the per cent of caretakers' knowledge, attitude and practice to provide appropriate caring and feeding practice for girls and boys under 2 is strengthened

Analytical statement of progress:

UNICEF Ethiopia supported optimal infant and young child feeding (IYCF). The IRT that contains nutrition, health and WASH modules including IYCF counselling and promotion, was reviewed and updated in the first half of 2015 and has been implemented through cascade training. As of November 2015, 315 regional officials, 2,278 zonal health officials and 33,499 HEWs have received training on IRT in the four agrarian regions of Amhara, Oromia, SNNP and Tigray. In addition, 547,772 Health Development Army members also received training and capacity building on IRT in order to support the heavily burdened HEWs on mobilizing community and promoting age-appropriate feeding practices. Also in the agrarian regions, the complementary food production project had been implemented since 2013 to improve access to locally produced quality complementary food for children 6–23 months old. Additional food processing equipment and materials were distributed, and HEWs, agriculture development agents and women Development Army members received training on processing complementary food in 180 kebelles in 20 woredas, reaching 46,311 children 6–23 months old. In order to complement these efforts and enhance cross-sectoral linkages with agriculture, UNICEF Ethiopia supported the training of 6,282 agricultural development agents on the promotion of nutrition-sensitive agriculture and the importance of dietary diversity.

In developing regional states where the health extension programme is not yet fully developed, 18,958 women-to-women support group members received training and are capable of providing key IYCF messages and raise community awareness on preventive nutrition.

Baseline surveys are being carried out on IYCF knowledge, attitudes and practices in Afar, Amhara, Benishangul-Gumuz and Tigray, which will help identify bottlenecks for service use that may arise from diverse social norms and cultural practices and inform the design of appropriate IYCF messages and message delivery mechanisms.

UNICEF Ethiopia worked with the Government to improve adolescents' nutrition through supplementation and behavioural change interventions. Supported by the evidence from the Deutsche Stiftung Weltbevölkerung-piloted adolescent nutrition support programme, UNICEF Ethiopia aligned adolescent deworming and nutrition and WASH behavioural and social change activities with the national deworming campaign. Adolescent deworming was conducted from 23–27 November 2015 and is expected to reach 507,905 school-age children and adolescents in 86 woredas. Nutrition and WASH behavioural and social change sessions were carried out from the end of November through early December as part of the deworming campaign, and served to raise the awareness of a total of 8,219,457 school-age children and adolescents in 436 woredas.

OUTPUT 2: By 2016, the capacity of the health system is strengthened to provide quality promotive, preventive and curative nutrition services for pregnant and lactating women, girls and boys under 5 and adolescent girls.

Analytical statement of progress:

A total of 10,192,621 children (86 per cent) in the first semester (January to June 2015) and a further 10,008,980 children 6–59 months of age (85 per cent) in the second semester (July to December 2015) received vitamin A supplementation. Similarly, 6,843,472 children (92 per cent) in the first semester and 6,818,849 children (93 per cent) in the second semester were also dewormed. In addition, 8,255,798 children (70 per cent) and 8,488,860 children (72 per cent) were screened for the presence of malnutrition in the first and second semesters of 2015, respectively. From these, 27,313 and 32,374 were admitted to the Outpatient Therapeutic Programme in the first and second semester, respectively, while 169,632 and 207,374 who

were moderately malnourished in the first and second semester, respectively, were referred to the Targeted Supplementary Feeding (TSF) programme.

Similarly 1,600,935 pregnant and lactating women (71 per cent) and 1,696,991 pregnant and lactating women (73 per cent) were screened during the first and second semesters of 2015, respectively. Some 158,698 (10 per cent) and 184,773 (11 per cent) mothers in the first and second semesters, respectively, were referred to the TSF programme in the hot-spot priority 1 woredas, while those in the non-hot-spot woredas received nutritional counselling on appropriate feeding practices. Screening is done every quarter in agrarian regions, and twice a year in the developing regional states of Afar, Benshangul Gumuz, Gambela and Somali.

Compared with the Community Health Day modality, low coverage of vitamin A supplementation was registered for routine implementing woredas. Vitamin A coverage in the routine woredas was found to be lower in the SNNP region among the agrarian regions. UNICEF is discussing with Micronutrient Initiative and the FMoH on how to strengthen the routine implementation of vitamin A supplementation and ensure that children get two rounds of supplementation as during Community Health Days.

In Ethiopia, evidence points towards the need for a centralized iodization facility that can operate a mechanized industrial process. UNICEF Ethiopia organized an experience-sharing visit for the Ethiopian delegation to Azerbaijan in October 2015 to showcase latest technologies. As a result, the Government renewed its commitment for such a facility in partnership with the private sector.

CMAM was been scaled up throughout the country. However, because of the drought-related emergency, the target admission of severe acute malnutrition cases was revised from 264,515 to 350,000, and UNICEF Ethiopia supported procuring a total of 315,000 cartons of RUTF and 300 additional therapeutic feeding unit opening kits to meet the increased needs in 2015.

OUTPUT 3: FD nutrition guidelines and manuals.

Analytical statement of progress:

Functional multi-sectoral nutrition coordination structures were created at national, regional and zonal levels. The structures have national and Regional Nutrition Coordination Bodies charged with decision-making and Technical Committees that deal with technical issues. The regional Nutrition Coordination Bodies and Technical Committees have agreed on progress markers that are being used to monitor the functionality of the structures. Capacity-building trainings and workshops targeting the members of the bodies and committees were conducted in partnership with Cornell University. These are helping to track progress made and take appropriate decisions regarding multi-sectoral coordination. The workshops were found as advocacy opportunities for plan alignments and, so far, the health, agriculture, education, labour and social affairs, and industry sectors have included nutrition-sensitive actions in their respective sectoral plans. Furthermore, the partnership between UNICEF and Cornell also helped to document best practices for scale-up.

One of the challenges is that the national Nutrition Coordination Bodies do not have reporting responsibility to higher levels (either to the prime minister's office or to the parliament). UNICEF has supported an experience-sharing visit of members to Brazil and Uganda to learn from their rich experience of making nutrition a high-level political agenda and their achievements in terms of multi-sectoral coordination. Due to the fact that the current humanitarian situation is

occupying the attention of decision makers, this discussion is currently pending and a decision might not be made soon.

OUTPUT 4: Technical assistance to regional and federal Emergency Nutrition Coordination Units/ Disaster Risk Management and Food Security Sector (DRMFSS).

Analytical statement of progress:

The second biannual nutrition survey is under way in six regions. A total of 21 woredas are targeted for the survey (Afar – three woredas, Amhara – four woredas, Oromiya – four woredas, SNNP – four woredas, Somali – three woredas and Tigray – three woredas). Preliminary survey results are expected in January 2016.

In 2015, monthly national-level multi-sectoral early warning and nutrition information system bulletins were produced by the federal Disaster Risk Management and Food Security Sector/ Emergency Nutrition Coordination Unit. Similarly, monthly updates on regional-level multi-sectoral early warning and nutrition information were provided by regions. Based on this information, emergency responses were undertaken in areas where emergency situations were reported and observed. Those regular multi-sectoral early warning and nutrition information updates have directly contributed to the Humanitarian Requirement Document (HRD), emergency resource mobilization and timely multi-sectoral emergency response. Ethiopia is currently facing its worst drought in 30 years. According to the revised HRD, more than 10.2 million people are in need of food aid and an estimated 435,000 are in need of treatment for severe acute malnutrition by the end of 2016.

In October 2015, out of the total 186 hot-spot priority 1 woredas in seven regions, 95 per cent (176 woredas) covered under the Outpatient Therapeutic Feeding Programme, 76 per cent (141 woredas) were covered under the Therapeutic Feeding Unit, and 100 per cent (186 woredas) were covered under TSF programmes. The Emergency Nutrition Coordination Unit coordinated NGO support to 186 priority 1 woredas.

OUTCOME 3: The Ethiopian population is living in healthy environments, using safe drinking water and has adequate sanitation services, and practicing hygiene is increased.

Analytical statement of progress:

UNICEF has supported the Government of Ethiopia in the development of the national WASH programme, the WASH chapter of the Growth and Transformation Plan (GTP)-II with new service norms, piloting of new approaches in contracting of the urban WASH programme, and development of manuals and guidelines to implement urban sanitation and menstrual hygiene management.

UNICEF Ethiopia is currently undertaking impact evaluation of the Community Led Total Sanitation and Hygiene programme to provide evidence and draw recommendations on the success factors and drawbacks of the current such approach in achieving improved sanitation targets and positive health outcomes. The evaluation will also be useful to understand the cost-effectiveness of the intervention by the two organizations (UNICEF and the Global Sanitation Fund) implementing the programme. Data collection is completed using mobile phones and an application software called CS-Pro.

UNICEF is also in the process of undertaking a midline survey of the WASH/ Community Based Nutrition programme supported by the Government of the Netherlands to evaluate programme performance and create an opportunity to gain more insight on the impact of WASH

interventions on diarrhoea and stunting.

With direct support from UNICEF Ethiopia, a total of 492,399 people were provided with and use improved water supply in 2015 against an annual target of 887,500. The cumulative result of providing improved water supply for communities as of 30 November 2015 is 3,063,846, which is 118 per cent of the target for the Country Programme. In terms of sanitation and hygiene activities, a total of 4,193,529 people were practicing the use of latrines, which exceeded the planned Country Programme result of 2.5 million.

Some 61 health facilities and 69 schools were provided with complete WASH package in the reporting period alone. In total, 359 health facilities were provided with complete WASH packages, representing 78 per cent of the planned result for the Country Programme. In addition, 368 schools were provided with complete WASH packages, which is 82 per cent of the planned result for the Country Programme.

Under the urban WASH programme, UNICEF began a study in eight towns and satellite villages in Amhara, Oromiya, SNNP and Tigray regions on the affordability and willingness to pay; equity access and reliability to WASH service delivery; Knowledge, Attitude and Practice survey; and analysis and communication strategy. Construction of WASH activities was started in Amhara and Tigray regions, while a contract agreement was signed with the winning bidders in Oromia and Somali regions. Construction is expected to commence in Oromiya region at the beginning of December 2015.

The urban WASH activities were started with baseline data collection, study and design of the water supply and sanitation facilities, undertaking assessment on the willingness and affordability to pay, pro-poor tariff system and the development of an urban sanitation strategy document when activities are completed. The construction phase was started by following up with the contract procedures and awarding contracts to the competitive bidders after evaluation by the government implementation partners. In summary, the following activities were accomplished as of the reporting date:

- Feasibility study and design work was undertaken for eight towns and peri-urban areas in four regions (Amhara, Oromia, Somali and Tigray). The results of the study were used to design a pro-poor tariff system.
- Contract agreement was signed with the winning bidders and construction work started in Amhara and Tigray. The contract is applying a new modality of contracting, where the contractor is expected to provide capacity-building support to the utility until it is able to manage and operate on its own.
- Construction of distribution system and drilling of water well was started in Amhara region.
- The bidding process is under way for the Oromia region and a bid document is being prepared for the Somali region. The already constructed test well indicated the possibility of minimizing fluoride contamination by drilling to a targeted depth using a hydro geologic study.
- An Integrated Urban Sanitation and Hygiene Strategy was developed. The strategy is to be used for urban sanitation programme implementation throughout the country.
- The resilience work in the satellite villages around the eight project towns is under way during the reporting period and will be continued until the end of the programme period.

The urban WASH programme results in terms of providing water and use of sanitation facilities for communities and institutions will be achieved after the construction work is completed and

systems for management, operation and maintenance are established by the end of 2017. All of the current project activities will contribute to achieve these results that are intended to benefit more than 250,000 people.

UNICEF coordinated the WASH emergency response and WASH- Emergency Task Force meetings and provided safe access to water supply for 761,726 people in emergency-affected areas throughout the country, including for South Sudanese refugees and host communities in Gambella region. In addition, 184,550 emergency-affected people participated in various hygiene promotion activities and access to safe latrines was provided to 38,613 people. The construction of a permanent water supply scheme in Gambella region was completed and started providing service to all Kule/Teirkidi camp residents and Itang host community members, with a total estimated population of 150,000.

Evaluation of the Joint Action Programme to implement WASH programme activities was completed, emphasizing the provision of resilient WASH services instead of one-time responses like water trucking.

OUTPUT 1: WASH sector capacity to coordinate development and emergency-related work at the federal and regional levels is strengthened, with a particular focus on policy, leveraging, advocacy, knowledge management, and monitoring and evaluation.

Analytical statement of progress:

UNICEF supported and led sector coordination activities that are implemented through the coordination mechanisms of the Water Sector Working Group that is sub-divided into WASH and water resources subgroups. The WASH Subgroup itself has four technical working groups of Emergency WASH, Urban WASH, Rural WASH, and Hygiene and Sanitation. UNICEF is co-chairing the WASH subgroup and co-leading the Emergency and Urban technical working groups. Besides, UNICEF also participates in the Consolidated WASH Account (CWA) partners meeting in which UNICEF, the World Bank, the United Kingdom's Department for International Development and the African Development Bank are members. The CWA is an account created by the Ministry of Finance and Economic Development, and contributing donors are expected to transfer to this pooled fund, which is managed by the Ministry. UNICEF also supports the establishment and functioning of regional WASH sector coordination mechanisms and, currently, six regions (Afar, Amhara, Gambella, Oromia, SNNPR and Somali) have functional WASH sector coordination systems to manage the One WASH National Programme.

Moreover, UNICEF supported the development of an MoU to integrate WASH implementation among sector ministries of water, health, education and finance. An MoU with Oxford University and the Water and Land Research Centre was developed to frame a research programme on water security for the poor. Furthermore, with UNICEF support, a Programme Operational Manual for the One WASH National Programme was finalized and endorsed by CWA partners, and an integrated urban WASH strategy and urban sanitation strategy were developed. A total of US\$60.5 million was allocated to the CWA during 2015 by major donors including UNICEF. The total budget used for WASH programme implementation by all partners contributing to CWA during the reporting period was not yet known in order to be able to calculate the per cent of the CWA budget to the total budget.

The experience gained from Somali WASH inventory was used to validate the national WASH coverage/access in general and to verify access data to re-confirm the Joint Monitoring Programme figures. Together with experts from the Joint Monitoring Programme, UNICEF Ethiopia facilitated verification of WASH coverage data for Ethiopia and assisted the assertion of

the achievement of the MDG target for water supply. Accordingly, at the beginning of 2015, Ethiopia celebrated achieving the MDG target for improved water supply access of 57.5 per cent against MDG target of 57 per cent. UNICEF also facilitated and supported the development of questionnaires and the design of survey methodologies for the DHS to be undertaken at the beginning of 2016.

OUTPUT 2: The capacity of rural communities to provide and maintain adequate and sustainable WASH services is enhanced.

Analytical statement of progress:

As a response to emergency and linkage with the development activities, UNICEF constructed three productive wells in Afar region (two at Dobi and one at Suula). The installation of electro-mechanical equipment and the construction of distribution systems will be undertaken in the project's next phase. The construction of these water wells is vital to reduce the water tanking activities and provide resilient and sustainable solutions to access water to communities living in very difficult areas.

UNICEF provided a service rig that was deployed to the Afar region and aimed to rehabilitate non-functional water wells, install electro-mechanical equipment in existing wells and undertake test pumping activities to design and construct new water supply systems that will be used to address the problem of access to safe water, accelerate emergency response and improve vulnerability to drought.

A total of 492,399 people were provided with improved water supply, against an annual target of 887,500 people. The cumulative result for providing improved water supply for communities as of 30 November 2015 was 3,063,846, or 118 per cent of the Country Programme target. In terms of sanitation and hygiene activities, a total of 4,073,420 people gained access to self-constructed latrine facilities, which exceeds the Country Programme target of 2.5 million. Moreover, 8,132 villages became Open Defecation Free, which is 137 per cent of the national target for the Country Programme of 7,000.

In total, 359 health facilities were provided with complete WASH packages, representing 78 per cent of the planned result for the Country Programme, and 368 schools were provided with complete WASH packages, which is 82 per cent of the planned result for the Country Programme.

Data collection was completed for a mini-assessment on bottlenecks and opportunities of menstrual hygiene management practices in Amhara region in collaboration with Bahir Dar University. Data analysis will be completed by mid-December 2015.

As part of the menstrual hygiene management awareness-raising interventions, safe spaces providing peer-to-peer support and counselling were established in 12 pilot schools. Safe spaces also encompass a separate wider cubicle inside the safe space for girls to manage menstruation in a dignified manner. The safe space is attached with a soak-away pit and locally made metal barrel incinerator for proper liquid and solid waste management.

OUTPUT 3: The capacity of urban communities to provide and maintain adequate and sustainable WASH services is enhanced.

Analytical statement of progress:

As of the reporting date, all feasibility studies are completed and contract agreements are signed/awarded for the construction of WASH facilities in all towns (with the exception of Addisshiu in Tigray), while works are already progressing for Wukro in Tigray region and Maksegnit in Amhara region. All works are expected to be completed in early 2017. Test drilling of two wells was successfully completed in Oromia region (in Welenchiti and Abomsa).

The baseline study and the private-sector bottleneck analysis as well as the sustainability check for year 1 are completed in partnership with the International Rescue Committee, while the development of the Urban Sanitation Policy Document was finalized with the support of Water and Sanitation for the Urban Poor.

The South-South Cooperation Programme with Brazil and Ethiopia was rolled out and a first feasibility mission for a condominium sewerage system in Wukro town, Tigray, was performed. Hygiene promotion activities were progressing as planned within the Programme Cooperation Agreement with World Vision.

OUTPUT 4: Enhance the capacity of the Government of Ethiopia and communities to prepare and respond to, as well as recover from, WASH-related emergencies in accordance with the Community Care Coalitions (CCCs)

Analytical statement of progress:

The failure of Belg rains in almost all Belg raining areas and the effect of El Niño on the Kiremt rains caused water shortages in many parts of the country. Specifically, the failure of Belg and other seasonal rains in the lowlands of the country created a severe drought emergency. As per the Government and partners' HRD released on 9 December 2015, 10.1 million Ethiopians require emergency assistance. The overall requirements to respond to the emergency are US\$1.409 billion, of which US\$1.1 billion is food assistance. The HRD will also support emergency nutrition, water, sanitation, health, education and agricultural needs. A total of 5.8 million people need access to clean drinking water and basic latrine facilities for the response, with a total budgetary requirement of US\$73.5 million. This has caused water shortages for human beings and livestock and especially affected Afar, Amhara, Oromia, Somali and Tigray regions. The rainfall during the main rainy season of the country was also affected by El Niño, and water shortages are being experienced in the regional states mentioned above.

UNICEF, as WASH cluster lead, coordinated the WASH emergency response and supported the government WASH emergency response, including technical assistance in identifying feasible sites for well drilling, construction of multi-village water supply activities for drought chronic areas of Afar region, transporting water and rehabilitating non-functional water supply schemes, and provision of a service rig for cleaning and development of wells, plus maintenance and installation of un-functional wells.

During the reporting period, UNICEF provided safe access to water for 761,726 emergency-affected people throughout the country, including South Sudanese refugees and host communities in Gambella region. The construction of a permanent water supply scheme in Gambella region is completed and is providing water to all Kule/Teirkidi camp residents and Itang host community members, with a total estimated population of 150,000.

In addition, access to safe latrines has been provided to 38,613 people, while 184,550 emergency-affected people participated in various hygiene promotion activities.

OUTCOME 4: Equitable enrolment and retention for boys and girls in 11 regions is expanded and increased at pre-primary, primary and lower secondary levels of education By 2016.

Analytical statement of progress:

UNICEF worked alongside the Ministry of Education (MoE) and other development partners to finalize the fifth national Education Sector Development Plan 2015/16–2019/20 (ESDP V), a critical framework which outlines priorities for: 1) an equitable, inclusive education system; 2) the provision of quality education for all children, youth and adults; 3) development of a competent citizenry; 4) promotion of effective leadership, management and governance across all levels; and 5) sharing of common values and embracing of diversity. A national Out-of-School Children Study and subsequent costed Strategic Action Plan supported by UNICEF in 2015 have informed the ESDP and resulted in an explicit commitment within this to disadvantaged, excluded children. Training facilitated by UNICEF on the importance and processes for gender mainstreaming within education sector planning resulted in the strengthening of gender considerations within the ESDP V. Furthermore, the high-level advocacy work conducted under the Peacebuilding, Education and Advocacy Programme (PBEA) is evident in the document, with a strong emphasis placed on the linkages to ‘peacebuilding, tolerance and social cohesion’.

During this reporting period, UNICEF continued its support to the implementation of early learning programmes, benefiting more than 103,500 children in seven regions, through three initiatives: 1) a Child-to-Child school readiness initiative; 2) a pilot Accelerated School Readiness (ASR) programme; and 3) the formal, pre-primary O-class system. The ASR programme was initiated in 2015 in 208 primary schools of Benishangul Gumuz region, benefiting more than 10,000 children who were 4 and 5 years old. The programme afforded an opportunity for children to develop skills to assist in the transition to Grade 1. A measure of the initiative’s success is the MoE’s commitment to expand the programme across the country over the coming two years. In addition, more than 55,830 parents and caregivers participated in training sessions on how to best support their young children’s development, and the UNICEF-supported parenting materials were integrated into the national Functional Adult Literacy programme in 2015.

A mid-term review of the UNICEF-supported Assessment for Learning pilot programme implemented in Addis Ababa and Amhara highlighted the MoE’s growing recognition of the direct positive contribution of continuous assessment on students’ learning outcomes. This approach is UNICEF’s flagship response to improving student performance and graduation across the primary education cycle. Due to an increasing demand for technical support on this initiative, UNICEF provided training for 50 curriculum and assessment experts from across all regions on the development of formative assessment tools. As a means of strengthening primary teachers’ skills in the use of competency-based continuous assessment tools, 1,543 teachers in three regions also participated in workshops focused on the approach’s practical implementation.

Throughout 2015, UNICEF’s assistance to the MoE’s Alternative Basic Education (ABE) programme resulted in a continued increase in the numbers of rural and remote children (particularly girls) accessing lower primary education. The construction and furnishing of 40 ABE centres in the four Developing Regional States created educational opportunities for 6,060 girls and boys. The quality of instruction within these ABE centres was improved through the delivery of a training programme to 459 ABE facilitators (of which 42 per cent were female). Since 2012, 42,000 children have been provided with an opportunity to complete their first cycle of primary education through UNICEF’s support to the establishment of 227 ABE centres.

South Sudanese children in refugee camps and neighbouring host communities of Gambella region continued to require UNICEF's assistance in 2015, with more than 195,000 children benefiting from the construction and furnishing of 16 primary schools and 2 early childhood education centres, the provision of student supplies and teacher training on how best to support children who have had to leave their home country as well those who are sharing their school services with them. During the last quarter of 2015, UNICEF provided education in emergency coordination support and the direct provision of supplies for schools impacted by the drought.

In recognition of the impact of school-related gender-based violence (SRGBV) on girls' participation in education, UNICEF disseminated the MoE's SRGBV Code of Conduct to all primary and secondary schools across nine regions and one city administration. Further, as a means of responding to girls' lower secondary school participation rates, UNICEF provided financial support and educational materials to 6,850 girls who were considered at risk of dropping out due to their inability to cover costs associated with schooling.

The need for timely, disaggregated educational data is critical to ensure that sector support is prioritized and targeted towards those points in the system which struggle to retain students and/or to the geographical areas which lag the farthest behind as against national targets. UNICEF provided technical and financial assistance to the integration of a Geographic Information System within the Education Management Information System (EMIS) on an online platform for open access to woreda-level performance indicators. Education Statistical Abstract Summaries were also developed in five regions to increase transparency and support evidence-based planning in vulnerable regions. Furthermore, the first edition of School Based Management Information System (SMIS) software was developed as a means of improving the management of student and administrative data with modules dedicated to documenting student academic performance, attendance and managing other student-related data needs in a school. UNICEF took this opportunity to successfully advocate for the integration of data fields on children with disabilities within the systems.

OUTPUT 1: By 2016, quality early childhood development/early learning services are expanded and equitably accessible to girls and boys in UNICEF-targeted regions.

Analytical statement of progress:

In 2015, UNICEF supported the scaling up of the Child-to-Child initiative and improving the quality of O classes (a one-year downward extension of Grade 1 in primary school) in seven regions. A further 1,042 primary schools were supported to initiate school readiness programmes, benefiting 103,500 children (of which 49 per cent were girls) across the seven regions. More than 4,015 Child-to-Child and O-class facilitators from these primary schools were trained during the reporting period. An impact evaluation was recognized as one of the best globally within UNICEF in 2015, and assisted with the scale-up of the initiative following a national dissemination workshop.

During the reporting period, UNICEF and the MoE initiated an ASR programme, as an interim strategy for rapidly increasing the number of children accessing early learning programmes prior to entering primary year one. A package of curriculum materials covering an eight-week programme was developed, including a teacher's resource package and children's activity sheets. Training for 40 experts (school supervisors, curriculum and language experts from Regional Education Bureaus (REBs), woredas and Teacher Education College) and 395 teachers was organized prior to the programme's implementation from June to September. The ASR programme was successfully piloted in the Benishangul Gumuz region and anecdotal

findings from the pilot note an increase in the 'readiness' of children who completed the programme as compared with their peers who have not participated in early learning programmes. An independent evaluation of the ASR pilot programme was started in 2015 using a random control trial, and will be completed in 2016.

Parenting education materials for early learning and holistic child development were integrated into the Government's national Functional Adult Literacy programme, and 55,832 parents/caregivers from seven regions participated in sessions on how best to support their children's development and growth.

As a strategy by which to increase investment and support for early childhood care and education (ECCE), UNICEF arranged for a national consultative meeting which brought together representatives of REB's and national-level partners to discuss the current situation of ECCE and ways to expand the quality and services.

UNICEF has continued to document and share knowledge products related to early childhood learning through the national ECCE taskforce, which supports the broader implementation of the Government's integrated ECCE Policy. In 2015, this included a 'Situation Analysis of ECCE in SNNP Region'.

OUTPUT 2: By 2016, regional capacity to provide equitable access to education to boys and girls at primary and lower secondary level is strengthened in 11 regions.

Analytical statement of progress:

UNICEF's support to ABE continued to boost educational access for marginalized children as well as reduce gender disparity within the basic education cycle. The construction and furnishing of ABE centres in Afar, Oromia, SNNP, Somali and Tigray regions allowed 6,060 children (of which 51.2 per cent were female) to participate in schooling. To address the limited teaching experience of ABE facilitators, more than 490 ABE facilitators were trained on instructional practice and classroom management. In recognition of the importance for students to complete a full eight-year primary education cycle, UNICEF supported the upgrading of 21 ABE centres as a means of reducing the likelihood of students dropping out. In addition, 6,000 networking cards were distributed to 80 drought-prone ABE centres in Somali region. The cards contain the history of a child's education so that they may continue education in another ABE centre located along the migratory route. Two studies were completed in 2015 as a means of informing the ABE approach, notably a 'Situation Overview of ABE in Afar Region' and 'The Use of Qur'anic Teachers as ABE Facilitators in Somali Region'.

Following a national study on out-of-school children and a costed Strategic Response Plan developed with UNICEF assistance in 2014, Back to School campaigns were conducted in four regions with high numbers of children who are not enrolled in primary education. As a result of these campaigns, it is estimated that 97,000 school drop-outs (of which 60 per cent were girls) re-joined school. A UNICEF/MoE annual monitoring exercise indicates an attendance rate of 87.7 per cent across the regions where the campaigns were held, indicative of the percentage of students returning to school who may be retained and/or participating regularly.

Children from pastoralist communities continue to struggle to complete a full general education cycle, in response to which UNICEF supported a national and sub-national Pastoralist Education Strategy consultation process. Through this forum, relevant experiences from Bangladesh, India and Zambia were shared with more than 90 Ethiopian delegates.

UNICEF supported the development of a SRGBV Code of Conduct and its subsequent adaptation into three regional contexts and languages. Five regions (Addis Ababa, Amhara, Gambella, Oromia and Somali) collected, documented and reported the magnitude of SRGBV, indicating that most of the violence committed against girls happens on their way to and from school and therefore requires a multi-sectoral response mechanism.

OUTPUT 3: The education sector has the capacity to respond to emergency situations in eight emergency-prone regions.

Analytical statement of progress:

More than 195,709 children (of which 48 per cent were girls) in the South Sudanese and Eritrean refugee camps and in neighbouring host communities in Afar, Benishangul Gumuz and Gambella were provided with educational support from UNICEF in 2015, through the construction and furnishing of primary schools, the provision of student supplies and the professional upgrading of teachers. The construction of an additional 34 classrooms and school WASH facilities in the Gambella refugee camps were indispensable as a means of ensuring that more than 117,000 South Sudanese school-age children do not miss out on education due to their displacement. These students were also provided with individual learning materials and stationary, and the teachers from the refugee camps who serve in these primary schools were provided with teachers' kits. UNICEF is working in close partnership with the Administration for Refugees and Returnees Affairs (ARRA), UNHCR and national NGOs to implement educational support in these refugee camps.

In recognition of the challenges facing Ethiopian host communities in accessing quality schooling and having to extend their services to refugee children living outside of the camps, UNICEF also supported the construction and furnishing of four additional primary schools in Gambella region, as well as the provision of teaching materials and classroom furnishing to both Gambella and Benishangul-Gumuz regions. The arrival of refugee children within host community schools can create tension between students, and UNICEF responded by supporting the training of 500 primary teachers on conflict resolution and inclusion in three regions of the county that host large numbers of refugees.

As co-chair to the national education in emergency taskforce, UNICEF played an active role in supporting the MoE to undertake an assessment of schools affected by the drought in nine regions. Considerable effort was also been made to ensure that the joint Government/United Nations HRD and associated funding proposals include a rationale and recommended interventions for the education sector, with approximately 1.9 million schoolchildren affected by the drought. In the last quarter of 2015, UNICEF deployed emergency education supplies to the most-affected woredas, including for schools which are hosting significant numbers of internally displaced persons due to the drought.

OUTPUT 4: By 2016, UNICEF-targeted woredas in Ethiopia are able to provide improved quality education and learning to boys and girls.

Analytical statement of progress:

A mid-term review of the continuous assessment initiative UNICEF introduced in mid-2013 confirmed that the design of the programme is a sound means of providing teachers with the tools to improve their instructional practice and ultimately improve their students' learning. This led to preparations over 2015 for an expansion of the programme to a further three regions as of 2016. The preparations for this roll-out included an induction to 50 experts from all regions on the development of continuous assessment items based on Minimum Learning Competencies

and how best experts can utilize item banking software. Within this training programme, two continuous assessment guidelines were developed over 2015, providing simple guidance on how regional experts can develop assessment items and oversee a continuous assessment cycle. The programme recognized a need to ensure that the improved capacity of regional experts is being translated into more consistent support to teachers' implementation of continuous assessment in the classroom. As such, primary teachers from five regions (Addis Ababa, Amhara, Oromia, SNNP and Tigray) were provided with basic and refresher training on competency-based continuous assessment.

UNICEF's support to continuous assessment was complemented over 2015 with the provision of supplementary materials (reference books, reading materials) to 500 primary schools in three regions and the training of parent-teacher associations and primary school staff in two regions on School Improvement Planning. Timely, prioritised School Improvement Planning provides a key means by which school funds can be directed towards interventions which are known to impact on the teaching learning process.

As a means of promoting mother tongue language and equity in the early grades, Grade 1–4 curriculum materials were developed for the Benishangul Gumuz region, with their subsequent translation into the two local languages (Berta and Shinasha) and distribution to more than 16,000 children. Five Mother Tongue Language Improvement Centres were strengthened through the provision of training and materials, and will serve as support 'hubs' to satellite schools. Lastly, in 2015 three peacebuilding teacher resource guidebooks were developed in Amharic and English on: (a) positive discipline; (b) peacebuilding; and (c) civics and ethical education for Grades 5–8, with the roll-out of these to take place with UNICEF support over 2016.

OUTPUT 5: The education system in Ethiopia has an enabling policy and institutional environment in place for enhanced access to quality education.

Analytical statement of progress:

The availability of timely, disaggregated education data for central and sub-national planning is critical for equity-focused and risk-informed programming. UNICEF therefore continued its support in 2015 to increasing the capacity of EMIS and planning experts from five regions (Gambella, Harari, Oromia, SNNP and Tigray) on GIS-based EMIS data collection, analysis and reporting. The first edition of a Geographic and Information System-based and Web-enabled EMIS system was released by the MoE in 2015 with UNICEF technical support. The following regions (Addis Ababa, Dire Dawa, Harari, Oromia and SNNPR) were supported to publish and distribute their respective education statistics annual abstracts which allow for more relevant regional plans and transparent dissemination of sector progress. Lastly, the first edition of SMIS software was developed as a means of improving the storage, analysis and reporting of data between schools and woredas at the regional level. UNICEF took this opportunity to successfully advocate for the integration of data fields on children with disabilities within the systems.

With the view to strengthen decentralized education planning and management, UNICEF supported the deployment of seven technical advisers based in the REBs of five regions (Amhara, Oromia, SNNPR, Somali and Tigray). Moreover, through an ongoing partnership framework with Volunteer Service Overseas Ethiopia, UNICEF provided the Federal MoE and Afar and Benishangul Gumuz REBs with four technical advisers. UNICEF and the MoE conducted a joint Capacity Gap Analysis of the REBs in the four Developing Regional States of Ethiopia, with the findings informing the strategies within the ESDP V.

Sixty-six woredas within five regions (Addis Ababa, Gambella, Oromia, SNNP and Tigray) were supported to collect, document and report on the nature and scale of SRGBV in schools. The findings from this assessment indicate that most of the violence experienced by girls is committed when on their way to and from school. During 2016, the education programme will be collaborating with other programme sections to identify best prevention, reporting and response systems, as this will require multi-sectoral interventions.

OUTPUT 6: Education

Analytical statement of progress:

The UNICEF education programme contributes to the UNICEF global outcome 5 and regional priority 3 and aligns with the goals of ESDP IV/V for improved access and quality of educational services. The strategy includes upstream interventions to strengthen policies, advocate for increased budgets and improve programme designs and system strengthening. The key interventions cover five outputs: Early Learning, Access and Equity, Education in Emergency, Quality Education and Learning, and Policy, Planning and Coordination.

The education programme is composed of 23 fixed-term staff and 2 temporary appointments among which 15 are centre-based and 10 are field-based. Early Learning and Quality Education are overseen by 2 international professional staff members, 3 national officers and 1 general staff members; Access and Equity and Education in Emergency is overseen by 1 national officer with 1 international staff member (Junior Professional Officer), 3 national officers and 1 general staff member. The Policy, Planning and Coordination and the Gambella emergency situation for South Sudanese refugees are overseen by the Section Chief and has 2 national officers and 1 international professional staff member.

UNICEF education staff are involved in programme development, including participating in the Education Technical Working Group and sector coordination meetings, joint technical reviews and programme evaluation activities, and facilitating education and other multi-sectoral advocacy events. The staff led the United Nations Development Assistance Framework (UNDAF) - Behavioural Surveillance Surveys Education Subgroup composed of UNICEF, UNESCO, WFP and MoE; actively participated in the United Nations Gender Joint Programme; and led Output 2 on Education. UNICEF and Save the Children co-chair the Education cluster in Ethiopia and actively participated in the Gambella Emergency situation for South Sudanese refugees and host community and Shire Emergency situation for Eritrean refugees.

UNICEF participated in situation analysis in designing and development of plan priorities for ESDP V, particularly in presentations and facilitation of discussions, and influenced the integration of cross-cutting issues of peace-building education, gender, HIV/AIDS, special needs education, education in emergencies, knowledge management and environmental education, mainly in the general education part of access, equity and quality.

Furthermore, UNICEF participated in the Joint Review Mission with the MoE and development partners, focusing on implementation of the School Improvement Programme at school level; co-chaired the Education Cluster, ECCE Task Force and the EMIS Working Group; and the ad-hoc committee on continuous assessment with three directorates of the MoE. Staff have also participated in individual trainings as well as the preparation of the Country Programme Document, which was organized by the office. In relation to this, US\$661,821.84 was spent.

OUTCOME 5: By 2016, an increased number of children who are registered, live in child-protecting families and communities and vulnerable children, including those in emergencies, benefit from gender-sensitive and child-friendly comprehensive interventions and services.

Analytical statement of progress:

During the reporting period, the child protection programme continued to support the Government of Ethiopia to strengthen child protection justice and social welfare systems. The programme has revitalized system-level interventions to develop a social service workforce with efforts to create a strategic framework for strengthening community-based structures as well as a comprehensive case management system. Comprehensive child-friendly social welfare services, including alternative care and family strengthening services, were provided to 71,401 children. A total of 1,229 children (660 male; 569 female) were placed in community-based alternative childcare options and provided with the necessary support. While the establishment of an independent central authority for inter-country adoption was not realized in 2015, the Government has developed short- and mid-term strategies to accelerate progress. In coordination with MOLSA and the UNICEF Research, Evaluation, Policy and Monitoring section, the Child Protection section supported the roll-out of the social cash transfer programme in four pilot woredas of Oromiya and SNNP during the year. The Operation Manual and Design document for this programme was finalized, along with a Management Information System design, and the way forward for operationalization of the system in 2016 has been developed. The implementation of the social cash transfer involved recruitment and training of social workers as well as establishment and strengthening of community care coalitions in 114 kebeles. Some 3,100 vulnerable households that are Productive Safety Net Programme beneficiaries will benefit from this intervention through linkages to basic services.

The programme has focused on delivery of services to refugees in Gambella and Shire, support to migrant returnee children from third countries and coordination of the response to El Niño-related drought through capacity building and preparedness of federal and regional child protection sub-clusters. For the first time, issues related to child protection and gender-based violence during the drought were integrated in national emergency preparedness plans. Interventions are implemented in partnership with UNHCR, UNFPA, the International Organization for Migration (IOM), government bodies and NGOs, and child protection and gender-based violence sub-cluster partners.

Interventions aiming at building the technical capacity of justice professionals were scaled up. In Somali Regional State, more than 1,400 justice professionals drawn from nine zones were undergoing in-service trainings on child justice. This is part of the effort to operationalize a full-fledged child-friendly justice adjudication, investigation and prosecution proceedings across 35 woredas in the region. As part of the objective to renovate and equip child-friendly justice structures, in the form of child-friendly benches, child protection units and special prosecution units, supplies are procured and handed over to strengthen the system. Assessment of the physical structures of the justice facilities is carried out in the 35 woredas to inform the renovation work, which is planned to commence in January 2016.

As part of the efforts to formalize interoperability of birth and death registration with health services, the programme supported the adoption of an MoU, which was signed between the Ministry of Justice and MoH on 27 July 2015. This event was the culmination of high-level joint consultations and technical deliberations held from 2014–2015 across the country to map out the depth and breadth of interoperability of the system. The signing of the MoU is underlined to provide a strategic solution to accelerate birth registration and certification by capitalizing on a robust and decentralized health system in the country. Regions have started to follow a similar

path, with joint consultation and planning taking place in the reporting period.

Through the National Alliance on Ending Child Marriage and FGM/C, UNICEF is working towards the development of a road map that outlines actions to be taken both at federal and regional levels towards ending the two practices based on the outcomes of the child marriage mapping exercise. Strengthening the accountability mechanism to ensure the effective engagement of sectors and actors was another area of focus. In this regard, UNICEF has been supporting the operationalization of the Harmful Traditional Practices Platform launched at the National Girls' Summit under the leadership of the deputy prime minister. The advisory/technical committee of the platform is expected to meet at the beginning of 2016 to kick-start its role.

UNICEF has provided support towards the undertaking of a girl's empowerment campaign in Afar and Amhara regions. The holding of consensus-building workshops with Muslim religious leaders in different parts of the country on ending FGM/C is another ongoing intervention that will have a significant contribution in efforts to eliminate FGM/C.

Afar, Amhara, SNNP and Somali regions have been supported to facilitate the provision of comprehensive services to survivors of violence through referral pathways. Likewise, support has been provided towards the provision of service to survivors through the one-stop centre at federal level in Addis Ababa and in Oromia at Adama. Through the services of the one-stop centre in Addis Ababa, 7,289 survivors of sexual violence (861 women and 6,428 children) received comprehensive response services.

With the support of UNICEF Ethiopia, 840,596 adolescents were reached with direct adolescent-friendly HIV/AIDS services. The services include HIV prevention and behavioural change interventions (peer education, life skills and youth dialogue), HIV testing and counselling, as well as care and support services for the most needy young people in 90 woredas. The direct services provided to adolescents have contributed towards reducing their vulnerability to HIV/AIDS infection and violence, and enhanced their participation in matters affecting their lives.

OUTPUT 1: By 2016, enabling policy, legal and institutional environment for birth registration, child justice, child-friendly social welfare and violence prevention is strengthened at national, regional and kebele levels.

Analytical statement of progress:

UNICEF's assistance to the Ministry of Women and Children Affairs (MoWCYA) to revitalize the Alternative Care Management Information System in all regions has not progressed as desired. The Ministry has conducted a gap assessment in the implementation of the system during the year, which will inform capacity-building plans for UNICEF to take forward during the Ethiopian Fiscal Year

Although the Ministry had developed short- and mid-term reform strategies and plans towards the establishment and management of a central authority on inter-country adoption, implementation of the plans has been constrained. The Child Well-Being Management Information System (MIS) was initiated with UNICEF's support, and progress was made in formation of a Child Well-Being MIS steering committee, identification of parameters, adoption of strategic documents, and baseline assessment. The Ministry, although keen to take this forward, had other competing priorities this year which prevented further development in the area.

The birth registration programme has recorded important achievement in the area of legislative and policy framework. All nine regional states and the two autonomous administrative cities successfully enacted legislations governing CRVS and established coordination mechanisms. The enactment of these laws meant that structural and operational arrangements on civil registration were formally recognized. Another important policy level achievement in the area was the adoption of an MoU on birth and death registration between the MoH and Ministry of Justice. The MOU is marked as an important instrument to guide the interoperability of birth registration and health services across the country.

OUTPUT 2: By 2016, at least 30 woredas in three regional states (Amhara, SNNP and Somali) are able to provide comprehensive, child-focused social welfare services to vulnerable children.

Analytical statement of progress:

As part of building child/social protection system development in Ethiopia, UNICEF has been supporting four woredas in Oromia and SNNP regions. A coordination mechanism for service delivery was established while also strengthening the capacity of regional and woreda labour and social affairs structures through development and roll-out of an operation manual, a computerized MIS, deployment and training of technical assistants and social workers, and provision of relevant supplies. Social workers, in collaboration with basic social service providers and community care structures, developed household profiles for 3,100 households receiving cash transfer services. The case management processes for the families was initiated. Social workers were also instrumental in establishing and strengthening community care structures for effective service delivery.

Through continuous engagement with the MoLSA, UNICEF was able to revitalize the social service workforce development process. Technical and methodological revisions were made in the original Terms of Reference of the workforce: the roll-out of phase I, which focuses on the identification and standardization of social service occupations, and capacity assessment of training institutions, including private-sector social welfare service providers is ongoing. To ensure smooth implementation of this activity, UNICEF supported the deployment of a technical assistant based at the Ministry. To strengthen integrated, timely and systematic service delivery to vulnerable children, UNICEF is supporting the MoWCYA to review the existing elements of the case management system for child protection in the country towards development of standard operational guidelines.

Services including family strengthening, de-institutionalization, identification, family tracing and reunification were strengthened in 81 target woredas. In total, 1,229 children (660 boys and 569 girls) were placed in family based alternative care, and 286 children (139 boys and 147 girls) were placed in domestic adoption. Community mobilization on promoting family based care was strengthened, with some 3,788 CCCs participating in community mobilization activities. Furthermore, various capacity-building trainings were undertaken, reaching a total of 3,793 people consisting of staff of regional Bureaus of Women and Children Affairs, Labour and Social Affairs, CCC members, parents, social workers and para-social workers, community dialogue facilitators and members of the police force on a range of topics including case management, alternative childcare, community mobilization and community-based child protection. Plans are in place to develop national guidelines on foster care and domestic adoption in 2016.

OUTPUT 3: By 2016, 50 woredas in 8 regions are able to provide a child-friendly justice package of services to children in contact with the law.

Analytical statement of progress:

As part of strengthening the child justice system in the country, UNICEF, in collaboration with the Federal Supreme Court and the United Nations Office on Drugs and Crime, is supporting a national assessment of justice for children. The assessment is ongoing at the moment, and is led by the Human Rights Centre of Addis Ababa University. The assessment, in addition to improving the knowledge base on child justice, is expected to inform the development of a national strategy on justice for children. UNICEF has continued to support the Supreme Court across the country to strengthen the capacity of existing benches.

In Addis Ababa, three child-friendly benches in three sub-cities of the Federal First Instance Court were supported with the instalment of closed-circuit television cameras and procurement of office furniture and audio-visual equipment. UNICEF also handed over packages of supplies such as office furniture and equipment that were procured during the previous quarter.

At federal level, 195 professionals representing judges, crime investigating units, investigating police officers and nurses working closely with children were trained on criminal justice policy, the revised criminal code and criminal procedure. In Oromia, a total of 115 police officers from police units and correctional institutions were trained. Out of the target 35 woredas of Somali region, child-friendly benches, child protection units and special prosecution units in 10 woredas are receiving their supplies towards improving delivery of child-friendly justice services. To reinforce the delivery of child-friendly justice services in the region, UNICEF supported the training of justice professionals representing the 35 woredas. Some 1,016 judges and public prosecutors were trained. The in-service trainings were preceded by Training of Trainers, which was supported by the Federal Justices Professionals Training Centre and the Ethiopian Police University College. The training was organized in Jijiga in July 2015 and benefited 19 trainers drawn from justice training institutions in the region.

In Oromia Regional State, UNICEF supported the Supreme Court in the process of developing the court's five-year strategy. Broad-based and joint consultation took place on 27–28 October 2015, with the involvement of all presidents of regional and zonal courts, police commissions, prison administration, civil society and UNICEF, financial institutions, universities, the media (radio and television), and the regional president's office. Among the outcomes of the strategic planning process was the decision to scale up child-friendly benches to all woredas courts of the region.

OUTPUT 4: By 2016, six regions were able to provide comprehensive child-friendly interventions and services against violence, including on HIV prevention.

Analytical statement of progress:

In 2015, the national coordinating body on violence against women and children, which is tasked with ensuring the coordinated and integrated intervention of concerned actors towards addressing the issue, was functioning effectively. Following the organization of a capacity-building training for members of the technical committee, efforts are under way to assess the implementation of the national strategy and action plan towards informing the revision of the strategy and action plan. Similarly, the coordination structures in Afar, Amhara and SNNP met regularly towards facilitating coordinated interventions to prevent and respond to violence. Support was being provided to the Somali region towards strengthening coordination at the regional level and to take the coordination mechanism further to the zone level.

Technical and financial support was extended to the Ministry of Justice and Bureaus of Justice

for the provision of comprehensive services (health, legal and psychosocial) to survivors of violence. Such services were provided in Amhara, SNNP and Somali regions through referral pathways and through one-stop centres in Adama, Addis Ababa and Oromia at federal level. Some 7,289 (861 women and 6,428 child) survivors of sexual violence received service at the One-Stop Centre in Addis Ababa since its establishment in May 2012. In Somali region, the establishment of special investigation and prosecution units was being supported in 35 woredas. Similar support as also being provided in the same region towards the establishment of referral pathways in all nine zones.

The regions of Addis Ababa, Afar, Amhara, Oromia, SNNP and Tigray continued implementing the minimum HIV/AIDS intervention package that includes behavioural, structural and biomedical services, applying the communication strategy for the most at-risk adolescents, which was launched in June 2015. In total, 840,596 adolescents were reached in 17 higher educational institutions (15 universities and 2 Technical and Vocational Training institutes), 108 high schools and 86 youth centres in six regions. Programmes focused on direct adolescent-friendly HIV/AIDS services, including HIV prevention, behavioural change interventions, peer education, Training of Trainers on youth dialogue, HIV testing and counselling and leadership training. The livelihood and entrepreneurship skills training and educational material support were provided to vulnerable adolescents, which contributed towards reducing their vulnerability to school dropout, HIV/AIDS infection and violence.

OUTPUT 5: By 2016, 30 woredas in three regions have functional birth registration structures to deliver birth registration and certification services.

Analytical statement of progress:

The CRVS registration programme gained national coverage, with partnership forged with all regional administrations. Joint annual work plans were developed and signed with all regional vital events registration agencies. This allowed UNICEF to channel technical and financial support to the target regions and assist ongoing efforts of building the human and institutional capacities of the agencies. At the federal level, technical and financial assistance was provided to the Federal Vital Events Registration Agency in order to expedite the technical preparatory works that would lead to the commencement of the registration of vital events and certification services. At the moment the agency has drafted the CRVS road map, working formats, guidelines, registers of civil status, and certificates for all vital events. The registration instruments are undergoing field testing and reviewing processes with the active participation of regional vital events registration agencies. All of these registration instruments are planned to be print-ready in January 2016.

As the country prepares to launch registration services by July 2016, it was found imperative for all heads of the regional vital events registration agencies to be exposed to the management and operation of CRVS system selected counties with best practices. The first round of the experience-sharing visit took place in India during the last reporting period. Focusing on those heads of agencies who were left out from the first round, UNICEF supported the Heads of regional Vital Events Registration Agencies from Addis Ababa, Afar, SNNP and the Tigray City administration and Federal representative to take part in a country learning visit in Mauritius. The event was organized from 17 to 21 August 2015. Post-visit feedbacks confirmed that lessons drawn from the experiences of Mauritius has informed the development of registration instruments and working manuals.

Another important achievement was the formalization of interoperability between the health and CRVS systems. Building on series of joint deliberations between ministries and bureaus from

the two sectors an MoU was developed and signed on 27 July 2015. The MoU was signed by the Minister of Justice and Minister of Health in a solemn occasion attended by ministers and other dignitaries representing development partners. Health workers in various regions underwent training to familiarize themselves with the MoU and the role they will be playing. Discussions are currently ongoing between UNICEF and the World Bank on their support to strengthen CRVS in the country.

OUTPUT 6: By 2016, at least three emergency-prone regions are able to provide child protection services to children affected by emergencies.

Analytical statement of progress:

The programme continued to deliver services for vulnerable children affected by emergencies in partnership with UNHCR, IOM, regional government bodies and NGOs, and child protection and gender-based violence sub-cluster partners. UNICEF provided additional support for the response to El Niño-driven drought, led by the child protection and gender-based violence sub-cluster at federal level and in five regions. Assistance encompassed technical support, capacity building and coordination. UNICEF supported UNHCR to respond to the influx of refugees from South Sudan and Eritrea. As of 16 November 2015, some 21,551 unaccompanied and separated children from South Sudan were registered by UNHCR, and 79 per cent of these children (17,111) had their information uploaded in the Child Protection Information Management System. As of September 2015, the number of unaccompanied Eritrean refugee children in Ethiopia totalled 2,554. UNICEF Ethiopia seconded a technical expert to both Shire and Gambella operations and mobilized support from technical experts in the area of strengthening the Child Protection Information Management System and psychosocial support intervention in Gambella.

Child-Friendly Spaces established in both refugee camps and host communities in Gambella and the ones in Shire refugee camps benefited a cumulative number of 49,161 children during the reporting period. Some 2,095 children received psychosocial support services and 1,697 children received referral support for alternative care placement. In collaboration with UNHCR, 120 children were reunified with their families within the camps, and one child was reunified with his family outside the country in coordination with the International Committee of the Red Cross.

In relation to the El Niño-driven drought, UNICEF has coordinated the development of a national response plan by the MoWCYA and regional bureaus. The support to the Country Programme and gender-based violence sub-cluster coordination led to the inclusion of a chapter on protection into the 2016 Humanitarian Requirements Document/ Humanitarian Response Plan. UNICEF is completing a Child Protection Rapid Assessment in five regions in support of regional government and has supported the Government's multi-spectral (Meher) assessment. Efforts are currently focused on fund-raising for implementation of a minimum package of interventions in five regions.

UNICEF has supported the establishment of an additional sub-cluster on child protection/gender-based violence in Tigray region, and is supporting capacity building through trainings and deployment of a Gender-Based Violence Area of Responsibilities Rapid Response Team.

In cooperation with the IOM, UNICEF provided psychosocial support and essential supplies to children who arrived at the transit centres from third countries. In collaboration with the MoWCYA, Addis Ababa Bureau of Women and Children Affairs, family tracing, assessment and reunification was completed for a total of 955 boys and 52 girls.

OUTPUT 7: By 2016, child protection practices are adopted and implemented in targeted woredas in eight regions.

Analytical statement of progress:

UNICEF has provided strategic support to the Government and the National Alliance on ending Child Marriage and FGM/C towards realizing the target to end child marriage and FGM/C by 2025. The participation of ministerial delegates at the African Union Girls' Summit in Zambia to share their experience and benefit from the lessons learned in other parts of the continent is worth mentioning. As a follow-up to the National Girls' Summit, support has been provided through the national alliance towards the operationalization for the Harmful Traditional Practices platform. Efforts are also under way, in collaboration with other members of the national alliance, towards the establishment of the secretariat. UNICEF has also continued to support regional coordination mechanisms and community-level engagements. In addition, a study visit has been organized for government and civil-society partners to Sudan to learn from the Ending FGM/C programme (Saleema Campaign and other good practices).

UNICEF continued to support the design of the Ending Child Marriage programme in Amhara region, and implementation was started. The programme involves the Bureau of Women, Children and Youth Affairs, as well as bureaus of Education, Health and Justice. At the first year of the programme, a total of 174,721 girls are planned to be reached directly. Under the same programme, 800 destitute parents/caregivers of vulnerable girls have received skills training and livelihood support. Similar interventions have started in Afar and Somali regions. Interventions on ending FGM/C have resulted in 229 communities in Afar, Benishangul Gumuz, SNNP and Somali declaring the abandonment of the practice.

The Country Office has also contributed towards the development of a multi-year, multi-country plan covering six regional states and strategic engagements at federal level on ending child marriage and FGM/C.

UNICEF has also been working closely working with UNFPA to identify potential areas of collaboration towards ensuring effective engagement in the area of ending child marriage and FGM/C. As a result of a workshop held among the technical staff working in the area of adolescent development and gender-based violence including FGM/C and child marriage in both a development and humanitarian context, a cooperation framework defining the complimentary engagement of the two agencies based on the niche of each was developed. The framework is currently being reviewed by the management of the two agencies for endorsement.

OUTCOME 6: Populations receive humanitarian assistance (life and livelihood saving relief and recovery response) in emergencies in line with the CCCs.

Analytical statement of progress:

In collaboration with local, national and international partners, UNICEF has continued to support the Government's efforts to respond to the needs of its population affected by emergency situations. In line with its core commitments for children, UNICEF has focused on priority areas of health, nutrition, water and sanitation, education and child protection. Together with the Government, UNICEF continues to provide cluster leadership for the WASH, nutrition, education and child protection sectors, ensuring partnership and coordination for timely response and integrating early recovery. UNICEF Ethiopia played a significant role in the preparation of the national Humanitarian Requirements Document and its subsequent revisions, through technical

and logistics support. This is a key Government-humanitarian partners' document used to fund-raise and coordinate the emergency response in the country, including the current drought.

UNICEF has pre-positioned emergency supplies for 125,000 people in Addis Ababa, Benishangul-Gumuz, Gambella and Somali, for timely response to the acute emergency needs of refugees and vulnerable host communities in partnership with regional governments, ARRA, UNHCR and NGOs.

In 2015, UNICEF reached more than 155,300 people with health-care services through mobile health and nutrition teams deployed in remote areas of Afar and Somali regions. UNICEF procured vaccines to support the MoH to vaccinate 5.31 million children under 5. UNICEF continues to support the MoH and NGOs to manage the national CMAM programme; some 291,214 children under 5 received treatment for acute malnutrition in the programme. UNICEF provided therapeutic food, drugs and technical assistance to more than 16,000 therapeutic feeding sites under the CMAM programme. UNICEF procured and distributed more than 315,000 cartons of RUTF during the year, enough for the treatment of an estimated 370,000 children. More than 800,000 affected people had access to clean water, while nearly 184,550 received key hygiene messages and education, including refugees in Gambella region. UNICEF, through provision of education supplies and construction of new classrooms, enabled some 195,709 children affected by emergencies (including refugees in Gambella region) to continue their education.

Refugee influx continued in 2015. As of 30 November 2015, there were 730,358 refugees and asylum seekers in the country. The majority have arrived from South Sudan (39 per cent), Somalia (34 per cent) and Eritrea (21 per cent).

UNICEF responded to the needs of refugee children and women in Gambella and Shire refugee camps, where new arrivals were registered in 2015.

UNICEF developed an integrated emergency response strategy for both refugees and host communities in Gambella region. The three-pronged strategy includes support to UNHCR in the sectoral coordination, technical assistance and provision of basic social services in the refugee camps, support to the host community at the entry points and in the proximity of the refugee camps, and support to the host communities in the other areas that are not directly affected by the refugee crisis as part of a conflict prevention strategy. This ensured that all refugees and affected host communities received humanitarian assistance.

UNICEF has six seconded specialists – WASH, Child Protection, Nutrition, Education and Health/ EPI Officer Specialists to UNHCR in Gambella to support the situation monitoring, coordination of sectoral emergency response, spearhead the programmes and provide technical guidance to the Government and partners in implementing programmes according to pre-agreed standards in refugee camps.

In 2015, the Gambella regional Bureau of Health, with UNICEF support, vaccinated 19,641 refugee children between 6 months and 15 years old against measles; vaccinated 21,067 children between 0 and 15 years old against polio; and provided vitamin A to 10,295 children between 6 months and 5 years old. To enhance the health service for the host communities, UNICEF supported the construction and renovation of five health facilities benefiting some 95,000 people. UNICEF supported a permanent water system in Itang that enables access to clean water to some 150,000 people in Kule and Tierkidi refugee camps and the host

community. In addition, 49,161 children in refugee camps and host communities benefited from child protection services.

OUTPUT 1: FD Emergency Preparedness and Response Plan (EPRP) support to IPs

Analytical statement of progress:

In 2015, the former Disaster Risk Management and Food Security Sector, formerly under the Ministry of Agriculture, was placed under the Prime Minister's Office and is now called the National Disaster Risk Management Coordination Commission (NDRMCC). This is expected to improve the coordination of sectors, to put forward disaster risk management issues at higher level and to increase the focus of the office beyond the traditional food sector. The Disaster Risk Management Technical Working Group, under the NDRMCC, continues to meet on a monthly basis and supports the implementation of the disaster risk management approach; coordinates hazard assessment and mapping, vulnerability and risk analysis and enhanced preparedness for providing timely and appropriate response, mitigation, prevention and recovery; and helps to build the capacity of national institutions. Similar structures are established in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions, and Dire Dawa and Harar administrative cities.

UNICEF, represented in the Technical Working Group, has also been working with sectoral task forces to ensure that partners are committed to the ongoing efforts of the Government in the implementation of disaster risk management activities and to strengthen the linkages among the components of the disaster risk management cycle.

The joint UNICEF/WFP/Food and Drug Organization of the United Nations food and nutrition security resilience strategy aims at building communities' resilience through focused programming that includes community-based nutrition, nutrition-sensitive agriculture with livelihood diversification, social protection, food and nutrition-sensitive disaster risk management, robust knowledge management, and strengthening regional and woreda government systems. Joint proposals were developed in six regions under the leadership of the NDRMCC.

In terms of capacity building, UNICEF organized a training on emergency preparedness and response for UNICEF staff and two government staff members, and a training on risk-informed programming for equity and resilience for 28 people, including staff from the Ethiopian Red Cross Society (ERCS) and the former DRMFS.

With the continuing influx of South Sudanese refugees in Gambella region, UNICEF continued to work with the regional government to ensure that assistance was provided to host communities directly affected by the refugee crisis. In partnership with NGOs and regional sectoral bureaus, UNICEF increased access of the vulnerable populations to basic social services. Health facilities and schools were constructed, water points were installed and child protection services were implemented.

UNICEF, through the Ethiopia Humanitarian Country Team meetings and the cluster lead meetings, continues to advocate the needs of women and children while defining strategies of emergency response and linking them to resilience and disaster risk management.

OUTPUT 2: FD EPRP support to IPs

Analytical statement of progress:

In 2015, UNICEF Ethiopia provided technical support to eight regional governments (Afar,

Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali and Tigray) to review the regional Emergency Preparedness and Response Plans for the year. A total of 271 participants from the Government, United Nations agencies and NGOs attended the workshop. DRMFS-led multi-sectoral and multi-agency needs assessments were conducted in June 2015 and October 2015. The findings of the assessments are the basis for the national HRD for 2015 and 2016. UNICEF provided technical and logistics assistance to the assessments and the preparation of the HRD. UNICEF also supported clusters to develop road maps for the drought response.

UNICEF continued to build the capacity of the Government and civil society. UNICEF provided trainings on child protection in emergencies to government staff, who are currently conducting child protection rapid assessments in Afar, Amhara, Oromia and Somali regions to assess the effects of the drought on child protection issues, and to strategize a response. Similar training and assessments are under preparation for SNNP and Tigray regions. UNICEF, in coordination with the Oromia Regional Government, provided disaster risk management training to 27 government officials during the Education in Emergencies workshop in June 2015. In response to possible flooding in Oromia, SNNP and Somali regions, the DRMFS-led flood task force released a flood contingency plan in November, with UNICEF providing technical assistance. Partners including DRMFS, IOM, UNICEF/ERCS, the International Rescue Committee and International Committee of the Red Cross pre-positioned non-food items.

UNICEF supported ARRA and UNHCR in responding to the influx of South Sudanese refugees into Gambella region. UNICEF provided technical support (through five technical staff), supplies and financial support to increase the capacity of ARRA and UNHCR to provide access to basic social services for the refugees and host communities affected by the refugee influx. To support child protection programmes in Shire refugee camps of Tigray region, UNICEF seconded an international Child Protection Specialist to support UNHCR and ARRA with the coordination of a child protection response.

To build the preparedness capacity of the ERCS to respond to emergency situations and based on the MoU signed between UNICEF and ERCS in 2013, UNICEF procured and pre-positioned 5,140 non-food items kits in ERCS strategic warehouses in Addis Ababa, Harari, Nekemt and South Gonder. Based on this ERCS/UNICEF partnership, 3,400 households in Somali region, internally displaced due to drought received emergency shelter and non-food items.

OUTCOME 7: By 2016, Ethiopia has an improved policy environment, evidence-informed, child-friendly, gender-sensitive and result-oriented planning and financing in support of the sustainable and equitable realization of child rights.

Analytical statement of progress:

UNICEF Ethiopia works with line ministries MoFEC, MoWCYA, MoLSA, parastatal institutions (CSA and EDRI) and non-government partners (World Bank, United States Agency for International Development, the UK Department for International Development, Irish Aid, the International Labour Organization, the United Nations Development Programme and UNFPA) towards increasing national capacity for evidence generation and use in policy dialog and decision-making for social and gender inclusion.

In 2015, several studies and evaluations were disseminated in partnership with international and national institutions. Examples include: impact evaluation of the Social Cash Transfer Programme in Tigray, National Update Equity Situation Analysis of Children and Women in Ethiopia, two regional Situation Analyses, a child well-being analysis report, a demographic

dividend research paper, and child marriage mapping and research. Evidences from these publications are used to strengthen linkages between evidence generation and policy dialog for the inclusive realization of children's and women's rights. Advocacy for the implementation of action points arising from evaluations and studies was strengthened through sharing published reports, policy briefs. and convening consultation workshops and forums.

In 2015, UNICEF Ethiopia assisted the design of key surveys and supported the addition of questions in related questionnaires (DHS, Welfare Monitoring Survey and Household Income Consumption Expenditure Survey). Furthermore, capacity-building activities for key government institutions, such as the CSA, MoFEC and other relevant government ministries were implemented to strengthen their capacities in data collection and data analysis. During the reporting period, UNICEF started conducting research on chronic poverty, with a focus on the intergenerational poverty transmission using the Multiple Overlap Deprivation Analysis methodology, through a new partnership established with the EDRI. National-level surveys and key analysis in the areas of child marriage, child mortality, child poverty and health equity were used to influence the content and direction of the Growth and Transformation Plan 2 and related sector strategies, the UNDAF and the next Country Programme Document.

The UNICEF gender mainstreaming engagement at the federal and regional levels successfully led to the adoption of gender mainstreaming strategies by all sectors in 2015, and the organization of the National Girls' Summit held in Addis Ababa in June 2015 to commit to end the harmful practices of child marriage and FGM by 2025. In 2015, a child marriage practice and programme mapping was carried out in collaboration with the National Alliance to End Child Marriage and FGM/C in Ethiopia. The research provides rates of child marriage at woreda level by analysing the latest available census figures, investigates the drivers and protective factors of child marriage in selected hot-spot woredas, and maps lessons learned and challenges of existing programmes to address the problem.

With technical and financial support from UNICEF, the Government of Ethiopia provided a written response to the list of issues on the combined fourth and fifth state report on the UNCRC forwarded by the United Nations Committee and subsequently presented the Government's position in Geneva on 22 May 2015. A Concluding Observation was issued by the Committee on 3 June and is now being discussed in the inter-sectoral CRC committee in preparation for translation and wider dissemination.

Furthermore, UNICEF Ethiopia supported the pilot phase of the participation of children in the Integrated Community Based Participatory Planning (ICBPP) in two regions to reinforce linkages with the UNCRC and influence public finance management at sub-national level and ensure equitable social basic services delivery for children. Some 367 districts implemented the community participatory planning initiative, and 179 of those developed a three-to-five-year strategic plan and a one-year plan financed by the Kebele and Woreda plan. In addition, five regions (Afar, Amhara, Oromia, SNNP, Somali and Tigray) are monitoring the status of children and reporting GTP progress using DevInfo software.

The endorsed National Social Protection Policy was disseminated in 2015 to all regions, and the National Social Protection Strategy was finalized. The pilot, financed by UNICEF and Irish Aid under the PSNP IV, of the integrated nutrition and social cash transfer programme in two regions (Oromia and SNNP) has supported the federal capacity-building's role for the coordination of the sector and the management of the Direct Support Beneficiaries. In the two pilot regions, social workers were recruited and trained while Community-Based Social Protection Committees or CCCs were established. In 2015, UNICEF Ethiopia supported the integrated social protection system approach as strategized in the National Social Protection

Policy with the establishment of a Management Information System for Direct Support Beneficiaries to improve linkages between social protection interventions and access to basic social services for the most vulnerable households, and the establishment of a monitoring system at the federal level for the coordination of the social protection sector. Both levels were supported with specific activities in regional and federal institutions. Evidences and lessons learned from the Tigray social cash transfer are now utilized by MoLSA to advocate for expanding the Social Welfare Workforce presence in PSNP areas.

OUTPUT 1: The capacity of the Government of Ethiopia and stakeholders to report, implement and follow-up recommendations from CRC, CEDAW and the African Charter on the Rights and Welfare of the Child (ACRWC) is strengthened.

Analytical statement of progress:

In 2015, the Government of Ethiopia received the concluding statements to its ACRWC/UNCRC Country Report submitted to the committee in 2011 and in 2012, respectively. With support from UNICEF, MoWCYA presented the 2015 UNCRC/ACRWC concluding recommendations for 60 (31 females) Federal CRC committee members that drafted an action plan for sectoral integration. MoWCYA, with the Ethiopian Human Rights Commission, approved the translation and dissemination of the concluding observation into Amharic, Oromifa and Tigrigna in its preliminary meeting.

The Federal and Regional CRC committee at the federal and regional level developed an action plan for the 2008 Ethiopian Fiscal Year. In the reporting year, UNICEF supported the MoWCYA to convene an experience-sharing forum of child parliaments from five regions – Afar, Amhara, Oromia, SNNP and Tigray – and to strengthen the existing child parliament guideline. This work supports the establishment of a child-friendly strategic framework at different levels. A joint effort by MoWCYA and MoFEC is under way to map existing child-friendly mechanisms and inform future policies and programmes. In line with this, MoWCYA, in collaboration with the Ethiopian Ombudsman, organized a three-day workshop on child participation, focusing on child parliaments. Some 45 participants (22 females and 7 child parliamentarians) became aware of how to establish child-friendly cities at the Federal level, and cascaded to all regions.

The Child Mainstreaming guideline was published, and UNICEF and the MoWCYA reviewed and provided constructive feedback in terms of the design, mainly on the quality as well as the relevance of contents. MoWCYA, with UNICEF, advocated for sectors to take up sector-specific child mainstreaming and child budgeting initiatives. With technical and financial support from UNICEF, MoWCYA organized a federal workshop to enrich the NPA final version aligned to the GTP 2 targets, UNCRC and ACRWC comments, where 99 stakeholders (52 females) participated. UNICEF supported the Addis Ababa Bureau of Women and Children Affairs to develop its five-year regional action plan for Addis Ababa children based on the second national GTP II targets and sectoral plans with the participation of 80 CRC committee members and/or stakeholders (31 females).

Under the auspices of the MoWCYA, the monthly meeting of the Child Research and Practice Forum continued. The 2013 summary report was published and is ready for dissemination, and the 2014 Summary will follow-up shortly.

OUTPUT 2: The Government of Ethiopia's capacity for research, evaluation and evidence for policy dialogue on the efficiency and equity of sector programmes is strengthened.

Analytical statement of progress:

As per the agreements signed among the CSA, UNICEF, Oxford Policy Management and the University of Southampton, research and survey capacity building of 85 (35 with the University of Southampton, 50 with Oxford Policy Management) experts undertaken with the dual aim of capacity building and producing research papers/evidence on child poverty, child labour, socio-economic atlas and pastoralist sampling method. A major limitation of national surveys is the exclusion of the non-sedentary part of the pastoralist areas in the samples. The University of Southampton has developed a methodology of sampling which was pilot-tested between October and November in two woredas in Afar/Afdera and Dubti for institutionalization of the adoption of improved sampling methods. Ten CSA experts were trained on sampling methods and experience-sharing visits between the University of Southampton and CSA facilitated by the University. A Child Poverty Report was also been finalized as a product of the collaboration between CSA, UNICEF and Oxford Policy Management. These partnerships included a research capacity-building component and more than 50 staff members were trained. With regard to generating more evidence and establishing a baseline for the new Country Programme Document and SDG on child poverty, preparations are under way to undertake Multiple Overlap Deprivation Analysis in collaboration with EDRI, CSA and other government partners in which this will also have a capacity-building component for increasing the capacity of key stakeholders in the use of evidence for decision-making. A national demographic dividend study and a health equity assessment were completed and will be disseminated in early 2016. The Demographic Dividend report was presented at the Population and Development Conference in Mekele in September 2015 and South Africa in December. An updated Equity National Situation Analysis was finalized and used for UNDAF and CPD and shorter versions of regional analyses completed for Addis Ababa, Afar, SNNP and Tigray, and the full-version report will soon be finalized. UNICEF is supporting major national surveys such as DHS, National health accounts, child labour and household income consumption expenditure/Welfare Monitoring Survey

Partnership with EDRI, Young Lives project, Addis Ababa University, National Planning Commission and CSA will lead to the establishment of a Policy Research Hub that will contribute towards increased utilization of evidences for tracking national development targets. For instance, UNICEF is currently collaborating with EDRI to further analyse the Young Lives project data using Multiple Overlapping Deprivation Analysis.

OUTPUT 3: The capacity of government sectors at federal and regional-levels for gender mainstreaming into programmes is strengthened.

Analytical statement of progress:

Ending child marriage is a flagship gender equality programme of UNICEF Ethiopia in alignment with the UNICEF gender action plan (2014–2017). To establish evidence-based and informed programming, child marriage practice and programme research was carried out in collaboration with the National Alliance to End Child Marriage and FGM/C. The research, undertaken by the Overseas Development Institute, provides rates of child marriage at woreda level by analysing the latest available census figures, investigates the drivers and protective factors of child marriage in selected hot-spot woredas, and maps programmes implemented to address the problem. Through a joint effort of UNICEF and the other members of the National Alliance, a National Girls' Summit was held in Addis Ababa in June 2015 to deliberate on the implementation of the Government's commitment to ending child marriage and FGM/C by 2025. At the Summit a national Harmful Traditional Practices platform was launched by the deputy prime minister.

OUTPUT 4: The Government of Ethiopia’s capacity to develop a social protection policy and strategy at federal and regional levels is strengthened.

Analytical statement of progress:

At the policy level, a joint International Labour Organization-UNDP-UNICEF Social Protection programme is under implementation to support policy dialog and generation of evidence for the sector. A global review of best practices and lessons learned on linkages between social protection and basic social services was drafted and a study on the economic and social capital multiplier effect of the past three years of the Tigray Social Cash Transfer was started.

Document Centre

Evaluation and Research

Title	Sequence number	Type of report
A comprehensive costed strategy document	2015/008	Study
Implications of Demographic Changes in Ethiopia: 2015–2032	2015/006	Study
Summative Evaluation of the Catalytic Initiative /Integrated Health Systems Strengthening Programme in Ethiopia	2015/001	Evaluation

Other Publications

Title
Partnership for Refugees
Video on the Seqota Declaration
GWA PSA by Abelone Melesse on Maternal Health
GWA PSA by Hannah Godefa on Girls empowerment
Video Ebo Multi-Village water schemes
Video on ten years with ING on ABE support
SOJA music video on out-of-school
CRC song by GWA, Abelone Melesse
IMAGINE song by GWA Abelon Melesse
Video: Day in the life of a teacher
Video: Day in the life of a girl who has access to clean water
Documentation of UNICEF-IOM Collaboration on the Safe Return and Reunification of Ethiopian Unaccompanied Migrant Children from Third Countries
Joining hands to ensure polio transmission remains at zero in Ethiopia Video
Integrated Community Case Management (ICCM) at Scale in Ethiopia: Evidence and experience (special supplement)
The role of legalizing water sanitation and hygiene committees on the sustainability of rural water supply schemes in Kindo Kopyesha District of Ethiopia
Achieving MDG target in improved drinking water access: A springboard for meeting growth and transformation plan/One WASH National Programme in Ethiopia
One WASH National Programme Ethiopia: A sector-wide approach with a comprehensive management structure
Briefing note – Alternative Care
Briefing note – Ethiopia Country Profile

Lessons Learned

Document type/category	Title
Innovation	Innovative Technology Serving Social Cash Transfers in Remote Rural Areas of Ethiopia