Ethiopia

Executive Summary

Ethiopia has made impressive strides over the last 20 years in reducing poverty and expanding investments in basic social services. But despite strong economic gains and a comprehensive policy framework for development, the distribution of developmental gains remains uneven, especially in pastoralist regions and remote areas. Ethiopia is also affected by climate shocks, which are the major cause of humanitarian crises in the country.

In 2016, Ethiopia faced multiple emergencies. The El Niño-driven drought, combined with extensive floods, disease outbreaks and disruption of basic public services, deeply affected the lives and livelihoods of 9.7 million Ethiopians. Health emergencies such as the outbreak of acute watery diarrhoea, measles and scabies and the drought-induced surge in undernutrition strained an already overstretched health system and rendered women and children in the hardest-to-reach areas even more vulnerable.

Political protests led to the Government declaring a State of Emergency in October 2016. The unrest temporarily disrupted delivery of basic public services in two of the most populous regions.

UNICEF Ethiopia supported the Government of Ethiopia and humanitarian partners in meeting these challenges and mitigating a potential crisis brought on by the drought by building on existing government delivery systems and development programmes. These included the Productive Safety Net Programme (PSNP), health extension programme, and Community-Based Management of Malnutrition (CMAM) programme. Mobile Health and Nutrition Teams (MHNTs) provided lifesaving treatment to 362,815 people (47 per cent of whom were under the age of five).

UNICEF supported the vaccination of 23.7 million children under the age of five against measles and reached nearly 4 million people with access to clean water through rehabilitation of water schemes, provision of water purification materials and water trucking. By leveraging government systems and coordination mechanisms, the emergency response strengthened the capacity of those structures to better respond to future humanitarian crises.

UNICEF continued to influence government policies and programmes to help realize the rights of children and women. The Government’s safety net programme, which covers millions of households in need, launched a successful trial connecting targeted vulnerable households with health and nutrition services, with the aim of making the safety net programme nutrition-sensitive. The number of children covered by social protection increased from 3.8 million in 2015 to 4.55 million in 2016. Supported by UNICEF advocacy and technical assistance, the Government launched the National Nutrition Programme, which integrates community-based management of malnutrition into the routine health system and is backed by a robust monitoring framework covering both nutrition-specific and nutrition-sensitive indicators.

UNICEF Ethiopia demonstrated the value of mobile health and nutrition teams in providing services to the hardest to reach women and children, and the intervention is now part of the Government’s health equity strategy. UNICEF’s real-time monitoring of water supply facilities
generated evidence on water scarcity and enabled rapid improvements in water supply systems, and is considered by stakeholders to be an effective monitoring tool.

Leveraging its convening role as the co-chair of the education sector working group, UNICEF Ethiopia supported a successful application for a Global Partnership for Education grant, thus increasing resources for primary education in the country by US$70 million. Recognizing the importance of monitoring the progress of national education sector plan priorities, UNICEF supported development of the education sector plan results framework and its rollout in two regions.

The launch of the national Vital Events Registration Agency (VERA) and National Vital Events Registration System was a breakthrough that realized a long-term UNICEF advocacy priority. Ethiopia has one of the lowest rates of birth registration in the world, and UNICEF will continue to support the Agency to help meet the target of registering all children at birth.

UNICEF Ethiopia leveraged a range of partnerships to promote results for children. It strengthened the capacity of faith-based organizations to be champions for ending the practice of child marriage and to support monitoring and documentation of progress made. Extensive social mobilization and advocacy contributed to calling off almost 60 per cent of reported planned child marriages in Amhara region in 2016.

Partnering with the private sector, UNICEF supported the Government for a trial of a new technology that will make detecting acute respiratory infections more accurate.

Effective and efficient resource management to deliver sustainable results for children remained a high priority. The 2016 internal audit report highlighted the overall effectiveness of UNICEF’s management and governance systems, including existing risk management and mitigation mechanisms. In 2017, UNICEF Ethiopia will continue to focus on supporting government policies and programmes to bridge equity gaps, roll out its strategies for reaching adolescent girls and for integrated early childhood development, and initiate evidence generation about the lives of children in urban areas.

Humanitarian Assistance

In 2016, El Niño-driven drought, combined with extensive floods, disease outbreaks and disruption of basic public services continued to have a negative impact on the lives and livelihoods of 9.7 million Ethiopians. The 8 million drought-affected beneficiaries of the productive safety net programme, normally ending in July, continued to need assistance for an additional five months in 2016 due to crop failure. Throughout 2016, UNICEF supported the Government of Ethiopia and humanitarian partners in mitigating a potentially devastating crisis brought on by the drought, building on existing robust systems and programmes in the country, including the productive safety net programme, the health extension programme, the community-based management of malnutrition programme and the network of mobile health and nutrition teams. Humanitarian contributions received in 2016 allowed UNICEF to work with the Government and partners to strengthen the capacity of these structures, to better equip them to respond to – and withstand – future humanitarian crises.

Together with the Government, UNICEF continued to provide strong cluster leadership for water, sanitation and hygiene (WASH), nutrition, and education (co-leadership with Save the Children International) as well as sub-cluster co-leadership with the United Nations Population Fund (UNFPA) for child protection and gender-based violence. UNICEF also played a significant role in supporting health cluster coordination. The number of health facilities equipped to treat children with severe acute malnutrition (SAM) through community-based management of malnutrition increased by 11 per cent from 2015 to 16,223 facilities,
providing treatment of more than 272,165 children with severe acute malnutrition, with a recovery rate of 91 per cent. The overall number of SAM cases in 2016 was lower than expected due to the early rollout of the nutrition emergency response and a comprehensive food assistance response. In Afar and Somali regions, 49 mobile health and nutrition teams provided lifesaving treatment to 362,815 people (47 per cent of them children under five). UNICEF provided trainings, drugs, medical supplies and financial support to the teams.

More than 28,000 people affected by acute watery diarrhoea were treated and the mortality rate for the outbreak remained low at 0.2 per cent. UNICEF supported the vaccination of 23.7 million children under five against measles and reached nearly 4 million people with access to clean water through rehabilitation and construction of water schemes, provision of water purification materials and water trucking. More than 2.6 million people were reached with sanitation and hygiene promotion campaigns. An estimated 158,870 children gained access to clean water in 262 schools and more than 6,597 separated and unaccompanied children were identified and documented. Nearly 2,700 of those children have received family-based or alternative care. With UNICEF support, 43,068 children affected by emergencies received psychosocial support. Following UNICEF’s advocacy, in 2016 a child protection component was introduced for the first time into the traditionally food and WASH-driven humanitarian requirements documents.

Ethiopia hosts some 783,340 refugees, the largest number in any African country. In early September 2016, Ethiopia experienced a new influx of South Sudanese refugees fleeing renewed violence and food shortages. By November 2016, the total number of new arrivals had reached 53,000, an estimated 60 per cent of whom were children. Following the influx of the South Sudanese refugees, UNICEF and partners reached 23,543 refugee children with polio vaccinations and 21,863 with measles vaccinations. The influx of new arrivals strained the already limited resources for host communities, including water, health, education and social services. In line with outcomes agreed at the 2016 UN Summit for Refugees and Migrants, and to better respond to refugee and host community needs in Ethiopia, the United Nations High Commissioner for Refugees (UNHCR) and UNICEF strengthened their ongoing partnership through a joint plan of action on key areas of collaboration in child protection, education, health and nutrition, as well as WASH. UNICEF also began a strategic partnership with the Ethiopian Red Cross Society to build long-term emergency response capacity.

UNICEF Ethiopia appealed for US$124 million for humanitarian assistance in 2016. The initial request, made through the 2016 Humanitarian Action for Children, amounted to US$106 million. Due to the need to respond to the outbreak of acute watery diarrhoea, health and WASH requirements increased. Thanks to generous contributions from various donors, a total of US$109,161,000 was available for the humanitarian response in 2016, including a carry-over of US$27 million from 2015.

**Emerging Areas of Importance**

**Climate change and children.** UNICEF supports the Government’s ‘Climate Resilient Green Economy’ approach to programming, which calls for climate adaptation and mitigation approaches to be mainstreamed into all areas of UNICEF programming. Throughout the 2016 drought response, UNICEF aimed to respond to both short- and long-term needs of communities affected by climate shocks. UNICEF focused on securing sustainable water supply systems in the most drought-affected regions of Ethiopia, based on innovative investigations of complex groundwater potential and lowland areas using satellite mapping.

**Urbanization and children.** Interventions in urban areas became a priority in 2016. The rapid urbanization growth in Ethiopia called for an integrated approach to provide children
and vulnerable communities with sustainable access to basic services. In 2016 UNICEF began to expand its interventions in urban areas, in line with the Government’s efforts to meet the sustainable development goals (SDGs) to: support the urban health extension programme to improve health and WASH services; address wasting and overweight in children and improve quality of complementary feeding for children 6-23 months; support learning and development to improve quality of basic education and school readiness programme; and improve access to child justice and child friendly social welfare services.

**Refugee and migrant children.** In November 2016, the population of refugees residing in Ethiopia reached 783,340, an increase of more than 53,000 compared to end of 2015, according to UNHCR figures. Together with the Government and UNHCR, UNICEF continued to meet the immediate needs of refugees in the three largest refugee camps in Ethiopia. UNICEF treated SAM among children under five and provided Vitamin A supplementation and deworming tablets to fight malnutrition. In line with the outcomes from the 2016 Refugee Summit, UNICEF also partnered with UNHCR to focus on self-reliance oriented programming for refugees. In 2017, UNICEF will begin to implement this programme to build self-reliance for refugees as well as vulnerable host communities by improving delivery of basic social services.

**Accelerate integrated early childhood development (ECD).** Integrated early childhood development (IECD) is one of the overarching cross-sectoral strategies for UNICEF Ethiopia’s new country programme (2016-2020). Through the accelerated school readiness (ASR) programme, ‘child-to-child’ modality and the pre-primary O-class system — initiatives that are new to Ethiopia — UNICEF’s support resulted in more than 40,700 children accessing early childhood development (ECD) programmes across eight regions of the country in 2016. More than 1,600 teachers were trained in these ECD modalities. The national Early Childhood Education curriculum package was developed for the first time and will be scaled up nationally in 2017. It is based on UNICEF’s ASR programme tools.

**Greater focus on the second decade of life.** The Country Programme Document emphasizes the importance of evidence-based programming and advocacy related to the second decade of life, with a specific focus on an integrated approach to adolescent girls’ survival, development, protection and participation in Ethiopian society. In Ethiopia, girls face several social and structural barriers across all developmental domains as they transition through adolescence. To operationalize the programme and advocacy work for adolescent girls, UNICEF Ethiopia developed an Adolescent Girls’ Strategy (2016-2020) and results framework with high-impact and evidence-based interventions identified across all programmes. Using the current programme to end child marriage as an entry point, the adolescent girls’ strategy aims to deliver results on girls’ empowerment focusing on the areas of girls’ voice and inclusion, gender and social norms, violence against girls, girls’ education and teenage pregnancy and motherhood. UNICEF will also invest in strengthening the evidence and policies to support the realization of adolescent girls’ rights. The cross-sectoral strategy will be implemented in 2017.

**Summary Notes and Acronyms**

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<th>Acronym</th>
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<tr>
<td>AfDB</td>
<td>African Development Bank</td>
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<td>ASR</td>
<td>Accelerated School Readiness</td>
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<td>AWD</td>
<td>Acute Watery Diarrhoea</td>
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<td>AU</td>
<td>Basic Emergency Obstetric and Newborn Care</td>
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<td>CLTS</td>
<td>Community-led Total Sanitation</td>
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<td>CMAM</td>
<td>Community-Based Management of Malnutrition</td>
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<td>CMT</td>
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Summary notes

**Health Development Army.** “Health Development Army” refers to an organized movement of the community through participatory learning and action meetings. A functional health development army requires the establishment of health development teams that comprise up to 30 households residing in the same neighbourhood. The team is further divided into smaller groups of six members, commonly referred to as one-to-five networks. The formation of the health development teams and the one-to-five networks is facilitated by health extension workers and the kebele administration.

**Belg and Meher Assessments.** The Belg assessment in June/July and the Meher assessment in November/December evaluate the effects of seasonal agricultural production and associated humanitarian needs in Ethiopia.
Capacity Development

UNICEF continued to focus on capacity building across all sectors in 2016. The Government’s health service provision capacity was enhanced to scale up and improve the quality of maternal, newborn and child health services. UNICEF established additional training centres for basic emergency obstetric and newborn care (BEmONC) at decentralized levels. Healthcare workers that were trained in these sites are providing BEmONC services in more than 900 facilities across the country. To support cross-sectoral capacity development, UNICEF strengthened the skills of health workers to use civil registry information, with the aim of creating interoperability between the health information and civil registration and vital statistics systems.

As the co-chair of the Emergency WASH Cluster, UNICEF played a pivotal role in supporting the Government’s response to drought, floods and disease outbreaks. For example, through cluster trainings, the Government and non-governmental organizations (NGOs) were better equipped to plan for and prepare the humanitarian requirements document and the emergency response to outbreaks of acute watery diarrhoea. Real-time monitoring data was introduced for the first time, showing the increased time spent by women and girls on water collection, thus establishing the need for life-saving water trucking. UNICEF worked with the Ministry of Labour and Social Affairs (MoLSA) to ensure that the social service workforce system meets the growing demand for such services across the humanitarian and development continuum.

UNICEF supported the mapping of social services in five regions to inform the development of occupational standards and curriculum for building the capacity of social workers. Social workers trained and deployed through the social cash transfer programme reached approximately 4,000 households. These vulnerable families were provided with referrals to a range of services, such as schooling, healthcare, and birth registration for newborns. Trained para-social workers were deployed in drought-affected villages to provide child protection in emergency services.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF established long-term partnerships to support generation of evidence and build the capacity of national institutions to deliver high quality research products to influence policy dialogue.

Key 2016 policy breakthroughs are directly attributable to UNICEF Ethiopia’s evidence generation and policy advocacy work. They included the launch of the Vital Events Registration Agency, the inclusion of child protection issues in the humanitarian requirements document, the adoption of the National Nutrition Programme II, the launch of the health sector transformation plan, and the development of an Ethiopian Food and Nutrition Policy.

Ethiopia is one of the countries with the lowest rates of birth registration in the world. Establishment of a functional birth registration system is a priority. UNICEF and UNFPA supported development of the national strategy and costed action plan (2013-2020). These evidence-building efforts informed and culminated in the August 2016 nation-wide official launch of National Vital Events Registration System. The collective effort of the sub-cluster for child protection and gender-based violence in emergencies led to the inclusion of indicators on child protection and gender-based violence in the Government’s seasonal assessment to show the magnitude of risks faced by children and women in a drought situation. UNICEF and the Ministry of Health supported the national nutrition situation analysis, which synthesized the trends and causal analysis of undernutrition, mapped nutrition-specific and nutrition-sensitive interventions, and analysed
gaps and opportunities. In so doing, the analysis provided evidence-based guidance for future nutrition-related policies and interventions. The findings were key to inform programming for a wide range of nutrition-specific and sensitive stakeholders and fed into the second National Nutrition Programme (2015-2020), as well as the second Agricultural Growth Programme, which strives to increase agricultural productivity, applying a ‘nutrition lens’.

**Partnerships**

UNICEF Ethiopia continued to foster partnerships with the Government, traditional and non-traditional development partners, private sector and faith-based organizations to help build an environment conducive to the realization of children’s rights.

Leveraging its convening role as the co-chair of the education sector working group, UNICEF supported the preparation of the education sector plan results framework to accompany the strategic plan and supported the rollout of the monitoring framework in two regions of the country. UNICEF coordinated technical inputs across the education sector and supported the submission of a US$70 million Global Partnership for Education grant. As co-chair of the WASH sector, UNICEF co-led the One WASH Programme, guiding all investments to the sector, and ensured that all regions in the country have WASH coordination capacity.

In its role as cluster coordinator for nutrition and WASH, UNICEF ensured that humanitarian assistance was delivered by partners in ways that strengthened government service delivery mechanisms and avoided parallel modalities. As chair of the child protection sub-cluster, UNICEF successfully advocated with partners for the inclusion of child protection needs in Ethiopia’s Humanitarian Requirement Document.

Partnering with the private sector, UNICEF supported the Government in a trial of a new technology that will make detecting acute respiratory infections – one of the leading causes of death among children under five – more accurate. Working with foundations and the private sector, UNICEF also trialled the use of innovative mobile vaccine storage devices that keep the cold chain effective up to almost a month, thus increasing access of remote populations to safe immunization.

UNICEF strengthened its partnership with faith-based organizations and moved away from providing project support to focus more on leveraging the spiritual heads’ direct and extensive outreach to communities to influence behaviour change messages.

**External Communication and Public Advocacy**

In 2016, the majority of UNICEF Ethiopia’s communication and advocacy activities were linked to the humanitarian situation. UNICEF Ethiopia highlighted the funding needs for the El Niño-induced drought, coordinating several media and donor field visits, preparing briefs and producing powerful communication materials, including videos, which resulted in engaging more than 100,000 people online. UNICEF created awareness on diseases outbreaks such as acute watery diarrhoea, using innovative approaches and advocated for the safe return of children abducted from Gambella.

UNICEF Ethiopia supported an innovative behaviour change approach by using social media through paid Facebook ads with messages on acute watery diarrhoea; reaching more than one million people and paving the way for creative approaches to engage the public and to become a voice for women and children of Ethiopia. UNICEF Ethiopia continued to work with the Government Communication Affairs Office to jointly advocate on children’s issues and reach the public in different regions, including hard-to-reach areas in the Developing Regional States. Experience-sharing forums for communicators from all regions were
organized and articles and radio and TV programmes were disseminated using federal and regional mass media.

Several global and African conferences held in Addis Ababa, such as the Sanitation and Water for All Ministers’ Meeting and the International Summit on Social and Behaviour Change Communication, provided advocacy platforms for increased lobbying with Governments, the African Union, UN and partners. Such conferences and other local events enabled UNICEF Ethiopia to reach close to 30,000 people with UNICEF messages.

South-South Cooperation and Triangular Cooperation

South-South cooperation was enhanced in 2016 through knowledge exchange and leveraging non-traditional donor resources.

Burundi, Mozambique, Rwanda, and Ethiopia shared experiences from implementation of a multi-country, multi-sectoral nutrition programme supported by the Government of the Netherlands. Lessons learned and best practices from this project will be used to improve Ethiopia’s nutrition programme.

UNICEF Ethiopia supported the participation of MoLSA at the meeting of the Community of Practice of Cash Transfers in Africa, hosted by the Government of Tanzania with delegations from 18 African countries. This knowledge sharing reinforced Ethiopia’s approach to link the existing productive safety net programmes to the emergency response. As a follow-up, UNICEF Ethiopia facilitated a study visit for a Malawian delegation to learn how the programme is linked to a long-term development social protection programme that includes short term emergency needs. MoLSA presented its experience in linking beneficiaries of the productive safety net programme with health, education and child protection services.

The Community-led Total Sanitation (CLTS) Foundation of Calcutta, India conducted a CLTS assessment. The visit and meetings with Government and NGO partners put longer-term sanitation goals on the agenda for Ethiopia, and highlighted the relative disparities in the developing regions of the country where sanitation challenges are the greatest. The regions are now developing action plans to address these disparities.

Cooperation between the Governments of Ethiopia and Brazil resulted in the completion of the wastewater treatment plant in Wukro Town, with support of Brazilian experts. This successful initiative helped secure additional resources to replicate the condominium treatment facility in selected areas of Addis Ababa in 2017.

Section heads from the regional Vital Events Registration Agency participated in a learning visit to India. This helped inform and give shape to Ethiopia’s federal Vital Events Registration Agency.

Identification Promotion of Innovation

UNICEF Ethiopia collaborated with the UN World Food Programme (WFP) to support emergency nutrition services for the most disadvantaged in hard-to-reach areas of Ethiopia. To ensure a continuum of nutrition care, for the first time, the targeted supplementary feeding programme (TSFP) and the therapeutic feeding programme (TFP) were delivered through mobile health and nutrition teams (MHNTs) that also provide preventative and curative health services. As part of the Government’s health extension programme, these teams provide essential health and nutrition services for the most vulnerable communities in inaccessible areas with no alternative health services. Twenty-six of the 49 mobile health and nutrition teams in Somali and Afar now combine the targeted supplementary feeding
programme and the therapeutic feeding programme, offering life-saving health and nutrition services to women and children who otherwise would be left behind.

UNICEF Ethiopia conducted real time monitoring (RTM) of water availability in drought-affected areas. Findings showed that the drought had aggravated the problem of non-functional water sources, due to the over-utilization of pumps and generators during times of water scarcity. Use of real time monitoring in drought-affected areas helped raise additional resources for the emergency drought response, such as water trucking.

Supported by a partnership between the Government, UN Agencies and the World Bank, for the first time, a water quality survey was included in the living standard monitoring survey (LSMS) — a household survey generating data for evidence-based policy-making. The LSMS information will be used as a baseline for measuring SDG indicators on water safety in Ethiopia.

UNICEF Ethiopia introduced an automated management information system (MIS) to the Social Cash Transfer component of the productive safety net programme which targets the poorest people. The management information system helps ensure that, for the first time, data on the most vulnerable households and children can be more rigorously collected, analysed and acted upon.

Support to Integration and cross-sectoral linkages

Integrated programming enabled delivery of results for children across sectors as summarized below.

Birth registration. With one of the lowest rates of birth registration globally, Ethiopia has prioritized free and universal birth registration. To help increase the registration of births, UNICEF strengthened the links between the health and civil registration and vital statistics (CRVS) system. UNICEF also helped ensure the necessary engagement of the Ministry of Justice to develop the CRVS system. Joint consultations between the Federal VERA and Ministry of Health resulted in the formalization of the interoperability between registration and health services, both at federal and regional level.

Female genital mutilation/cutting. UNICEF implemented an integrated programme focused on female genital mutilation/cutting (FGM/C) in Somali and Afar. The project provided care and treatment for victims of female genital mutilation/cutting while simultaneously working with communities to influence change of harmful traditional practices.

Menstrual hygiene management. UNICEF supported the Ministries of Health, Water and Education to develop a joint guideline on menstrual hygiene management (MHM), a neglected area of sanitation that contributes to girls missing days of education every month, dropping out of school and thereby putting them at risk of early marriage. A menstrual hygiene management project is now being piloted in six regions that includes the sale of locally-made reusable pads.

Health and nutrition. As part of the emergency response, the health and nutrition programmes worked together to deliver quality curative and preventative health and nutrition services to pastoralist populations in hard-to-reach areas, saving thousands of lives. Linkages forged between nutrition and WASH programmes made it possible to target areas with the highest prevalence of malnutrition with water trucking and prioritize health facilities without access to clean water.
Social protection. UNICEF integrated nutrition and child protection interventions, and the number of children covered by social protection systems increased from 3.8 million in 2015 to 4.55 million in 2016.

Service Delivery

UNICEF support to service delivery focused on making improvements in access and quality of care in hard-to-reach areas and on enhanced use of data for results. To improve service health quality, performance and reporting, UNICEF supported monitoring, supportive supervision, periodic review meetings and district-based based review and planning exercises. By enhancing the capacity of the health development army at the sub-village level, UNICEF increased awareness of and demand for services in the hardest to reach areas.

UNICEF prioritized capacity building efforts to improve the continuum of care in primary health. Compared to 2015, coverage in Ethiopia improved for ante-natal care, skilled birth attendance and immunization. Essential and advanced newborn care was provided in 380 health centres and 60 hospitals nationwide.

UNICEF addressed challenges with data collection and use on nutrition, working with the Ministry of Health to build the Unified Nutrition Information System (UNISE). Designed to be a one-stop shop for both nutrition sensitive and specific indicators, the UNISE was adopted by the Ministry of Health as the monitoring tool for the Government’s National Nutrition Programme. It provides a joint accountability framework to end chronic malnutrition among children in Ethiopia.

Collecting disaggregated and regular data on prevention and response to child marriage is challenging, but with UNICEF technical support, Amhara Region has made a strong start, calling off 565 planned marriages out of 974 reported cases. This is partly attributable to data-informed and tailored advocacy messaging among communities. UNICEF used regular and disaggregated data on child marriage and violence against children and women to understand the requirements for operationalizing services, measure the effectiveness of information and communication efforts to make children and women aware of the services available and to strengthen accountability mechanisms.

Human Rights-Based Approach to Cooperation

Ethiopia continues its developmental trajectory with the commitment to equitable development for all. The core strategies in the health sector transformation plan, developed with the support from UNICEF Ethiopia, focus on equity, quality, woreda (district) transformation and information revolution to ensure access for all to services. UNICEF advocacy with the Ministry of Health allowed the use of Millennium Development Goals Pooled Fund resources to finance the drought response and the under-15 measles campaign. The second four-year human rights action plan was submitted to the House of People’s Representatives. The action plan aims to improve human rights in Ethiopia in civil, political, social and economic spheres. Ethiopia’s report on the Convention on the Rights of Persons with Disabilities was reviewed, with UNICEF support, and concluding observations were adopted.

Despite progress, 2016 highlighted weaknesses in terms of human rights and inclusive growth. To monitor the situation of child rights and human rights during the State of Emergency, UNICEF engaged in policy dialogue with the Ethiopian Human Rights Commission.
Gender Equality

Building on progress from 2015, UNICEF Ethiopia continued to focus on the gender action plan’s priority of ending child marriage (ECM). The ECM programme targets girls, families, communities, service providers and policy makers by employing a socio-ecological model. In 2016 the programme was expanded to three more regions, increasing the total number of regions to six. In 2016, nearly 24,000 adolescent girls were reached with support including life skills training, educational material support and menstrual hygiene management to support them to stay in school. Approximately 100,000 community members participated in community dialogues that promoted gender equitable norms, including delaying child marriage.

National and regional advocacy initiatives were carried out in 2016. Collaboration with the Central Statistical Agency resulted in improved data on female genital mutilation/cutting (FGM/C) and child marriage in the 2016 Ethiopia Demographic and Health Survey. The National Alliance to End Child Marriage and FGM/C was strengthened, with a functional secretariat placed at the Ministry of Women and Children. The Alliance organized the second national girls’ summit, held on the International Day of the Girl Child. The summit, which was widely attended (including by adolescent girls), created an opportunity to discuss progress on the Government’s commitment to end child marriage and female genital mutilation/cutting by 2025.

The new UNICEF Country Programme (2016-2020) has integrated gender objectives and indicators. The Country Programme features a virtual outcome focusing on adolescent girls, which was further elaborated in a comprehensive ‘Adolescent Girls’ Strategy’. Using the ending child marriage programme as an entry point, the adolescent girls’ strategy aims to deliver results on girls’ empowerment focusing in the areas of girls’ voice and inclusion, gender and social norms, violence against girls, girls’ education and teenage pregnancy and motherhood. The strategy will be implemented with a cross-sectoral approach.

Environmental Sustainability

In 2016, UNICEF Ethiopia generated evidence on sustainable groundwater sources and monitored water availability in water insecure regions of the country. In partnership with Addis Ababa University, the European Union and the European Union Joint Research Centre, UNICEF studied how deep groundwater sources can be made climate resilient. The findings of this research could potentially benefit around 700,000 people. UNICEF also demonstrated an increasing deep borehole success rate in areas where people are highly vulnerable to climate-related water shortages.

UNICEF advocated for a shift towards more sustainable options in water supply provision, such as multi-village water supply systems, away from a focus on smaller technological options that are highly vulnerable to climate related hazards and events such as drought, rainfall variability and floods.

UNICEF established a system to monitor water availability in different areas of the country to understand the effects of drought and other emergencies on water supply systems. The system increased shared understanding of the water supply and sanitation situation, which meant stakeholders could take joint action.

Solar-driven pumps for water distribution were introduced as a trial in the school WASH programme in Tigray. They were also introduced for community water supplies and institutional WASH in the Southern Nations Nationalities and Peoples’ region (SNNPR). The objective of this project is to maximize the water production of existing wells currently functioning below their capacity by replacing hand pumps with solar driven pumps.
In 2015 UNICEF calculated the carbon footprint of the office at Addis Ababa level. In 2016, this calculation was extended to include field offices at zonal level.

**Effective Leadership**

In 2016, monthly country management team (CMT) and programme management team (PMT) meetings focused on monitoring and strengthening operations and programme management performance in budget, human resources, finance, administration, supply, logistics, information and communication technology (ICT), direct cash transfer (DCT), and grant management. Key performance indicators (KPIs) were refined to better capture performance in critical and/or high-risk areas, such as supply, DCTs and grant management. Bi-monthly sectoral meetings with chiefs of field offices were established to proactively address potential implementation constraints at field office level.

In 2016, UNICEF Ethiopia held 28 emergency management team meetings to closely monitor progress of its humanitarian response. UNICEF’s Regional Office carried out a comprehensive peer review of UNICEF Ethiopia’s operations performance in 2016. Progress on implementation of related actions was monitored at the country management team meetings. An internal audit took place in August/September 2016. The report highlighted that UNICEF Ethiopia’s operating procedures in financial and budget management were adequate and no audit recommendations were made in this regard. Technical support, tools, and guidance in key operational and programmatic areas were provided to staff in Addis and field offices as well as to partners throughout the year. The Table of Authority and Business Continuity Plan were amended by the country management team and shared with all staff. Following a risk analysis by the Risk Control and Audit Committee, a revised Risk Control Self-Assessment was approved by the country management team.

With UNICEF Regional Office support, UNICEF Ethiopia developed contingency plans in response to changes in the country’s political context. In 2016, UNICEF continued its efforts to increase staff competencies in programmatic and operational areas. An Office Learning Plan was developed and endorsed by the country management team. Progress in implementing the 2014 Global Staff Survey Action Plan was monitored at the team’s meetings.

**Financial Resources Management**

In 2016, UNICEF Ethiopia’s overall operating procedures and controls in financial and budget management were rated satisfactory by the audit review. UNICEF put in place key financial controls with respect to bank reconciliations and segregation of duties for payment processes related to direct cash transfer to implementing partners and procurement of supplies and institutional services. UNICEF Ethiopia facilitated seven training sessions in the Harmonized Approach to Cash Transfer (HACT) for 159 key Government and Civil Society Organization (CSO) implementing partners and UNICEF field offices. As the lead for the UN HACT working group, UNICEF initiated the revision of the Programme Implementation Manual for UN assisted programmes in Ethiopia. Two Long Term Agreements were signed for micro assessment of implementing partners by UNICEF and other UN agencies in the country. Twenty-four implementing partners were micro assessed and a comprehensive HACT Risk Assurance plan was prepared and implemented for all Government and CSO implementing partners as per HACT policy and procedure.

UNICEF Ethiopia processed more than 9,100 payment vouchers, completed 30 monthly bank reconciliations, facilitated smooth closure of 2015 year-end activities, meeting all deadlines, and as of December was working on 2016 account closure activities. Since July 2016, following introduction of the Global Shared Services Centre (GSSC), 3,085 payment...
vouchers were processed. UNICEF Ethiopia developed and implemented GSSC-related documentation, internal workflows and internal business processing guidelines for implementing GSSC payment modalities. In 2016, regular follow up and reporting on cross sectoral budget management was ensured, including through participation in the internal budget review committee meeting. The Table of Authority was updated in line with UNICEF Admin/Finance policy and Bank Signatory panel members were reviewed and updated.

**Fundraising and Donor Relations**

In 2016, UNICEF Ethiopia continued its major fundraising drive. Fifty-two proposals were developed, donor briefing meetings were held, and field visits were conducted. Of the 52 proposals, 34 were funded, resulting in a hit rate of 66 per cent. Eleven are in the pipeline (potentially around US$49 million). The funding target for Other Resources Regular in 2016 was US$74 million. UNICEF Ethiopia was able to raise 74 per cent of the target amount (around US$54,750,000). Through the Humanitarian Requirements Document, UNICEF appealed for US$124 million and received 66 per cent of its funding target (around US$82 million, which includes thematic funding).

UNICEF Ethiopia utilized 98 per cent of available regular resources in 2016. The remaining balance was continuing grants to be utilized in 2017 and beyond. UNICEF Ethiopia managed a total of 130 grants from 43 separate funding sources/donors in 2016, ranging from institutional donors/Government to international foundations and UNICEF National Committees (who in turn have a large range of donors they manage). UNICEF Ethiopia expanded its large and diverse donor base, thereby adding to its significant reporting requirements. All 109 reports due in 2016 were submitted on time and to a high standard of quality. UNICEF Ethiopia placed a major emphasis on donor relations, of which donor reports are a critical component. The status of donor reports is therefore monitored weekly basis by Section Chiefs and monthly by the CMT. Grant Opening Meetings continued as a key tool to highlight reporting schedules, key milestones and grant requirements prior to grant utilization.

**Evaluation and Research**

UNICEF Ethiopia Social Policy and Evidence for Social Inclusion section’s research on the Impact Evaluation of the Tigray Social Cash Transfer Programme was selected as one of the ten best pieces of UNICEF Research in 2016. The Standard Operating Procedure for the Research and Evaluation Committee was implemented throughout the year, with a quarterly report presented to the CMT. The quality of terms of reference and research and evaluation commissioned went through a rigorous process of consultation and approval. In the past 12 months, the budget for research and evaluation activities increased from US$5.6 million to US$8 million.

In 2016, UNICEF performed quarterly monitoring of Integrated Monitoring and Evaluation Plan activities and closely followed up with programme sections on the management responses. Newly available evidence generated in 2016 helped UNICEF develop a situation analysis of the nutrition sector and an adolescent girls’ strategy, and helped to inform the El Niño response. Evaluation findings and recommendations were utilized to influence the design of national programmes such as the National Nutrition Programme II and to advocate for policy dialogue during the elaboration of the Ending Child Marriage Programme. Evidence from research and evaluation was used to influence the policy dialogue and the design of the national social protection programme.
**Efficiency Gains and Cost Savings**

In line with the UN Development Assistance Framework 2016-2020, the Operations Management Team and Business Operations Strategy Committee developed the Business Operations Strategy 2.0 (2016-2020). The UNICEF Ethiopia Management Team continued to work on services prioritized for establishing joint Long-Term Agreements (uniforms, hotel services and insurance services) that can be used by all UN agencies. It is estimated that US$11.9 million (US$9.5 million in material costs, and US$2.4 million in labour costs) was saved through inter-agency procurement in various categories from 2013 to June 2016. The UNICEF Ethiopia Budget Committee is conducting a full expenditure analysis with a view to increasing efficiency gains in 2017. As part of capacity building efforts, in December 2016 a Level-2 course -- the Certificate in Public Procurement (CIPS level 2) -- was organized by the UN Procurement Working Group for UN agencies’ staff members (including four UNICEF staff).

**Supply Management**

UNICEF continued its traditional role of procuring supplies and continued capacity building for the Government to improve supply and procurement. UNICEF Ethiopia’s total procurement value was US$150,409,480 as per details below. Regular consultations with Government partners, including formulating the supply plan, and frequent joint status reviews across all sectors continued during 2016, providing a strong platform for the drought emergency response and enhancing integration between programme and supply.

More than 39 million doses of the oral polio vaccine and 33 million doses of measles vaccines for the emergency response were procured and distributed. The new inactivated polio vaccine was also introduced and 1.4 million doses were procured. For the CMAM programme, 309,849 cartons of Ready-to-Use Therapeutic Food, 6,784 cartons of F-75, 6,986 cartons of F-100 and 457 stabilization centre opening kits were procured and distributed to all regions.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Description</th>
<th>Value in US$</th>
<th>Total in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total value of procurement and services received</td>
<td>150,409,480</td>
<td></td>
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<tr>
<td></td>
<td>Total Value of supplies, services and construction works</td>
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<td>67,056,189</td>
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<td>Programme supplies</td>
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<td></td>
<td>Operation supplies</td>
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<tr>
<td></td>
<td>Services</td>
<td>16,803,629</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Construction works</td>
<td>5,438,517</td>
<td></td>
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<tr>
<td>2</td>
<td>Total value of procurement services for partners</td>
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<td>GAVI</td>
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<td>Other partners</td>
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<td>3</td>
<td>Total value local procurement performed by the office for programme and operations</td>
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<td>Programme supplies</td>
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<tr>
<td>Operation supplies</td>
<td>1,208,368</td>
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<td>Services</td>
<td>16,803,629</td>
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<tr>
<td>Construction works</td>
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<td><strong>Total value of inventory as of 31-Dec-2016</strong></td>
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<td>Regular Programme Supplies</td>
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<td><strong>Total value of programme supplies issued from country office controlled warehouses</strong></td>
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<tr>
<td><strong>Total value of supplies managed in the country office controlled warehouses</strong></td>
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</tr>
</tbody>
</table>

### Security for Staff and Premises

In 2016, staff received regular security briefings based on weekly Minimum Operating Security Standards (MOSS) and security updates. In 2016, there were public demonstrations and unrest, mainly in Oromia, Amhara and parts of SNNPR. Subsequently a State of Emergency was declared. Regular advisories were issued, with a focus on programme implementation and road access. UN Department of Safety and Security (UNDSS) provided training to Area Security Coordinators, four of whom are UNICEF Chiefs of field offices.

A MOSS assessment was conducted in 2016 to assess the need to move the Amhara Field Office from a Government facility to its own compound, move the Somali Field Office out of the UNHCR compound to new premises, and move the Tigray Field Office to a more secure area. A building Facility Survey Safety and Security was conducted for the UNICEF Field Office in Gambella and Bahir Dar. Recommendations are under review.

The National Security Officer conducted fire safety training, building evacuation drill, security briefings and defensive driving training at all UNICEF field offices and in Addis Ababa. The Security Officer also conducted security assessments of international staff residences. The staff list was updated quarterly and sent to the UNDSS and UNICEF Emergency Operations.

The Emergency Communication Tree was established and regularly tested. An International Security Advisor was hired as a consultant in November 2016 for three months to support security activities for the Emergency Response in UNICEF Ethiopia’s office and provide independent security advice on UNICEF operations within the country/region.

### Human Resources

In 2016, UNICEF Ethiopia had 405 fixed term and permanent positions, of which 350 were filled (45 international professionals, 155 national officers, 150 general service positions). There were also 23 temporary appointments.

The staff in 2016 was comprised of 142 females and 231 males. International professional staff was 51 per cent female and 49 per cent male, and the general staff category was 37 per cent female and 63 per cent male (mainly due to drivers being predominately male in Ethiopia). Due to the high demand for a limited pool of qualified female candidates, UNICEF Ethiopia continued to face challenges when it comes to the national officer category, which is currently 35 per cent female and 65 per cent male.
A total of 74 staff were recruited and mobilized to support the emergency response in 2016.

Close monitoring of performance assessments led to an improved completion rate. By March 2016, 100 per cent of staff had completed their annual evaluations for 2015 and submitted their annual plans for 2016.

UNICEF Ethiopia planned for seven cross-cutting and ten section-specific group trainings and 28 individual trainings in 2016. Of these, three cross-cutting trainings (including an Ethics training covering 94 per cent of staff and staff orientation for all new staff), four section-specific group trainings and 23 individual trainings took place. As part of their career development, 27 staff members benefited from stretch assignments. UNICEF Ethiopia’s senior management team (12 staff members, P5s and above, plus the head of human resources) benefited from a team coaching workshop. Chiefs of field offices and Section Chiefs (15 staff members) participated in an in-depth course on Ethiopia’s political economy.

Stress and Wellness Trainings were conducted through the UN Health Care Centre. An HIV/AIDS awareness training was organized in December, which focused on minimum HIV standards in the workplace.

**Effective Use of Information and Communication Technology**

Connectivity remained a challenge during 2016 due to Ethiopia’s single Internet Service Provider. While overall Internet availability remained around 70 per cent, during the second half of the year social media and some websites were blocked, and mobile data connection was restricted. The Business Continuity Plan was revised to use Very Small Aperture Terminal (VSAT) as backup. Improvement in connectivity was noted in five field offices with VSAT backup.

Cloud-based services such as SharePoint and OneDrive greatly helped in sharing information within UNICEF Ethiopia, given its strong field presence and highly mobile workforce.

A significant increase in online presence was observed through strategic content placement, resulting in 307,174 web views, 1,356,278 photo views on Flickr, and 35,867 views on WordPress. UNICEF Ethiopia continued to increase its number of social media followers: 40,308 Facebook likes (98 per cent increase), 24,877 Twitter followers (109.5 per cent increase) and 2,136 Instagram followers (96.8 per cent increase).

In 2016, the local help desk received 1,312 user requests, which were resolved within the service level agreement time, and ICT undertook 31 missions to field offices. Role assignment in VISION was closely monitored and revised to bring segregation of duty violation to zero.

ICT provided technical support to programme sections in implementation of ICT for the following Development (ICT4D) projects: Integrated Nutritional and Social Cash Transfer project with the Social Policy and Evidence for Social Inclusion and Child Protection sections; solar power installation in hospitals with Health; School MIS project with Education; and Unified Nutrition Information System for Ethiopia (UNISE) with Nutrition. UNICEF Ethiopia is also a pilot office for implementation of E-Tools.

Some operational efficiencies were achieved through yearly physical count and streamlining ICT asset management. ICT established a shared printing system that minimized carbon footprint by reducing electricity usage and number of pages used.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2020, equitable and affordable coverage of quality health interventions for newborns, children, adolescent girls and women improved across the continuum of care at community and primary healthcare levels

Analytical Statement of Progress:
UNICEF engaged in several policy dialogue forums and platforms to influence the Health Sector agenda and provide technical oversight for accelerating the implementation of priority health programmes for the most disadvantaged children and women. As a co-chair of the Health Sector Donor group (Health Population and Nutrition), UNICEF harnessed the sector partnership and enabled the Federal Ministry of Health (FMoH) to focus on the priority agenda of the Health Sector Transformation Plan (HSTP). Consequently, support was provided for the development of core HSTP strategies to fast track the implementation of equity, quality and woreda transformation and information revolution interventions.

The review and finalization of the Health Sector Annual Comprehensive Plan contributed to improved programme targets and monitoring the efficient use of available funds in line with the Risk Assurance Plan. UNICEF co-chaired the UN Development Assistance Framework (UNDAF) Result Group on Health and Nutrition for better coordination of the entire result group. UNICEF was instrumental in leveraging US$3,835,190 from FMoH-MDG funds for financing the El Niño health-related drought emergency response. As a result, 9,300,000 million children under 15 were vaccinated against measles, more than one-third of the national target.

UNICEF supported the reform of the National Pharmaceutical Agency (PFSA) to improve supply chain management. As a contributor to the SDG-Performance Fund (SDG-PF) UNICEF supported the development of the Risk Assurance Plan for an efficient use of resources and for achieving results. The mobile health and nutrition team (MHNT) strategy is considered a service delivery model for mobile populations and discussions are ongoing to integrate such teams in the routine health service delivery system, aligning with the Government’s equity agenda.

Coverage of essential health services significantly improved across the continuum of care. According to the 2016 Ethiopia Demographic and Health Survey (EDHS 2016), the key health outcome indicators have continued to improve. Coverage of births delivered in a health facility has increased from 16.4 per cent in 2014 to 27.7 per cent in 2016, and coverage of newborns receiving postnatal care within two days of birth has increased from 13.2 per cent in 2014 to 16.5 per cent in 2016. The polio free status acquired in 2014 was maintained, and no malaria outbreak was reported in 2016.

Basic emergency obstetric care was provided in 2,457 health centres (69 per cent) and integrated community case management of malaria, pneumonia, diarrhoea and severe acute malnutrition is available in 97 per cent of the health posts countrywide. Coverage of essential newborn services increased from 1,577 health centres in 2015 to 2,030 health centres in 2016. The neonatal resuscitation service availability increased from 70 hospitals in 2015 to 135 hospitals in 2016. UNICEF scaled-up the delivery of essential health services to El Niño drought affected communities in Afar and Somali regions, reaching 46 per cent of the under five children with high-impact interventions through the mobile health and nutrition teams. This service delivery model is increasingly seen as an innovative way to provide routine health, nutrition and hygiene services to hard-to-reach communities. In 2016, MHNT
interventions were linked with the food supplementation through the collaboration between UNICEF Health and Nutrition Programmes and with WFP for the El Niño drought response. The responses to acute watery diarrhoea and scabies outbreaks were scaled up in the affected regions as an integrated package with WASH (Water, Sanitation and Hygiene) Programme and Communication for Development. A solid system for the management of FGM/C-related medical complications is in place.

Despite the substantial progress made in improving the health of mothers, newborns and children, challenges remain, including unequal distribution of the gains across population groups and regions, especially in pastoralist areas, Developing Regional States and other unreached geographic locations in agrarian regions. The high newborn mortality rate, the low immunization coverage, the quality of administrative data and the low utilization of maternal, newborn and child health services also are of concern. Corrective efforts in 2017 will focus at both higher and lower levels (health facilities and woreda level) to leverage resources and advocacy from other partners to target the unreached areas (such as the pastoralist and low performing regions and woredas) and to improve the services update through demand generation and quality, consistency and use of data generated by the health information system.

**OUTPUT 1** National, regional and woreda capacity strengthened to develop evidence-based health strategies and costed plans to coordinate and mobilize resources, and monitor and evaluate progress towards universal health, focusing on the most disadvantaged areas

**Analytical Statement of Progress:**

UNICEF Ethiopia provided technical support in the development of strategies, implementation guidelines and roadmaps for four of the agenda items of the health sector transformation plan (equity and quality, woreda transformation, compassionate, respectful, and caring health care professionals and information revolution).

The adolescent and youth health strategy was finalized to ensure prevention and impact mitigation of child marriage and female genital mutilation/cutting. This strategy is also useful for comprehensive interventions on HIV, care for pregnancy, skilled delivery and postnatal care, with relevant indicators to track progress. The 2016-2020 strategic plan for Elimination of Mother- to - Child HIV transmission was finalized, outlining the sector implementation modalities and activities.

Evidence generation activities completed included the lessons learned from community and health system experiences of responding to chronic droughts and the National Health Account study and the Acute Respiratory Infection Diagnostic Aid (ARIDA) innovation project.

UNICEF Ethiopia continued to provide technical and financial support at federal and regional levels through the development of birth and death notification operational guidelines to support the Government’s information revolution into action. As a result, for the first time, 69 of the 98 UNICEF-backed health facilities started notification of births. UNICEF supported the development and production of electronic health management information system self-learning modules to help strengthen health workers’ knowledge and skills on basic information management, especially those in the remote areas.

UNICEF Ethiopia contributed to strengthening the supply chain system of the Pharmaceuticals Fund and Supply Agency (PFSA). Eight units of central temperature control system were procured for PFSA for improvement of pharmaceutical storage practice at the newly constructed PFSA central warehouse. PFSA-led warehousing and distribution of medical supplies was initiated in 2016 as part of the UNICEF Ethiopia transition strategy for
more MoH ownership and accountability of UNICEF and external partners’ donations of drugs and supplies. Several child health and malaria commodities and vaccines are now stored and directly distributed by PFSA.

UNICEF Ethiopia co-chairs the Health Population and Nutrition (HPN) donors’ group. UNICEF Ethiopia continued to engage in key policy dialogues and advocated for an equitable maternal, newborn, child and adolescent health agenda through national coordination mechanisms including Joint Consultative Forum (JCF), Joint Core Coordinating Committee (JCCC) and the Annual Review Meetings. UNICEF Ethiopia supported the Ministry of Health and influenced and leveraged key policies, strategic plans and resources for children and women as a co-chair of the technical maternal, newborn and child health working groups.

UNICEF Ethiopia facilitated the mapping and analysis of existing and potential public and private resources in the developing regional states of Afar and Benishangul Gumuz to raise more financial resources domestically through private-public sector partnerships. The tool will be used to strategically and efficiently influence the use of existing domestic public and private finances in both regions for funding high-impact interventions in maternal, newborn and child health.

OUTPUT 2 Primary healthcare system has capacity to provide quality package of essential maternal, newborn, child and adolescent health interventions at scale, focusing on underserved areas

Analytical Statement of Progress:
The primary health care unit capacity was enhanced through competency-based training, mentoring and supportive supervision of 3,000 frontline workers in Basic Emergency Obstetric and Neonatal Care (BEmONC), essential and advanced newborn care and community-based newborn care; and the procurement, distribution and installation of essential maternal and newborn health equipment and supplies in 60 primary health hospitals, 602 health centres and 7,000 health posts.

UNICEF Ethiopia also supported the expansion to both public and private facilities of services for preventing mother-to-child transmission of HIV services and contributed to the progressive decline of the transmission of HIV. UNICEF Ethiopia led the development of national guidelines and state-of-the-art training materials on FGM/C case management. Since the deployment of two gynaecologists and the training of 118 health workers (HWs) and 454 health extension workers (HEWs) in Afar and Somali, the monthly average of clinically managed FGM/C-related complications per hospital is more than 200 cases, compared to zero in 2015, saving women and their newborn infants and improving the quality of their lives.

UNICEF Ethiopia supported the establishment of four additional BEmONC training centres, making the total 19 national training sites and further improving the capacity of the Federal Ministry of Health (FMoH) and the Regional Health Bureaus (RHBs) to decentralize and roll out competency-based training. Continued technical and operational support was provided to 20 out of 51 FMoH-identified low-performing zones to implement the Routine Immunization Improvement Plan (RIIP). A formal assessment of the outcomes of the integrated support by partners in the 51 zones is ongoing to document changes in health workers’ practices on solving bottlenecks such as vaccine stock outs, fewer sessions than planned and slower uptake of community services.

UNICEF Ethiopia provided nationwide malaria commodity planning support, with the participation of more than 700 malaria risk districts. Based on this plan, 1.2 million doses of
artemisinin based treatment (ACT), 250,000 vials of Artsunate injections, 414 microscopes and 3 million rapid diagnostic tests were procured for the malaria prevention and control program. Technical assistance was provided to the Federal Ministry of Health and regional health bureaus in planning, implementation and monitoring of the programme. UNICEF supported the revision of national malaria guidelines, development of posters and job aids.

Ethiopia initiated a field trial of new solar Passive Vaccine Storage Devices (PVSD) to provide quality and uninterrupted EPI service in hard to reach areas. The administrative coverage in these zones increased by 10 per cent compared to 2015. As of 4th November, 752,633 women of reproductive age in tetanus vaccination campaign areas in Somali region (84.3 per cent) received one dose of the tetanus toxoid vaccine.

While the FMoH primary health care systems for maternal, newborn and child health continued to be strengthened, more efforts are needed to address systems barriers, especially on even or fair distribution and retention of health workers across all regions, including supply chain and information management across pastoralists and agrarian regions.

OUTPUT 3 Community health system platforms strengthened to support use of services and ensure sustained adoption of positive practices and social norms that affect the health of mothers, newborns, children and adolescents, particularly in the most disadvantaged areas

Analytical Statement of Progress:
Ethiopia has maintained its polio–free status since January 2014. UNICEF Ethiopia supported the implementation of one session of National Immunization Days (NIDs) and one Sub-National Immunization Days (SNIDs) session in high risk zones, reaching more than 95 per cent of under-five children. The non-compliance rates in both vaccination campaigns were less than one per cent.

Per the National Health Promotion and Communication Strategy (NHPCS), a behaviour analysis study on maternal, newborn, child and adolescent health service utilization was initiated in Afar, Benshangul Gumuz, Gambella and Somali regions aimed at improving service uptake and ensuring availability and use of community platforms in these most disadvantaged regions.

The family health guide (FHG) was revised and the nationally recognized standardized communication material, including approximately 78 key integrated messages on maternal, newborn, child and adolescent health, and the printing of more than 300,000 guides is ongoing. These guides will serve as the basis to communicate standard and consistent messages to every household through the Women/Health Development Army network leaders (W/HDA) and leaders or social mobilization committees.

With the ongoing polio outbreak in Nigeria, Ethiopia is still considered a high-risk country for wild poliovirus importation. Pockets of low population immunity to polio remain a challenge. These areas are priority for improving routine polio coverage, along with other antigens and strengthened surveillance.

OUTPUT 4 National and subnational capacity to respond to health-related disaster risks strengthened

Analytical Statement of Progress:
The drought emergency response in 2016 prevented deaths and unnecessary illnesses among young children. Life-saving interventions such as the April measles vaccination campaign in villages with high burden of malnourished children covered 95 per cent of 23.7
million targeted children 6 months to 15 years and reduced measles incidence from more than 100 per million in 2015 to less than 40 per million as of November 2016.

UNICEF Ethiopia supported the provision of primary health care services for South Sudanese refugees. Newly arrived children under 14 years of age received polio and measles vaccines at entry points. A total of 23,543 children 0 - 15 years old (99 per cent) and 21,863 6 months to 14 years old (98 per cent) were vaccinated against polio and measles, respectively. Since September 2016, 677 individuals received clinical consultation from a newly established clinic at the entry point. More than 27,000 insecticide-treated mosquito nets were distributed in six refugees' camps, with a focus on pregnant and lactating women and children under-five. UNICEF Ethiopia provided support to Eritrean refugees in the Shire zone to establish immunization programs in new refugee camps and provided 4,000 insecticide-treated mosquito nets for newly arrived refugees.

A total of 49 mobile health and nutrition teams in the pastoralist Afar and Somali regions continued to provide primary health and nutrition care essential services. As a result, more than 362,815 medical consultations were conducted, the majority of which were for children and women. The refugee-hosting Gambella region continued to be free from any cholera outbreak.

In response to the acute watery diarrhoea outbreak, UNICEF Ethiopia provided technical, logistic and coordination support at a national level and in affected regions, contributing to the treatment of 25,200 cases in more than 200 CTC sites. A total of 180 CTC kits were provided. The case fatality rate remained at 0.2 per cent. In the scabies outbreak, 715,869 patients and their contacts were treated. UNICEF procured drugs and supported training of 1,720 health workers on scabies case management.

UNICEF Ethiopia worked closely with FMoH and partners at all levels and participated actively at health cluster coordination meetings led by MoH and regional health bureaus. Challenges remain regarding strengthening the coordination mechanisms and providing timely and tailored support to partners. As the country’s access to clean water and safe sanitation practices is significantly low, risk to outbreaks of waterborne disease will continue and emergency preparedness with government-supported budgets needs to be strengthened. Measles population immunity gaps due to unmet high measles routine coverage need to be addressed through increased coverage in areas not normally reached by health workers. Emergency response and scale-up of quality routine health services remains a challenge to government health systems. UNICEF will focus its support on systems strengthening and resilience building for better recovery of health services and outcomes.

OUTCOME 2 By 2020, an increased percentage of under-five girls and boys, adolescent girls, and pregnant and lactating women are appropriately nourished and cared

Analytical Statement of Progress:
In 2016, policy space was expanded for nutrition and political engagement was enhanced. Nutrition was included as one of the goals in key policy documents, including the Health Sector Transformation Plan and the Growth Transformation Plan II. High-level multisectoral commitments were made to tackle undernutrition, focusing on the first 1,000 days, including dissemination of the Seqota Declaration and endorsement of the National Nutrition Programme II. The Government of Ethiopia began developing the first ever Food and Nutrition Policy. A National Food Fortification Plan is under development, providing a platform for linkages with food industry and trade sectors.
UNICEF Ethiopia's convening role, through the National Nutrition Coordination Body and the National Nutrition Technical Committee, the multisectoral platforms for nutrition-specific and nutrition-sensitive interventions, was instrumental in enhancing policy, strategy and the programmatic environment for accelerating progress toward reduction of various forms of malnutrition among vulnerable groups. UNICEF is committed to continue its support of the Federal Ministry of Health.

To further contribute to improving the nutritional status of pregnant and lactating women and of children affected with acute malnutrition, in 2016 the Productive Safety Net Programme (PSNP 4) introduced a new nutrition provision, by which beneficiary households with pregnant and lactating women or acutely malnourished children were exempted from public work and benefited from additional health and nutrition services.

To better sharpen interventions aiming at reducing prevalence of chronic malnutrition among young children, a Situation Analysis of the Nutrition Sector in Ethiopia (2000-2015) was carried out to identify the main drivers of successfully reducing stunting. The analysis is being used by all stakeholders to inform their programming. The capacity of the health system to deliver quality nutrition interventions was strengthened through the Blended Integrated Nutrition Learning Module (BINLM), which was rolled out in three regions (Amhara, Benishangul-Gumuz and Tigray) and reached 898 service providers through 473 master trainers and supervisors. A nationwide multimedia campaign (First 1000 Days) was launched to sustain high-level commitment and create general awareness about the importance of good nutrition for the individual, the family, the community and the nation.

The combination of improvement in the policy and programmatic environment for nutrition enhanced capacity of service providers and improved the awareness of beneficiaries.

An increased number of mothers/caregivers were reached with appropriate infant and young child feeding (IYCF) messaging and counselling, which is reflected by the 2016 EDHS outcomes. EDHS 2016 found that 58 per cent of mothers exclusively breastfeed their children during the first six months, a six percentage point increase from the 2011 surveys. The proportion of children 6-24 months fed with complementary food, meeting the minimum acceptable diet, increased from four per cent in 2011 to seven per cent in 2016. To enhance emergency response and forge the link between emergency and development, IYCF in emergencies was included for the first time in the government-led nutrition emergency response plan.

Boys and girls benefited from quality nutrition interventions, A total of 11,287,238 children 6-59 months of age (86.7 per cent) received vitamin A supplementations and 7,741,812 children 24-59 months of age (87 per cent) received treatment against intestinal worms. As of October 2016, 272,165 children were treated for severe acute malnutrition against the target of 420,000 cases. The school-based deworming campaign reached 348,994 (82 per cent) adolescents (87 per cent), including 179,557 girls and 169,437 boys, and enhanced their awareness on nutritional requirements and healthy life skills.

The El Niño-induced drought continued to weigh heavily on the country, disproportionately affecting children. In response, the community-based management of acute malnutrition programme was further expanded and made available in 83 per cent of health facilities countrywide. Under the aegis of the national disaster risk management commission and FMoH, with UNICEF’s support, the Government of Ethiopia’s capacity to adequately respond to the El Niño-driven drought was strengthened. Under UNICEF’s leadership, as Nutrition Cluster Lead Agency, coordination mechanisms for the nutrition emergency response were
strengthened with other UN agencies and NGO partners to ensure harmonized response to the nutrition emergency. Consistent monitoring and support supervision combined with advocacy made it possible to continue delivering development nutrition services despite the nutrition emergency.

The 2016 Ethiopia Demographic and Health Survey (EDHS 2016) revealed the consistent improvements made in nutrition. According to the findings, child stunting declined from 44 per cent in 2011 to 38 per cent in 2016 and underweight declined from 29 per cent to 24 per cent over the same period. Acute malnutrition, on the other hand, remained stable at 10 per cent. The lack of improvement in acute malnutrition can be partly explained by the fact that EDHS 2016 data collection took place when the country was affected by the most severe drought in decades. UNICEF will continue to work with the Government and partners to accelerate stunting reduction by focusing on improving quality of complementary foods, enhancing multisectoral approach and coordination, and supporting health system strengthening to continue delivering nutrition services and responding to nutrition crises.

OUTPUT 1 Multisectoral coordination and capacity of sectors engaged in National Nutrition Plan implementation strengthened with a focus on policy, information systems and knowledge management

Analytical Statement of Progress:
The nutrition landscape is continuously improving in Ethiopia, attracting higher political commitment. The Seqota Declaration of July 2015 and its implementation plan (developed in 2016) illustrate the Government’s high-level and multisectoral engagement and recognition of nutrition as a cornerstone of human capital and economic development. The NNP II (2016-2020), a national framework for the implementation of nutrition interventions in Ethiopia, was finalized and now awaits official endorsement and subsequent dissemination. The nutrition policy environment was further strengthened with the initiation of the development of the Ethiopian Food and Nutrition Policy and National Food Fortification Plan.

The multisectoral approach to reduce chronic malnutrition among young children was strengthened by the growing involvement of nutrition-sensitive sectors including agriculture (creation of a nutrition case team), education (integration of nutrition in life skills training) and social protection (nutrition provision in PSNP4). Along with the developments on the policy front, the capacity of the media was enhanced to support awareness among the general population on nutrition as well as the Breastmilk Substitute (BMS) and Food Advertisement Directive.

The existing coordination platforms for nutrition were strengthened and existing policies and strategies were better aligned to ensure complementarity and synergy. The effectiveness of the coordination of nutrition interventions by various stakeholders, including the Government, civil society, UN agencies and donors, was enhanced.

The capacity of the National Nutrition Coordination Body, supported by the National Nutrition Technical Committee to provide strategic guidance to the nutrition sector was enhanced through high-level advocacy and technical assistance provided by UNICEF Ethiopia. The ability of the Body to ensure accountability of various stakeholders still requires some improvement.

Along with the Directorate of Maternal, Newborn and Child Health, UNICEF Ethiopia co-chaired the nutrition cluster of the reproductive, maternal, newborn, child and adolescent health and nutrition platform, and helped bring coherence among various stakeholders. As the chair and secretariat for Nutrition Development Partners Forum, UNICEF Ethiopia
continued to contribute to bringing better coordination and synergy among UN agencies and donors.

To monitor inter-sectoral contributions and progress toward achieving the NNP II objectives, UNICEF supported FMoH to develop a Unified Nutrition Information System for Ethiopia (UNISE) as its management tool, including both nutrition-sensitive and nutrition-specific indicators. Fast roll out of the UNISE is compromised by difficulty in identifying a realistic set of nutrition sensitive indicators to be captured by the system.

OUTPUT 2 Quality nutrition services for pregnant women, caregivers of girls and boys under 5 and adolescent girls strengthened

Analytical Statement of Progress:
UNICEF Ethiopia supported Ethiopia’s Federal Ministry of Health to continue transitioning from resource-heavy campaigns to routine service delivery through the Health Extension Programme, in 430 woredas (167 in Amhara, 46 in Tigray, 68 in the SNNP Region, and 149 in Oromia). Amhara and Tigray have fully transited to routine delivery of vitamin A supplementation and deworming. As a result, 9,347,580 children 6-59 months of age received vitamin A supplementations (83 per cent) and 7,022,943 children 24-59 months of age received treatment against intestinal worms (82 per cent) countrywide. UNICEF Ethiopia will continue working with FMoH on this transition to prevent a decrease in coverage as observed in certain districts.

In 75 woredas in Amhara, the SNNP Region and Oromia, adolescents’ access to nutrition services was improved and their knowledge enhanced with UNICEF-supported biannual deworming integrated with BCC campaigns. A total of 348,994 adolescents (179,557 girls and 169,437 boys) received deworming treatment. UNICEF Ethiopia successfully advocated for the scaling-up of the adolescent deworming campaign in all 473 woredas identified with high and moderate caseload of soil-transmitted helminths.

A total of 76 regional-level master trainers and 1,168 woreda health officers and health workers in Amhara, Benishangul-Gumuz and Tigray gained capacity to supervise and support health extension workers in the implementation of nutrition programmes. This was made possible with the UNICEF-supported blended integrated nutrition learning module (BINLM), an innovative two-phased training approach consisting of computer-based learning and face-to-face skill transfer sessions.

UNICEF Ethiopia continued to enhance capacity of service providers at community level for the promotion of adequate infant and young child nutrition in agrarian regions. More mothers and caregivers (61 per cent) accessed monthly growth monitoring (GMP) services as a result. UNICEF Ethiopia also facilitated linkages with the agriculture sector to promote a multisectoral approach to reducing the incidence of stunting at community level.

To meet the increasing humanitarian needs resulting from the drought, UNICEF Ethiopia supported the Government to strengthen its capacity to treat children with severe acute malnutrition (SAM). SAM treatment services were made available in 16,223 facilities equipped with essential supplies, and the capacity of 6,270 health extension workers and health workers was increased to treat SAM cases and to counsel on appropriate infant and young child feeding practices in the context of emergencies. UNICEF Ethiopia also supported the Government of Ethiopia to improve its coordination and oversight capacity through technical assistance provided by 32 CMAM monitors.
OUTPUT 3 Government and partner capacities to respond to nutrition in humanitarian crises strengthened

Analytical Statement of Progress:
The multisectoral needs assessment in June found that decent spring rain performance slightly ameliorated the food security outlook in the country. The humanitarian requirements document was revised accordingly, and the number of priority woredas that required resource allocation and interventions from the Government of Ethiopia and partners decreased from 443 in the beginning of the year to 420.

However, the overall need for humanitarian assistance still remained considerably higher than normal years. From January to September, 244,948 children were treated for severe acute malnutrition (SAM). The SAM treatment and counselling on infant and young child feeding is ongoing through 14,756 OTPs, 1467 stabilisation centres and 49 mobile health and nutrition teams through which essential supplies have been provided for. Advocacy for integrating infant and young child feeding in emergencies (IYCF-E) to complement the emergency nutrition response was made to mitigate against any deterioration that might occur in the child’s health and nutritional status.

UNICEF Ethiopia facilitated emergency nutrition response coordination by ensuring leadership in the Emergency Nutrition Coordination Unit (ENCU) that is embedded in the National Disaster Risk Management Commission. Nutrition coordination improved in identification of areas of high needs for prioritization, estimation of caseloads, mobilization of resources, and coordination of stakeholders. Monthly meetings of the Multi-Agency Nutrition Task Force (MANTF) were held where strategies were promoted and standardized. Specific strategic guidance for the response was also provided following formation of the Strategic Advisory Group for the task force and specific technical working groups.

Periodic hotspot classification and support to seasonal assessments (Belg and Meher) were supported to identify the most vulnerable populations and the woredas most in need of emergency nutrition interventions. Guidance provided following additional analysis of the response coverage (through the 4W matrix) enabled nutrition stakeholders to address response gaps. A series of nutrition surveys led by the emergency nutrition coordination unit using standardized methodology in select sentinel woredas to inform stakeholders on the nutritional status of children. To improve the quality and coverage of emergency nutrition services, a national guideline for a coverage survey was developed and a series of coverage surveys are planned for early 2017.

To promote and ensure continuum of care and enhance the emergency nutrition response, a joint response plan and specific plan of action was formed between UNICEF and the World Food Programme. One of the major results achieved through the joint response plan was the integration of the targeted supplementary feeding programme into the UNICEF-supported mobile health and nutrition teams to provide SAM and MAM continuum of care to pastoralist communities in 26 woredas (20 in Afar and six in Somali regions).

OUTCOME 3 By 2020, the Ethiopian population, in particular women, children, adolescent girls and vulnerable groups, use affordable, safe, reliable, sustainable and adequate water supply, sanitation and appropriate hygiene practices in households, communities and institutions in rural and urban areas

Analytical Statement of Progress:
UNICEF Ethiopia continued to support and to lead the WASH sector coordination activities through the coordination mechanisms of the WASH Sector Working Group. The working group is subdivided into WASH and water resources sub-groups. UNICEF contributed
US$1,112,500 to the Consolidated WASH Account to implement a joint program in partnership with World Bank, DFID, and AfDB under the One WASH National Program.

UNICEF supported the coordination of WASH emergency response activities to respond to drought, flood and outbreaks of acute watery diarrhoea. UNICEF also supported the functioning of regional WASH sector coordination mechanisms. Eight regions (Somali, Afar, Amhara, Oromia, SNNPR, Gambella, Tigray and Benishangul Gumuz) now have a functional WASH sector coordination system to manage the One WASH National Program.

An evaluation of the UNICEF Ethiopia WASH Country Programme (2012-2016) was conducted in 2016. The review was carried out by an independent consultant and the findings were presented to UNICEF staff and key stakeholders, including the Ministry of Water, Irrigation and Energy, Ministry of Health and Ministry of Education. The review analysed the results achieved, challenges met and strategic shifts made in WASH programming including the inclusion of urban WASH as a programme component in the WASH programme.

A no-cost Memorandum of Understanding (MOU) was signed with the European Union to access valuable remote sensing data that has been combined with existing geological information to create state-of-the-art geo-hydrological maps. Remote sensing and ground-truthing activities were completed for groundwater resources mapping in nine drought-affected woredas in Afar, Oromia, SNNP and Somali regions. Further funding is expected to extend this work to 41 woredas in 2017.

Through the One WASH programme, UNICEF supported the Ministries of Health, Water and Education to develop a joint Guideline on Menstrual Hygiene Management, a neglected area of sanitation which contributes to girls missing days of education every month, dropping out of school and to child marriage. Research on the disposal of child feces and close work with the nutrition sector on infant and child WASH and stunting led to the development of a new focus area for WASH termed ‘Baby WASH’. This is a cross-sectoral intervention including nutrition, health and WASH that will focus on children under 3 years of age and will be developed further in 2017.

UNICEF commissioned a midline study to evaluate the impact of its combined WASH and nutrition programming on the malnutrition and stunting of children. Although delayed by the State of Emergency, this survey is expected to begin in early 2017. The WASH programme also commissioned a national WASH knowledge, attitude and practice (KAP) survey to serve as a baseline for the new country programme.

A baseline survey on menstrual hygiene management practices was completed in Amhara region. Similar activities began in Somali region in partnership with Jigjiga University and preparation for data collection has begun in other regions.

With direct support from UNICEF’s WASH development and emergency interventions, 471,158 people were provided with improved water, 425,321 were provided with basic latrines and a total of 684,246 people were reached through hygiene promotion. Eighty kebeles became open defecation free (ODF) and three health facilities and four schools were provided with WASH services. Coverage of the population using an improved drinking water source increased from 59 per cent in 2015 to 67 per cent in 2016.

Despite the security situation, the urban WASH program progressed well in all regions and targeted towns. The midline survey of the urban WASH programme was carried out and a draft report was submitted showing good trends in terms of reducing open defecation, improved access to sanitation facilities, and reduced drop-out of girls in schools thanks to
UNICEF contributed to sector knowledge generation by carrying out field studies, systematic reviews and documentation of useful experiences in peer-reviewed papers and international journals.

**OUTPUT 1** "Enhanced support for children, families and institutions leading to resilient, equitable use of safe and adequate gender-sensitive water and sanitation services with increased hygiene knowledge and attitude focusing on children under 5 in rural areas

**Analytical Statement of Progress:**
To strengthen the capacity of the WASH sector across the board, UNICEF Ethiopia continued to support the WASH sector coordination activities. UNICEF Ethiopia contributed US$1,112,500 to the Consolidated WASH Account to implement a joint program in partnership with the World Bank, DFID, and the African Development Bank under the One WASH National Program.

UNICEF Ethiopia supported the coordination of WASH emergency response activities to respond to drought, flood and outbreak of acute watery diarrhoea with a view to link lifesaving interventions with longer-term solutions. UNICEF Ethiopia supported the functioning of regional WASH sector coordination mechanisms. Eight regions (Somali, Afar, Amhara, Oromia, SNNP, Gambella, Tigray and Benishangul Gumuz) have a functional WASH sector coordination system to manage the One WASH National Program and ensure effective delivery of water supply services.

UNICEF Ethiopia initiated a Real Time Monitoring (RTM) project in partnership with World Vision, Oxfam and Akvo. Data collection was conducted from January to April 2016, covering 34 woredas in 16 zones, in 6 of the 11 regions, namely Afar, Amhara, Oromia, SNNP, Somali and Tigray regions. Data collection was split into two categories; baseline and monitoring survey. The baseline is essentially an asset inventory stocktake, identifying and registering water points. The monitoring survey collected operational information against the baseline data points.

The findings from the surveys indicated that 43 per cent of respondents reported having access to less than five Litre per Capita per Day (L/C/D); 40 per cent of improved water sources have dried up or are non-functional and 66 per cent of households are walking in excess of one hour (round trip) to access water, with field reports indicating up to 10 hours of walking per day in rare cases. The functionality of the water supply system has not improved. The prevalence of drought has aggravated the problem of its non-functionality due to the over-utilization of pumps and generators during times of water scarcity. This is one of the reasons multi-village schemes are being promoted.

Challenges and constraints remain in partnering with the private sector, as there is no procurement directive for implementation through private sector. Though WASH coordination mechanisms are established in eight regions, there are gaps in required capacity and proper contract administration that challenge an accelerated WASH program implementation.

**OUTPUT 2** "Improved knowledge management through data generation that informs and strengthens service delivery, policies, procedures, monitoring and evaluation at the federal and regional levels"
Analytical Statement of Progress:
To strengthen evidence-based planning and service delivery in the water sector, UNICEF Ethiopia supported data generation and knowledge management on critical areas. A water quality survey was carried out in partnership with WHO, World Bank, Ministry of Water Irrigation and Electricity and Central Statistical Agency in alignment with the Living Standard Monitoring Survey. Field data collection and laboratory chemical analysis of selected parameters was completed. The report writing has begun and will be completed by March 2017. The information will be used as baseline data for measuring SDG indicators related to water safety.

UNICEF Ethiopia conducted Real Time Monitoring (RTM) of water availability in drought affected areas in 34 woredas located in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions. The findings indicated that 43 per cent of the respondents reported having access to less than five litres per capita per day (L/C/D); 40 per cent of improved water sources have dried up or are non-functional and 66 per cent of households are walking in excess of one hour (round trip) to access water, with field reports indicating up to 10 hours of walking per day in rare cases. The study showed that prevalence of drought has aggravated the problem of non-functionality of the water system due to the over-utilization of pumps and generators during times of water scarcity.

UNICEF Ethiopia, in partnership with Global Sanitation Fund, carried out CLTSH evaluations in 8 of the 11 regions of the country and a field note is being prepared on the progress of CLTSH implementation and the findings from a national review of rural sanitation. The field note will provide useful programmatic feedback for government partners on the implementation of the CLTSH approach. To inform the new CP of the WASH programmes, UNICEF Ethiopia is carrying out a survey of WASH knowledge, attitude and practices. The inception phase was completed and the report received. Data collection will start in the first quarter of 2017.

A baseline survey on menstrual hygiene management (MHM) was conducted in Amhara region and a final report was submitted by Bahir Dar University. A similar activity began in Somali region in partnership with Jigjiga University. These surveys will inform regional sanitation action plans.

In 2016, the following publications were produced by the UNICEF-WASH section and partners on UNICEF’s experience and innovative approaches to programming: Three-phase approach to improve deep groundwater supply availability in the Elidar District of Afar region of Ethiopia (S. Godfrey and G. Hailemichael); Looking beyond headline indicators: water and sanitation services in small towns in Ethiopia (Marieke Adank, John Butterworth, Sam Godfrey and Michael Abera; and Systematic review of evidence on the effectiveness of safe child faeces disposal interventions (Tomohiko Morita, Samuel Godfrey and Christine Marie George).

OUTPUT 3 ‘Enhanced support for children, families and institutions leading to resilient, equitable use of safe and adequate gender-sensitive water and sanitation services with increased hygiene knowledge and attitude focusing on children under 5 in rural areas

Analytical Statement of Progress:
UNICEF Ethiopia supported efforts to enhance resilience and equitable use of water and sanitation services as well as increase knowledge of improved hygiene practices. The UNICEF-EU joint groundwater assessment programme was implemented in nine woredas located in four regions (Afar, Somali, Oromia and SNNPR). The first and second phases of the remote sensing and ground-truthing project were completed and the findings were
presented in a workshop organized by UNICEF on Groundwater Resources Mapping, Development and Management Issues and Practices in Ethiopia. The European Union Joint Research Commission (EU-JRC) team supported the provision of remote sensing data for the study and preliminary analysis. UNICEF hired two consultants to undertake the ground-truthing and overlay analysis. The second phase of the study (field groundwater investigation and geophysical survey) was undertaken by UNICEF. The study findings were presented and discussed in a workshop and found to be useful to be scaled-up into other areas. UNICEF believes funding will be available to expand the project into 39 additional woredas in 2017.

A national evaluation of CLTSH progress was conducted and the results were presented to the sector working group. A learning note was published detailing the results. The findings were accepted by the FMoH, which has incorporated the recommendations into its ongoing work plan for the coming year.

A total of 14,000 people were provided with improved water supply and 425,321 people were provided with access to basic latrine facilities. Eighty kebeles became free of open defecation. Three health facilities and four schools were provided with a complete WASH package (water supply, separate toilet facilities for girls and boys and hand washing facilities) in 2016.

To improve school attendance of adolescent girls, UNICEF Ethiopia supported the development of a national level menstrual hygiene management guideline aimed at breaking a taboo around menstrual hygiene. More than 35,000 school girls and eight million people in surrounding communities were reached in four regions of Amhara, Oromia, Tigray and Somali through multilevel advocacy and social mobilization interventions.

OUTPUT 4 'Enhanced support for children, families and institutions leading to equitable access to regulated water, liquid/solid waste management services, with increased knowledge and attitude for hygienic behaviours in urban/peri urban areas

Analytical Statement of Progress:
In a bid to achieve equitable access to regulated water and liquid/solid waste management services, UNICEF Ethiopia is engaged in establishment of management systems. More than 60 per cent of the sanitation and water supply construction works in Maksegnit, Wukro, Adishehu, Welenchiti and Kebri Dehar towns and associated satellite villages were completed in 2016. Sheno and Abomsa towns have completed 10 per cent of the sanitation and 30 per cent of the water supply construction work. Systems for management, operation and maintenance will be established by the end of 2017. When completed, the project will provide water and use of sanitation facilities for communities in urban and peri-urban areas reaching a total population of 250,000.

UNICEF Ethiopia technically and financially supported the development of an integrated Urban Sanitation and Hygiene Strategy Action Plan and implementation guideline that was prepared by MoH in coordination with MoWIE, Ministry of Urban Development and Housing (MoUDH), Ministry of Environment, Forest and Climate Change (MoEFC). The plan will be used as a long-term (10 year) programme document for urban sanitation.

In collaboration with the Open University, the Open WASH modules were developed to support the Government of Ethiopia’s One WASH National Programme. They focused on the challenges of WASH service delivery in the urban context. The modules consist of Urban Water Supply, Urban Sanitation and Solid Waste Management components. Training of trainers for the rolling out of the modules was provided to teachers from eight technical and
vocational education and training institutions (four of them specialized in water and the other four on health).

As part of the South-South Cooperation Programme and supported by UNICEF, Ethiopia, an initiative on Condominium Sewage Systems was developed and 80 per cent of the construction work was completed in Wukro town (specific to Haielom condominium houses) in partnership with Tigray region Water Bureau, Brazilian Government and Brazilian experts. The experience gained in Wukro town will be rolled over to Addis Ababa. A project proposal was prepared to be financed by the Italian Government.

OUTPUT 5 Populations affected by WASH emergencies receive WASH services in line with minimum standards

Analytical Statement of Progress:
The 2015 and 2016 droughts caused severe water shortages in many parts of the country, especially in the low lands of Oromiya, Amhara and SNNP regions and most parts of Somali and Afar regions. After the prolonged drought, heavy and torrential rains caused flash floods in many places. The prevalence of disease outbreak (scabies and acute watery diarrhoea) aggravated the situation. UNICEF Ethiopia supported the Government in emergency preparedness and response by coordinating efforts of different stakeholders, providing supplies, allocating financial resources, assigning water trucks, and providing emergency water supply chemicals and materials. UNICEF Ethiopia diverted its resources and time for emergency intervention. It provided support in groundwater assessment of drilling wells in drought affected areas to provide permanent solutions to the water supply problems.

UNICEF Ethiopia continued to deploy communication for development (C4D) experts and information management officers to coordinate and report on progress of emergency responses and identify gaps in Afar, Amhara, Oromiya, SNNPR, Somali and Tigray regions of the country. Through UNICEF Ethiopia’s interventions in 2016, 457,158 people affected by emergencies were provided with safe access to sufficient water. The knowledge of 684,246 people on hygiene practices was improved through hygiene promotional activities.

The absence of efficient WASH private sector service providers, contractors and suppliers of essential goods to be deployed immediately when an emergency occurs continued to pose a challenge.

OUTCOME 4 By 2020, equitable access created and quality education and training provided to all learners at pre-primary and primary level and girls' access to secondary education increased, with a focus on the most disadvantaged and vulnerable children, populations and localities

Analytical Statement of Progress:
In recognition of the importance of a national sector plan that allows for clear progress monitoring against sector priorities and targets, UNICEF supported the preparation of an Education Sector Development Programme (ESDP V) Results Framework to accompany the current ESDP V strategic plan. Through the development of an ESDP V results chain, gaps related to the necessary pre-conditions for achievement of sector targets were identified and will be addressed within the midterm review of the ESDP V.

The regions of Benishangul-Gumuz and SNNP supported development of results frameworks for the regional education sector development programme, which have provided an opportunity to develop Regional Education Bureau capacities on sector planning. As co-chair of the Education Sector Working Group, UNICEF continued to support sector coordination and the successful submission of a significant programme implementation grant
of US$7 million funded by the Global Partnership for Education for general education in Ethiopia.

UNICEF Ethiopia extended its support to quality early childhood education services at scale delivered through a child-to-child programme, an accelerated school readiness (ASR) initiative and mainstream pre-primary ‘O’ class system as a means of leveraging government investment in effective approaches to early child education. The summer accelerated school readiness programme was introduced in 156 school communities in Oromia region based on the success documented in the Benishangul Gumuz region in 2015. A planned randomized control trial designed to demonstrate the impact of a summer and grade one ASR programme was not undertaken due to the security situation affecting many parts of Oromia region. A pre-primary curriculum package and accompanying teacher education intervention was developed through a partnership between Ethiopia’s Ministry of Education, UNICEF, the World Bank and several NGOs. The package drew extensively from UNICEF’s ASR programme approach and materials, and is to be implemented across all pre-primary classes in Benishangul-Gumuz with funding from the Global Partnership for Education.

In collaboration with Ethiopia’s Ministry of Education and the British Council, a situation assessment of pastoralist education was completed and is serving as the basis for the drafting of a revised national pastoralist education strategy. The draft strategy provides a more evidence-based approach to contextually relevant education services for pastoralist communities and highlights various modalities by which regions can provide them with the quality programmes required to improve primary school completion rates. An independent evaluation of the Alternative Basic Education Centre programme began, as a means of informing future UNICEF programming as well as contributing to the MoE’s revisiting of its approach to alternative education services.

Progress towards improving the quality of teaching and learning was secured through the launch of a multi-year Assessment for Learning initiative with the MoE and six Regional/City Administration Education Bureaus. UNICEF Ethiopia’s technical support allowed for the refinement of this flagship initiative, which now extends beyond the initial intervention regions of Addis Ababa, Harari and Amhara to include Oromia, Tigray and Somali regions. A continuous assessment manual for first cycle primary teachers was finalized and is ready to be incorporated within in-service teacher training programmes within the six regions. A pre-service teacher education module on student assessment - incorporating the concepts of continuous assessment, item banking and item analysis - was developed for trainee teachers.

With data collection tools for school-related gender-based violence (SRGBV) in place and a scoping study on SRGBV initiated in early 2016 nearing completion, UNICEF Ethiopia advocated for the inclusion of SRGBV data within the 2016/17 Education Management Information System (EMIS) data collection tool. The national code of conduct for school-related, gender-based violence, first developed in 2015 with UNICEF assistance, was extended to one more region, through a process of local adaptation and dissemination. UNICEF technical support continued in 2016 for design of an reporting mechanism for school-related, gender-based violence to be implemented in Addis Ababa in coordination with existing legal system structures.

There were environment, health and conflict related emergencies in 2016 that directly impacted children’s participation in education. In mid-2016, the rains eased the drought situation in the six affected regions, but there are communities for whom the decreased harvest in late 2016 and the impact of La Niña weather-related conditions continued to negatively impact students’ regular attendance. In November 2016, UNICEF engaged in a multi-cluster emergency assessment as a means of identifying the most urgent needs for the
sector to be included in the 2017 humanitarian response document. The state of emergency and the political tensions in the country resulted in a one month formal delay in the start of the 2016/17 academic year. In several regions, the delay was extended to six weeks.

Conflict in South Sudan since September 2016 resulted in more than 27,370 school-aged children entering refugee camps in the Gambella region. In response, UNICEF Ethiopia rapidly provided the required materials to establish eight temporary learning spaces and provided individual student materials. UNICEF also completed analytical work and subsequent programme planning for the implementation of a developmental approach to refugee education, in recognition of their protracted educational needs. Ensuring that these children participate in education programmes will remain a critical priority for UNICEF’s learning and development programme in 2017.

OUTPUT 1 Capacity of education system strengthened to meet Education Sector Development Plan V goal of equitable expansion of quality early childhood education services

Analytical Statement of Progress:
In 2016, UNICEF Ethiopia’s support resulted in more than 40,700 children accessing early childhood education programmes in eight regions of the country, including 14,058 (48 per cent girls) through an accelerated school readiness programme in Oromia and Benishangul Gumuz regions. A total of 1,631 teachers were engaged across three early childhood education modalities (the ‘child-to-child’ initiative; the accelerated school readiness (ASR) programme; the pre-primary O-class system) and participated in training supported by UNICEF. These efforts were supplemented by the procurement and distribution of a minimum package of teaching/learning materials for all pre-primary classes located within the target districts of UNICEF’s learning and development programme.

Based on the positive findings of an impact evaluation of the accelerated school readiness programme piloted in Benishangul Gumuz region in 2015, the initiative was expanded from July through September 2016 to 156 school communities in Oromia region. The findings of the initial evaluation of this approach revealed that students who participated in the summer ASR programme significantly outperformed in the areas of mathematics and literacy than students who had participated in the formal pre-primary Zero Class. Preparations were completed by August 2016 for a comprehensive randomized control trial of the ASR initiative in Oromia region as a means of generating further evidence on this modality. The evaluation was postponed to 2017 due to the political and security situation in Oromia region.

In mid-2016, UNICEF Ethiopia joined the Ministry of Education and the World Bank in designing a curriculum package and teacher education intervention for pre-primary classes, drawing on the success of the accelerated school readiness approach and materials. The pre-primary classroom materials and accompanying teacher education programme will be rolled out in 2017 to all pre-primary classes in Benishangul Gumuz region, with financial support from the Global Partnership for Education. UNICEF supported further development of pre-service early childhood education courses through the production of modules with the federal Teacher Development Department, which will in turn be adapted by regions in 2017 for inclusion in the Teacher Education College early child education courses.

UNICEF continued to support parenting education interventions through the functional adult literacy programme, reaching more than 1,112 parents and caregivers in a six-month period. This initiative follows from the revision of a pre-existing parental education manual developed in early 2016.
A study on the practice and challenges of pre-school education in the SNNP region was completed in late 2016, highlighting the significant progress made in this region in relation to enrolment rates for early childhood education and the ongoing challenges concerning the quality of these services. The findings of this study will be used to inform the region’s priority targets and costed plan for early childhood education services.

OUTPUT 2  Equitable and inclusive access to primary and secondary school strengthened for out-of-school children

Analytical Statement of Progress:
UNICEF continued its support to the Ministry of Education’s efforts in revising a national pastoralist education strategy. This work follows on from a situational analysis of pastoralist education conducted in mid-2016, in which a review of the pastoralist education strategy was recommended. Yet to be validated, the pastoralist education strategy outlines various contextually relevant approaches to improve the educational opportunities of pastoralist children.

Complementary to this work was the initiation in September 2016 of an independent evaluation of the Alternative Basic Education programme as a means to better understand the impact and effectiveness of this approach, which has been supported for the past ten years by UNICEF. Two policy guidelines were developed in 2016, including a strategy for education of indigenous groups in Gambella and Benishangul Gumuz regions and guidelines on distance education as a means of increasing transition to and completion through upper primary education in Oromia region. A total of 13,000 children (52.4 per cent girls) in SNNPR who were not in school (either not enrolled or dropped out) were provided with basic education materials upon their return to school.

UNICEF Ethiopia supported Afar region’s commitment to transition 25 alternative basic education centres into formal primary schools and the upgrading standards were agreed to alongside implementing agencies’ responsibilities. This upgrading process from an alternative basic education centre to formal primary school status will allow for more systemic support from the Regional Education Bureau and Woreda Education Offices to improve quality in these schools.

UNICEF continued to support efforts to reduce and eliminate gender-based violence in schools. Following SRGBV reporting tools introduced in late 2015, a national scoping study on SRGBV was completed in December 2016, identifying the scale and impact of violence on the educational system and providing recommendations for national and regional implementation. A school-level Code of Conduct, developed with UNICEF support in 2015, was introduced to one additional region (Tigray) through a process of adaptation, translation and dissemination. In Addis Ababa city, 20 schools continued to demonstrate an SRGBV reporting mechanism and sought to align their response to incidences with existing legal provisions. At a national level, data on SRGBV was integrated within the 2016/17 Education Management Information System data collection tool as means of better monitoring scale of incidences and response mechanisms.

In a continued effort to address the social norms that contribute to SRGBV, communication for development (C4D) interventions were supported, including community dialogue (Afar Region), radio broadcasting, and billboards and posters accompanied by school-based guidance and counselling services (Amhara Region). These efforts were reinforced by the development of a life skills manual for secondary school, which is being used as key resource material for girl clubs.
OUTPUT 3  Equitable and improved delivery of quality primary education

**Analytical Statement of Progress:**
In 2016, the full buy-in, leadership and commitment of MoE were secured on the assessment for learning programme. UNICEF Ethiopia spearheaded the development of a costed roadmap for the assessment for learning programme, which details four major strategic elements, including: a complete assessment package; a teacher and leader continuous professional development; an integration of the existing assessment and teacher development systems; and Creation of the policy framework and institutional capacity.

UNICEF Ethiopia technical support focused on further refining the assessment programme as a flagship programme, extending the initial work on literacy and numeracy assessment in the three regions of Addis Ababa, Harari and Amhara. Through its technical and financial support, UNICEF Ethiopia ensured the scale up of the assessment for learning programme to three additional regions of Oromia, Tigray and Somali. The assessment for learning package includes class work, homework, project, assignment, questions/ items; classroom embedded formative assessment techniques; supplementary resources that are aligned with Minimum Learning Competencies (MLCs); and assessment feedback techniques. A total of 1,432 primary teachers, cluster supervisors and curriculum and assessment experts from the 6 regions were trained on the application of competency-based classroom assessment that provides real-time information for teachers and guides identification of appropriate remedial and enrichment actions for improved student learning outcomes.

With continued technical support from UNICEF Ethiopia, a continuous assessment manual for first cycle primary teachers was validated and is now ready for use in training of in-service teachers. The manual outlines the evidence underpinning formative assessment and provides guidance for teachers on how best to incorporate assessment practices into their daily teaching routines. A practical, pre-service teacher education module on assessment and evaluation (incorporating the concepts of continuous assessment, item banking and item analysis) seeks to strengthen these skills prior to teachers joining the classroom. The pre-service manual was validated and is now being trialled for pre-service teachers. A team of 35 teacher educators and experts from the MoE were engaged in this process.

OUTPUT 4  Education system capacity in knowledge management strengthened

**Analytical Statement of Progress:**
In partnership with UNESCO IIEP and the MoE, UNICEF Ethiopia supported the development of a Results Framework for the national Education Sector Development Plan V (2015/16-20/21) as a means of improved implementation, monitoring and evaluation of the national sector targets and priorities. An ESDP V Multi-Year Action Plan drafted in the third quarter of 2016 will allow for better alignment between the MoE’s annual costed sector plans and the ESDP V. The success of the national ESDP V results framework development was replicated in Benishangul Gumuz and SNNPR regions, where technical support was provided for the drafting of regional results frameworks. This also served as an important opportunity to strengthen the capacity of regional education officials in sector planning and management.

UNICEF Ethiopia continued to strengthen evidence-based and equity-focused education sector planning and management at all levels. UNICEF Ethiopia advocated for forging of more strategic coordination across development partners and the MoE in strengthening of the Education Management Information System, through the revitalization of a national EMIS.
thematic Working Group. UNICEF Ethiopia played a key role in institutionalizing the EMIS Working Group, which has resulted in the development of an EMIS Strategic Plan.

GIS-based EMIS and SMIS Web Application systems for the collection, analysis, storing and dissemination of EMIS data were consolidated and launched in 2016. The two web applications are now ready for utilization by the Federal MoE, REBs, WEOs and schools. The web-enabled SMIS system is expected to offer schools the ability to store basic school information, register students and staff, maintain examination achievement data, and manage textbooks/school materials, among other modules. Training was organized for 613 EMIS and Planning Experts (24 per cent of them female) in four regions (Gambella, Amhara, Afar and Addis Ababa) on EMIS data collection, analysis and utilization of the newly developed and launched web-based SMIS software and GIS-based EMIS web application system. A total of 86 primary, secondary and preparatory schools in three regions (Harari, Amhara and Addis Ababa) launched the web-based SMIS system. Technical Assistants on EMIS were provided in three regions (Afar, Tigray and Oromia) with UNICEF Ethiopia support, which is reported to have contributed to timely EMIS data collection, analysis, reporting and distribution of regional annual education abstracts.

Quarterly programme monitoring, supportive supervision and consultative meetings were conducted in three regions (Amhara, Benishangul Gumuz and Oromia) to identify progress, challenges and remedial actions for enhanced planning and implementation of the education programme.

OUTPUT 5 Education sector capacity in provision of basic education in emergencies strengthened

Analytical Statement of Progress:
In November 2016, UNICEF Ethiopia contributed to the development of tools for the second annual multi-sectoral drought assessment (Meher assessment), the results of which will inform the priorities for the education cluster’s response plan for 2017. Ongoing assistance was provided to strengthen the capacity of education officials on disaster risk preparedness and response, through an education cluster training programme held for federal and regional education bureau officials.

Through UNICEF Ethiopia procurement, 99 primary schools in drought affected woredas of Amhara and Somali regions were provided with water tanks as a means of ensuring the availability of water during the academic term. One hundred twenty primary school teachers in Somali region were provided with training on how best to support students affected by the drought emergency and to recognize and respond to children’s increased levels of stress. In two zones of Somali region, UNICEF Ethiopia supported the construction of 26 semi-permanent school facilities in light of the need for additional classrooms for children who have moved due to the drought as well as those who have migrated due to conflict. The 26 additional classrooms will cater for the educational needs of 3,120 students.

Four primary schools in refugee camps of Gambella region whose construction began in late 2015 were completed and handed over to the Administration for Refugee and Returnee Affairs (ARRA). In response to an influx of more than 25,000 refugee children into Gambella region since September, UNICEF Ethiopia provided eight temporary learning spaces and the necessary student/teacher materials for the arrivals who have been deployed to a new camp. Work is ongoing for the provisioning of a further eight semi-permanent early childhood education and primary school facilities for the newly arrived South Sudanese refugees.
In early September, an outbreak of Acute Watery Diarrhea (AWD) impacted Addis Ababa and three regions of the country. In response, UNICEF distributed Information Education Communication hygiene promotion materials to 640 schools.

**OUTCOME 5** By 2020, an increased number of children and adolescents who are susceptible to violence, exploitation and abuse, in emergency and non-emergency settings, benefit from quality, gender-sensitive, community-based and formal child protection and response services

**Analytical Statement of Progress:**
The first six months of the new Country Programme leverages results of previous investments in institutional and technical capacity building of the Vital Events Registration Agency (VERA) and the child protection system, partnership building and advocacy with regard to ending child marriage and FGM/C and development of core packages of programme interventions and models for expansion and scale-up related to (i) justice for children, (ii) responding to violence against children and (iii) HIV prevention among adolescents. Leadership and advocacy from UNICEF, UNFPA and the Ministry of Women and Children Affairs (MoWCA) led to indicators on child protection, including gender-based violence, being integrated into the seasonal assessment of the Disaster Risk Management Commission (DRMC). The Meher assessment in November took on board the lessons learned from the Belg assessment conducted in June to help ensure the child protection-related risks were better captured.

In August 2016, the National Vital Events Registration System in Ethiopia was launched nation-wide with the support of UNICEF. Based on previous UNICEF support, measures are now in place for incorporation of vital events registration functions in existing government structures. Registration guidelines, directives and tools, as well as institutional and technical capacity strengthening efforts for system development, are in place. Now that the system has been launched, the priority is tracking and reporting numbers and proportion of births registered, including identifying and addressing any bottlenecks that arise.

The National Alliance to End Child Marriage and FGM in Ethiopia by 2025, supported by UNICEF and UNFPA, held a national consultation in September. It brought together government and CSO partners to agree on the framework for the costed roadmap to end both practices. This plan is critical for understanding the investments required to achieve this national priority.

In October, the second annual programme meeting of the UNFPA-UNICEF Joint Programme on a Rights-Based Approach to Adolescent and Youth Development in Ethiopia (2014-2017) was successfully convened with key partners. The findings and recommendations of the Mid-Term Evaluation (completed in April) were taken on board during the design of the current annual work plan. The work plan further builds on some of the key successes identified, notably UNICEF’s reach to 162,095 adolescents across six regions and evidence that the interventions have been effective in enhancing the knowledge of adolescents, as demonstrated by the increased demand for condoms.

The urban focus of the programme, including on out-of-school and at risk adolescents, was timely given that many young people were moving to urban and peri-urban areas in search of better livelihoods. Many of those adolescents are at risk of exploitation or engaging in harmful behaviours that could result in HIV.

UNICEF surpassed the previous country programme document target of child-friendly benches and units in 50 woredas and successfully integrated social workers into the
government budget at federal level and in three regions. The expansion of child-friendly justice is underway in 42 new woredas in 7 regions. This involves renovation of court structures, training of justice professionals and embedding social workers to enable the provision of child-friendly and gender-sensitive justice.

Underpinning the outcome indicators is investment in the child protection system and in monitoring and reporting of child protection. In this regard, progress towards adoption of comprehensive alternative care options informed by global standards has been slow. Regarding personnel, progress is being made towards development of occupational standards and positions across a range of ministries with child protection responsibilities.

Work is underway to develop a management information system for the Permanent Direct Support Beneficiaries of the PSNP, the result of which needs to inform the development of a case management system for child protection – and interoperability across appropriate ministries – for orphans and vulnerable children. Significant lessons were learned from experiences in the previous country programme document to develop a database with a management information system (MIS) for alternative care that is being taken on board as this work evolves.

The release of the 2016 EDHS data will provide timely information to inform the development of targets for the outcomes (which are currently marked as N/A). The absence of a functioning management information system across the partners impedes tracking of the situation of children as well as their referrals to response services.

UNICEF Ethiopia’s new country programme document began in a complex development and humanitarian environment, including child protection response to the El Niño-driven drought situation, the unanticipated large influx of refugees from South Sudan, and large numbers of returnee migrant children (mainly adolescents) from other parts of Africa and the Middle East.

**OUTPUT 1** 125 woredas provide comprehensive child- and adolescent-friendly justice services

**Analytical Statement of Progress:**
Since July of 2016, UNICEF Ethiopia technical and financial support has contributed to child- and adolescent-friendly justice services being established in 42 woredas across six regions: Amhara (4), Benishangul Gumuz (4), Gambella (1), Oromia (4), SNNPR (3), Somali (25) and Tigray (1).

Under the previous country programme document, UNICEF Ethiopia advocacy efforts successfully integrated 45 social workers in courts at federal level and in three regions whose salaries are paid for by the concerned Ministry or Bureau. Since July, UNICEF has supported further capacity-building for those social workers. UNICEF also supported the salaries and capacity building of 130 social workers in different parts of the country, with a view to their eventual incorporation into government structures. In August and October, 34 social workers in the federal courts and 150 Addis Ababa BoWCA child officers were trained on the application of children’s best interests and on the operation of the referral pathways. The uptake of the learnings has not yet been measured.

An MoU among the regional Supreme Court, Justice Bureau, Police Commission, Bureau of Women and Children’s Affairs, prison Commission and Asossa University was drafted for establishment of a regional Child Justice coordination unit under the Benishangul Gumuz Regional Supreme Court and discussions are underway to sign and make it operational before the end of 2016. The establishment of the coordination unit is expected to create
better synergy across all actors, facilitate sharing of achievements and challenges for strengthened implementation of child friendly justice services in the region.

To further inform the strengthening of child-friendly justice nation-wide, a national child justice assessment was commissioned with UNICEF support and was expected to be completed by November. Due to the state of emergency and other issues it will not be finalized before the first quarter of 2017.

Between July and October 2016, 298 children in contact and in conflict with the law were provided with child-friendly justice services through appropriately trained judges and social workers at federal level. Of these, 20 children were referred to different organizations for basic social services such as shelter and more specialized services for children who had been physically and sexually abused. Over this same period, UNICEF partnered with the Federal Supreme Court for child-friendly legal aid for children undergoing civil and criminal court proceedings at the federal level. Through pro-bono lawyers supported by UNICEF, 582 children received legal aid services ranging from oral legal advice to judicial representation.

OUTPUT 2 50% of woredas provide civil registration services

Analytical Statement of Progress:
Ethiopia has one of the lowest rates of birth registration in sub-Saharan Africa. The government has made establishment of a functional birth registration system a key priority under its Growth and Transformation Plan (GTP) I and II. To inform the development and launch of the civil registration and vital statistics system (which includes vital events such as birth, death, marriage and divorce), UNICEF and UNFPA supported development of the national strategy and costed action plan (2013-2020), which helps ensure that the ambitious and important work of VERA is informed by the appropriate polices and resources. Based on the strategy and costed plan, measures were taken to incorporate vital events registration functions in existing government structures, prepare registration guidelines, directives and tools, and strengthen institutional and technical capacity for system development. These evidence-building efforts informed and culminated in the 6 August 2016 nation-wide launch of National Vital Events Registration System in Ethiopia.

Indicative of the high priority of the Government placed on addressing the low rate of birth registration, the launch event included the presence of the President of the Federal Republic of Ethiopia. Regional launch events included the respective regional presidents and other high level officials.

Regarding operationalization at woreda level, across 8 regions and at federal level (in Addis Ababa), registration services began in 553 out of 765 woredas. This breaks down as follows: Afar (all 32 woredas), Addis Ababa (all 117 woredas), Amhara (all 168 woredas), Benishangul Gumuz (20 out of 21 woredas), Gambella (13 out of 14 woredas), Harari (1 woreda out of 1), Oromia (6 woredas out of 290), SNNPR (170 woredas) and Tigray (26 out of 52 woredas). With UNICEF support, between August and October, a total of 9,566 newborn children were registered -- 9238 in Amhara, 111 in Oromia and 217 in Gambella. Data for the remaining regions has not yet been received. With UNICEF support, all registrars were equipped with the necessary registers and certificates for ease of documentation and issuance of the certificate.

Noting the close link to the health sector (particularly when registering the births of newborns), notification tools developed by FVERA were customized for the regional contexts and translated by the regional VERAs. These were introduced to the HEW, various health centres and posts. Ethiopia currently hosts the largest refugee population in Africa. A
directive for registration of vital events among refugees and a corresponding register was drafted by Federal VERA and is awaiting approval.

The unrest preceding the declaration of the State of Emergency resulted in damage and destruction of some kebele offices in Oromia where birth registration services were being carried out, including destruction of some of the registration forms. It is understood that in the affected areas the services have resumed.

**OUTPUT 3** Capacities of institutions' and communities' strengthened to prevent and respond to violence against children and adolescent girls in 100 woredas and cities

**Analytical Statement of Progress:**

There are several notable achievements from the previous country programme document upon which the current results build. First, the specific inclusion of national efforts to prevent and respond to violence against children in the National Social Protection Policy and the GTP II and the provision of social workers affiliated with the PDS Beneficiaries of the PSNP.

Second, the establishment of a National Coordinating Body (NCB) on addressing violence against women and children that facilitated the development and endorsement of a national strategy on Violence against Women and Children and which facilitated the operationalization of the Gandhi One Stop Centre in Addis Ababa for victims and survivors of violence, particularly sexual violence and decision to establish four new centres across Addis Ababa (bring the total to five).

To inform the strategic framework at sub-national level, a regional coordination body on prevention and response to violence against children was established in Gambella under the leadership of the regional Bureau of Justice (BoJ). It will adapt and endorse a regional strategy and action plan. In 2016, the regional coordination body established in Benshangul Gumuz in 2015 adapted and endorsed a regional strategy on VAC. Fifteen referral pathways in four regions received technical and material support to strengthen service provision. Referral pathways between key sectors are being developed in 25 new woredas across five regions. A mapping of service providers is underway and SOPs and relevant tools to be used in the referral pathway are being adapted.

The Government of Ethiopia provided the running costs of the Gandhi One Stop Centre. UNICEF worked closely with the Federal Attorney General (former MoJ), BoJs and BoWCA to establish (and cost) the set-up and operationalization of new one stop centres in four urban settings (two in Oromia, one in Somali and one in SNNP). A learning visit was made to the one stop centre in Adama and a mapping of service providers in the area is being undertaken. Spaces were secured inside hospitals for the one stop centres in Somali and Oromia. In SNNP, negotiations are underway to secure an office space for the one stop centre in Hawassa city and preparations are underway for a mapping of service providers in Hawssa city.

In Somali and Benishangul Gumuz regions, which have achieved a certain level of ‘readiness’ for implementation, UNICEF provided technical and material support for establishment of hotline service for detection, prevention and response to violence, exploitation, abuse and neglect of children and women. Based on documentation of those experiences, hotlines will be established in other regions.
OUTPUT 4 Coordination and accountability mechanisms, and community and institutional capacities for social mobilization to end child marriage and FGM/C strengthened at federal level, in three regions and other 'hotspot' woredas

Analytical Statement of Progress:
As part of the Government effort to end the practice of child marriage and female genital mutilation/cutting, coordination and accountability mechanisms were strengthened at federal and regional levels. The capacity of the National Alliance to End Child Marriage and FGM/C was enhanced through engagement of a coordinator of the secretariat. This resulted in more frequent meetings for implementation of the operational plan and strengthened documentation and reporting. A federal level consultation for development of a costed roadmap was convened in September. Based on that consultation and subsequent discussions with key stakeholders, the methodology for the expenditure tracking and costing the multi-year plan is being refined. MoWCA is engaging MoFEC as a key stakeholder in the costing exercise. The second Girls’ Summit was convened in October to take stock of progress since the first summit and reaffirm the commitment of senior officials to end both practices. BoWCAs in Afar, Gambella and Oromia regions finalized MoUs to formalize and strengthen the regional and woreda level coordination mechanisms.

To enhance the results of social mobilization efforts to end female genital mutilation/cutting, MoWCA produced a draft contextualized social norm change manual informed by the global manual developed by the joint programme on FGM/C. It is expected to be finalized in June. To build the capacity of regional BoWCAs for documentation and scale up of progress and results on preventing and ending child marriage and FGM/C, training on documentation of best practices was provided to representatives of all regional BoWCAs. As a result, data collection is underway to compile best practices in all the regions. The report on good practice documentation is expected to be finalized by June 2017. At regional level, community dialogue and other sensitization interventions took place in 64 woredas across five regions (including Amhara Somali, as well as in Gambella, Oromia and SNNP).

Taking into consideration the pivotal role of religious leaders in ending both practices, more than 40 religious leaders in Afar and 1,000 religious leaders (including Imams) in Somali region were engaged in consensus building activities. This resulted in expressions of commitment to support efforts to end the practices through teaching followers and publicly condemning the practices. To further systematize the effort and reach community leaders at scale, UNICEF entered into a partnership agreement with Norwegian Church Aid, which has considerable experience in this work.

The Bureau of Justice in Afar strengthened its community-based surveillance mechanisms through training and material support in 20 kebeles to track cases of FGM/C. Also in Afar, the Bureau strengthened four special investigation and prosecution units to enable them to better handle cases of FGM/C and child marriage. These efforts seek to strengthen the engagement of the law enforcement officials who otherwise might be reluctant to give prosecuting FGM/C cases equal focus to other criminal offences.

OUTPUT 5 Child protection and gender-based violence services provided to children and adolescents affected by emergencies

Analytical Statement of Progress:
UNICEF Ethiopia supported a package of interventions for drought response in 61 woredas and 83 kebeles in five regions. The key child protection package included case management, psychosocial support, violence awareness and prevention and referrals to other services such as education and strengthening community-based structures for prevention and response services.
With UNICEF support, a total of 43,068 children (19,103 girls, 23,965 boys) received PSS; 8,826 children (3850 girls, 4976 boys) were identified as survivors or at risk of violence and received support services; 6,597 unaccompanied and separated children (2696 girls, 3901 boys) were identified and documented; 2,671 children (1184 girls and 1487 boys) were reunited with families; and 59,056 adults (26,986 females, 32,070 males) received messages and trainings to raise awareness of children’s protection and to help prevent violence, exploitation and abuse.

UNICEF provided support towards revision of the checklist, guidance note and assessment tools for the Meher assessment, with trainings rolled out for the regions where the Government planned to implement the assessment by early December, which will inform the revision of the Humanitarian Requirement Document of the Government. UNICEF provided training on cluster coordination to strengthen capacities in the Somali and Amhara regions.

In response to the abduction of children in Gambella region in April, UNICEF continued to support implementation of the response plan agreed upon with Government for the affected families and children from the three most affected woredas. Seventy-four children were reunited with their parents and 17 orphans were placed in alternative/kinship care through the intervention of BoWCA social workers with support from UNICEF. Reunification kits including school materials to support children’s return to education and a reunification grant (equivalent to US $50) was provided to the caregivers. The 74 children received the materials during a ceremony on 3 October organized by the regional government representatives and with the participation of the President of the Regional Government. UNICEF continues to follow up with the UNICEF South Sudan office on the recovery of the remaining children reported as abducted.

UNICEF Ethiopia responded to the refugee influx in Gambella through the procurement of essential supplies distributed to children at the border. Partnership agreements with Save the Children and Plan International Ethiopia to support the influx at the entry point and in the camps are being finalized.

In partnership with IOM and the Government, UNICEF provided support for unaccompanied children who were deported back to Ethiopia. Since July, the services provided include PSS, essential supplies, reunification grants and social workers for IDTFR reaching 530 children (522 boys and 8 girls). UNICEF also supported IOM to organize a training for transit centre staff on child protection principles and implementation for 35 IOM staff.

In 2017, UNICEF will work with partners to review and refine the targets and indicators for child protection in emergency programming and response.

OUTCOME 6 By 2020, Ethiopian children benefit from an improved policy environment, and evidence-informed, child-friendly, gender-sensitive and results-oriented planning and financing in support of the inclusive, sustainable and equitable realization of child rights

Analytical Statement of Progress:
UNICEF Ethiopia worked with the Government to improve the lives of children and women through evidence-based planning, budgeting and programming to influence social policies and action plans on women and children. In 2016, several studies were completed in partnership with international and national institutions, the results of which were used to influence the content and direction of the national Growth and Transformation Plan II (GTP II). Examples include: Access of the Poor and Vulnerable to Basic Social Services; Child Well-being Report; Child Marriage Report; Child Chronic Poverty with a Focus on
Intergenerational Poverty Transmission; Child Labour; Socio-Economic Atlas; Equity Situation Analysis of Children and Women in Ethiopia.

The Ethio-Child Study Centre (ECSC) is being established in partnership with the Economic Development Research Institute (EDRI), Young Lives project, Ministry of Women, Children Affairs (MoWCA), Addis Ababa University, National Planning Commission and Central Statistical Agency (CSA) to further strengthen the linkages between evidence generation and policy dialogue for realization of children’s and women’s rights. The ECSC will be a Centre of Excellence on child research in Ethiopia. As a result of UNICEF’s engagement, several surveys (Demographic and Health Survey, National Health Accounts, Welfare Monitoring Survey and Household Consumption Expenditure Survey) now will generate data on key issues for children and women.

To generate more evidence and establish a baseline for the new country programme and the SDG target 1.2 on child poverty, UNICEF, in collaboration with Economic Development Research Institute and CSA, supported a National Multiple Overlapping Deprivation Analysis (N-MODA) and capacity building of Government experts.

With support from UNICEF and UN WOMEN, the Government of Ethiopia prepared the 8th State Report to the Committee on the Elimination of Discrimination Against Women. Data was collected, and the report was drafted and reviewed by national steering and technical committees.

Public finance management is a new output in UNICEF Ethiopia’s country programme (2016-2020). In 2016, UNICEF engaged extensively with the Ministry of Finance and Economic Cooperation (MoFEC) to successfully establish cooperation and a work plan in public finance management (PFM). A technical assistant is in place at MoFEC as of October 2016 working on compiling public finance data to enable the production of Budget Briefs analysing the State Budget. UNICEF is a member of the UNCT-National Planning Commission (NPC) SDGs Task Force and is supporting the establishment of goals, baselines, targets, and their costing and financing for social development sectors. As part of the national SDGs rollout plan, UNICEF Ethiopia advocated for costing and financing the SDGs, with a need for special consideration of financing the investment in children and youth in several workshops. Other PFM work that is in the pipeline includes a joint study with OECD for a fiscal space analysis of the social protection sector and a study on the costing and financing of the child-centred SDGs to analyse the broader 15 year fiscal space for social development sectors.

UNICEF’s financial contribution to the PSNP directly supported 4,000 beneficiaries. There were approximately 8 million PSNP beneficiaries. The number of children covered by social protection systems increased from 3.8 million in 2015 to 4.55 million in 2016 as a result of the rural Productive Safety Net programme implemented in 318 rural food insecure districts. UNICEF’s role was technical and innovative, piloting for the PSNP new modalities to link nutrition services with pregnant and lactating women and households with malnourished children, with nutrition sensitive activities and to build the capacity of the MOLSA.

UNICEF broadly supported MoLSA for its new role in the Productive Safety Net Programme (PSNP4) for Permanent Direct Support Beneficiaries. A communication strategy, training tools and the new PSNP provisions related to gender and social development and nutrition were finalized and distributed to all PSNP regions and are now used for communication and training purposes in all regions. A global review of best practices and lessons learned on linking social protection and basic social services was finalized and disseminated nationally and globally. A study on the economic and social capital multiplier effect of the last three years of the Tigray Social Cash Transfer was finalized and disseminated. Both reports were
presented to the National Social Protection Platform and endorsed. UNICEF also continued to strengthen MoLSA’s and BoLSA’s (regional Bureaus of Labour and Social Affairs) capacity at federal level and in two regions to implement Integrated Social Cash Transfer (SCT) (IN-SCT). UNICEF supported the Federal Ministry, Oromia and SNNP regions to implement a child sensitive SCT integrated with Basic Services (nutrition and child protection) through deployment and training of social workers utilizing a common Management Information System (MIS) and leading to adoption of an integrated systems approach. A communication strategy and training material for nutrition and gender sensitive activities was validated and is now being adapted to PSNP needs and scaled up to all PSNP regions.

UNICEF Ethiopia hosted the global Transfer Workshop, in partnership with FAO. UNICEF was awarded the Best of UNICEF Research 2016 for the Tigray Impact evaluation. Evidence and lessons learned from the Tigray SCT are being utilized by MOLSA to advocate for expanding the Social Welfare Workforce presence in PSNP areas.

**OUTPUT 1**

Government institutional capacity for child-centred, equity-focused, evidence-based and inclusive national development policies and strategies enhanced

**Analytical Statement of Progress:**

UNICEF Ethiopia supported the establishment of the Ethio-Child Study Centre (ECSC) in partnership with the Economic Development Research Institute (EDRI), Young Lives project, MoWCA, Addis Ababa University, National Planning Commission and CSA, for evidence generation with the objective of supporting policy formulation on children and women in Ethiopia. The ECSC Advisory Board met to agree on the terms of reference for the Board and on a concept note for the Centre which includes research focus areas for next two years, including emerging long-term issues such as urbanization and chronic poverty that will affect child well-being. The ECSC will be a Centre of Excellence on child research in Ethiopia. It has the major objectives of identifying knowledge gaps and priority policy concerns on children’s well-being and protection, to widely disseminate research findings to key policy makers and the public in the form of policy briefs, seminars, and open-access databases, and to build in-country capacity of researchers and provide technical backstopping for government departments and child-focused organizations to contribute towards increased utilization of evidence for tracking national development targets, informing programmes and policies.

A first draft of a report of chronic child poverty analysis using young lives data (including both quantitative and qualitative data) was completed and will be disseminated in early 2017.

UNICEF Ethiopia recruited a consulting firm to generate more evidence and establish a baseline for the new country programme document and the SDG target 1.2 on child poverty, in collaboration with EDRI and CSA. The inception report was completed to start a Multiple Overlapping Deprivation Analysis (MODA) and capacity building of government experts. This will use the latest data sets of EDHS-2016 and/or Household Consumption and Expenditure (HCE)/Welfare Monitoring Survey (WMS) 2016 that will be released early 2017. An updated Equity National SITAN was finalized and used to inform the new country programme document and UNDAF. Shorter versions of regional SITANs of children and women were completed for Addis Ababa, Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNPR, Somali, and Tigray regions.

In 2016, UNICEF Ethiopia and partners supported major national surveys such as DHS, National Health Account (NHA) and HCE/WMS to include child sensitive data. Data collection and the key indicator report of DHS 2016 were completed and HCE/WMS and NHA reports preparation are underway. The DHS modules now include questions on
FGM/C, and health facility verification of child immunization questions, VAW, birth registration, accidents and Fistula. The HCE/WMS data included anthropometric measurements. Census questionnaires were prepared and other preliminary activities were underway to start the census in 2017. In partnership with CSA, World Bank and WHO, UNICEF supported the inclusion of water quality tests in the LSMS which was completed in 2016.

OUTPUT 2 Capacity of key Government institutions and other stakeholders to address child rights obligations enhanced

Analytical Statement of Progress:
In 2014 and 2015 the Government of Ethiopia received the concluding observation to the UNCRC 4th and 5th country report and ACRWC initial, first and second report. In 2016, the Ministry of Women and Children Affairs (MoWCA), the Ethiopian Human Rights Commission and the Ethiopian Institute of Ombudsman initiated activities to engage federal and regional stakeholders to rally behind and incorporate the recommendations into sectoral strategies and plans. The concluding observations were translated in Amharic and discussed among the federal and regional CRC committees. MoWCA conducted a workshop for 120 participants (23 females) drawn from education, health, justice, labour and social affairs and the Supreme Court to review the recommendations and incorporate them in respective sector plans. The draft National Plan of Action was also updated and linked to the UNCRC and ACRWC concluding observations and recommendations. In 2016, MOWCA conducted quarterly supportive supervisions in Tigray, Amhara, Oromia, SNNPR, Harrar, Somali, Dire Dawa and Addis Ababa with the aim of strengthening the regional CRC committees to develop and implement region specific action plans.

The global UNICEF guideline on Child-Friendly Cities/Communities framework was contextualized by MoWCA and translated into Amharic. The national version was validated in a national workshop attended by 40 participants (6 females) drawn from federal and regional levels. In 2016, efforts were also underway to support and monitor the implementation of the child rights mainstreaming guideline by line ministries. An assessment was conducted in seven selected sector Ministries to assess progress of implementation and provide feedback on good practices and areas for improvement. In the regions, Oromia BOWCA translated, published and disseminated the child mainstreaming guideline in Oromiffa.

In a bid to improve child participation, the federal and regional bureaus provided trainings to child parliamentarians and are advocating for the involvement of children at City/woreda/district level. The Ministry is in the process of developing a national child participation strategy.

OUTPUT 3 Institutional capacities for public finance management for children strengthened

Analytical Statement of Progress:
Public Finance Management (PFM) is a new output for UNICEF Ethiopia. During 2016, UNICEF Ethiopia engaged extensively with the Ministry of Finance and Economic Cooperation (MoFEC) to successfully establish a work plan in PFM. A Technical Assistant is in place at MoFEC as of October 2016, working on compiling public finance data to enable the production of Budget Briefs analysing the State Budget.

UNICEF Ethiopia is a member of the UNCT-National Planning Commission (NPC) SDGs Task Force and supported the establishment of goals, baselines, targets, and their costing and financing for social development sectors. As part of the national SDGs rollout plan,
UNICEF made the case for costing and financing the SDGs, with a need for special consideration of financing the investment in children and youth at several events. These included a national workshop organized with the Ethiopian Society of Sociologists Social Workers and Anthropologists on the SDGs and children in March 2016, a national UNCT-NPC SDGs workshop in April 2016, and three workshops reaching stakeholders in all sub-national regions in November 2016. Other PFM work in the pipeline includes a joint study with OECD for a fiscal space analysis of the social protection sector and a study on the costing and financing of the child-centred SDGs to analyse the broader 15 year, fiscal space for social development sectors.

DevInfo customizations at subnational levels are being used to track development goals. The Amhara, SNNP and Tigray regions published and disseminated statistical bulletins and district-level development indicator booklets. UNICEF supported the planning, monitoring and evidence-based reporting capacity of the Central Statistical Agency and the sub-national Bureaus of Finance and Economic Development (BoFEDs) on Result Based Management, spatial and non-spatial data collection and data dissemination. Dire Dawa and Tigray have newly established Direinfo and Tigrayinfo, respectively, and DevInfo is being established in Gambella and Benishangul Gumuz. Updates of DevInfo databases took place offline in Afar and are accessible online in Amhara, Dire Dawa, Oromia, SNNP and Somali. Work on using DevInfo as a medium for sharing public finance information and data with the public began in Amhara.

UNICEF Ethiopia supported 367 districts to implement the Integrated Community-Based Participatory Planning (ICBPP) as a core element of district/community development programmes. With UNICEF’s support, monitoring, evaluation and reporting guidelines were prepared and translated into local languages for implementation. Three to five year strategic plans and one year operational plans based on the respective regional development plans were developed in 187 districts/communities in Tigray, Somali, Amhara, Oromia, Benishangul Gumuz, Gambella and SNNP and in 22 districts of the Developing Regional States. The child participation and child budgeting approach of ICBPP was piloted in selected districts in Amhara and Tigray. The ICBPP manuals and field/sector guides were updated in line with regional development plans in Amhara, Oromia, BSG, Tigray, Gambella, and Somali, with an emphasis of child issues.

**OUTPUT 4** Government capacity to implement child-sensitive social protection strengthened

**Analytical Statement of Progress:**
The social protection strategy was endorsed by the Government in 2016. UNICEF Ethiopia continued to support MoLSA, which has the mandate to coordinate the implementation of the policy and strategy. The national and regional social protection platform secretariats were established and strengthened and the development of one national and three regional social protection action plans (SPAPs) were supported. In that context, a national coordinator was recruited to organize and facilitate the effective functioning of the national social protection platform. Five platform meetings were organized in 2016, with a large participation of stakeholders from the Government of Ethiopia, the DPs and NGOs. At regional level, platforms were revitalized. In Amhara there was a particular focus on strengthening the collaboration between BoLSA and BoCWA. The data collection began for SPAPs at federal and regional level. In Tigray and SNNP regions, consultative workshops were held with all involved SP stakeholders and two regional SPAPs were drafted. Amhara region recruited and deployed TAs based in BoLSA, who are leading and supporting the elaboration of the SPAP.

UNICEF Ethiopia also continued to strengthen MoLSA’s and BoLSA’s capacity at federal
level and in two regions to implement Integrated SCT (IN-SCT). UNICEF supported the Federal Ministry, Oromia and SNNP regions to implement a child-sensitive Social Cash Transfer integrated with Basic Services (nutrition and child protection) through deployment and training of social workers utilizing a common Management Information System (MIS), leading to adoption of an integrated system’s approach. A communication strategy and training material for nutrition and gender sensitive activities were validated and are now being adapted to PSNP needs and scaled up to all PSNP regions.

UNICEF’s financial contribution to the PSNP directly supported 4,000 beneficiaries. There were approximately 8 million PSNP beneficiaries. UNICEF’s role was technical and innovative, piloting the PSNP new modalities to link pregnant and lactating women and households with malnourished children with nutrition-sensitive activities and to build the capacity of the MOLSA. This process was supported through the placement of one National and two regional Social Cash Transfer Coordinators as well as two MIS officers. A total of 420 frontline workers were trained on the new nutrition and GSD provisions and 60 MIS end-users were trained on the prototype TDS/PDS MIS version. UNICEF also supported MoLSA with the establishment of central social protection Management Information Systems and a National Household Registry. A validation workshop of MIS guidelines was organized by MoLSA with technical and financial support from UNICEF for 50 participants from more than 10 sectors involved in SP. A draft concept note on NHR and central SPMIS was submitted to the systems TC for comments and is being finalized.

**OUTPUT 5** Capacity of Government and other stakeholders for systems and database on gender equality commitments strengthened

**Analytical Statement of Progress:**
UNICEF Ethiopia supported institutional capacity building to strengthen gender mainstreaming delivered through the UN joint programme on gender equality and women’s empowerment initiated in 2011. The second phase of the programme ended in June 2016, but a one year bridging phase extension until June 2017 was endorsed by the UN participating agencies and government partners. An endline evaluation of the programme is underway.

In 2016, the Ministry of Women and Children Affairs (MoWCA) finalized the eighth state report on CEDAW. National multi-sectoral steering and technical committees were involved in gathering input, drafting the report, and validation of the final document. The final report will be submitted to the Ministry of Foreign Affairs (MoOFA) for endorsement and submission to the UN committee on CEDAW. UNICEF Ethiopia and UN WOMEN technically and financially supported preparation of the report.

MoWCA began preparatory work to establish a national gender database and MIS to systematically track progress in gender equality and women’s empowerment in the country.

Gender coordination and review forums were conducted in Amhara, Oromia, Gambella, and Benishangul regions with support from UNICEF Ethiopia. The forums brought together a total of 386 representatives (212 females) from various sectors, government agencies, regional councils and women and children standing committees to deliberate on progresses on gender equality commitments, challenges and future actions. Identified actions and recommendations from the reviews were incorporated in 2009 (2016) sector plans in Amhara and in separate action plans for future implementation and follow-up in the other regions. Capacity building trainings were also provided for 293 participants (178 females) at federal level and in Oromia region.
In Amhara region, Bureaus of Education and Water conducted gender audits and Bureaus of Labour and Justice carried out gender analysis, with technical and financial support from UNICEF Ethiopia. The findings were validated in four workshops attended by a total of 111 participants (28 female) from the relevant sectors. The regional gender mainstreaming strategy was revised following the restructuring of the Bureau of Women and Children. In Somali, support was provided to the Bureau of Agriculture to develop a gender mainstreaming strategy. The Bureau of Women and Children’s Affairs conducted supportive supervision on 7 sectors to help them develop their sector-specific gender mainstreaming strategies.

OUTCOME 7 Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children

Analytical Statement of Progress:
UNICEF Ethiopia’s new country programme document (2016-2020) has been operational since July 2016. Preparatory work, including the Programme Implementation Database (PIDB) coding of the new outputs and core activities, the completion of RAM planning phase, the alignment of results with UNDAF results, the alignment of result indicators with the regional compact indicators and AMP indicators and transfer of budget from the old to new document, were conducted in a timely manner. Annual work plans were prepared following the Ethiopian Fiscal Year (July – June) and implementation began in July.

The midyear indicator status update of the annual management plan (AMP) was conducted in July 2016. A traffic light matrix was developed to monitor the status of the AMP indicators. All AMP indicators were included in the new country programme document result matrix to be considered in the regular result monitoring and reporting activities. The RBM trainings scheduled for 2016 were rescheduled to February and October 2017 in consultation with UNICEF’s Regional Office to ensure quality trainings delivered with the support of external resource persons (master trainers).

The supply chain management capacity of the logistics staff was enhanced through various trainings. UNICEF Ethiopia amended its Table of Authority (ToA), Business Continuity Plan (BCP) and Risk Control Self-Assessment (RCSA) and shared them with staff and Regional Office. Oversight on financial and administrative transactions was conducted in the field offices as a part of the regular oversight process to review the consistency of administrative and financial procedures. VISION training and tips were provided to staff to enhance their capacity to process and monitor VISION-related transactions. Connectivity is still a challenge at the field offices and the overall availability remained at around 70 per cent. There was some improvement with the VSAT backup.

The 2016 audit was conducted in August and the final audit report was shared in December 2016. There were no major audit findings. The implementation of HACT activities, including micro-assessments, programmatic visits, spot-checks and scheduled audits, contributed to managing and mitigating the risks arising from planning and programming processes. The HACT capacity building trainings provided to implementing partners and UNICEF staff contributed to the reduction of risks related to programme implementation. UNICEF Ethiopia reduced the number of days to process a new PCA from 33 days in 2015 to 8 days in 2016.

Through communication and advocacy efforts, UNICEF supported social engagement and increased private and public resources for children. UNICEF’s effort in capacitating key actors and engaging communities through communication for development actions was instrumental to promote positive behaviours and services during the disease outbreaks associated with the drought.
UNICEF Ethiopia prepared a rollout plan to use the e-Tools as an office-wide system to manage planning, monitoring, reporting, partnership and budget management. One Programme Section and one Field Office were selected as pilots to analyse the benefits, gaps, challenges and lessons learned on e-Tools and received trainings to begin implementation.

**OUTPUT 1** Improved capacity for evidence-based learning and risk management

**Analytical Statement of Progress:**

N/A

**OUTPUT 2** Improved capacity for coordination of disaster management

**Analytical Statement of Progress:**

In 2016, the National Disaster Risk Management Commission (NDRMC) coordinated and provided disaster management support at national and regional levels. The well-established early warning system made it possible to take immediate action and respond to the drought in a timely manner. UNICEF, as a member of the Disaster Risk Management technical working group and as cluster lead for WASH and nutrition and co-lead for education and child protection, played an important role in strengthening the disaster coordination management capacity of the Commission. UNICEF also participated in and contributed to OCHA Inter-Cluster Coordination forum, including organizing cluster and inter-cluster coordination workshops to develop the capacity of regional clusters.

During the first half of the year, UNICEF supported the Regional Disaster Risk Management Bureaus to prepare emergency preparedness and response plans. Each plan contained a vulnerability analysis, which would form the basis for the regions’ efficient and coordinated disaster response in case of emergency. In SNNPR, UNICEF supported the regional government and NGOs to pre-positon supplies as per the emergency preparedness and response plan.

UNICEF supported the Government during the initial phase of emergencies. For example, UNICEF recruited a scabies and acute watery diarrhoea (AWD) coordinator and a communication for development specialist to provide technical support to the Ministry of Health and Regional Health Bureaus during the scabies and AWD outbreaks.

Following the Belg assessment in June, the 2016 Humanitarian Requirements Document was revised in August. UNICEF played a vital role during the Belg assessment by providing logistic, human resource, coordination and technical support as well as by participating in the editorial committee of the report. The comprehensive assessment yielded realistic estimations of people in need and therefore accurate requirement figures. UNICEF was also asked to take part in the nationwide Meher assessment mid-November.

In November 2016, UNICEF and UNHCR reinforced their commitment to respond to refugees and host communities in Ethiopia by signing a letter of understanding and a joint plan of action. The purpose of the 2016-2021 agreement is to accelerate the agencies’ joint refugee response in terms of technical assistance, advocacy, supply management and identifying risks and ensure contingency planning.

In Gambella, UNICEF participated in the bi-weekly interagency coordination forum and took part in the review and adoption of the Gambella regional emergency preparedness and response plan. Moreover, in mid-2016, UNICEF supported the Gambella Disaster Prevention and Food Security Agency with a rapid needs assessment in response to heavy floods.
UNICEF, through a memorandum of understanding (MoU), continued to build the capacity of the Ethiopian Red Cross Society (ERCS). The MoU enabled UNICEF to reach out to more beneficiaries. In 2016, the two organizations reached 100,000 internally displaced people with non-food items, and mobilized 500 ERCS volunteers for AWD messaging. Some 3.5 million community members and 1.2 million pilgrims were reached with messaging on AWD through radio, TV and printed materials.

**OUTPUT 3** Improved capacity for evidence-based learning and risk management

**Analytical Statement of Progress:**

The 2016 learning and training plan was reviewed and approved by the country management team. The plan considered Global and Regional office priorities as well as staff/supervisor discussions, which identified skill gaps and areas for development. The overall office learning and training plan included 7 cross-cutting office priority group trainings (expected to benefit around 300 staff), 10 section-specific trainings (to benefit 200 staff) and 28 individual trainings. A total of US$350,000 was approved by management to cover cross-cutting group trainings and approved individual trainings. Allocations will be made on a rolling basis. Section-specific group trainings were to be covered in the respective programme budgets.

Only a few individual training requests were received and approved. In 2016, more focus was placed on group learning and training events. Per LTC recommendations approved by management, UNICEF Ethiopia will exercise flexibility and review any individual requests that might not have come in time as they were subject to PER completion.

As of the end of October 2016, two cross-cutting and one section-specific group training and 16 individual trainings had been implemented.

UNICEF Ethiopia embarked on a campaign to encourage staff to complete free online courses, including soft skills training readily available in AGORA. UNICEF Ethiopia will continue the best practice of In-Country and External Stretch Assignments to build the capacity of staff, especially national officers and general service staff.

An internal audit was conducted from 19 August to 8 September 2016. Final audit recommendations are pending. UNICEF Ethiopia revised and updated the Risk Control Self-Assessment Library and shared it with the UNICEF Regional Office and UNICEF Headquarters. Training on RCSA was provided to all field offices to facilitate their work on the Risk Control Self-Assessment/RCSA profile for their respective offices. That information will be consolidated into the 2017 UNICEF Ethiopia profile. The Table of Authority was updated, authorized by the Representative and the training on roles, responsibilities and segregation of duties was provided to staff in Addis Ababa and Field Offices. The Table of Authority rationale and any bottlenecks observed at the field office level were discussed during the training.

The UNICEF Ethiopia Business Continuity Plan was revised. Support was provided to conduct the HACT training at country and field office level, as well as for implementing partners; the spot check was facilitated and the micro assessment reports were reviewed.

**OUTPUT 4** UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes
Analytical Statement of Progress:
Implementation of the Ethiopian Fiscal Year (EFY) 2009 Annual Work Plan (AWPs) started on 1st July 2016. A total of 253 Annual Work Plans/AWPs (150 regular and 103 DRS AWPs) were signed with government implementing partners in the EFY 2009. Budget allocation of the first two quarters of the EFY 2009 was conducted as per the budget plan indicated in the AWPs. AWP revision and reprogramming activities are on-going under the leadership of the Ministry of Finance and Economic Cooperation (MoFEC).

Key measures were taken in 2016 to ensure the quality of programme planning, implementation and monitoring. A thorough analysis of the technical assistants (TAs) included in the Ethiopian Fiscal Year 2009 Annual Work Plans of the (EFY 2009 AWPs) was conducted to map out the resource allocation of each region and programme section for programme and programme support activities. The EFY 2009 Supply Plan of UNICEF Ethiopia was prepared following the completion of the AWP preparation process with an effort to facilitate and streamline the procurement of programme supplies. A pre-review and approval process was established in collaboration with the Ministry of Finance and Economic Cooperation to ensure that the resources allocated for supplies are justifiable. The Supply Plan went through a thorough quality assurance process. The Programme Implementation Manual (PIM) for United Nations Agencies assisted programmes in Ethiopia is under revision. UNICEF provided substantive inputs, mainly in the area of efficient utilization of resources.

Programme management indicators were monitored at the weekly Monday Morning Meetings (MMMs) and the monthly Country Management Team (CMT) meetings as part of the regular monitoring of programme implementation and budget utilization status. Timely liquidation of DCTs and utilization of grants, mainly expiring grants, was emphasized during these meetings.

UNICEF Ethiopia continued to engage with traditional and emerging donors at a strategic level. Some 52 proposals (totalling approximately US$200,433,000) were finalized and submitted in 2016. Thirty-four of the proposals were funded (US$132,204,500), resulting in a hit rate of 66 per cent. Eleven are in the pipeline (potential income of around US$ 48,620,000). All 109 donor reports due in 2016 were submitted on time and to a high standard of quality.

The RAM planning data of the new Country Programme was uploaded in the system to facilitate the midyear and annual monitoring and reporting of results. UNICEF Ethiopia completed the RAM reporting of the last programme cycle (Country Programme Document 2012-2016) in July 2016. Quarter one reporting of the EFY 2009 AWPs was completed in November using the revised reporting template developed to simplify the reporting process. The total available programmable fund from July to December 2016 was US$106,873,563 (Regular Resources - US$ 24,562,852, Other Resources - US$40,643,705, and ORE-US$41,442,620). Ninety-nine per cent of the total available funds were utilized by the end December 2016.

OUTPUT 5 Enhanced organizational capacity for efficient and effective planning and coordination

Analytical Statement of Progress:
A strong field presence is fundamental for UNICEF Ethiopia to reach the most vulnerable communities and to ensure efficient coordination, implementation and results. Data and evidence collected in the field is critical in UNICEF’s work to inform policy. To guarantee a well-functioning structure, a coordination system based on zonal management teams was
implemented in 2012, and further strengthened in 2015.

In 2016, UNICEF field offices continued to take part in the zonal management team system. Each team was led by the field office chief, with representation from programme, operations and staff association sections. The zonal management team meeting served the purpose of a programme coordination platform at the field level.

In 2016, field office chiefs met every two months in Addis with the purpose of tracking results delivery and to resolve programme implementation and coordination challenges, review overall policy issues and share lessons learned and best practices. The CMT was engaged in helping resolve issues as appropriate.

The emergency and field coordination unit in Addis Ababa provided coordination support to all teams on planning, implementation and monitoring to ensure smooth programme implementation and regular and enhanced monitoring during the State of Emergency to address any disruption of services to women and children.

To support the full implementation of HACT, HACT Assurance Committees were established in all field offices in August 2016 to support and build capacity of staff and implementing partners. For budget planning purposes, sections in Addis Ababa allocate funds to the field offices on a two quarterly basis in the 2009 EFY fiscal year. This enabled the field offices to plan and ensure efficient implementation.

As lead agency for the Development Regional States joint programme in Ethiopia, UNICEF provided programme coordination support to all participating UN agencies and government counterparts on joint planning, implementation and monitoring to strengthen the practices of delivering-as-one in Ethiopia.

In 2016 a draft resilience strategy document was prepared and shared at programme management team level to elaborate, promote and give guidance on the programmatic linkages between UNICEF’s humanitarian and development work.

OUTPUT 6 New Element

**Analytical Statement of Progress:**

In early 2016, several international events took place with the Government, the African Union and donors that advocated for investments for children. Events included: African Ministerial Conference on Immunization; Sanitation and Water for All Sector Ministers Meeting; and the South to South Cooperation signing. The Pan-African Symposium on Education Peacebuilding and Social Cohesion brought together Ministers of Education to share experiences, collaborate on promoting peace and strengthen education policies to achieve SDGs and Africa’s Agenda 2063. Four National Ambassadors were engaged in advocacy, especially on ending violence against women and children and civil and birth registration. These events and 35 others were critical to advocate for issues affecting vulnerable groups. The events engaged decision makers with the media through 25 press releases, 22 speeches and 64 media interviews.

Emergency communication support helped to highlight the impact of El Niño-induced drought and La Niña effects on children and women. An El Niño CAP strategy and advocacy plan were developed and implemented.

C4D support for AWD prevention and control focused on technical support to the government-led National Emergency Communication Group. In response to the rapid behaviour assessment, social mobilization activities were carried out. Training was
conducted for mobilizers who were equipped with job aids. To ensure continuity of support, TAs were deployed in the seven highly affected areas. More than 6,000 health workers were trained, reaching 1.1 million community members. UNICEF Ethiopia, with the Ethiopian Red Cross Society, supported mobile edutainment campaigns reaching more than 3.5 million people in Addis Ababa and surroundings.

An innovative approach to C4D messaging on acute watery diarrhoea by using paid Facebook advertisements was successfully initiated and more than 1 million people were reached. A total of 2.5 million information, education and communication materials were distributed in 8 languages. Religious leaders were mobilized to support prevention of outbreaks of acute watery diarrhoea during high-risk religious events, reaching more than 1.2 million pilgrims.

UNICEF embarked on strategic collaboration with faith-based organizations to strengthen joint advocacy and social and behaviour change through a Memorandum of Understanding signed with 14 organizations, including major religious denominations, respective development offices and umbrella institutions.

In 2016, 45 visits were coordinated for UN officials, partners, donors, and National Committees, including EU Parliamentarians, the German development minister, the United Nations Secretary General, and UNICEF’s Executive Director, Deputy Executive Director and Regional Director. Sixteen audio-visual productions were produced and 64 blogs were published. These advocacy activities fostered strong linkages across communication, advocacy, partnerships, C4D and fundraising.

UNICEF Ethiopia’s strong digital media presence led to 268,107 website views, a 98 per cent increase in Twitter followers and a 63 per cent increase in Facebook fans. The South Sudan refugee emergency site, which spiked in September, continued to require regular communication support.

OUTPUT 7 Strengthened stewardship and oversight of human, supply and financial resources

Analytical Statement of Progress:
Timely emergency responses continued to be emphasized. UNICEF Ethiopia hired and mobilized 74 new staff (TAs, SSAs included) to support the emergency program. Supplies worth US$12.94 million were distributed to partners. Ageing stocks (more than 2 years) were monitored monthly, which resulted in reducing the aged supplies to zero for both programme and pre-positioned supplies. The new supply plan for the Ethiopian Calendar Year 2009 was finalized. Mid-year inventory count of all warehouses was completed with zero stock difference. Material handling equipment in the warehouses was upgraded.

With the establishment of the Global Shared Service Centre (GSSC), financial transaction processing was centralized in Budapest. UNICEF Ethiopia successfully transferred transactions to GSSC as of 18 July 2016. Two Local Focal Persons were nominated as finance focal points to reduce interaction with the GSSC to a manageable level.

HR-related transactions were moved to GSSC in October 2016 and staff were trained to submit their requests through MyCase portal. A local HR focal person remains in charge of transactions that require HR endorsement. HR staff were trained on the digital filling process.
## Evaluation and research

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Lessons learned

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