Executive Summary

As the new chair of the African Union (AU), in 2013 the Government of Ethiopia demonstrated exceptional leadership on a number of key policy fronts related to children’s rights, domestically as well as continent-wide. With UNICEF support, the Government convened a ministerial meeting to elaborate a continental roadmap and scorecard for ending preventable maternal, new-born and child deaths as part of the global Committing to Child Survival: A Promise Renewed movement. The Government also hosted delegations from Guinea-Bissau, Namibia and Togo to study the country’s successful Health Extension Programme (HEP). The Government of Ethiopia launched a policy on new-born care – fully integrating this element into the HEP programme – and a revised National Nutrition Programme (NNP) that fully incorporates global best practices in focusing on the first 1,000 days, including antenatal period, and on multi-sectoral nutrition programming. The ONEWASH sector-wide approach (SWAp) was launched in an effort to help Ethiopia achieve universal access to water and sanitation by 2018. A code of conduct on school-related, gender-based violence was developed and adapted. A civil registration agency was established to oversee national birth registration activities. Other major programme achievements include:

--Achieved 88 per cent coverage of integrated community case management (ICCM); the ICCM programme has reached a total of 2.2 million children.
--Launched a robust response to the Horn of Africa polio outbreak, with two National Immunisation Days and four sub-national activities held within seven months.
--Scaled up the Community-Based Nutrition (CBN) Programme to more than half of the woredas (districts), and developed plans for nationwide implementation.
--Successfully treated more than 222,000 children with severe acute malnutrition (SAM) through the Community Management of Acute Malnutrition (CMAM) programme.
--Reached 1.2 million people with safe water and 1.5 million with improved sanitation; and provided water for 500,000 people and sanitation and hygiene to 660,000 affected by humanitarian situation.
--Expanded child justice interventions, including child-friendly benches and child protection units in all regions.

In terms of knowledge-generation, UNICEF supported the publication of an important study on out-of-school children highlighting the need for increased efforts to reach Millennium Development Goal (MDG) 2, documented the successful ICCM programme, maintained a critical national nutrition surveillance system, and initiated formal impact evaluations of the Child-to-Child education programme and the joint CBN and Water, Sanitation and Hygiene (CBN-WASH) programme.

As Ethiopia demonstrates significant progress on MDGs 1, 2, 4 and 7, a renewed focus on the lagging MDGs, particularly on maternal mortality (MDG 5) and gender (MDG 3) is required in the final countdown to 2015. The other challenges affecting women and children are the quality of social services and widening disparities, particularly in the Developing Regional States (DRS) of Afar, Benishangul Gumus, Gambella and Somali.

In 2014, the Country Office will implement the recommendations of the mid-term review (MTR) with a stronger focus on resilience, adolescent girls and urbanisation. Monitoring, research and evaluation capacities will be strengthened countrywide, to ensure that the office can fulfil its role as the knowledge centre for children.

Country Situation as Affecting Children & Women

Following the transition to a new prime minister in September 2012, it is now clear that political and economic policies in Ethiopia will remain the same, at least until the next election in 2015.

Ethiopia is the twelfth fastest-growing economy in the world. According to the International Monetary Fund the economy grew at 7 per cent in 2012/13 and is projected to increase to 7.5 per cent over the next two years. Government is seeking an international credit rating for government debt to attract the capital needed to build infrastructure. Growth has been fuelled by an expansion of services (57 per cent) and agriculture (26
per cent); expansion in agriculture yields is lower than previously thought (down from 10.3 per cent in 2011/12 to 5 per cent in 2010/11, and forecast to decline to 2.6 per cent in 2013/14). Around two thirds of overall growth is fuelled by public investment. Concerns are growing over the slow rate of issuance of private business licences compared to targets. The trade deficit continues to grow; access to hard currency is a key brake on faster growth.

Inflation, peaking at over 40 per cent in 2008, declined to 13.5 per cent by July 2013, mainly due to a rapid decline in food-price inflation, tight monetary policy and international factors (mainly a decline in inflation of imported commodities, including fuel and food). The poverty head count was 29 per cent in 2011. Economic growth, remittances and social protection measures (safety nets, Disaster Risk Management, free health care, expansion of microfinance) are expected to drive further declines. Saudi Arabia decided in November to repatriate illegal immigrants; almost 146,000 Ethiopians had been returned by end-December. Apart from the personal tragedy, projections for remitted income, a key source of foreign currency for Ethiopia, are being adjusted.

Further analysis of the 2011 Ethiopia Demographic and Health Survey (EDHS) revealed that 94 per cent of children under five suffered from at least two deprivations. Out of six dimensions analysed – nutrition, health, water, sanitation, information and housing – the average deprivation intensity declined from 4.5 to 3.8 deprivations between 2000 and 2011.

The 2013 EDHS confirmed that gender of the child, birth size, birth interval, mother’s marital status and access to improved toilets are significant determinants of the under-five mortality rate (USMR). According to the UN Inter-agency Group for Child Mortality Estimation (2012 estimates), Ethiopia has met MDG 4, with a USMR in 2012 of 68, down from 204 in 1990. The country is on track to achieve targets set for human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), nutrition and malaria.

The 2013 Ethiopia Malaria Impact Evaluation estimates that under-five deaths due to malaria decreased from 25,000 in 2000 to between 1,000 and 2,000 in 2012. Estimates made using the Lives Saved Tool to determine the causes of USMR reductions reveal that from 2000 to 2011, 51 per cent of the decrease was due to reductions in malnutrition (stunting reduction 14 per cent; wasting 23 per cent); 14 per cent to vitamin A supplementation; and 22 per cent to improvements in vaccination coverage (diphtheria, pertussis and tetanus (DPT) vaccine, Haemophilus influenzae type b and measles). Nearly 6 per cent of the reduction in USMR is attributed to improved access to sanitation and improved drinking water sources. The results of the 2012 National Immunisation Coverage Survey showed Bacillus Calmette-Guerin, DPT3 and polio 3 at 80 per cent, 66 per cent and 71 per cent, respectively, among children 12-to-23 months-old. The survey revealed that in some areas coverage is low.

While nationwide only 10 per cent of births occur in health facilities, a Tigray regional government directive and the advent of the ‘women development army’ reportedly increased use of such facilities to about 40 per cent in 2012/13. According to the latest data from UNAIDS, between 2009 and 2012, Ethiopia reduced new infections among children by 50 per cent. In 2012, there were 9,500 new HIV infections among children; almost six of every 10 pregnant women living with HIV did not receive anti-retrovirals.

According to the national WASH Inventory, from July to December 2012, 62 per cent of households used improved drinking water sources (81 per cent urban, 59 per cent rural), compared to 58 per cent in 2011. The open defecation rate dropped by 48 per cent between 1990 and 2011. In 2013, a SWAp for WASH was agreed.

In education, survival rates to grade five decreased from 57 per cent in 2006/07 to 40 per cent 2008/09, and increased to 47 per cent in 2009/10. According to administrative data, the primary school net enrolment rate (NER) is 87 per cent for boys and 84 per cent for girls. NER gender parity is high (ranging from 0.81 to 0.90) in four regions: Benishangul Gumus, Gambella, Harari and Southern Nations, Nationalities and Peoples (SNNP). Field observations of the ratio of books to pupils often do not tally with official figures, and large-scale temporary absenteeism of children for seasonal work is not captured in official statistics.
A draft Social Protection Policy was submitted to the Cabinet in November. Using data from EDHS 2011 and an extrapolation of 2007 census data, an estimated 358,346 children are double orphans (both mother and father deceased), and 179,173 children are living in child-headed households. An estimated 11,179 children lived in child-care institutions in 2009. The percentage of women who underwent female genital mutilation/cutting (FGM/C) declined from 81 per cent to 62 per cent for the 15-to-49 age group, compared to 15-to-19 year olds, and marriage by age 15 declined from 39 to 8 per cent in the same age group (EDHS 2011).

Several studies, evaluations and reviews were, or are being, carried out in different sectors, focused on bottlenecks. Some details are described above (e.g. malaria impact evaluation). More details of UNICEF’s contribution can be found elsewhere in this report and by reviewing the studies and evaluations uploaded onto the global database. To give a few highlights of major exercises this year that have examined barriers and bottlenecks: the health sector went through an MTR, the Productive Safety Nets Programme (PSNP) is being redesigned, and a WASH SWAp was created. UNICEF is supporting nine regional governments to review their situation analysis, including a bottleneck analysis for each sector; the results are being fed into revisions of their respective regional development programmes.

*For references, see Programme Documents under Document Centre*

### Country Programme Analytical Overview

Implementation of the second year of the Country Programme (2012-2015) is on track. An MTR for UNICEF’s Country Programme was undertaken in 2013; the process included a review of programme strategies, results and areas of improvement for operational efficiency. It also examined new cross-cutting areas that align with Government discussions around the national development plan, the post-2015 development agenda and new emphasis on urban programming, youth (especially adolescent girls) and resilience. The review used a bottleneck analysis at the national and regional levels.

In the area of survival and health, progress included: UNICEF’s major contribution to Ethiopia’s achievement of MDG 4; national coverage of the ICCM programme, which is implemented in 88 per cent of 18,000 health posts across the country, with 2.2 million children treated; scale-up of the Community-Based Nutrition programme to 327 of the targeted 365 woredas in Ethiopia; roll-out of the CMAM programme, which has reached more than 222,000 children with SAM; provision of safe water to more than 1.2 million people and improved sanitation to some 1.5 million people; the introduction of new vaccines for pneumococcal disease and rotavirus and meningitis; and the completion of supplementary measles campaigns. Services for prevention of mother-to-child transmission (PMTCT) of HIV were expanded, covering more than 1,200 of the 3,000 health centres across the country.

Progress on education (learning and development) included: approximately 1 million children (49 per cent girls) were enrolled in formal and informal school-readiness programmes and provided with essential learning and play materials; 108 new alternative basic education (ABE) centres benefited 13,000 children (37 per cent girls); approximately 238,000 children affected by emergencies continued their education; early stimulation components for early childhood development were integrated into CBN and health extension training manuals; education sector strategic plans were developed in 142 target woredas; and software was developed for national use in decentralising the Education Management Information System (EMIS).

Advances related to the protective environment included: some 400 community care coalitions were established in more than 100 woredas to ensure care of children in need of protection; a new social cash transfer programme was piloted in the Tigray region; child-friendly legal aid was provided through 72 child protection units and 11 special prosecution units in five regions, strengthening of child-friendly benches in seven regions and establishing community-based diversion programmes in four regions. Some 150,000 adolescents and young people received information on HIV and sexual and reproductive health (SRH), and 13,000 highly vulnerable adolescents were reached through minimum information packages on HIV/AIDS.

Major policy breakthroughs included: the launch of new policies on new-born care; a revised NNP, which fully
incorporates global best practices; a new national strategy for PMTCT of HIV; the ONEWASH SWAP to achieve universal access to water and sanitation by 2018; a new national Social Protection Policy, which was submitted to the Cabinet; and a civil registration agency, established to oversee national birth registration activities.

Humanitarian Assistance
Adequate seasonal rains in parts of Ethiopia in 2013 improved nutrition food security but an estimated 2.4 million people still need food assistance. In 2013, some 431,648 refugees, mainly from Somalia (56 per cent), Eritrea (20 per cent), South Sudan (16 per cent) and Sudan (8 per cent) were residing in Ethiopia. More than 49,900 refugees arrived in 2013. Following violence in South Sudan, over 5,000 refugees sought asylum in Ethiopia. Around 146,000 Ethiopian migrant workers were assisted to return from Saudi Arabia, including some 330 unaccompanied minors.

The Government endorsed the Disaster Risk Management Policy to build resilience.

Responding to the Horn of Africa polio outbreak with six confirmed cases, the Federal Ministry of Health (FMOH) initiated a polio campaign for 12.9 million children living in high-risk districts and refugee camps near Kenya and Somalia.

FMOH, UNICEF and NGOs ensured management of around 222,000 severely malnourished children. UNICEF supported mobile health and nutrition teams in providing life-saving care to 125,000 people in hard-to-reach communities in Afar and Somali.

A UNICEF/UNHCR partnership focused on joint advocacy on refugee issues and technical support in child protection, education, health and nutrition, hygiene and sanitation. UNICEF and the Ethiopian Red Cross Society forged a strategic partnership to build emergency response capacity.

Effective Advocacy

Advocacy for the realisation of the rights of all children in Ethiopia lies at the core UNICEF’s work. The Country Office builds on its legacy of promoting the rights of children and women by harnessing expertise, good practices, knowledge and experience to influence decision-makers, stakeholders and audiences through public and silent advocacy.

In 2013, one of UNICEF’s main advocacy platforms was around the Committing to Child Survival: A Promise Renewed movement. Since June 2012, the governments of Ethiopia, India and the United States, supported by UNICEF, have been at the forefront of catalysing global and regional action to reduce the number of preventable child deaths. Under the banner of A Promise Renewed, more than 175 governments have pledged to make all efforts to eliminate preventable child mortality over the next two decades.

With support from UNICEF, the Government of Ethiopia convened the African Leadership for Child Survival ministerial-level meeting in Addis Ababa in January, which included participants from more than 20 African countries. The meeting secured political buy-in on several urgent child survival priorities. As a result, Ethiopia hosted delegations from Guinea-Bissau, Namibia and Togo to study its HEP. With Ethiopia assuming the chairmanship of the AU in 2013, it has begun to harness the AU’s power to mobilise political momentum on child rights-related policy fronts domestically and continent-wide. For example, following the Leadership meeting, Ethiopia pushed AU member states to develop a roadmap for reducing preventable child deaths, with the ultimate aim of bringing down USMRs to less than 20 deaths per 1,000 live births and ending preventable under-five deaths by 2035.

A Promise Renewed has provided additional impetus to work already under way on a detailed, equity-based
country roadmap, which galvanised actions to address the challenges faced by children. Inspired by the movement, the MOH adopted the theme ‘A Promise Reviewed’ for its 2013 annual review meeting to accelerate actions on maternal, new-born and child survival, and to reenergise efforts to reach the most vulnerable and marginalised children.

Several national initiatives have proven important advocacy platforms for advancing child rights. These include the revised NNP, which provides a policy framework for Ethiopia’s nutrition agenda and the Scaling Up Nutrition (SUN) movement. The NNP launch came in the wake of new evidence from the AU’s Cost of Hunger in Ethiopia study and The Lancet’s ‘Maternal and Child Nutrition Series’; the ONEWASH national programme; announcement of a national civil registration programme; roll-out of the social protection programme, including a cash transfer model implemented in the Tigray region; a continued focus on resilience and the DRS agendas, with a special focus on equity; and reaching MDG4 three years ahead of time.

UNICEF Ethiopia has invested heavily in creating a strategic and high-impact environment for its communications and advocacy; including through the use of social media to routinely engage with stakeholders (including four Government ministers).

### Capacity Development

**Mostly met benchmarks**

In 2013, the Country Office accelerated efforts to develop capacity among regional governments to analyse development priorities. Nine regional situation analysis reports are under preparation, for finalisation in mid-2014. The analysis is being led by regional governments, supported by UNICEF and research teams. The 2012 report Investing in Boys and Girls in Ethiopia is guiding the analysis; the four DRS are also consulting the 2010 regional development gap assessment reports. An innovation has been the use of a bottleneck analysis, which facilitates a sharper focus on the action points and accountabilities.

UNICEF, together with UNDP, UNFPA and WFP, helped the government to assess its results-based management (RBM) capacities and to develop a capacity-building strategy. An assessment was conducted across regions, and revision of the civil service training curricula is under way. A draft curriculum adding RBM to the existing Balanced Scorecard (BSC) training was produced for implementation by regional training colleges. A research paper on the complementarity between RBM and BSC was produced jointly with the Ministry of Finance and Economic Development (MOFED) and presented at an international conference in Helsinki.

Training on programme and financial management was completed by 295 civil servants; this included modules on the Programme Implementation Manual/harmonised approach to cash transfers (PIM/HACT) focusing on joint programme monitoring. The development of child-friendly integrated woreda/kebele (district/sub-district) programmes is ongoing in 112 woredas, including most of the 82 woredas identified by the Country Programme for convergent cross-sectoral UNICEF support. Federal guidelines on the management of integrated woreda development programmes are being developed, informed by field-testing carried out in three regions and by integrated community-based participatory planning (ICBPP) principles.

UNICEF’s longstanding support to the Government continued to improve the capacity of health extension workers (HEWs); the quality of the EMIS, ABE centres and child-to-child learning; and the quality of administrative data in the WASH sector.

UNICEF partnered with the US Agency for International Development (USAID) to train a team of 12 civil servants from several ministries to analyse three EDHS data sets. See Publications section for details.
Communication for Development

**Partially met benchmarks**

The systems approach for Communication for Development (C4D), which aims to reach all levels of society, has generally faced challenges. Communication has been a weak area in terms of technical expertise and coordination, resulting in lack of an institutional anchor for C4D among Government counterparts. C4D is often understood to be heavily focused on the production of information, education and communication (IEC) materials and campaign-driven activities, making it one of major bottlenecks for increasing demand by communities and parents. The effort by UNICEF in 2012 to strengthen strategic multilevel C4D platforms among key Government ministries proved to be premature, due to limited preparedness to engage civil society organisations specialising in C4D.

Despite these constraints, sector-specific C4D activities progressed as planned. A media capacity-building strategy was initiated to teach children and youth in 31 schools and 23 youth centres how to conduct multimedia training. Activities included capacity-building for 20 media institutions involving dissemination of a two-year radio serial drama, which includes engaging with listener groups. C4D packages for 31 schools and 20 children’s radio and TV series were initiated as part of the Healthy School Initiative. The package includes, among others, multi-media training material and reference guidebooks.

Polio eradication and routine immunisation C4D activities focused on building capacity, mobilising local and religious networks and improving use of social data. Tailored C4D strategies were implemented, particularly in high-risk areas to address geographic, security and communication challenges to reach chronically unreached children. Interventions focused on children in the Somali region who are at very high risk of polio infection, especially those living amid mobile populations along international borders with Djibouti, Kenya and Somalia; mobile and displaced populations, including pastoralist and refugee communities; and children living in hard-to-reach areas due to security or geographic restrictions.

A series of consultative workshops with faith groups including Orthodox Christians, Muslims, Evangelical Christians, and Catholics has helped the Office to identify strategic partnership opportunities. Engagement with the Somali Islamic Affairs Supreme Council resulted in strong leadership by the President and Cabinet members, Imams and Sheiks to support polio eradication at the community level.

Service Delivery

**Mostly met benchmarks**

Supporting Government to deliver essential services remains one of the Country Office’s core approaches, in both humanitarian and development settings. While most key social services are delivered by the Government, UNICEF’s role remains important in situations where institutional capacity for delivery is weak, especially in underperforming regions and zones and during humanitarian crises.

During 2013, key considerations for service-delivery included a focus on equity, gender, capacity-development, humanitarian needs and outbreak responses.

The MOH launched a policy on treatment of new-born sepsis that facilitates community-level treatment through a network of HEWs. An estimated 2.2 million children have been treated through the ICCM programme, which addresses the most common causes of child mortality. The CBN programme was expanded to 61 additional woredas in 2013, with 1.3 million children now being reached. From January to October, some 222,000 severely malnourished children received treatment through CMAM; UNICEF provided supplies, technical assistance, monitoring and quality assurance.
UNICEF supported ABE services for 6,400 children (44 per cent girls) in 65 newly constructed centres in four regions. The Ministry of Justice trained and deployed 39 social workers to provide counselling to child victims and for children in contact with the law, and to assist during investigation and intervening processes of 72 child-friendly benches. Two centres were established in Adama and Addis Ababa to provide services to 1,300 survivors of gender-based violence, of which 994 are children and 310 women.

An estimated 1.2 million people benefitted from improved water supply and 1.5 million people from improved sanitation in eight regions of the country. During humanitarian crises, UNICEF provided water supply assistance to 500,000 people and sanitation and hygiene to 660,000 people.

With the support of the GAVI Alliance, a national measles vaccination campaign was conducted; reaching more than 10 million children aged nine-to-59 months. As of December 2013, six cases of wild polio virus had been confirmed. Under the leadership of the MOH, four Sub-National Immunisation Days and two National Immunisation Days were conducted, reaching over 95 per cent coverage of the target population.

Strategic Partnerships

**Fully met benchmarks**

The revised NNP for 2013 to 2015 was launched by the Government in June 2013, thanks to advocacy by the four United Nations agencies (FAO, WFP, WHO and UNICEF) that adopt the REACH (Renewed Efforts Against Child Hunger and Nutrition) coordination mechanism in Ethiopia. The latest evidence-based interventions for improved maternal and child nutrition, as described in the *The Lancet’s* 2013 Maternal and Child Nutrition Series and the SUN framework, were included as part of the revised NNP. A nutrition partner and stakeholder mapping exercise was completed during the year to improve coordination among nutrition development partners. The NNP includes new areas of focus, such as the 1,000-day period covering a mother’s pregnancy and the first two years of a child’s life, nutrition interventions among adolescents, and nutrition-sensitive actions, particularly in the agriculture sector. The NNP was launched by the Deputy Prime Minister, Demeke Mekonnen. Nine ministers representing the social sector ministries co-signed the document, pledging their support to the nutrition targets and to work through strategic partnerships to prioritise the elimination of malnutrition in the country. UNICEF is supporting the Government through the SUN donor and REACH mechanisms to develop a nutrition scorecard that will facilitate tracking of progress in implementing the NNP at federal, regional, and *woreda* level. Later in the year, as a result of advocacy by UNICEF and other REACH members, the First Lady of Ethiopia, Mrs. Roman Tesfaye, was designated as Ethiopia’s nutrition champion, thus pledging her commitment to showcase and monitor the country’s efforts to scale-up nutrition, to mobilise cross-sectoral funding and to accelerate implementation and monitoring of the revised NNP.

Knowledge Management

**Mostly met benchmarks**

Following the publication of a federal situation analysis on children in Ethiopia in 2012 and its translation into Amharic in 2013, situation analyses are under way in Addis Ababa and eight regions: Afar, Amhara, Benishangul Gumus, Gambella, Oromia, SNNP, Tigray and Somali. The process includes completion of a bottleneck analysis by sector, which will identify priority actions to feed into the regional development programmes. 2013 saw the expansion of regional adaptation of the DevInfo database. AmharaInfo was updated to version 2.0 with 692 core indicators selected from the regional Growth and Transformation Plan (GTP); SomaliInfo 1.0 was launched; and an SNNPRInfo desktop version was launched with 192 socioeconomic indicators. In addition, five regions integrated demographic and socioeconomic data into their
regional development plans, and two regions are preparing booklets on three-year regional GTP progress monitoring.

In 2013 an improved database for routine CBN, CMAM and Child Health Day data was established. The new database, which will soon be transferred to the newly established Nutrition Unit at the MOH, will allow for triangulation of information from different programmes. Regular Joint UN Food Security and Nutrition Analyses were published by WFP, FAO and UNICEF.

Improvements were seen in the Country Programme’s sector strategy notes, which were rated with support from the Eastern and Southern Africa Regional Office (ESARO). The feedback provided will inform the next update, which includes the 'knowledge base of the programme strategy’. The most recent strategy notes were shared with all staff through the intranet (Ethio Icon) and will be posted on the public website.

Following audit recommendations on the need to improve field monitoring and follow up on action points, the Trip Report and Monitoring System (TRMS) was established. The system allows reporting staff to share action points, recommendations, challenges and opportunities, and also makes it possible for senior management to track the status of recommendations.

In 2014, evaluation documents will be printed and disseminated, in collaboration with MOFED, as part of an effort to share them with a wider audience.

**Human Rights Based Approach to Cooperation**

*Partially met benchmarks*

Based on the situation analysis on children in Ethiopia published in 2012 that followed human rights-based approach to programming (HRBAP) principles, regional in-depth analyses were compiled in 2013 under the leadership of the Bureaus of Finance and Economic Development. In each case, the basic ten-point bottleneck analysis was used to pinpoint priority actions and accountabilities for managing those actions. Four in-house training sessions were held on Programme, Policy and Procedure (PPP) for some 120 staff, who are now utilising what they learned to provide technical support for the analyses.

A core element of HRBAP is gaining clarity on the accountability for specific results, and the human and financial resources required for their achievement. Several evaluations in 2012 identified that accountability needed to be strengthened in some Government policies and strategies. In such cases, UNICEF support was not as effective as it could have been, and scale-up of interventions posed a challenge. For example, UNICEF’s support for youth development was hampered by a lack of clarity in targets, resource allocations and accountabilities for implementing the National Youth Policy. The Women’s Empowerment Programme (focusing on microcredit) was unable to gain much ground since norms and standards for making microcredit available were absent, as was clarity on the national strategy for delivering credit to poor women. During 2013, therefore, considerable dialogue took place around how UNICEF can provide additional support to the Government to gain clarity in policy and strategy in the areas of youth development, harmful traditional practices and microfinance targeted to vulnerable people. Work progressed on the finalisation of a national social protection policy, strategy and budget based on HRBAP principles.

For a number of years UNICEF Ethiopia has supported ICBPP, which builds capacity in communities to prioritise and manage their own development actions. In 2013, some 234 woredas were supporting community and *woreda*-level development programme management, up from 130 in 2012. UNICEF supported the development of draft guidelines on integrating community development plans into the integrated *woreda* development programme; regional governments also provided top-down support.

**Gender Equality**

*Partially met benchmarks*
UNICEF Ethiopia made progress on gender equality during 2013, through the UN Joint Programme on Gender Equality and Women's Empowerment and bilateral support to several sectors. UNICEF helped strengthen the gender forum, which reviews progress on gender equality against the national development plan and commitments made under the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child. An Amharic version of the federal situation analysis and a fact-book on children were scheduled for launch in 2013; both include a clear focus on gender. Nine regions are developing gender-sensitive situation analyses with action points for regional government.

A 2012 evaluation prompted the adoption of a national strategy and plan of action focusing on FGM/C, child marriage and the abduction of girls for marriage. A youth development programme evaluation, which revealed that out-of-school adolescent girls at Government youth clubs have not been reached by the strategy, led to an update of the national youth development strategy. UNICEF’s support resulted in a commitment to scale-up community-level abandonment dialogue in 13 additional woredas in four regions; establishment of a centre in Adama for support to survivors of gender-based violence; establishment of referral pathways for victims of gender-based violence in three regions; and strengthening of the justice system to support victims through capacity-building and establishment of child-friendly benches in courts, child protection units and special investigation and prosecution units. Thirty child protection units and child-friendly benches became operational; stipends facilitated increased access to secondary and tertiary education for more than 3,000 poor girls and women; and more than 75,000 children received HIV-related SRH information, knowledge and services. Support for income-generating activities was provided to some 2,944 children (70 per cent girls).

The Country Programme will review the continuity of these actions as part of the MTR to strengthen UNICEF’s actions, including through a comprehensive, multi-sectoral package of interventions aimed at the empowerment of adolescent girls.

Environmental Sustainability

Mostly met benchmarks

The Ethiopian Environmental Protection Authority has established an environmental impact assessment system, which includes the preparation of procedural and sectoral guidelines as a prerequisite for the approval of new development programmes. UNICEF applies these guidelines to its water and sanitation programme by ensuring that all infrastructure it supports (i.e. water facilities, wastewater disposal, appropriate on-site latrine locations and solid waste management) adhere to environmentally sound criteria. Particular focus is given to checking water sources for quality, safe yield and impact on surrounding water sources.

In the Somali region, the need for water trucking was significantly lower, due to an initiative started in 2012 to reduce community vulnerability to droughts and water shortages by serving long-term water sources in areas where water trucking is regularly required. A study is under way to determine the actual reduction rates. A similar initiative was launched in the Afar region to provide communities with a sustainable water supply.

UNICEF, the Department of Foreign Affairs, Trade and Development and the Netherlands Government funded an integrated project that mixes WASH, Multiple Use Services (MUS) and agriculture, aiming to promote and test MUS approaches at scale. A study tour to India was organised for Government officials on MUS/ Wise Water Management (WWM). The objective was to draw lessons from the experiences of India on MUS/WWM (grey water reuse technology), fluoride mitigation, and solar-powered pumping technologies. The WWM is a new concept to provide water supply and sanitation services in arid and semi-arid rural areas that was
developed for the safe reuse of water. The WWM system was devised after considering all water demands in terms of quantity and quality and all of the different water sources available (groundwater, rainwater and reclaimed water). By such a combination, all water demands could be met in a safe way and additional water is even available for new uses. The Country Office, based on the experiences gained during the study tour, will be piloting the WWM interventions in selected schools in Ethiopia.

Two orientation sessions on the use of renewable energy for water pumping were held for government, NGO and UNICEF staff in the Tigray region. The hands-on training included instruction on the installation, operation and maintenance of solar water pumps in schools. These pumps ensure increased access to water for drinking, sanitation, bathing and kitchen gardening.

In April, UNICEF documented experiences from the Oromia region on the use of human excreta for biogas production in an open defecation free (ODF) community, promoting integration of sanitation with domestic biogas systems. Attaching a toilet to the biogas system replaces the need to empty pit-latrines or dig new ones.

In 2014 the Country Office will explore ways of supporting revenue-generation from carbon credits earned as a result of reductions in carbon dioxide emissions. Carbon credit programmes will be identified and implemented as part of a broader resilience programme.

**South-South and Triangular Cooperation**

The Country Office collaborated with UNICEF and the Government of Botswana on an experience-sharing visit to Botswana related to the International Code of Marketing of Breastmilk Substitutes and its implementation and monitoring mechanisms. The August 2013 study tour followed training on the Code conducted by the International Baby Food Action Network Africa, the International Code Documentation Centre Penang and UNICEF New York headquarters and ESARO. Officials from the Food, Medicine and Health Care Administration and Control Authority (FMHACA) of Ethiopia benefited from the training, which was held February 4-8, 2013. The authority regulates products such as food and drugs and is therefore mandated to develop, adopt and implement a national code in Ethiopia. As FMHACA had no prior experience with the International Code, Botswana was recommended as an ideal country from which Ethiopia’s four federal and regional FMHACAs and a UNICEF nutrition specialist could gain experience.

Completion of the Botswana knowledge-exchange visit has informed the work of several of the experts from FMHACA who support inspection and surveillance, product quality assessment and product registration and licensing directorates in Ethiopia. Following the study tour, FMHACA developed an action plan to accelerate work on a national Code of Marketing of Breastmilk Substitutes. UNICEF was requested to provide full-time technical assistance to support FMHACA to ensure that registration, licensing and verification of the quality and safety of breastmilk substitutes is completed, and that the authority can more effectively monitor the marketing, advertisement and promotion of breastmilk substitutes and enable enforcement of the Code.
Narrative Analysis by Programme Component Results and Intermediate Results

**Ethiopia - 1410**

**PC 1 - Survival and health**

**On-track**

**PCR 1410/A0/05/101 1.1** Government capacity and systems for evidence based, equitable and gender sensitive planning, management, logistics, information system at the national, regional and woreda level are improved to support the implementation of HSDP, UAP and NNS by 2015.

**Progress:**

As part of the Health Sector Development Plan (HSDP) IV, a mid-term review was completed and findings presented to the broad health sector partnership during the annual review meeting in October 2013. Celebrating key achievements in family planning, the scale-up of integrated community case management; reductions in contamination of household water supply; modest reduction in stunting levels and HIV incidence among adults; improved access to early diagnosis and treatment of malaria; and the expansion of health workforce cadres, including midwives. According to the MTR, key challenges to be addressed in the health system include: cold chain functionality; the over-burdening of health extension workers (HEWS); gaps in HMIS; inattention to quality of care; and low availability of electricity and water at health centre and health post levels.


Internally, the FMOH structure continues to evolve around key programmatic directorates including Mother Child Health (MCH), Disease Control, Health System Support, and Primary Health Care Unit (PHCU). In line with the new structure, additional positions were recently created to fill technical gaps. Many partners, including WHO, seconded staff to provide day-to-day assistance, UNICEF deployed staff for malaria and EPI, discussion was on-going about seconding additional UNICEF staff for nutrition and communication.

UNICEF supported the Government of Ethiopia in launching a national programme in the field of Water, Sanitation and Hygiene. The launch event took place in September 2013. The development objective of the Programme is to contribute to achieving the Government’s social and economic priorities in an equitable and sustainable manner by increasing water supply and sanitation coverage and the adoption of good hygiene practices, guided by the four principles stated in the WASH Implementation Framework: Harmonisation, Integration, Alignment and Partnership. UNICEF’s support to the Government extended to starting-up the Somali WASH inventory, which was not included during the National WASH Inventory undertaking held between March 2010 and Nov. 2012. Findings of the National WASH Inventory (not including the Somali Region) were released in April 2013.

**On-track**

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

**Progress:** With the launch of two new vaccines, UNICEF worked with the Pharmaceutical Fund and Supply Agency to expand the national cold storage space, installing five 40m³ cold rooms to store the new vaccines before delivery to the regions. The national cold chain inventory and Effective Vaccine Management Assessment were finalised, subject to FMOH endorsement. UNICEF, with partners, plans to assist in developing the rehabilitation and procurement plan in 2014.

Supporting national efforts to ensure technical skill to maintain cold chain equipment, UNICEF partnered with the Biomedical and Laboratory Equipment Engineers Association (EBLEEA) in providing cold chain maintenance services, on-the-job training to mid-level cold chain technicians and cold chain users.

UNICEF supports hands-on pilots of the evolving options for grassroots cold chain technologies. Working with CHAI and Regional Health Bureaus (RHBs), testing of four different Solar Direct Drive (SDD) refrigerators, is underway to assess the functionality and suitability in different climatic zones, 422 SDD refrigerators have been distributed to regions where cold chain is weak; installation is under-way with EBLEEA. An exciting trial of a Passive Vaccine Storage Device (PVSD) was initiated, in partnership with the Bill and Melinda Gates Foundation and Global Good. The “P6” PVSD can store vaccines with no active power source for 35+ days, and was deployed to seven locations (three SNNP; four in Afar). Those are to be evaluated for two distinct scenarios; static unit deployment within a health post and use by mobile teams providing immunisation on ‘extended’ outreach in Afar, where teams may be away for over two weeks.

UNICEF continues to support the FMOH for vaccine procurement and logistics. An expert was deployed by UNICEF to support vaccine logistics to the FMOH. Quarterly review meetings assessing stock levels made it possible to prevent stock-outs at national and regional level.

**Constrained**

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

**Progress:** In 2013 UNICEF continued to provide technical support to all regions and particularly pastoralist areas of the four developing
regions. All the Developing Regional States (DRS) where the majority of pastoralist areas are located, are consolidating the health extension programme (HEP). All woredas in Benishangul Gumus, nine out of 13 woredas in Gambella, five of 32 woredas in Afar and four of 68 woredas in Somali region started providing ICCMI as part of the package of services. This expansion enables children in remote areas to access treatment of major childhood diseases. An agreement was signed with AMREF, an international NGO, to expand ICCMI to 11 additional woredas in Afar region. Preparations for expanding the service in Somali and other hard-to-reach pastoralist areas began in 2013. An improvement plan for the routine EPI programme was finalised, to be implemented over the next two years.

An effective strategy for reaching the hardest to reach is yet to be developed and fully implemented. The health systems special support directorate under the Ministry of Health is mandated to coordinate development of pastoralist areas in 2014.

**On-track**

**IR** 1410/A0/05/101/003 101/003 Support to strengthening health systems and services in particular implementing of policies and strategies, standardisation of services and resource mobilisation at national and subnational level

**Progress:** During 2013 UNICEF’s support continued at national and sub-national levels to strengthen health systems and services, particularly implementation of exempted service for maternal and new-born health care, through policy advocacy, support familiarisation of health service provision proclamation and standards and supporting monitoring of implementation exempted services through field visits, and feedbacks which leads to corrections in the implementation. UNICEF also provided technical and financial support for development of comprehensive health sector annual work plans with adequate representation of MNCH interventions at federal, regional and woreda levels. UNICEF supported consolidation of woreda-based annual work plans for EFY, which were presented during a health sector annual review meeting in Mekele in the presence of all stakeholders from national to kebele level. Participants also agreed to leverage all efforts to achieve the set targets for the EFY 2006. UNICEF is also working with WHO and other partners to revise the 2005 national child survival strategy, which will be endorsed and implemented in 2014.

**On-track**

**IR** 1410/A0/05/101/004 101/004 Support MDG + Health pool fund

**Progress:**

In 2013, UNICEF contributed US$1.5 million to the MDG pool fund, of which, upon the request of the FMOH, UNICEF procured blood bank supplies worth US$600,000 to fill an urgent gap. The remaining US$900,000 was transferred to the MDG Pool Fund after all conditions of disbursement were met. With the contribution from UNICEF and other donors totalling US$134 million during the financial year, the Ministry procured goods required for health service delivery at all levels and strengthened health systems through expansion of HMIS, community-based health insurances and strengthened referral links. Importantly, the MDG pool fund was enhanced with a wider ‘Comprehensive Plan’, capturing additional financial support to broad HSDP programmes such as procurement of medical equipment, mosquito nets, expansion of health facilities etc.

UNICEF continues to administer the Health Pool Fund (HPF) on behalf of the FMOH. Through HPF UNICEF supported the FMOH to conduct monitoring of coverage of key health interventions specifically by facilitating health mid-term reviews, annual review meetings, policy dialogue forums and periodical consultative meetings with national and sub-national officials. Under the HPF, UNICEF also continues to support the Ministry to identify and recruit quality technical assistance in areas with critical human resource gaps at the Federal and sub-national levels. In 2013, a total of 22 technical assistants were recruited and deployed in the Ministry, particularly in the developing regions. UNICEF assisted FMOH officials to attend international conferences, such as the World Health Forum, which enabled the ministry to mobilise additional funds, trainings, visits and experience-sharing that enable it to share with and learn from other countries. UNICEF facilitated the meeting with HPF contributors and FMOH in November and developed a revised HPF work plan to improve the efficiency, effectiveness and accountability of its implementation.

**On-track**

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

**Progress:**

Mental health has been a specialised intervention, as services are not widely available in the country. UNICEF provided a technical assistant to the Ministry to develop a National Mental Health Strategy and increase basic mental health service provision at lower-level health facilities as part of the basic health care. In 2013, a training workshop was organised for 37 health workers from Tigray and Amhara on the provision of basic mental health services. Two documentaries and one TV spot were produced and broadcast on Ethiopian Television to increase awareness and address stigma and discrimination at the community level. Under the leadership of the newly established MOH non-communicable disease unit, plans are underway to provide mental health service at 100 HCs in EFY 2006.

**On-track**

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

**Progress:**

Mental health has been a specialised intervention and services are not widely available in the country. UNICEF provided a technical assistant to the Ministry to develop a National Mental Health Strategy and increase basic mental health service provision at lower-level
health facilities as part of the basic health care. In 2013, a training workshop was organised for 37 health workers from Tigray and Amhara on the provision of basic mental health services. Two documentaries and one TV spot were produced and broadcast on Ethiopian Television to increase awareness and address stigma and discrimination at the community level. Under the leadership of the newly established non-communicable disease unit in the MOH, plans are underway to provide mental health service in 100 HCs in EFY 2006.

**On-track**

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

**Progress:** The revised NNP for 2013-2015 was launched in June 2013; implementation is expected to cost US$547million over three years.

Leading universities in Ethiopia, together with EHNRI, conducted a national Infant and Young Child Feeding assessment using the World Breastfeeding Trends Initiative assessment tools. The main recommendations from the assessment included the need to strengthen the community-based YCf interventions and initiate baby-friendly health facility interventions. Furthermore, UNICEF supported Addis Ababa University to revise masters and PhD curricula for community nutrition to align the curriculum with the NNP.

Case studies and final evaluations of the MDG-Fund-supported pilot local production of complementary food was completed and disseminated. Key learning from the evaluations will be shared at national and regional dissemination workshops in 2014.

As part of the MOU signed with FMHACA in February 2012, 14 staff from FMHACA were trained on iodometric titration method and rapid Iodine Checkers as part of the quality control for levels of iodine in edible salt. Support was provided to FMHACA and regional health bureau inspectors on iodised salt regulation and enforcement and on BCC activities on iodised salt regulation and consumption, targeting salt producers, distributors/retailers and consumers. Whilst these activities strengthen the national capacity on iodised salt quality, there is still more to be done to improve overall control measures and inspection systems for iodised salt.

Four officials from FMHACA participated in a study tour on the Code of Marketing Breast Milk Substitute in Botswana and are now supporting the action plan to develop documentation for Ethiopia; 17 FMHACA monitors were also trained on the Code and enforcement mechanisms.

**On-track**

**IR 1410/A0/05/101/008 101/008** Capacity, and systems to plan, manage and monitor integrated and sustainable decentralised WASH services strengthened at Regional and Federal levels

**Progress:** UNICEF supported the development of ONE WASH National Programme (OWN-P) as a multi-sectoral, sector-wide approach aiming to involve the water, education, health and finance and economic development sectors in its implementation. The programme will be implemented at a total cost of US$2.41 billion and will help increase alignment of all development partners and donors with Government systems for planning, budgeting, procurement, financial management, and monitoring and reporting.

UNICEF also supported the development/review of 13 policies and strategies, including development of Fiduciary Risk Assessment and Code of Conduct among development partners, which play an important role in implementation of the One WASH National Programme, based on UNICEF’s international experience with SWAPs. UNICEF plans to strengthen human resources capacity development under the “readiness criteria” by providing technical support in a number of areas of the OWN-P, to strengthen governance systems for equitable, effective and transparent resource allocation and delivery.

UNICEF helped to develop capacity at 12 Technical, Vocational and Educational Training Centres (TVETCs), which are known as Health Science Colleges offering an exclusive Health Education focus. The skill gap enhancement training enabled the supported TVETC instructors, whose capacity is now being strengthened with a focus on software rather than physical infrastructure. Skill enhancement training was provided to a total of 4,601 WASH professionals in 2013, including TVETC instructors, enabling the instructors to pass the national Centre of Competency exam.

The Capacity Building Project supported by IDC, DFID and the GoF ends in December 2013. Under the DFID-funded One WASH Plus programme, there is a corresponding component channelled through UNICEF, which will be used to support capacity development and provision of technical assistance in a number of areas of the One WASH National Programme

**On-track**

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

**Progress:**

**Analytical Statement of Progress:**295/300

UNICEF initiated WASH inventory by piloting it in UNICEF-supported woredas and advocating on the importance of WASH inventory for strategic and annual planning, to identify bottlenecks in WASH service delivery and analyse capacity gaps and identify disparities in WASH service delivery. UNICEF also contributed directly to the National WASH inventory by developing systems and formats, supporting training of technicians and enumerators, supervising data collection and compilation and supporting logistics.

National WASH inventory was conducted in all regions of the country (except for Somali region) and the report includes 11 Key
Performance Indicators. The inventory result was also updated for 2011 and 2012, based on the base year of 2010 (when the inventory was conducted), using data reported by regions on the number of new facilities constructed. The result is now available online and can be accessed by the public.

Preparations for conducting the Somali WASH inventory, where mobile phone technology will be used for data collection, were underway in late 2013. It is an innovative exercise introduced by UNICEF in the country for the first time at scale, and will be applied in future similar data collection exercises in the WASH sector. It is expected that preliminary results will be available by February 2014.

FLOW software, an online database system, is being used, providing the opportunity to check data entry as soon as it is uploaded to the online database. Mobile phones (220) were procured and installed with the software. A master training for UNICEF and Government at national level was held, along with a Training of Trainers in the Somali Region for enumerators. The WASH inventory data will be transferred to the national WASH MIS system for final analysis and synchronisation with the national WASH inventory data.

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

**Progress:**

The evaluation of UNICEF-supported Radio Serial Drama (Health Extension Programme) revealed that drama is rated as an important tool for HEWs. Findings highlighted that the involvement of various stakeholders, especially at the planning and implementation stages, increased the sense of ownership among the stakeholders. Based on positive findings UNICEF developed a new partnership with the Population Media Centre to expand the drama programme.

UNICEF-WHO supported an EPI-focussed social and behavioural determinant survey in 2012. The findings were used in 2013 as the basis for revising the EPI Communication Plan. The communication materials (radio messages, print materials) were developed, and communication training was tailored for different audiences, such as media professionals and health workers. In addition, UNICEF provided technical support to conduct a National Health Communication Assessment on interpersonal, behavioural and social change communication systems and structure. The findings were used for further development of National Health Communication Strategy.

To identify the bottlenecks and better understand the behaviours related to infant and young child feeding in pastoralist community, UNICEF supported a rapid assessment to identify the Gaps in Communication for Development (C4D) in Afar Region. The findings were used to develop a Social and Behavioural Change communication package to improve IFY practices in pastoralist communities.

As part of the “Healthy School Initiative” strategy, a National Hand-Washing website and pledging strategy was launched via live TV broadcast on Global Hand-Washing Day. Message development workshop was conducted with four regional water, education and health bureau focal persons and other implementing partners. As a result, the draft hygiene and sanitation promotion guide for teachers was developed.

UNICEF has contributed technically and financially to the communication strategy development for stunting reduction, as part of the revised NNP.

- **On-track**
  **IR 1410/A0/05/101/011** Support travel, mobility of UNICEF staff for implementation of CP activities.

**Progress:** UNICEF staff in Addis Ababa and field offices remain critical to the provision of reliable technical support to the Government and monitoring programme implementation in the field. The competency and skills of UNICEF staff are important to carry out policy dialogue, networking and partnership, advocate for women and children, and monitoring the service delivery. UNICEF staff members travelled to the field frequently in 2013, with particular focus in developing regions and areas affected by health emergencies. During these field visits, progress and challenges were identified, which are important to inform programme implementation and take corrective measures. Some field visits are for donors, UNICEF NatComs and joint field visits with strategic partners, which are critical for fund raising and partnership.

UNICEF staff participated in training courses and meetings both inside and outside Ethiopia, for both capacity development and sharing the Ethiopian experience with UNICEF country offices and other organisations. The African Ministers’ meeting and East Africa Sub-Regional Network meeting shared a high-level agenda related to health and related areas to reinforce countries’ commitments. Regional meetings, including Polio outbreak emergency response, new vaccine introduction, MNTE joint consultative meeting, equity strategy for immunisation, Inter Agency Task Team on PMTCT, strengthened staff knowledge and capacity to respond to issues in various technical areas.

- **On-track**
  **IR 1410/A0/05/101/012 012** Nutrition project support (CBN & CHD)

**Progress:** The annual cost for salary and travel in 2013 was estimated at US$2,264,273. For management purposes, this IR was created at the Federal level; however, the cost was distributed to all RCCs for the salary of nutrition and food security section staff salaries. Project support costs included substantial technical support for the revision and finalisation of the revised NNP: updating micronutrient
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guidelines, developing inputs to the draft Code for Ethiopia, planning for the national food fortification programme, designing nutrition-specific interventions for the health sector and promoting nutrition-sensitive interventions in agriculture, WASH and education sectors targeting adolescent, mothers and children. The staff supported strengthening partnerships with Government, NGO's, other UN agencies, academia and the private sector to ensure prioritisation of the NNP. Nutrition staff also successfully supported resource mobilisation, capacity building, programme implementation and monitoring and evaluation of nutrition programmes.

On-track

**IR 1410/A0/05/101/013 WASH Project Support - (Non-salary)**

**Progress:** UNICEF WASH programme staff members followed up WASH project activities with their assignment in project design, including situation assessment, programme management, monitoring, participating in joint plans, coordination meetings, participating/facilitating WASH advocacy events, and organising/facilitating workshops and participating in joint technical and project evaluation activities. Staff also actively participated in joint WASH programme planning under the UNDAF and UNICEF cross-sectoral planning with Health, Nutrition, Education and Communication Sections.

Staff participated in individual trainings and exposure visits for developing up-to-date individual knowledge and skills related to current developments in the WASH sector. This includes participation in the wastewater management and solar pumping exposure visit in India and the sanitation marketing exposure visit to Cambodia. These visits helped participants acquire knowledge and experiences from WWM schemes, integrated fluorosis mitigation projects, solar pump installations and charting a way forward on Sanitation Marketing for Ethiopia.

On-track

**IR 1410/A0/05/101/015 Provide high quality managerial and technical assistance through the provision of UNICEF staff and TA for implementation of programming.**

**IR 1410/A0/05/101/016 Provide high quality managerial and technical assistance through the provision of UNICEF staff and TA for implementation of programming.**

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

**Progress:** UNICEF's inputs to advocacy, technical leadership and coordination contributed to the launch of community-based new-born care with sepsis treatment through Health Extension Workers, the inclusion of new vaccines into the expanded programme on immunisation, endorsement of national strategy for sustaining maternal and neonatal tetanus elimination and implementation of the Community Health Day strategy.

UNICEF support to capacity building of health workers including health extension workers to improve their technical efficiencies; support for strengthening procurement and supply distribution of medicines and supplies increased coverage of quality, gender-sensitive preventive, promotive and basic curative health and nutrition services reaching 90 percent of health posts. As a result all health posts have capacity to offer ICCM for pneumonia, diarrhoea, malaria and severe acute malnutrition.

More than 11 million (99 per cent) children age 6-59 months received one dose of vitamin A during the first immunisation round of 2013. Around 88 per cent of children under one year of age received pentavalent vaccine -3, protecting them against pertussis, diphtheria, tetanus, hepatitis B and Haemophilus influenzae type b, with more than 58 percent of the districts reporting over 80 per cent penta-3 coverage. Procurement and distribution of 4.5 million long-lasting impregnated bed-nets (LLINs), 250,000 Artesunate vials for treatment of over 40,000 cases of severe malaria and 3 million treatment doses of Artemisin-based Combination Therapy (ACT) significantly contributed to Ethiopia’s malaria prevention and control programme.

During 2013 access to and the use of quality health services in DRS regions increased, by end-year: 82 per cent of the health posts in DRS regions are functional, 51 percent of children 12-23 months were immunised against measles (increased from the 20 per cent baseline) and over 90 percent of children 6-59 months of age received Vitamin A supplementation and were screened for acute malnutrition during the first and second round of vitamin A campaign.

The total number of woredas implementing the core package of community based nutrition expanded from 216 in 2012 to 327 in 2013 in Oromia, SNNP and Amhara regions, with 49 per cent (900,000 children under two years) participating in growth monitoring and promotion sessions in 2013.

Constrained

**IR 1410/A0/05/102/001 102/001 Provide support to ensure quality immunisation services to increase coverage of all nationally recommended antigens through enhanced support to regions and zones with large numbers of unimmunised children, including pastoralist areas**

**Progress:** According to administrative data the national penta-3 vaccination coverage was 88 per cent in the 12 months from July 2012 to June 2013; a significant difference from the 66 per cent in the 2012 EPI coverage survey, indicating a serious gap between reported and actual performance that needs to be addressed.

Performance varied widely among regions with Afar, Gambella and Somali having the lowest coverage. Stagnation/decline in immunisation coverage has been recognised at policy-makers’ level, resulting in strengthening of the national and regional routine immunisation plans for EFY 2006. During the second half of 2013 emphasis was on the national measles campaign, targeting children
under-five with preliminary coverage of 97 per cent. In addition meningitis A and rotavirus vaccines were introduced in October and November 2013, respectively.

The threat of wild polio virus (WPV) importation has increased significantly with over 200 cases reported in neighbouring Somalia and Kenya. This has led to six imported case of WPV, confined to two woredas (districts) bordering Somalia. To date, three Sub-National Immunisation Days were completed (over 100 per cent administrative coverage) and the first of two National Immunisation Days (NIDS) were completed. The 1st round of NIDs reported coverage of over 95 per cent, with significant concern on pockets of poor performance.

Supporting the launch of new vaccines as well as Meningitis A, measles and polio campaigns, UNICEF has ensured the availability of required vaccines, reinforced the cold chain with five new cold rooms; and recruited 22 technical facilitators to organise activities in poor performing zones. To combat polio, 12 additional experts were deployed with UNICEF assistance to ensure high-quality social mobilisation. The campaign for the completion of Maternal and Neonatal Tetanus Elimination (MNTE) was postponed until 2014 due to the polio emergency responses in high-risk areas of Somali.

On-track

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

Progress:

In 2013 UNICEF supported Western Oromia, Gambella, Afar and Somali regions to implement ICCM. At the same time support was provided to other regions to ensure quality improvement in service delivery. The expansion of ICCM in Afar, Somali and Gambella is planned to be in a phased manner to cover all woredas in these regions by 2016. Afar and Somali regions have adapted the national ICCM guidelines to the pastoralist context. During 2013 an additional 900 health posts started implementing ICCM. As a result, ICCM is now in seven woredas of Afar, four in Somali, and five in Gambella; and all woredas in Oromia, SNNPR, Tigray, Amhara and Benishangul Gumus regions.

Two thousand health posts received ICCM kits of essential drugs and supplies through UNICEF support. Based on stock-out reports, UNICEF replenished an additional 3,361 health posts with paediatric cotrimoxasole through implementing partners: Save the Children, integrated family health programme, Johns Snow Incorporated (JSI).

The national community-based new-born care (CBNC) implementation plan was launched in March 2013 by the Minister of Health. UNICEF’s support was focused on the development of CBNC guidelines, procurement of supplies and training of trainers. In 2013, a total of 74 trainers were trained and the implementation of CBNC will start in 2014 in six selected zones.

On-track

IR 1410/A0/05/102/003 102/003 Improve malaria control through micro planning, procurement and distribution of ITN, RDT, ACT and supplies for HEWs, social mobilisation and M&E

Progress:

UNICEF procured 4.5 million LLINs in 2013, using resources from the US Government President’s Malaria Initiative (PMI). Of these, 3.1 million were distributed by end-2013, with the balance to be distributed in January 2014. An additional 1.2 million LLINs procured during the last quarter of 2012 were also distributed in 2013; therefore total LLINs distributed by UNICEF in 2013 was 4.3 million. The final distribution of 2013 procurement (1.4 million) was ongoing at year’s-end. As part of malaria control, 1.7 million LLINs were distributed in Oromia region in June 2013.

While procurement and distribution of UNICEF/PMI-funded LLINs occurred as planned, over 14 million LLINs supported with resources from the Global Fund planned for procurement and distribution by the Pharmaceutical Fund and Supply Agency (PFSA) was delayed. Of these, 5.6 million were received and distribution is ongoing. The remaining LLINs will be distributed in 2014. The procurement and distribution of malaria commodities is guided by a UNICEF-supported malaria commodity micro-plan.

As per 2012 revised malaria treatment guidelines, 250,000 Artesunate vials were procured and distributed for treatment of severe malaria in health centres and hospitals across the country. This amount is enough for treatment of over 40,000 cases of severe malaria cases. The introduction of revised treatment guidelines for severe malaria has resulted in a significant (about 35 per cent) reduction of mortality due to severe malaria, as compared to intravenous or intramuscular quinine, which was the previous treatment practice.

In addition, UNICEF procured 3 million doses of Artemisinin-based Combination Therapy (ACT) to be delivered in the first quarter of 2014 prior to the next malaria season.

On-track

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

Progress: In most parts of the country, the “Health Development Army” (HDA) was recruited with the objective of mobilising communities, particularly women, to use available health services and promote good health, nutrition and WASH practices. Members of the HDAs were trained by Health Extension Workers. Through the HEWs, UNICEF indirectly supports community mobilisation by supporting the content of training in immunisation, ICCM, nutrition and WASH. The national guideline on community-based new-born
HDA members visit women in their homes and encourage pregnant women to give birth in health facilities, take new-borns for postpartum care by HEWs; and encourage early initiation and exclusive breastfeeding. In March 2013 the FMOH launched community-based new-born care, including treatment of neonatal sepsis through the HEWs, a major policy breakthrough to contribute to the reduction of neonatal mortality. UNICEF is playing a vital coordinating role, under FMOH leadership, for mobilising resources from various donors to implement community-based new-born infection management in four selected zones of the four largest regions (Tigray, SNNP, Oromia and Amhara).

UNICEF facilitated the development of national implementation guidelines, training guides and job aides for community-based new-born care. Three rounds of training of trainers, one master and two regional were conducted, with an output of 74 health professionals trained since September 2013.

**On-track**

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

**Progress:** To improve access to health services in DRS regions, the Government of Ethiopia has developed a policy to establish health posts in every kebele. To translate the policy into action, UNICEF supported DRS regions in development of a 12-month AWP (July 2013-June 2014) through a community-based participatory planning exercise. The AWP focuses on the selected woredas to close the disparity within the regions. The selection criteria for the woreda include: population coverage, access to health services, availability of resources and implementing capacity. The activities in the AWP are focused on improving resilience of woredas and improving synergy among different sectors.

In line with the AWP, UNICEF provided a) training of HEWs to improve technical efficiencies; b) supplies, including medicines and vaccines; and c) support for mobilisation in DRS regions.

During 2013, with UNICEF support: 628 HEWs were trained on iCCM, 79 health workers were trained on vaccine management and 116 midwives and nurses in 58 health centres were trained on basic emergency maternal and new-born care. In addition, UNICEF provided support to 419 health posts with iCCM essential drug, vaccines and cold chain spare parts.

As a result of the above-mentioned activities and technical assistance to improve monitoring and supervision, 82 percent of the health posts in DRS regions (except Gambella) are providing primary health care services, and 58 health facilities are currently providing basic emergency maternal and new-born care services.

UNICEF regular resources, with an important complement from the Government of Japan, contributed to these results in the DRS. UNICEF will continue to mobilise additional funds to address the shortfall in implementation of work-plan in DRS regions.

**On-track**

**IR 1410/A0/05/102/006 102/006 Conduct CHD for biannual VAS and deworming and for quarterly nutritional screening for SAM and MAM**

**Progress:** The first round of vitamin A supplementation (VAS) took place in all regions during the first semester of 2013, reaching 10.4 million children age 6 to 59 months (88 per cent coverage). The second round was conducted from October to December 2013. UNICEF supported the Enhanced Outreach Strategy (EOS) and Community Health Days (CHD) with provision of supplies, technical assistance to the Government and monitoring (post-coverage surveys and study of routine service delivery).

National and regional meetings were held to review the findings of the post-EOS/CHD coverage surveys conducted at the end of 2012; the results showed a decline in service coverage below acceptable levels in all regions except Afar, Benishangul Gumus and Gambella. Based on the findings the plans were updated and UNICEF supported a series of post-EOS/CHD surveys during July-December, 2013 to monitor the results of those efforts. Final coverage data will be available in the first quarter of 2014.

The Ministry of Health is working towards transitioning from campaigns towards systemic approach, 39 woredas were selected to pilot routine delivery of vitamin A, deworming and screening for malnutrition in children 6 to 59 months and pregnant and lactating women (PLW). Of the selected woredas only 19 effectively transitioned between January and June, 2013. Regional review meetings held together with the Ministry of Health facilitated raising the issue, and regions are now accelerating the transition from CHD to routine Vitamin A supplementation through the Health Extension program (HEP).

UNICEF worked closely with the Ministry of Health and Regional Health Bureaus to ensure that high-quality EOS and CHD service coverage are achieved during the transitions from EOS to CHDs to routine vitamin A supplementation through the HEP. This will ensure complete ownership of the Vitamin A supplementation, de-worming and nutritional screening activities by the Government.

**On-track**

**IR 1410/A0/05/102/007 102/007 100 per cent of CBN woredas will have micronutrient deficiency control program mainly targeting adolescent girls and PLW for stunting reduction outcome**

**Progress:** Iron supplementation for pregnant women is provided as part of antenatal care visits; however ANC coverage is only 52 per cent. Iron folate supplementation is included in the refresher training manual for HEWs. UNICEF supported the preparation of the manual and cascading of the training to HEWs. Using other funding, FMOH obtained sufficient iron folate doses for 2013 and UNICEF will procure for 2014.
Iodised salt production and distribution coverage rose sharply, from 30 per cent in 2012 to over 80 per cent in 2013 (FMOH report). A Knowledge Attitude and Practise assessment related to salt iodisation and legislation and targeted at salt producers and distributors was completed; its recommendations will be utilised to update the Iodine Deficiency Disorder-Universal Salt Iodisation (USI) communication strategy. PSI partnered with UNICEF to increase consumer awareness about iodised salt and in support of USI legislation enforcement, dissemination and implementation.

There are challenges in registering micronutrient powders in Ethiopia, which constrained progress especially in improving quality of locally produced complementary foods.

The revised National Nutrition Programme excludes provision of micronutrient/iron supplementation for adolescent girls, preferring partners to support food-based dietary improvement initiatives.

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**On-track**

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

**Progress:** During 2013 a total of 850,000 children below the age of two years were reached in 327 woredas implementing core package of CBN, including growth monitoring for children and provision of age-specific counselling to improve child feeding (both exclusive breast feeding and adequate, quality, complementary food with the right frequency). The number of woredas implementing the core package of CBN in Oromia, SNNP and Amahara regions increased by 111 since 2012. The scale-up to additional woredas was facilitated through the completion of refresher training in community-level maternal, new-born and child health given to 201 master trainers, 2,330 participants in training of trainers and 24,186 HEWs and 8,499 HEW supervisors.

The kebele reporting rate improved from 50 per cent to 79 per cent, and the growth monitoring and promotion participation rate rose from 40 per cent to 49 in 2013. Underweight prevalence declined marginally among GMP participants, from 8 per cent (September 2012) to 7.4 per cent (June 2013).

The partnership with the Micronutrient Initiative enabled scale-up of the pilot production of local complementary food to 20 woredas in four regions (Amhara, SNNP, Tigray and Oromia), and 200 woreda-level cabinet members in 20 woredas were sensitised on the benefits of the production of complementary foods. Preparations are on-going to establish 190 child grain banks and 20 urban complementary food processing units. Training of trainers on preventive nutrition was offered to 137 regional staff in the same four regions and 1,298 zonal-level health workers.

The multiple responsibilities of Health Extension Workers hindered reaching the target of 80 per cent of children attending monthly GMP sessions. It is expected that the women development army will provide more support for community mobilisation, reducing the workload of HEWs.

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**Constrained**

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

**Progress:** Fifty-five health workers were trained on IYCF from 14 Developing Region States woredas, to support establishment of women support groups. Women support groups established in three woredas of Benshangul Gumus, two woredas of Gambella and four woredas of Afar.

A total of 183,000 (91 per cent) children 6-to-59 months of age in DRS woredas received Vitamin A and 184,000 (92 per cent) children 6-to-59 months were screened for acute malnutrition in the first round and 153,000 (94.5 per cent) children 6 – 59 months received Vitamin A and 97,000 (94 per cent) were screened for acute malnutrition during the second round.

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**On-track**

**IR 1410/A0/05/102/010 102/010 I-ECCE will be provided during GMP sessions**

**Progress:** Integrated Early Childhood Care and Education (I-ECCE) activities reached approximately 850,000 children below the age of two years through individual counselling of mothers how to improve home-based care.

Training on I-ECCE was included in the community-based nutrition/community maternal, new-born and child health integrated refresher training reaching 24,186 Health Extension Workers (HEW) and 8,499 HEW supervisors. The IECCE component of the training focused on psychosocial early childhood stimulation, techniques such as adult care and adult-child interaction. The HEWs, together with care givers, supported growth monitoring and promotion sessions and community conversations.

According to CBN data from June 2013, a total of 327 woredas are implementing the core CBN package, including I-ECCE, and submitting monthly reports, representing an increase from 2012 of 111 in Oromia, SNNP and Amhara regions. The scale-up to additional woredas was facilitated through the completion of C-MNCH IRT training given to 201 master trainers and 2,330 health workers at training of trainer’s level; and 24,186 HEWs and 8,499 HEW supervisors.

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**On-track**

**IR 1410/A0/05/102/011 102/011 Support national capacity for training, coordination, drugs supply and monitoring of community based new-born care and referral health centres.**
Progress: The Government launched community-based new-born care, including sepsis management, through the Health Extension Programme in March 2013. With financial support from UNICEF and ELMA Foundation, the first phase of implementation got underway in six zones of the country (SNNPR: Gurage and Sidama zones; Oromia: East and North Shewa zone; Amhara: East Gojam zone and Tigray: Eastern zone).

In 2013 UNICEF supported the Ministry of Health to facilitate the procurement and distribution of CBNC supplies. A pre-import permit from Food Medicine, Health, Administration and Control Agency (FMHACA) was obtained and essential supplies were expected to arrive in December 2013.

Training materials were pre-tested, finalised and being printed in three local languages. Seventy-four CBNC trainers were trained. Training videos in local language were developed to be used in the training of HEWs.

NOTE: This new IR was developed to manage the community-based new-born care programme funded by ELMA and to keep track of its implementation status.

**IR 1410/A0/05/102/012 Test**

**On-track**

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

**Progress:** The main focus of 2013 programme implementation was supporting the Government in the development of a national strategic plan for elimination of mother-to-child transmission of HIV (eMTCT) that was finalised and being translated prior to dissemination. The eMTCT program was launched on 29-30 November 2013. As the lead UN agency for PMTCT, UNICEF provides effective coordination and technical support to the Government and other development partners.

The FMOH is currently undertaking a national service provision and readiness assessment (SPA+), which will assess readiness including Basic Emergency Obstetric and New-born Care (BEmONC) services at health centres and hospitals across the country. The result will provide information on the number of health centres and hospitals that are providing BEmONC services and essential new-born care.

During the last six months of 2013, 1,530 nurses and health officers (600 Female and 930 male) working in 750 health centres were trained in integrated case management of new-born and childhood illness (IMNCI). The training included supervisory and mentoring skills for health workers to support health posts within their catchment area. Since July 2012, a total of 2,530 health workers have been trained and currently providing the services in 1,300 health centres. Training and supervision is in progress to reach the 5,000 target by 2015. A total of 12,438 severely malnourished children with complications had received effective treatment by end-September 2013, with 51 per cent transferred to continue follow up, 39 per cent cured and discharged, 2.7 per cent died and 2.6 per cent defaulted. These performance indicators are within the national protocol as well as international SPHERE standards. Access to treatment of complicated SAM expanded by 24 per cent, at 632 health facilities (health centres and hospitals) in January 2013 to 785 facilities by end of September.

UNICEF finalised and rolled-out the publication of the Design and Construction Manual for WASH Facilities in Health Institutions as part of a broader health sector development plan. The manual is being used in selected woredas in developing regions. By the end of 2013, 160 health facilities were expected to be implementing the plan (against a target of 71) with a complete WASH package. The WASH package includes the design of WASH facilities, construction of water supply and sanitation facilities and hygiene promotion to health institutions through construction and disseminating information on hygiene and environmental sanitation.

**On-track**

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

**Progress:** The shortage of skilled nurses and midwives was found to be a major bottleneck for service delivery. From the baseline of 700 health care providers trained on Basic Emergency Obstetric and New-born Care (BemONC), as of 2011, an additional 1,398 nurses and midwives have received an intensive three-weeks training and follow up supportive supervision on basic emergency obstetric and neonatal care from January 2012 to 20 November 2013. A total of 314 providers were trained on BEmONC in 2013; training is conducted in partnership with John Hopkins Program for International Education in Gynaecology and Obstetrics. The added skills combined with supportive supervision and mentoring to increase the health providers’ capacity to provide quality care to mothers and new-borns who receive care from the health centres across the country. Twelve of the 15 BEmONC training sites (four in Oromia, one in Tigray, two in SNNP, three in Amhara, one in Afar, one in Gambella, one in Assosa, and two in Somali) established under the partnership agreement with Johns Hopkins were officially handed over to Regional Health Bureaus and the management of respective hospitals where the training sites are established.

In partnership with the Ethiopian Paediatric Society (EPS), new-born corner/essential new-born care training was provided to health workers from 679 health centres between January and late November of 2013, for a total of 784 of the 1,500 targeted health centres. During the training, UNICEF supplied each health centre with: two resuscitation bags, two suction bulb syringes, one new-born registration book and all trainees receive training manuals. Following the trainings, follow-up was conducted in collaboration with local EPS chapter members and respective Regional Health Bureaus and Zonal Health Departments for all health centres.

**On-track**

**IR 1410/A0/05/103/002 103/002 Increase number of Health Facilities implemented.**

**Progress:** The Ethiopian health system is organised in three tiers, the lowest being the primary health care unit which consists of the
health centre providing referral care service for mothers and children referred from health posts. Building the capacity of health workers in provision of quality IMNCI services and supportive supervision to the respective health posts is critical. During the last six months 1,530 nurses and health officers (600 female, 930 male) working in 750 health centres were trained in integrated case management of new-born and childhood illness (IMNCI). The training included supervisory and mentoring skills for health workers to support health posts under their catchment. Since July 2012 a total of 2,530 health workers have been trained, covering 1,300 health centres. Training and supervision is in progress with the goal of reaching the 5,000 target by 2015.

A total of 12,438 severely malnourished children with complications had received effective treatment by end-September 2013, with 51.4 per cent transferred to continue follow up in OTP, 38.5 per cent cured and discharged, 2.7 per cent and 2.6 per cent died or defaulted. These performance indicators are within the national protocol as well as international SPHERE standards. Moreover, access to treatment of complicated SAM expanded by 24 per cent, from 632 health facilities (health centres and hospitals) in January 2013 to 785 facilities by end of September 2013.

**On-track**

**IR 1410/A0/05/103/003** Support implementation of PMTCT programme expansion and integration to SRH/MNCH services

**Progress:** as the technical lead, UNICEF supported the FMOH and partners, including WHO, UNAIDS, CDC, ICAP (International Centre for AIDS Care and Treatment Programs), I-TECH (International Training and Education Center for Health), Intra Health, MSH (Management Sciences for Health), CHAI (Clinton Health Access Initiative), JHU TSEHAI (John Hopkins University – Technical Support for the Ethiopian HIV/AIDS Initiative), JSI (John Snow Inc.) and PHI 360 (Family Health International) in developing the national strategic plan for Elimination of Mother To Child Transmission of HIV (eMTCT). The strategy document was endorsed by the FMOH.

PMTCT Option B+, an internationally accepted best option for PMTCT, was launched following extensive discussions among FMOH and its partners. This provides a simplified daily one pill, fixed-dose combination of three antiretroviral drugs for all pregnant women with HIV and could accelerate progress towards eliminating new paediatric infections. Up-dated training was provided for 92 health worker both from regions and Addis Ababa.

Diagnosis of HIV infection among young children has been a major bottleneck that prevents young children living with HIV from accessing antiretroviral treatment. To improve the geographical coverage of early infant diagnosis of HIV infection and to increase access to CD4 screening among non-pregnant women living with HIV, UNICEF and CHAI are working with EHNRI to introduce point-of-care HIV diagnostic machines to the health centres where the patient caseload is high. In early 2014, it is expected that a new POC machine to facilitate early infant diagnosis will be available for use.

These advocacy and technical inputs contributed to increased coverage of efficacious PMTCT among HIV-positive pregnant women to 41 per cent from 9.3 per cent in 2009; 45 per cent of women living with HIV received ART for their own health. (Ref. Ethiopia PMTCT Fact sheet).

**On-track**

**IR 1410/A0/05/103/004** 380 health facilities provided with full WASH package by woreda WASH Teams in 64 learning woredas and Dire Dawa and Harari.

**Progress:** The WASH Manual for health facilities was finalised by UNICEF; it will serve as a working guideline for the construction or maintenance of water supply, sanitation and hygiene facilities at health centres and health posts. The Manual, which is first of its kind, was officially launched in April 2013 with an overall objective of increasing the WASH coverage at Health institutions through construction of water schemes and pit latrines, and disseminating information on hygiene and environmental sanitation. In this manual the appropriate technology options for the construction of WASH facilities that can be used by the health institutions are described. The description of each appropriate technology option includes the type and purpose of the option, method of construction, operation and maintenance, cost implications and implementation under different conditions.

Technical drawings and construction costs were also provided. The drawings shows in detail the size or dimensions of the structures, type of construction materials and bill of quantities of the technology option under consideration.

A total of 160 health facilities have received the complete WASH package, and this number was expected to reach 171 by the end of December. Construction work for 11 Health facilities has started and is expected to be completed by the end of December. The WASH Package includes providing capacity in the design of WASH facilities, construction of water supply and sanitation facilities and hygiene promotion to health institutions through construction and disseminating information on hygiene and environmental sanitation.

**On-track**

**IR 1410/A0/05/103/005** 80 health facilities provided with full WASH package by Woreda WASH Teams in 22 DRS woredas

**Progress:** UNICEF finalised and rolled-out the publication of the Design and Construction Manual for WASH Facilities in Health Institutions which is seen as part of a broader health sector development plan. The manual is being used in selected woredas in DRS regions.

A total of 61 health Facilities received the complete WASH package in DRS Regions. The WASH package includes providing capacity in the design of WASH facilities, construction of water supply and sanitation facilities and hygiene promotion to health institutions through construction and disseminating information on hygiene and environmental sanitation.
On-track

**PCR 1410/A0/05/104 104 Government capacity and systems to improve sustainable access to basic WASH services strengthened at woreda, regional and federal level, with a focus on evidence based prioritisation and planning; cost-effective and integrated approaches to service delivery; localised decision making with a strong gender dimension, and intensive programmatic support in 80 learning districts spanning all Regions in the country.**

**Progress:**

As newly selected co-chair of the Donor’s Assistance Group in 2013, UNICEF supported the development of Ethiopia’s first sector-wide approach, termed the ONE WASH National Programme (OWN-P). UNICEF financed and provided the technical leadership to develop the ONEWASH national five-year plan worth US$2.41 billion, and convened Government and non-governmental stakeholders to launch the programme in September 2013. The objective is to align all development partners and donors with Government systems for planning, budgeting, procurement, financial management and monitoring and reporting. UNICEF further provided technical and financial support to develop the preconditions for financing of a “common fund” by completing the Fiduciary Risk Assessment (FRA) and Code of Conduct (CoC).

In line with the principle of universal access to WASH services, UNICEF developed a funding proposal on urban WASH for eight towns located in four regions and mobilised DFID funding amounting to US$35 million. The programme includes resilience work for villages in close proximity to these eight towns. The concepts tested in this DFID-UNICEF programme will be disseminated in an Urban WASH forum that UNICEF initiated and chairs since March 2013. In addition, UNICEF supported the Government with two studies: (i) a WASH Gender Analysis and Action Plan (GAAP) study to identify issues related to gender disparity in WASH service delivery was undertaken, (ii) an integrated baseline on WASH, Multiple Use Services (MUS) and Community- Based Nutrition programmes in 30 woredas was conducted in 2013.

Helping people gain access to a safe and convenient water supply and improved sanitation remained a key aspect of UNICEF’s WASH programme in 2013. Results from direct UNICEF support equated to 1.2 million people gaining access to protected water supplies and 1.47 million people gaining access to basic/improved sanitation in both DRS and non-DRS regions. UNICEF’s focus on water supply continues to evolve from service delivery towards support in procurement, contract and financial planning through the use of the Direct Payment modality of HACT. In sanitation, UNICEF was also instrumental in introducing sanitation marketing, through the piloting of a Human-Centred Design approach. To ensure South-to-South cooperation UNICEF organised a study tour to Cambodia to expose Government counterparts to successful sanitation marketing experiences. These are being disseminated through a multi-stakeholder sanitation marketing group and are being streamlined in the Government’s Sanitation Marketing guidelines.

On-track

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

**Progress:** Core capacity development in 30 selected woredas of four regions (Amhara, SNNPR, Oromia and Tigray) was initiated in partnership with SNV and the four Regional Government Bureaus. The activities focused primarily on revitalising of Woreda WASH Teams and strengthening their capacity for contract administration, procurement, financial administration, operation and maintenance, management information systems and scaling up of Guided Learning on Water & Sanitation (GLoWS). Achievements of these 30 woredas are intended to be replicated in other woredas. Guideline preparation to roll out Woreda Support Group and Local Capacity Builders in line with WASH Implementation Framework (WIF) was in progress.

The community-managed project (CMP) approach is one of the WASH implementation strategies, but Micro Finance Institutions are not an approved funding modality by MoFED. UNICEF is now supporting CMP with caution in some woredas with alternative modes of financing.

UNICEF’s support to the Government included piloting of multiple use services of water and sanitation in selected schools in four regions. Selection of schools for this intervention, both from water secured and water scarce woredas, was done in partnership with Government and NGOs. The woreda-level strategic plan preparation was completed in 30 woredas, aligning the plans with the targets set under the Growth and Transformation Plan.

UNICEF Ethiopia recognises the need to incorporate resilience in its upstream and downstream work. A discussion paper to prioritise resilience in UNICEF programming was drafted and shared during the Mid-Term Review discussion.

A WASH Gender Analysis and Action Plan study was conducted by UNICEF with the objective of identifying issues related to gender disparity in WASH service delivery and informing WASH sector in mitigating problems related to gender inequality. Implementation of the gender action plan will commence in 2014.

On-track

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

**Progress:** Procurement plans were prepared for all water supply projects that enable the implementation of Direct Payment (DP) as one of the HACT modalities. A total of 40 lots, each lot with specific number of projects/activities, were identified and procurement was started. For implementation of direct payment, Standard Operating Procedures were prepared by UNICEF, with active participation and
contribution from the WASH section, which has helped introduce shift the from the DCT modality to DP turnkey contracts.

As a component of the UNICEF/ CIDA/Netherlands Governments-funded integrated WASH, MUS and Nutrition Programme, an exchange visit was carried out in India by 17 participants representing MoWIE, Regional Bureaus of Water, Education, Health, UNICEF Addis and the four Field Offices. The visit, organised by UNICEF & National Environmental & Engineering Research Institute (NEERI) was successfully held from August 29 to Sept. 4, 2013 in Madhya Pradesh and Maharashtra states of India. The visit helped participants acquire knowledge and experiences from the MUS/ Wise Water Management schemes, integrated fluorosis mitigation projects and solar pump installations.

During 2013, some 966,515 people were provided with safe water in the four Non-DRS, as well as in Dire Dawa and Harar, against the annual target of 812,500 people. The result also includes a total of 58,052 people benefitting from rehabilitated water supply schemes. Reported results reflect usage of water schemes by the communities. The rate of implementation remained low in the second half of the year due to the rains and related accessibility problem. However in most regions, scheme designs were completed, tender documents prepared, bids invited and analysis undertaken and works awarded, which will help accelerate the implementation process.

Using the self-supply approach, high shallow ground water and Multiple Use Services (MUS) scale-up potential woredas were identified and mapped.

**On-track**

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

**Progress:** UNICEF provided technical and financial support to the implementation and scaling up of Community-Led Total Sanitation and Hygiene approach (CLTSH). This approach is implemented by Health Extension Workers with the aim of making communities open defecation free. Although many communities have reached ODF status, most latrines that households construct are unimproved. UNICEF is engaging in Sanitation Marketing, an approach where both demand and supply for improved sanitation products and services is promoted, and at the same time an enabling environment for improved sanitation (production and usage) is created. UNICEF has given technical support to the Government in drafting national guidelines for Sanitation Marketing, and is working with NGOs to conduct supply chain assessments, and to design and test prototypes and build capacity of the private sector for adopting appropriate business models. Eight woredas in four regions were selected for piloting sanitation marketing, in collaboration with Regional Bureaus of Health. The Human-Centred Design study was finalised.

Behavioural and social change communication for WASH is fully integrated into WASH related priorities. Specific focus is on hand-washing, post-triggering follow up, emergency WASH and household water safety and use promotion.

UNICEF supported the preparation of a CLTSH implementation and verification manual and printing and distributing 20,000 manuals to the regions. UNICEF also supported the celebration of Global Hand-Washing Day (October 15, 2013).

The achievement registered in community sanitation and hygiene is notable due to the implementation of CLTSH approach. About 1,401,181 people (280,177 households) gained access to self-constructed latrine facilities, which is well over the target of 1,062,500 people. The practice of hand-washing showed continued improvement, although it remains a challenge. Through the application of CLTSH 2,432 villages attained ODF status.

**On-track**

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

**Progress:** UNICEF initiated action on a National Water Inventory for Somali Region through a contract with an international firm, AKVO. This will be done through the use of mobile phone technology, which is anticipated to be a more accurate system that is also more efficient in terms of manpower requirements. This will contribute to sector data and information on areas that will require attention in the coming period.

The number of people provided with improved water supply continues to grow well over the annual plan. A total of 244,709 people were provided with water supply, against the expected 97,500 beneficiaries (250 per cent achievement) for the first year. However the number of people who benefitted from self-constructed toilet facilities was 70,996 (14,193 households), representing 77 per cent of the target of 92,500 (18,500 households). The achievement in integrated WASH (planned to be 70 per cent of households with water supply or latrine facilities) is 104 per cent. In general, the planned results for community water supply have been achieved, while integrated WASH services have picked up recently and are now on track due to the recent CLTSH activities. The challenges in the implementation of CLTSH in DRS regions include the presence of pastoralist communities who do not take part in the triggering activities, high expectation of a subsidy, different approaches used by various organisations and the lack of well-trained facilitators. In 2013, UNICEF focused on undertaking CLTSH-related trainings in Somali Region, which helped build local facilitation capacity.

Following the introduction of CLTSH and triggering in many villages and kebeles, there has been a huge increase in coverage levels and the usage of the sanitation facilities.

**PC 2 - Learning and development**

**On-track**
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**PCR 1410/A0/05/201 201 Ministry of Education, Regional Education Bureaus, Woreda Education Offices, School Clusters and schools have the organisational, human and institutional capacity and improve sector performance and achieve learning performance, with emphasis on reaching remote/pastoralist and vulnerable populations in selected lagging woredas including in the DRS by 2015.**

**Progress:**
The Federal Ministry of Education (MoE) and 11 Regional Education Bureaux (REBs) have a five-year Education Sector Development Programme (2010-2015), and 142 target woredas have sector plans of varying quality. The capacity of education officials at woreda level was found to be one of the bottlenecks to developing and implementing sectoral plans. To address this, UNICEF supported training of education personnel in sector development planning and results-based management. As of end-2013 a total of 4,442 (20 per cent female) had been trained (of which 2,584 were trained in 2013). Supervised by the MOE, 13 consultants were deployed by MOE to enhance capacity of the four Developing Regional States. The Out of School Children Study report was endorsed by the Government and used for launching, with UNICEF support, the national media campaign with the slogan “All Children to School by 2015.” The case study on Social Norms and Equity in Education, commissioned by UNICEF, was completed and will help inform evidence-based advocacy and action in relation to factors that keep children out of school.

With UNICEF support, Education Management Information System (EMIS) units in 131 woredas were fully equipped (83 in 2013). Work on the EMIS-Rapid Assessment of Learning Spaces (RALS)/Geographic Information System (GIS) interface is ongoing, and will be completed by 2014. The MOE is developing user-friendly software to introduce a School Management Information System (SMIS). The RALS was completed for the 11 regions. Outcomes of the RALS project were launched in Amhara, and preparations are underway to launch RALS at the national level.

UNICEF participated in the 2013 Education Sector Development Joint Review Mission, which focused on textbook development and utilisation. UNICEF is chairing the UNDAF Basic Social Services education sub-group and co-chairing: the education cluster, Early Childhood Care and Education (ECCE) task force and the EMIS working group. UNICEF participated in the 2013 Education Annual Conference; UNICEF's contribution to the education sector in Ethiopia was acknowledged by the MOE with a certificate of recognition. The preliminary findings of the MTR show capacity gaps at all levels of the MOE, coupled with high turnover of Government staff and inadequate monitoring and evaluation (M&E) systems, research and knowledge management.

- **On-track**

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

**Progress: Analytical Statement of Progress: 248/300**

The MOE and 11 REBs have a five-year Education Sector Development Programme (2010-2015) and 142 target woredas have sector plans of varying quality. With UNICEF support, 432 educational personnel (20 per cent female) were trained in school mapping and micro-planning techniques. Universal Primary Education plans were developed for 239 kebeles with the support of Jima University, as a roadmap to achieving education-related MDGs. A manual on planning and budgeting was also prepared in Gambella region.

Supported by UNICEF, the MOE deployed 13 consultants to the four DRS regions to build the capacity of staff in the REBs and woredas through on-the-job training, including capacity building for planning and RBM. A total of 35 MOE and REB experts (14 per cent female) and 4,442 educational managers, planners, supervisors and principals (12 per cent female) were trained. This resulted in enhanced focus on planning, management, results-based monitoring and reporting. As a result, each woreda has a sector development plan. Over 1,000 computers with accessories were provided to UNICEF-supported woredas in Oromia and Amhara, helping to create an enabling environment for efficient work, data storage and analysis.

Quarterly and annual review meetings, education research symposia, field monitoring, support supervision and sustained technical assistance were offered to regions by the MOE, to woredas by REBs and to schools by woreda education offices. MOE-UNICEF joint monitoring was carried out in Oromia, where the need was identified for regular field monitoring, especially at woreda level for effective programme implementation, attainment of planned results and financial accountability.

- **On-track**

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

**Progress:** UNICEF’s support to the EMIS aims at developing capacities in the MOE, 11 REBs and 142 target woredas for efficient data management and utilisation. With UNICEF support, the EMIS units in the MOE, 11 REBs and 131 woredas (83 in 2013) were fully equipped. Work on the EMIS- RALS/GIS interface will be completed by 2014.

The practice of collecting, analysing and producing bi-annual EMIS data was initiated in 115 woredas in 2013 following training provided in 2012, in order to have a better picture of enrolment and retention than one annual school census.

All the UNICEF-supported woredas reported having sector plans prepared using EMIS data disaggregated by sex and geography. The plans are used in preparing the roadmap for accelerating implementation towards the Education for All and education-related MDG targets.

With UNICEF support, the MOE is developing user-friendly software for SMIS to decentralise EMIS to woredas and schools. In all 11 regions, RALS were completed for generating equity and web-based data on key indicators. Outcomes of the RALS project were officially launched in Amhara region with UNICEF support, and preparation is underway to launch RALS at national level by the MOE and 11 REBs. One of the major outcomes of the RALS project was that all learning spaces in Ethiopia are mapped out with Global Positioning System
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(GPS), which will serve as the basis for interfacing EMIS with RALS/GIS, to be used as a live and web-based solution to the multivariate challenges of EMIS in terms of timeliness, reliability, accuracy and consistency.

The preliminary findings of the MTR show inadequate M&E systems and research and knowledge management, requiring UNICEF’s response in the post-MTR period.

**Constrained**

**IR 1410/A0/05/201/003 201/003 Improved caregiver/duty bearer knowledge, attitude and practices; increased demand and utilisation of services and improved social norms related to EDUCATION**

**Progress:** UNICEF initiated a Project Cooperation Agreement (PCA) with Population Media Centre (PMC) to build capacity of Education Media Centres (EMCs) and mini-media in schools and youth centres, and disseminate a two-year radio serial drama on cross-cutting issues around children and women. With the main objective of enrolling and retaining all out of school children in school by increasing communities’ knowledge of the value of education, four radio and four TV Public Service Announcements (PSAs) were developed and disseminated. In collaboration with the Ethiopian Inter-Faith Forum for Development Dialogue and Action (EIFFDA), UNICEF supported the drafting of a teaching guide for Muslim religious leaders with comprehensive behaviour change communication (BCC) messages including: promoting girls’ education and gender equality; ECCE; access and participation of children with disability; and climate change and resilience.

Content reference users’ guide for media producers was developed, including: a set of four multimedia training packages for pre-service on child reporting for university students of Journalism and Communications; an in-service module for media producers working with children and youth; and a training toolkit and guidelines for school mini-media and youth centres.

In addition to “All Children in School by 2015”, a Healthy School Initiative to ensure retention of enrolled children was developed; it includes activity books, storybooks and board games focusing on hygiene and sanitation. Other media to improve retention include the production of “Silegna” children’s TV and radio series targeting children aged 7-14 years and their families, which are broadcast through Fana Broadcasting Corporate and FM 97.1 Children’s Programme.

**On-track**

**IR 1410/A0/05/201/004 Support travel, mobility of UNICEF staff for implementation of CP activities**

**Progress:** UNICEF Education programme staff is involved in programme development including undertaking situation assessments, managing programmes, monitoring, participating in the Development Assistance Group (DAG) Education working group and sector coordination meetings, participating in and facilitating education and other multi-sectoral advocacy events, organising/facilitating workshops and participating in joint technical reviews and programme/project evaluation activities.

UNICEF Education staff led the Education Working Group of the UNDAF. The Education team coordinated the Climate Change and Environmental Education (CCEE) multi-sectoral joint programme with WFP and UNDP under the overall coordination of the Government’s Environmental Protection Authority, actively participated in the UN Gender Joint Programme, and took the lead on Output 2 on Education. UNICEF and Save the Children co-chair the Education cluster in Ethiopia. Education staff actively participated in the General Education Quality Improvement Project (GEQIP) review of pooled funding to Education and the Global Programme for Education (GPE) proposal for the GEQIP 2.

UNICEF participated in the 2013 Education Sector Development Joint Review Mission (JRM) with the MOE and development partners. The focus of this JRM was on textbook development process and end-user utilisation. UNICEF participation in the sector includes chairing the UNDAF-BSS Education Sub-group, and co-chairing the Education Cluster, ECCE Task Force and EMIS Working Group.

Training was provided to UNICEF Education staff on RMB and Reporting, Peace Building Education, Programme, Policy and Procedure (PPP) and Inter-Agency Network for Education in Emergencies (INEE). Staff also participated in individual trainings. The review meetings by the REBs and Bureaus of Finance and Economic Development (BOFEDs) were conducted to coordinate, review, share experiences, identify good practices and challenges and map out possible responses and future direction.

**On-track**

**PCR 1410/A0/05/202 202 Children from pre-natal stage to age 7 in selected Woredas are well nourished, healthy, and are physically, emotionally, socially, and cognitively ready to learn by 2015.**

**Progress:** UNICEF’s current Country Programme was developed based on the government’s ECCE policy and strategy framework launched in 2010 to deliver integrated services for children. Following the development of the comprehensive integrated parental education training manual, 10,227 education and health professionals were trained (7,617 in 2013) on parental education as trainers in the Oromia, Tigray, Benishangul Gumus and SNNP regions. Training was conducted for 365,000 parents and caregivers on childcare, parenting and early stimulation (137,550 in 2013). However the implementation for parenting education is off-track and a suggestion was made during the Education section’s strategic moment of reflection to reduce the target to 500,000 parents and caregivers during the MTR.

With support from UNICEF, in 2013 a total of 173,000 children (49 per cent girls) enrolled in both formal and non-formal school readiness programmes. However, there is limited capacity of trained professionals for ECCE and the ‘support parenting education’ pillar of the ECCE framework. UNICEF is providing technical support to the MOE to enhance the capacity of Parenting Education and Teacher Education colleges to better deliver ECCE.

In 2013, peace building education through early childhood development (ECD) was initiated by the MOE to build capacity and generate
evidence. The College of Education and Behavioural Studies at Addis Ababa University is providing technical support to facilitate ECCE expansion in the four DRS regions through capacity building, development of materials, and research on parenting education and socialisation through quality parent-child interactions to promote peace building and social cohesion. As a result of multi-sectoral coordinated efforts on ECCE, early stimulation and parenting education has been included in the revised National Nutrition Programme.

Based on positive experiences, the Child-to-Child (CtC) programme was scaled up in some regions, resulting in increased access for over 21 per cent of children with ECCE services. At end-2013 the CtC impact evaluation was underway, which will influence scaling up the initiative to provide ECCE access, particularly for vulnerable children, as well as resource mobilisation.

On-track

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

**Progress:**

The CtC approach was adopted by the Government of Ethiopia in its 2010 ECCE policy as a major strategy to provide school readiness opportunities for disadvantaged children. During the reporting period, approximately 270,000 children (49 per cent girls) enrolled in non-formal school readiness programmes (including new enrolments of 172, 640) in the targeted woredas of SNNP, Somali, Amhara, Tigray and Oromia regions through CtC approach with training, learning, play and recreational materials, with UNICEF support. A syllabus and teachers guide for zero class and pre-literacy, pre-numeracy and environmental science workbooks were developed; validation of the materials is underway.

SNNP, Somali, Amhara and Benishangul Gumus regions have completed translation, adaptation and printing of the CtC materials, benefiting over 50,000 children. Furthermore, in 2013 UNICEF, in collaboration with the Child-to Child Trust, developed supplementary materials on hygiene, sanitation and nutrition to enrich the CtC package. These supplementary materials were translated from English into Amharic and validated and were being printed in 2013.

In 2013, a consultative meeting was held with sectoral ministries (Health, Education and Women, Children and Youth Affairs), REBs and other partners on scaling-up of ECCE interventions such as CtC, parenting education and integrated approaches.

An impact evaluation of the CtC approach for school readiness was being conducted by the University of Toronto, Canada in the Harari, Oromia, Tigray, SNPP and Benishangul Gumus. The main objective is to improve and scale-up the programme and mobilise resources. The evaluation is expected to be completed by mid-January 2014.

On-track

**PCR 1410/A0/05/203 203** All out-of-school girls and boys living in selected lagging woredas including in the DRS and those affected by emergencies are accessing, participating in and completing general education of high quality by 2015

**Progress:** According to evidence presented by the Out of School Children Study by the MOE and UNICEF in 2012, more than 3 million children were out of school in Ethiopia. The largest proportion of out of school children is in Afar (66.6 per cent) and Somali (51.6 per cent) Regions, while the largest absolute numbers are in Oromia (45.8 per cent) and SNPP (17.6 per cent). A Case Study on Social Norms and Equity in Education was undertaken following the study to understand existing norms that promote/discourage equity in education. One of the major findings was the strong correlation between gender, disability and education; for girls with a disability the “oppression is tripled.” As a response to these studies, a national media campaign on “All Children in School by 2015” was launched in September 2013 by the MOE, with UNICEF support, to accelerate enrolment of out of school children. The Government’s report at the GPE meeting in November 2013 indicated that two-thirds of out of school children have registered since the beginning of this campaign.

The Ethiopia Peacebuilding, Education and Advocacy Programme (PBEA) was introduced at the end of 2012 to support MOE to strengthen resilience, social cohesion and improve equity in the four DRS. The PBEA is situated within the education component of UN Joint Programme on DRS. The first major activity was to conduct a conflict-sensitive context analysis. The findings will inform programmatic interventions that will contribute to improved equity in education service provision, as well as resilience and social cohesion in each of the DRS.

Within the UNGEI framework and UN joint programme, the National Girls’ Education and Gender Equality Strategy is being revised with UNICEF support to strengthen the post-primary sub-sector with regard to gender equality, empowerment and discrimination.

A total of 112,500 students were reached with the school WASH package in 163 schools, of the 170 planned, with an achievement rate of 96 per cent in non-DRS woredas (114 schools, 55,100 students in 2013). In DRS woredas, 32,160 students in 48 schools have been reached with the school WASH package (34 schools in 2013). However, data issues persist at decentralised levels, as data are not disaggregated by sex. This issue is being addressed through the development of a decentralised SMIS and the interface of EMIS and RALS.

Constrained

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

**Progress:**
The 2012 Out of School Children Study revealed that over 3 million children (52 per cent girls) are still out of school due to poverty, pastoralist lifestyle, working for subsistence, gender discrimination or disability. Following the completion of this study; a national media campaign titled “All Children in School by 2015” was launched by the MOE with UNICEF support. A total of 178 new Alternative Basic Education Centres (ABECs) were established, benefiting a total of 27,000 learners of whom 30 per cent are girls (of which 97 ABECs benefitted an additional 13,000 learners in 2013).

With UNICEF support, educational materials were provided to 44,000 children (25,000 girls) enrolled in 290 ABECs (220 in Afar, one in Benishangul Gumus, 16 in Gambella, 23 in SNNP and 30 in Tigray regions). In addition, 140 existing ABECs (47 in 2013) were transformed into formal primary schools, benefiting 30,000 children of whom 48.8 per cent were girls. Close to 2,000 (698 female) ABE facilitators were trained on ABE pedagogy, continuous assessment and managing ABE programmes, enhancing education quality for 79,000 children (45 per cent girls).

Regions have started developing context-specific strategies to provide opportunities for hard-to-reach children, with technical and financial support from UNICEF. Oromia Region initiated the strengthening of non-formal education through alternative ways of teacher placement and incentives.

To improve the quality of ABE, UNICEF is supporting the upgrading of qualifications of 400 ABEC facilitators in Somali region to certificate level. This will ensure that children in ABECs have qualified teachers, which was not the case before. The achievement of targets set in the Country Programme Document for the establishment of new ABECs is constrained at 22.3 per cent due to the high cost of construction and furnishing of a child-friendly ABEC with a full WASH package.

**On-track**

**IR 1410/AO/05/203/002 203/002** Improved access to and use of quality Basic Education services in select woredas in DRS regions by 2015

**Progress:** The DRS Joint programme is implemented in 22 woredas of Somali, Benishangul Gumus, Afar and Gambella. During the reporting period, government-led back to school campaigns were implemented, aiming to enrol all children in primary school by 2015. Regional authorities estimated on average a 5 per cent enrolment increase, which is not yet documented. The DRS Joint Programme in education is mainly funded through the PBEA and 22 woredas are currently implementing school risk assessments and response plans, as well as capacity building on peacebuilding and education. A conflict-sensitive context analysis was conducted in the DRS and will serve as the basis for the 2014 response action plan. The fieldwork is completed and results are being analysed by Addis Ababa University.

Educational planning and management in DRS woredas was strengthened, with 744 (35 per cent female) education personnel trained in evidence-based educational planning, management and improved access and quality of education for out of school boys and girls; 154 teachers (27 per cent female) were trained in school improvement programme (SIP); and 205 (27 per cent female) trained on the importance of girls’ education.

With UNICEF support, 3,000 children (35 per cent girls) were reached in DRS woredas of Somali with remedial classes, HIV/AIDS, Life Skills and Mini Media clubs, in addition to improved access through school rehabilitation and ABEC expansion. In the DRS woredas of Benishangul Gumus and Gambella, 18,000 students (40 per cent girls) in 20 schools benefitted from the provision of combined desks and 167,000 out of school children were enrolled following recent back-to-school campaigns and community dialogue on importance of girls’ education. Afar authorities reported a 5 per cent increment in enrolment, as a result of the back-to-school campaign implemented since September 2013. The greatest bottleneck for the DRS woredas is low capacity to deliver programmes and manage data.

**On-track**

**IR 1410/AO/05/203/003 203/003** By the end of 2015, gender parity in terms of NIR at pre-primary, primary and general secondary education achieved in UNICEF-supported woredas in all the 11 regions.

**Progress:** UNICEF participates in the UN Gender Joint Programme (2012-2015) to support women’s empowerment and gender equality. UNGEI partners contribute to national girls’ education efforts through support to MOE and specific projects. Nationally, girls’ primary education completion rate was 51.9 per cent while GER at general secondary education was 34.6 per cent in 2011/12. Within the Education Sector Development Plan (2010/11-2014/15) gender equity is one of the pillars and UNICEF continues to support girls’ education and gender equality.

Revision of the national Girls’ Education Strategy by the MOE with support from UNICEF was being finalised at end-2013. The strategy will contribute to providing systematic, comprehensive mechanisms of supporting girls’ education. The MOE has developed a school-based gender-based violence (GBV) monitoring tool, a life skills module and a Code of Conduct to address sexual violence in schools.

Recognising some irregular support to girls’ education in Oromia region by different actors, the Education Bureau with Oromia Bureau of Women and Children Affairs, developed a comprehensive guideline for the girls’ education support package. This guideline will facilitate a common framework of support and involves grassroots stakeholders in beneficiary selection and monitoring mechanisms, including class attendance and learner performance.

In 2013 an additional 16,059 girls in primary and secondary schools in seven regions received support through “girls’ selected packages” and a scheme promoting income-generating activities through a revolving fund to promote girls’ education and empower 300 families in Gambella region. With UNICEF support, 1,100 children, including girls, were able to continue primary and secondary education. The scheme has impacted family motivation to send girls and boys to school, given access to local businesses and helped develop a saving culture. Improvement in girls’ achievements is being witnessed through tutorial classes to 4,500 girls in Somali region.
Progress: In April 2013 UNICEF supported the finalisation and launch of the National Design and Construction Manual for Water Supply and Sanitary Facilities in Health Centres and Primary Schools. The manual will inform WASH infrastructure in Ethiopia's schools and translate into improved WASH services for pupils and patients. The manual represents an important step in the standardisation of both construction norms and unit costs, and contains detailed design drawings as well as bills of quantity, enabling immediate and practical application to WASH construction and rehabilitation efforts throughout Ethiopia.

The school WASH component of the project has reached a total of 112,500 students in 163 schools (114 schools with 55,100 students in 2013) where safe water supply and sanitation facilities were provided (with an achievement rate of 96 per cent against the planned target of 170 schools). The WASH ‘package’ includes a reliable year-round water supply, gender-segregated toilet blocks for girls and boys, hand-washing facilities and hygiene promotion. School sanitation clubs were also established in each location, complemented by teacher training. Interventions were intended to serve as an advocacy strategy with Government and development partners to leverage resources for WASH in schools, and are expected to improve girl’s enrolment, retention and transition rates.

Progress: Since the release of the National Assessment (2007) and Early Grade Reading Assessment (2010) – both indicating low learning outcomes by learners in grades 4 and 8 – USAID and UNICEF initiated support to MOE through various strategies. USAID has focused on revising the Mother Tongue syllabus to ensure that the building blocks to effective teaching and learning of reading are enhanced in the primary grades. UNICEF has targeted support to three Regions (Amhara, Addis Ababa and Harari) and at the first cycle of primary education to improve classroom instruction and assessment in Languages (Amharic, English), Mathematics and Environmental Science.

UNICEF undertook a baseline assessment in 2012/13 among grade 1 to 4 learners in 298 schools (15 per cent of schools in targeted woredas), which revealed that in the first two years of schooling, the majority of learners are performing at expected standards but by the time they reach grade 4, the majority are functioning below grade standards. Girls also tend to perform worse than boys in all four subjects and in grade 4. A mid-point assessment will be conducted in 2014 and a final evaluation in 2015.

To date, 676 teachers, cluster school supervisors and education experts (280 women) have been trained in crafting Minimum-Learning Competency (MLC)-based classroom tests to determine learners’ competency levels and provide appropriate instruction to ensure learners achieve desired standards.

Since the initiation of the Africa Adaptation Project (AAP), which aimed to establish an integrated approach to Ethiopia’s management of climate change opportunities and risks, UNICEF has continued implementation of Environmental Education and Climate Change (EECC) in seven regions. An EECC scale-up strategy was drafted in collaboration with MOE to contribute to the ESDP IV targets, namely: “50 per cent primary school learners have access to innovative Environmental Education by 2015”. The strategy also aims to contribute to “resilience” through education. EECC is one of the core subjects from grade 1 and effective instructional practices aim to contribute to improved learning outcomes and also changes in learners’ behaviours, relating to environmental awareness, protection and adaptation practices in school, home and community.

To date, 3,256 (21.6 per cent females) education personnel and other key stakeholders have been trained on the implementation of context relevant EECC. The school-based EECC programme continues to be implemented in the seven regions. In addition, in Tigray Region, 27 personnel were trained on solar pump installation and maintenance.
assessment system at pre-primary through first cycle of primary including ABE equivalent for an increased percentage of learners, girls and boys, demonstrating a mastery of MLCs at each grade level.

**Progress:** The National Learning Assessment (MoE, 2007) revealed that about half of Grade 4 students nationally had not mastered basic grade level competencies. The ‘Early Grade Reading Assessment’ (USAID, 2010) reported that a third of Grade 2 and a fifth of Grade 3 students could not read a single word in their mother tongue. Development Partners, USAID and UNICEF have initiated various strategies to support Government efforts to reverse this trend.

UNICEF is using ‘assessment for learning’ as a strategy to contribute to the ESDP IV target “70 per cent of learners in all grade levels score at least 50 per cent in examinations and assessments of every subject by 2015”. To monitor progress on this strategy, a baseline study was conducted in schools in UNICEF supported- woredas, which revealed that learners in the first two grades are performing at the required standard, but by Grade 4 the majority are falling behind and girls generally perform worse than boys. The study revealed that among Grade 4 students, English is the most difficult subject for all categories of learners; for low achievers, English and Mathematics were the most difficult subjects, whereas Amharic is relatively easier even for low achievers.

In response, UNICEF is supporting Education Bureaus to build teachers’ capacities in effective and gender-responsive instruction and assessment processes to enhance learner attainment of minimum learning competencies at the foundation level of education.

To date, a core group of 676 teachers, school cluster supervisors and education experts (280 female) have been trained. In 2013, a total of 551 teachers, cluster school supervisors and education experts (248 female) were trained in Amhara, Addis Ababa and Harari to craft MLC-based tests to determine learners’ performance levels and provide appropriate instruction to ensure learners achieve desired competencies. In addition to the formal training received, teachers and supervisors are practicing skills and conducting school and cluster-based capacity building among peers.

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

**Progress:** Since the initiation of the AAP in 2010, which aimed to establish an integrated approach to Ethiopia’s management of climate change opportunities and risks, UNICEF has continued implementation of EECC in seven regions and a strategy was drafted by UNICEF and MOE to contribute to systematic scale-up to meet the ESDP IV target “50 per cent primary school learners having access to innovative Environmental Education by 2015”. This strategy also aims to incorporate “resilience” into education sector strategic planning processes. Although EECC is one of the core subjects from Grade 1, effective instructional practices aim to not only contribute to improved learning outcomes but also to changes in behaviour, relating to environmental awareness, protection and adaptation practices in the home and community. These elements will contribute to resilience and peacebuilding through education.

To date, a total of 3,256 (20 per cent female) education personnel and other key stakeholders (student club members, kebelle managers, health and agricultural extension workers, and community leaders and representatives) have been trained on the implementation of EECC. As a result, 118 school environmental education clubs are active in target sites in Amhara, Benishangul Gumus, Tigray and SNNP. CCEE clubs were established in 712 Schools/School Cluster Resource Centres allowing 10,680 learners (45 per cent girls) to be involved in preparing plans to improve school-community partnership and scaling up of CCEE adaptation and resilience building.

In 2013, some 222 (21.6 per cent females) education personnel were trained and the school-based EECC programme was implemented in 39 woredas in Amhara and Somali regions, and locally generated good practices were documented in Somali and Benishangul Gumus and shared through the cluster system. In Tigray, based on the technology options for the WASH Manual, solar pump installation and maintenance training was provided to 27 personnel as part of appropriate technology options for climate change adaptation.

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

**PCR 1410/A0/05/301 301 Effective child friendly justice system operationalised in all regions.**

**Progress:**

The child justice package, consisting of child protection units and child-friendly benches, was expanded to eight woredas in five regions. Children in contact with the law in the target locations – including child offenders, victims and witnesses – are provided with child-friendly and gender-sensitive investigation, prosecution and adjudication processes. Strategic investments have included renovation of special police units and children benches, supply of the requisite equipment and training and deployment of trained social workers. Through support provided to the Federal Supreme Court and regional supreme courts of Oromia, Amhara, Tigray and Benishangul Gumus, nine child protection units and eight child-friendly benches were established. This intervention resulted in the establishment of specialised and child-friendly arrangements through which cases of child victims, witnesses and alleged offenders receive assistance from trained social workers and justice personnel. During the reporting period, in-service training on justice for children was provided to enhance the technical capacity of 191 justice professionals and social workers assigned to individual child protection units (CPUs) and child-friendly benches (CFBs).

At federal level, child justice coordination mechanisms were strengthened through the signing of a Memorandum of Understanding between 15 governmental and non-governmental entities working on child justice. During the reporting period, the data management systems of the Federal Supreme Court and the Federal First Instance Court were upograded to improve child justice-related information.
management practices in Federal courts. As a result, disaggregated data is now generated and maintained by these entities on all cases involving children (offenders, victims and children involved in custody, adoption and other family litigations).

Community-based diversion facilities were being established in 2013 in Amhara, SNNPR and Oromia regions. The diversion component of the child justice package serves to rehabilitate and reintegrate children in conflict with the law through provision of non-judicial and community-based alternatives. Progress was also made in building the legal aid system at various levels. The technical and operational capacity of the Federal Public Defenders Office is being enhanced to provide child-friendly legal aid at the federal level. Regions such as SNNPR and Oromia have developed partnerships with university law schools to introduce and strengthen local legal aid clinics.

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

  **Progress:** Seventy-two child protection units and child-friendly benches were renovated and refurbished in 24 woredas in seven regions (excluding Afar and Harari). These specialised adjudication and investigation arrangements are assisted by trained social workers and justice personnel. Strategic partnerships were established between the Federal Supreme Court and regional supreme courts of target regions to enable access to child-friendly and gender-sensitive investigating and adjudication processes for children in conflict with the law. To ensure a child-friendly, gender-sensitive environment, police investigation units and children benches were renovated and furnished.

  With the introduction of these new arrangements, children who are victims of violence can access an array of services to prevent systems-related further victimisation. Unlike regular court adjudication and police investigation practices, child victims are closely assisted by social workers and psychologists. Court hearings of child victims take place in special rooms attached to the trial chamber where testimony of the victim is transmitted with the support of an intermediary and through closed-circuit television, avoiding direct interaction with the perpetrator. Judges' chambers were also refurbished to create a unique set-up and child-friendly atmosphere allowing accused child offenders to freely interact with their counsellor, the judge and social workers.

  Institutional technical assistance was provided to build the capacity of justice professionals and social workers assigned to individual child protection units and child-friendly benches. During the reporting period, judges, prosecutors and police officers in targeted project sites received in-service training on justice for children. Training packages were adapted to five local languages, and the capacity of regional justice professional training centres was strengthened. Similarly, 39 social workers supporting children undergoing justice processes received in-service training.

- **On-track**
  
  **IR 1410/A0/05/301/002 301/002 Standardised system on legal aid and diversion in place at federal and regional level to benefit children in contact with the law (*)**

  **Progress:** As part of the effort to improve the treatment of children deprived of their liberty and introduce diversion and restorative justice practices, community-based during 2013 diversion facilities were being established in six woredas in Oromia, SNNPR and Amhara regions. To avoid adversarial judicial processes that may entail incarceration, children that committed non-serious offences are systematically screened and diverted to the community-based diversion facilities for their rehabilitation and reintegration. This intervention helps protect children from the potential social and psychological impacts they may face as a result of undergoing formal justice processes.

  Standards for rehabilitation services were improved for children incarcerated in the Addis Ababa Remand Home. In particular, through financial and technical assistance provided to the Federal Supreme Court and Addis Ababa Remand Home, children placed in the remand home post-conviction, as well as pending trials, now have better access to recreational, vocational and counselling services. These services are provided either through referrals or directly by the centre. Nearly 150 children (15 per cent girls) received access to these services during the reporting period.

  To improve children's access to child-friendly legal aid, a strategic partnership was formed between the Federal Supreme Court and regional universities and law schools. During 2013, university legal aid clinics were strengthened and technical and material assistance was provided in SNNPR and Oromia regions to expand outreach services and improve data management systems. At the federal level, the Public Defenders' Office received a combination of technical and material assistance to upgrade its data management system and enhance its operational capacity to render child-friendly legal aid.

- **Constrained**
  
  **PCR 1410/A0/05/302 302 National child focused social welfare system strengthened and increased availability of social welfare services in all regions.**

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

  The draft Social Protection Policy was reviewed by key stakeholders, including regional government representatives. and their comments...
incorporated. The policy was submitted to the Prime Minister of Ethiopia at the end of October 2013 and now awaits his endorsement. The policy framework emphasises the need for development, building human capital, breaking the intergenerational cycle of poverty and reducing inequalities. Social services, as included in the draft policy, include child welfare services, psychosocial support, alternative care, grants for the elderly, disability and others.

The Government is reforming the alternative childcare sector to reduce reliance on institutional care for children without parental care. This includes improving due diligence on cases of inter-country adoption and increasing the use and availability of family-based alternative care such as kinship care, foster care and domestic adoption. Part of the reform process includes the establishment of an Independent Central Authority to oversee inter-country adoption. Key strategic partnerships have been established between the Ministry of Women, Children and Youth Affairs (MOWCYA) and the Hague Conference on Private International Law, which provides technical and administrative support to MOWCYA and the Federal First-Instance Court on matters concerning the application in Ethiopia of the Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (29 May 1993).

During the first half of 2013 a human resource assessment of the national social welfare workforce was conducted by IntraHealth International in collaboration with the Ministry of Labour and Social Affairs (MOLSA) and members of the social welfare workforce task force (SWWF). The assessment report concludes with a recommendation to engage with stakeholders to discuss the study results and develop actions to address the gaps identified.

Structures have been established to enhance information-sharing among stakeholders that provide technical input into the strategic documents and to coordinate efforts towards strengthening of child-focused social welfare services. Coordination structures and mechanisms include: the Social Welfare Workforce Advisory Committee, the Highly Vulnerable Children Task Force, the Ethio Alternative Network and the Child Wellbeing Management Information System Steering Committee.

**Constrained**

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

**Progress:**

With the development of the Social Protection Policy and Strategy, the lack of formal structures to deliver social welfare services became apparent. As a result, MOLSA has prioritised strengthening of the social welfare workforce (SWWF).

UNICEF assisted MOLSA to conduct an assessment of the human resource requirements for a workforce to implement the Social Protection Policy. This involved information-gathering from six regions (including woreda level) to document common social services; estimating professional skill and knowledge levels among public sector workers; determining sector capacity to respond to identified social protection needs; and suggesting ways to address gaps. The assessment highlighted a lack of educational credentials and skills; lack of resources; and lack of alignment between policy and practice (i.e. although policies exist, implementation lags behind). All respondents identified budgetary and human capital constraints as significant barriers to implementation. The assessment suggests next steps regarding how to address worker skill gaps and performance issues; the need to clarify roles and mandates of social workers at the meso level, including interaction with affected families and assessment of capacity at operational and management levels; the need to allocate more resources to support the workforce; and the need to identify and initiate a clear career path for workers. The report concludes with a recommendation to engage with stakeholders to discuss the results and develop actions to address gaps.

A committee was established by MOLSA to oversee the development and operationalisation of the SWWF and to support implementation of the national social protection strategy. UNICEF supports the development of different levels of child-focused social welfare workers, including their occupational standards and training curricula.

At year’s-end, UNICEF was exploring the means by which it can respond to requests from regions to support capacity-building of the para-social workers who will work with children.

**On-track**

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

**Progress:**

There is increasing recognition that data is necessary to provide evidence to inform the development of child policies and the design of social welfare and protection programmes that affect the well-being of children, and to demonstrate results of these programmes.

In collaboration with the Child Well-being Management Information System (CWB MIS) Steering Committee, under the direction of MOWCYA, UNICEF provided technical leadership to develop the ‘Approach note on working together to establish and sustain a comprehensive, coordinated and effective Child Well-Being Management Information System (CWB MIS) in Ethiopia’. The strategy document provides the following guidance:

- A roadmap for the design, implementation and deployment processes of CWB MIS that spells out the steps and tasks involved;
- An outline of the roles and responsibilities of stakeholders and the interface of CWB MIS at federal level with child-related databases that will be developed by the NGO Pact at regional level; and
- A definition of the national project-level process of CWB MIS, which highlights the “how” of working together to establish and sustain a comprehensive, coordinated and effective CWB MIS.

After the Terms of Reference and biannual work plan of the CWB MIS Steering Committee were approved in March 2013, MOWCYA formed a small taskforce of representatives from CWB MIS Steering Committee to work with UNICEF to recruit contractors to undertake
the following two assignments:

- A CWB MIS baseline assessment. Implementation was expected to be complete by end-December 2013.
- Development of the national CWB MIS and training in its use. The TOR was developed and approved by CWB MIS Steering Committee. This assignment will be outsourced through competitive institutional contracts after completion of the baseline assessment.

**Constrained**

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

**Progress:**
The Government of Ethiopia is reforming the alternative childcare sector to reduce reliance on institutional care for children without parental care. This includes improving due diligence on cases of inter-country adoption through the establishment of an Independent Central Authority, and increasing the use and availability of domestic family-based alternative care options. Key strategic partnerships were established between MOWCYA and HCCH. The HCCH is being engaged to provide technical and administrative support to MOWCYA and FFIC to conduct a detailed assessment of adoption practices and procedures in Ethiopia and provide recommendations for establishment of a central authority.

UNICEF facilitated contacts with International Social Services in Geneva to support MOWCYA to develop regulations, service standards and tools on the appropriate use of alternative childcare.

UNICEF supported the Bureau of Women, Children and Youth Affairs (BOWCYA) in nine regions to assess childcare institutions and document the case files of resident children. The purpose is to verify whether childcare institutions respect minimum standards in their operations and to close those that do not, de-institutionalising the children and placing them in family-based care. While the assessment reports had not been finalised as of end-December, preliminary data indicate that 225 institutions where 8,620 children (5,497 male and 3,123 female) were registered were assessed. In most regions, decisions regarding closure and de-institutionalisation were awaiting the final report. But in some locations children have already been removed from institutions and placed in family-based alternative care.

UNICEF supported regional BOWCYAs through training, joint planning and monitoring and provision of the requisite forms for tracing families of children in childcare institutions and family reunification.

Efforts to develop alternative care for children without parental care are coordinated by MOWCYA through the Ethio Alternative Care Network and the National Highly Vulnerable Children Taskforce.

**On-track**

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

**Progress:** Community care structures are at the forefront of efforts to address social protection issues in many parts of Ethiopia. The mobilisation and strengthening of such grass-roots structures is an innovative approach to designing and implementing social services. These structures are a vital means of mobilising community-based efforts around social welfare and social protection of vulnerable members of the community.

Several experiences – including the Tigray social cash transfer (SCT) pilot – have shown that community care structures can play a very important role in facilitating community-level implementation of the National Social Protection Policy. Their roles include identification of beneficiaries, coordination of services and monitoring the status of beneficiaries receiving social services.

During 2013 the Framework for Community Care Structures was prepared, endorsed by MOLSA and prepared for distribution. The framework will contribute to the coordination of care and delivery of social services in 250 woredas.

**On-track**

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

**Progress:** In close partnership with the Government, UNICEF is supporting the establishment and functioning of community care structures in the Developing Regional States to facilitate the delivery of child-focused social welfare and protection services in communities.

In the Somali region, 160 community-based social workers were trained to facilitate child protection activities of the community care structures. As of November, a total of 82 community care structures had been established in woredas in four DRS: Afar, Benishangul Gumus, Gambella and Somali. These structures will lay the basis for the training and deployment of social welfare workers in the regions. Currently MOLSA and MOE are developing a national social welfare workforce/human resources framework to guide the training and accreditation of different levels of social workers.

**On-track**

**PCR 1410/A0/05/303 303 National social protection plan endorsed and operationalised in all regions based on a roll out of a basic minimum package**

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

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

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

One area of intervention in piloting social protection instrument is the implementation of a predictable and non-contributory social cash transfer programme in Tigray, operational in two woredas, targeting vulnerable households with children and no source of income. This programme is currently evaluated by external institutions – Institute of Development Studies, University of Sussex, International Food Policy and Research Institute, Mekelle University and University of California. The results of this evaluation will inform the future scaling-up and establishment of similar schemes in two other regions to be identified by the NSPP and endorsed by MOLSA. By end-2013, two regions - SNNPR and Oromia – had been identified as additional pilot regions for implementation of the programme.

**On-track**

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

**Progress:**
During 2013 the Amharic social protection policy was revised and submitted to the council of ministers in mid-November. The Ministry of Labour and Social Affairs (MoLSA) expects that it will be approved during the first quarter of 2014.

Draft elements of the national social protection strategy were reviewed by the core federal National Social Protection Platform several times and discussed during a meeting of regional civil servants and civil society representatives.

Work progress during 2013 on the redesign of the Ministry of Agriculture-managed safety-net element of the policy (managed at the local level by food security committees). Twelve working papers were reviewed, in preparation for a strategy meeting in early 2014. One of papers looks at the capacity building required by MOLSA at regional and local levels to enable them to take over responsibility for the so-called "hard-core social welfare cases".

A review of the Tigray social cash transfer took place in November 2013. The conclusion after two years of the three-year pilot was that the MOLSA network’s targeting is more efficient than that of the food security committee. Thus the President of Tigray asked for help from the pilot steering committee in drafting a scale-up plan. It includes sourcing funding from Tigray’s state-owned private sector companies (which have an annual social welfare budget of $1US million), the regional budget envelope and community contributions, with donors assisting rather than providing the bulk of funds. This is a radical departure for Ethiopia, where state-managed social welfare is funded almost exclusively from international funds. It reflects a desire in Tigray to assume domestic responsibility for social welfare. This advocacy for domestically funded scale-up will feed into the larger discussion around the regional SP strategy for Tigray and influence dialogue in other regions.

**On-track**

**IR 1410/A0/05/303/002 303/002 Child sensitive national social protection minimum package (instruments) implemented (**)**

**Progress:** The Social Protection Policy was completed, translated into Amharic and submitted to the Council of Ministers for approval. As one of the instruments of social protection, a social cash transfer programme was being piloted in Tigray region with the aim of improving the livelihood of vulnerable groups in two woredas (Abi Adi and Hintalo Wajirat). A three -year evaluation ‘Evaluation of the Social Cash Transfers Pilot Programme, Tigray Region, Ethiopia’ was undertaken and the first draft the baseline survey was completed in November 2012.

Two additional regions, Oromia and SNNPR, were selected by MOLSA for expansion of the social cash transfer programme. Plans include integrating the social cash transfer with the national productive safety net programme. This intervention, once it comes to fruition, will enlarge the space for vulnerable populations to access social transfers in most rural communities.

MOLSA conducted an orientation workshop for SNNPR and Oromia in September 2013 on the planned SCT pilot in the two regions. Some 55 participants from the two regions attended the orientation workshop, including participants from MOLSA. At the end of the workshop the two regions developed a plan that includes development of tools and standards, compiling the required data (of beneficiaries) and other preliminary preparations.

Two consultations were held on the use of mobile phone technology for payment of cash to beneficiaries of SCT in Tigray. Regional Bureaus of Labour and Social Affairs (BOLSA) and DECSI have agreed to use the apply the technology with the facilitation and technical input of M-Birr (M.O.S.S.)
Progress:
Women-focused economic strengthening programmes that are managed by BOLSAs and BOWCYAs are aimed at improving the livelihoods of destitute families caring for vulnerable children and contributing to one of the main pillar strategies of the GTP: promotion of women and youth empowerment and equitable benefit.

To increase efficiency of cash transfer and revolving loans programmes the GOE has agreed to engage MFIs in the fund disbursement and loans management and to devolve this responsibility from government bureaus previously managing these activities (BOLSAs and BOWCYAs). During the Steering Committee meeting to review the findings of the Tigray SCT pilot baseline assessment, the importance of the engagement of MFIs was endorsed. Using experiences from Tigray and Gambella on public private partnership between BOLSA/BOWCYA/MFI, UNICEF has developed a draft strategy for establishment of a public-private partnership to help guide regional programmes to deliver credit to vulnerable households. The plan envisions partnership between the BOLSAs/BOWCYAs and MFIs, with microfinance institutions taking on financial management responsibilities while the BOLSAs and BOWCYAs focus on programmatic support, especially with regard to community engagement in beneficiary identification and day-to-day monitoring.

With the completion of the National Diagnostic study for the implementation of Access to Financial services for low-income women-headed households and entrepreneurs in Ethiopia, UNICEF was, in late 2013, working to finalise the management response to the report, including how to address the many issues identified. Major issues are 1) absence of targeted training modules for low-income women entrepreneurs; 2) weak programme follow up, monitoring and learning mechanisms; and 3) weak physical infrastructure, which challenges the implementation of outreach activities.

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

**PCR 1410/A0/05/304 304 Functional birth registration system in place**

**Progress:**
During the reporting period progress was made in putting in place a coordination and strategy framework at the national level for vital registration. The National Vital Events Registration Agency led the creation of a Council and Board on vital events registration. This took place at a solemn occasion held in Addis Ababa on the 21st of October 2013. With establishment of the Council and Board, an accountability and oversight framework was created to ensure standardisation of efforts to operationalise vital events registration throughout the country.

This occasion brought together 79 senior government officials representing federal ministries, members of Parliament, heads of the judiciary and senior officials of regional administrations and bureaus. The Vital Events Registration Council is comprised of 35 members who lead relevant federal and regional agencies representing line ministries, members of the House of Peoples Representatives, vice-president of the Federal Supreme Court, presidents and/or vice presidents of regional states, and heads of relevant regional bureaus. A similar landmark achievement was the organisation of the first national conference on the organisation and development of vital events registration in Ethiopia, held from 22nd-24th of October 2013, in Addis Ababa. The conference brought together 250 participants to discuss the status, challenges and future actions required to reform and improve the vital events registration civil system. It concluded with an endorsed resolution addressing strategic, policy and operational issues to revitalise the national vital events registration system in Ethiopia.

To support the efforts of the National Vital Events Registration Agency and enhance its technical and institutional capacity, UNICEF recruited a national consultant and provided financial assistance for procurement of office supplies.

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

**Progress:** The Vital Events Registration Agency led the development of a national strategy and plan of action governing vital events registration in Ethiopia. During the national conference on registration of vital events, the draft of a strategy document was deliberated and region-specific steps agreed upon for its finalisation. The development of the national strategy and plan of action was preceded by an assessment of the civil registration system and practices in the country in view of informing the content of the strategy and ensure current and past experiences are built on when developing civil registration. UNICEF’s support to national efforts on civil registration is based on the recognition that birth registration is an important element of ensuring child rights and protection. The roll-out of vital events registration at national and regional level will not only guarantee children’s fundamental right to identity and nationality through birth registration, but also contribute to the protection of children from violence, abuse and exploitation.

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

**Progress:** During the reporting period, the National Vital Events Registration Agency resumed its function, as per the appropriate regulation. UNICEF supported strengthening of the human and institutional capacity of the Agency by recruiting a national consultant and providing office supplies. In a milestone initiative to revitalise the national vital events registration system, a National Council on Vital Events Registration was formally constituted during a solemn occasion in Addis Ababa, bringing together 79 senior government officials representing federal ministries, members of Parliament, heads of the judiciary and senior officials of regional administrations and bureaus. The Council is comprised of 35 members who lead relevant federal and regional agencies.
PCR 1410/A0/05/305 305 Violence against women and children prevented and mitigated

**Progress:** During the reporting period, UNICEF’s strategic intervention on violence against women and children (VAWC) focused on strengthening regional coordination and referral mechanisms. Efforts were made to initiate the establishment of coordination mechanisms in Oromia and Benishangul Gumus regions and strengthen coordination mechanisms in Afar, Amhara and SNNPR. Technical guidance and training was provided to 138 participants (49 female) from different sectors: i.e. Justice, Courts, Police, Health, Women, Children and youth affairs, Labor and Social Affairs at Federal level as well as from Amhara, Benshangul Gumus, SNNP and Somali regions. The consultations and training were instrumental in creating a common understanding and shared strategic direction toward addressing violence against women and children through a multi-sector approach. Efforts were made to enable regions to build on and learn from experiences of the national coordinating body. As a result, the coordination mechanism in Amhara region adapted the national MoU, and concerned stakeholders including UNICEF signed and formally established the regional coordination structure. The coordination structures in Afar and Somali regions also held regular consultations.

The ‘One Stop Centre’ established in Addis Ababa has provided comprehensive services to over 1,000 women and girls to date. Under the guidance of the National Coordination Body on VAWC, technical and financial support was provided to make the Centre more efficient and effective. Particularly, the flow of cases between the Centre and various justice offices as well as police stations, was being tested and redesigned at year’s end. Establishment of a similar centre in Adama was progressing well; renovation of the office space was completed.

UNICEF partnered with local CSOs and regional bureaus and organised a series of community dialogues to change social norms and reduce FGM/C prevalence. However more must still be done to monitor continued practice of FGM/C and prosecute violators of the law against FGM/C.

To reinforce outcomes of community dialogues with legal sanctions, a partnership was developed between the bureaus of justice in respective regions to strengthen special prosecution and investigation units. These units, along with the bureaus of women, children and youth affairs, oversee and monitor abandonment of FGM/C, and ensure legal accountability of perpetrators of FGM/C.

**On-track**

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

**Progress:**

UNICEF supports the abandonment of the harmful practices of FGM/C and child marriage in six regions of the country. The national prevalence of FGM/C is 74 per cent (DHS 2005) and child marriage is 20.2 per cent (National Committee on Traditional practices of Ethiopia 2008).

The societies that practice FGM/C and child marriage consider these practices to be part of their norms and values. Although Ethiopia has good policies and laws on FGM/C and child marriage since 1993 and 2005, the practices are still prevalent. UNICEF supports local partners to enhance community capacity to bring about a change in social norms in favour of abandonment of FGM/C, through community dialogue sessions.

A validation study that assessed the impact of community declaration of FGM abandonment in 10 woredas in three regions confirmed the abandonment of FGM/C in self-declared districts in Ethiopia. The study report is serving to inform the development of a national strategy and action plan targeting FGM/C, child marriage and other harmful traditional practices (HTPs). In 2013, MOWCYA developed a national strategy on combating HTPs and a two year national plan of action on the abandonment of FGM/C and child marriage (2013-2014), launched at a workshop on 1 August 2013.

**On-track**

IR 1410/A0/05/305/002 305/002 Social Mobilisation and Communication strategy for social norm change developed and rolled out (*)

**Progress:**

MOWCYA organised a task force to develop a social mobilisation and communication strategy for social norm change. Task force members include representatives from the Government Affairs Communications Ministry, the Ministry of Education Communication Directorate, the Ministry of Health Communication Directorate, UNFPA and UNICEF.

UNICEF works with local partners in the targeted areas to build upon community dialogue as an indigenous channel for information-sharing and decision-making. Community capacity is enhanced through community dialogue sessions that are organised and managed by trained community dialogue facilitators.

The Ethiopian Government has absorbed the trained community dialogue facilitators into their ‘Development Army’; 336 community dialogue facilitators were trained, of which 260 in SNNPR (91 female) and 76 in Amhara (34 female). The community dialogue facilitators are identified from religious leaders, clan leaders, circumcisers, legal bodies, health extension workers, youth and adults of both sexes in the intervention districts. The topics covered in the training include basic communication skills, reproductive health, HTPs under the Ethiopian law, HIV/AIDS and HTPs, planning, implementing, monitoring and reporting.

UNICEF partnered with local CSOs and regional bureaus and organised a series of community dialogues to change social norms and reduce FGM/C prevalence. During the reporting period, 256 community dialogue sessions were organised in seven districts of two regions (Amhara and SNNPR); to date two communities - Goldiya Ment district in Bench Maji Sone and Hadero Tunto district in Kembata
Sone, both in SNNPR - publicly declared abandonment of FGM/C. However more must be done to monitor continued practice of FGM/C and to prosecute violators of the law against FGM/C

- On-track

**IR 1410/A0/05/305/003 Inter-ministerial national coordination mechanism further strengthened and replicated in five regions**

**Progress:**
The National Coordinating Body on Violence against Women and Children was established in 2008 to ensure integrated, multi-sectoral interventions to prevent and respond to violence against women and children. Members include justice, health, women, children and youth affairs, education, police, courts, labour and social affairs, as well as the human rights commission. The Ethiopian Women Lawyers’ Association, Ethiopian Inter-religious Council and UNICEF are also members. The NCB Secretariat is hosted by the Ministry of Justice and serves to coordinate efforts in the prevention and response to violence against women and children.

The strategy and action plans endorsed in 2012 were instrumental in reviewing the plans and reports of members of the NCB. During 2013, 48 members (18 female) of NCB technical committee were trained on the two documents. Consequently the committee has reviewed the plans and reports of different sectors against their roles and recommended improvements. This has contributed to the mainstreaming of strategy and action plan frameworks in sectoral plans and reports.

During 2013 technical guidance was provided to initiate the establishment of coordination mechanisms in Oromia and Benishangul Gumus regions to the BOWCYA in Oromia and the BOJ in Benshangul Gumus. The NCB actively coordinated the services provided through the Ghandi One Stop Centre.

To strengthen coordination mechanisms in Afar, Amhara and SNNP, federal-level experiences were shared through field visits between regions. In Amhara and SNNP regions workshops were organised by the regional BOJs where experiences were shared by the federal level towards setting up the coordination bodies. As a result, the coordination mechanism in Amhara region adapted the national MoU and concerned stakeholders, including UNICEF, signed and formally established the coordination structure.

- On-track

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

**Progress:**
Prevention and mitigation of violence against women and children is accomplished through provision of comprehensive, survivor- and child-friendly services. The 'One Stop Centre' model involves provision of services such as health, legal and psychosocial services in one location. Referral pathways include the establishment of operational linkages between sectors providing services through their own facilities, and ensuring that these work effectively together to provide survivor friendly services. Four woredas in Amhara region, four in SNNP and five in Somali have referral pathways that provide comprehensive services to survivors of VAWC in one location. The one stop centre in Adama, Oromia, provided services to 20 women and children. Support was provided to the One Stop Centre in Ghandi Hospital in Addis Ababa that functions under the NCB. Since its establishment the Centre has provided services to 1,304 survivors (310 women and 994 children).

Special investigation and prosecution units established in Bureaus of Justice in Afar, Amhara, SNNPR and Somali regions review cases of VAWC; they facilitated the provision of survivor friendly services, i.e. the involvement of a social worker who facilitates the collection of evidence without causing secondary victimisation, and the rehabilitation of the survivors through service providers within the referral pathway. Support was provided to strengthen 11 units under the Federal MOJ in Addis Ababa and Dire Dawa. This included capacity building and experience sharing visit for special unit personnel. Guidance was provided to the Oromia Regional Bureau of Justice, to facilitate the establishment of special investigation and prosecution units.

A national taskforce was established under MOWYCA to facilitate the establishment of a VAWC hotline. The hotline equipment was procured and discussions held to facilitate its establishment. However, while office space was identified, the MOWCYA made no progress in securing this or a toll-free line.

- On-track

**PCR 1410/A0/05/306 306 Increased access to HIV prevention services for marginalised children & adolescents achieved**

**Progress:**
UNICEF continues to support the development and strengthening of policy initiatives that reduce the prevalence of HIV among young people in Ethiopia. This is undertaken in partnership with the Federal HIV/AIDS Prevention and Control Office (FHAPCO), Ministry of Health, Ministry of Education, Higher Education Institutions (HEI) partnership forum and other development partners and coordination structures within the UN system. A minimum HIV/AIDS intervention package was developed for higher education institutions to ensure the provision of a standard HIV/RH service for students. Fifteen universities are implementing the minimum HIV/AIDS intervention package, which includes behavioural, structural and bio-medical services. A planning, management and communication strategy was developed for 2013-2015 and distributed to public and private universities. The purpose of the strategy is to guide and enhance the capacity of HEIs to comprehensively address HIV/AIDS/SRH issues and to implement effective programmatic activities.

UNICEF, in collaboration with the Ministry of Agriculture, FHAPCO and UN agencies (WFP UNAIDS) developed the minimum package for HIV and AIDS interventions in emergency settings, which was launched on November 22, 2012. The package provides a framework to integrate HIV into the humanitarian response at different strategic level both before and after an emergency, to deliver a minimum set of HIV prevention, treatment, care and support services to people affected by humanitarian crises.
In 2012, UNICEF supported FHAPCO to conduct a ‘National Evaluation of Outcomes’ of PMTCT and HIV services and analyse reasons for low uptake in Ethiopia. In 2013 the preliminary findings of the report informed the development of a PMTCT elimination plan for 2013-2015. Key factors that undermine PMTCT programme effectiveness include: 1) lack of resources for PMTCT implementation, e.g. guidelines and lab tests; 2) low ANC attendance and high levels of home delivery; and 3) poor infant feeding practices. The improved understanding of bottle-necks enables Government and key stakeholders to make informed decisions regarding strengthening and scaling-up PMTCT services.

In addition, 228,000 adolescents and youth were reached with direct HIV/AIDS youth-friendly services, such as HIV prevention behaviour-change interventions (peer education, life skills, youth dialogue), HIV testing and counselling, condom promotion and care and support services for the most needy young people in 90 woredas. The HIV prevention services increase knowledge of HIV prevention methods and safe sexual behaviour and practices which ultimately reduces their risk of infection.

Since July 2013, 93,766 youth were reached with HIV prevention activities.

**On-track**

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

**Progress:**

The Federal HIV/AIDS Prevention and Control Office (FHAPCO), Ministry of Health, Ministry of Education, HEI partnership forum and other development partners and coordination structures are working with the UN system and other platforms to reduce the prevalence of HIV/AIDS, especially for most at-risk adolescents. An HIV/RH package of services for higher education institutions was developed and rolled out in all the identified operational areas, benefitting 225,000 students. The Minimum Prevention Package includes services such as: HIV counselling and testing (HCT), peer education, life skills, community conversation, condom promotion and provision of IEC materials. By end-2013, 15 universities were implementing the minimum HIV/AIDS intervention package. Next, a strategic planning, management and communication strategy for HEI was developed for 2013-2015 and distributed to public and private universities. The documents enable effective coordination, resource mobilisation and monitoring the implementation of HIV prevention as per the standard set in the minimum package. Furthermore, a minimum package for secondary school was finalised and ready for printing and planned for implementation in 100 high schools. The packages will provide an opportunity for schools to provide standard HIV/AIDS services and leverage resources.

In 90 selected woredas for HIV intervention, 228,000 adolescents and youth and 13,220 (200 the last six months of 2013) daily labourers, OVC and domestic workers were reached with direct HIV/AIDS-related youth-friendly services, such as behaviour-change interventions (peer education, life skills, youth dialogue), HIV testing and counselling services, condom promotion and care and support services.

As part of the prevention strategy, various communication for social change materials (such as peer education manual; IEC/BCC were distributed to federal and regional implementing partners, including health institutions, high schools and universities.

**On-track**

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

**Progress:**

In line with the Ministry of Health Accelerated PMTCT plan for 2012, UNICEF supported demand-creation activities to enable health workers and health development armies to increase knowledge and create demand for PMTCT services among pregnant women and their partners at the community level. This will also contribute to the National Strategic Planning for multi-sectoral HIV/AIDS Prevention Plan 2010-2014/15.

During the reporting period, UNICEF provided TOT training for 2,964 HEWs and women leaders, ensuring they have relevant information. The trained HEWs and women leaders played a great role in reaching more young women in communities, providing access to PMTCT information & improving the uptake of HCT. Furthermore, as part of demand creation, targeted messages (two TV & two radio spots were developed and disseminated through national broadcasts for over a month and a panel discussion conducted on PMTCT was disseminated on both radio and television.

Recognising the need for evidence and information, in 2012 UNICEF provided financial and technical support to the FHAPCO to conduct a National Outcome Evaluation of PMTCT and HIV services, and analyse reasons for low uptake. The study identified key challenges facing PMTCT programmes at community and facility levels. In 2013, the preliminary findings of the report were used as a baseline for the development of a PMTCT elimination plan for 2013-2015. The finding will enable Government and key stakeholders to make informed decisions about PMTCT programme strengthening and scale-up.

**On-track**

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

**Progress:**

UNICEF supported FHAPCO to initiate a multi-sectoral response information system (MRIS), including new reporting tools and a reference guideline, which aims to simplify and standardise the procedures for reporting of the community, non-health response to HIV/AIDS. The HIV/AIDS non-clinical response includes social mobilisation, community empowerment, school HIV/AIDS interventions, life skills, peer education, youth dialogue, and care and support services. The MRIS was piloted, and preparations for full scale-up
completed, pending alignment with the FMOH Health Management Information system.

As part of routine monitoring, FHAPCO conducts joint supportive supervision and joint review meetings twice a year. This year, UNICEF supported the joint integrated supportive supervision (JISS) midterm review meeting for all partners. Key outputs of this meeting were: 1) ensure all sectors develop HIV/AIDS workplace policy for mainstreaming HIV; 2) establish a support system by federal and regional HAPCO for higher educational institutes; 3) strengthen access to peer education in higher education facilities; and 4) build the capacity of health development army to engage in implementation of the PMTCT plan. UNICEF is contributing to the capacity building for higher educational institutions and system building (e.g. through Community Information systems and the Minimum Package).

As part of the monitoring and evaluation framework of the UNICEF-UNFPA joint programme entitled 'Rights based approach to adolescent and youth development and HIV', a log frame was developed to guide the child/adolescent/youth focused strategic information system and monitor programme performance. The framework was distributed to the 25 woredas where the programme operates. The M&E framework helps implementers to generate and use information on HIV prevention among young people for decision-making and action. Finally, as this was the last year of the current project period, an end-year project evaluation was carried out and the report made available.

- **On-track**

**PCR 1410/A0/05/307 307 Full Implementation of National Youth Development Package ensured**

**Progress:**

During the reporting period, UNICEF promoted the life-cycle approach for adolescent and youth development to build support for young people's issues, and help Government to strategize and integrate young people's issues into policy and programming processes. The life-cycle approach was chosen because positive interventions during early adolescence can avert negative outcomes in late adolescence. As 'remedial' programmes are costly, it is crucial to strengthen the protective environment for adolescents early on and invest in preventive programmes and policies that can help them.

Work was underway by MOWCYA to support the development of a comprehensive, time-bound, sector-specific youth development/empowerment programme, with an action plan. This will outline priority areas, specific objectives and corresponding activities; set required multi-year financial, material and human resource requirements; develop mechanisms of coordination among different stakeholders; and identify indicators, monitoring and evaluation modalities/frameworks.

At a national level, in consultation with stakeholders and adolescents, the following contributions were made: 1) the adolescent development and participation strategy was developed; 2) the out of school girls’ forum guideline finalised; and 3) the standard service guideline for youth centres revised. In terms of knowledge management, important steps were made with the mapping and gap analysis of national-level youth organisations. A youth development index for 2013 and youth database is underway. The Government held a national conference in which over 4,000 young people participated, to address youth illegal migration and trafficking, and discuss capacities of partners and youth-serving organisations.

In 2013, several results were achieved. A total of 375 (112 girls) vulnerable young people benefited from entrepreneurship training, revolving loans and skills training on saving and financial literacy. This livelihood intervention improved self-employability of youth and reduced their vulnerability to HIV/AIDS, illegal migration, sexual exploitation, violence and school dropout. More than 26,000 young people participated in youth dialogue, peer education, life skills, sport for development. A total of 58 youth centres received the youth service package and supplies, more than 11 youth clubs were strengthened, and 81,900 young people accessed youth centres in 67 woredas. Ninety community coaches were trained in sport and play and provided activities for 4,500 adolescents in communities and youth centres. Over 50,200 young people (19,096 female) participated in voluntary services and contributed to local development by planting trees, providing tutorial classes for vulnerable children, sanitation activities, teaching marginalised children and psychosocial support for persons infected and affected by HIV/AIDS.

- **On-track**

**IR 1410/A0/05/307/001 307/001 Youth livelihood promotion framework developed and vulnerable young people received start-up capital (**)**

**Progress:**

Based on the national youth development policy and package, the overall purpose of livelihood initiatives is to improve the living conditions of vulnerable young people through initiatives that provide self-employment opportunities and enable youth to provide for themselves and their families. While several efforts were made to help the Government put together a youth livelihood promotion framework, due to conflicting priorities (i.e. conference on illegal migration of youth), the development of livelihood-related guidelines activity was moved for implementation from 2005 to 2006 EFY.

During the reporting period, Regional BOWCYA and BOYS partnered with youth associations and kebeles and provided revolving loans and entrepreneurship training to 456 (148 females) marginalised and unemployed 15-24 year old boys and girls in eight regions (Oromia, Amhara, Tigray, SNNPR, Addis Ababa, Afar, Gambella and Tigray). These livelihood interventions enabled youth to access revolving loans, and thus contributed to reducing their vulnerability to school dropout, HIV/AIDS, illegal migration, sexual exploitation and violence. Most livelihood programmes are small-scale, community-based interventions. The demand-driven, bottom-up initiatives vary greatly because they reflect the needs of their target youth population. The intention in 2006 EFY is to work with the Government to develop a more systematic and applicable nationwide youth livelihood framework and implementation guideline, which will increase
standardisation but still allow for adaptation to local contexts and to the specific needs of a group of youth.

**On-track**

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

**Progress:**

A National Adolescent Development and Participation strategy was developed in collaboration with MOWCYA and UNFPA to respond to the needs of adolescents (10-to-19-year-olds). The strategy serves to facilitate a multi-sectoral approach to adolescent development and participation for Government and development partners, and related partnership-building among the different partners involved.

A total of 841 youth (116 female) benefited from training in life skills, peer education, voluntary service and youth dialogue training. This enabled them to reach out to 31,560 boys and girls (6,240 girls) to address HIV, violence against girls and boys, sexual and reproductive health, community development and child rights issues. To increase the inclusion and participation of girls in all the programmes offered, UNICEF is working with partners to ensure that the eligibility criteria used to select trainees result in at least 50/50 participation by boys and girls.

In addition, 1,240 youth dialogue facilitators and volunteers including sport and play coaches mobilised 51,000 young people from nine universities, 11 high schools and five youth association/federations for summer voluntary services that build personal skills while contributing to their respective communities through tree planting, sanitation and HIV prevention.

Through the internship programme in SNNPR, Oromia and Somali regions, 64 young people (high school and university graduates, youth volunteers from community) served their communities through different development activities, such as helping partners by coordinating youth centres, providing training on IT in youth centres, providing follow-up livelihood support to beneficiaries and collecting monitoring data. The sport and play programme provided regular participatory activity sessions for 3,400 children and adolescents at youth centres, community playgrounds and schools; and as per reports from regions and community coaches, contributed to improved quality of education.

**On-track**

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

**Progress:**

The Government is building youth centres in rural and urban areas of the country to respond to the demand for youth development and entertainment and recreational facilities. A standard service provision guideline for youth centres was revised by the MOWCYA in collaboration with UNICEF. Regions are expected to use the document to guide the provision services in youth centres. The guideline classifies youth centres as: Comprehensive, Medium, and Intermediate. The service guideline will incorporate sport and play as part of the package of youth centre services, and will promote participation of girls and children with disabilities.

A national youth organisation mapping and gap assessment was undertaken, including: mapping of youth organisations, capacity assessment, analysis of gaps, and creation of a national directory for networking. The report will inform MOWCYA and other stakeholders of gaps and facilitate the design of interventions to address these. The report is expected to be finalised by the beginning of 2014.

During the reporting period, over 81,900 boys and girls (20 per cent girls) accessed 58 youth centres and 11 youth clubs to benefit from various services (e.g. mini-media, library, computer skills training, HIV/SRH peer education, sport and play activities).

Capacity was built among regional state partners, (BOWCYAs, BOYS and BOE) to mainstream sport and play activity in 15 selected schools, 18 youth centres and 17 community playgrounds through training on sport for development, establishment of regional and woreda steering committees and provision of sport materials. Training was provided to teachers at primary and secondary level and community coaches to deliver high-quality, inclusive physical education and sports. During the year under review, 3,450 children and adolescents in schools and communities participated in sport and play activities, including girls, young women and young people with a disability.

**On-track**

**IR 1410/A0/05/307/004 307/004 Evidence-based adolescent/youth MIS/data base established and functional**

**Progress:**

The creation of a national youth data base is included in MOWCYA’s 2006 EFY AWP, supplementing current endeavours to develop a database with information on adolescents aged 10-to-19 years (sex and age disaggregated). MOWCYA and UNICEF worked to develop a national youth organisation directory, including capacity analysis, gaps, numbers and distribution of youth associations and youth serving organisations.
To organise the database, a consultancy firm was recruited and the data will be organised to model relevant aspects of reality in a way that supports processes requiring this information. The identified consultancy firm submitted an inception report describing the development of a general-purpose database management system designed to allow the definition, creation, querying, updating, and administration of youth development databases from woreda to national levels. The database is expected to improve use of the full range of available data to inform programmatic and policy decision-making and advocacy on youth issues. This includes not just data on the risks and challenges adolescents face, but also data on their positive qualities and contributions.

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

**Progress:**
Ethiopia remains vulnerable to emergencies arising from natural disaster, disease outbreaks and local conflicts exacerbated by limited access to scarce natural resource. Although the nutrition food security situation in Ethiopia improved in 2013, following good seasonal rains in many parts of the country, an estimated 2.4 million people remain in need of food assistance. The size and scale of the Horn of Africa Polio Outbreak has expanded rapidly in 2013 with six confirmed cases as of December. Ethiopia continues to receive vulnerable refugee children from neighbouring countries. As of November 2013, 425,720 refugees were residing in Ethiopia.

In response to the polio outbreak in the Horn of Africa, the FMoH initiated a polio campaign targeting 12.9 million children living in high-risk districts and refugee camps near the Somalia and Kenya borders. Following outbreaks, UNICEF supported emergency vaccination of 2.6 million people for meningitis and 543,558 people for Yellow Fever.

In July the Government enacted the Disaster Risk Management policy to institutionalise the proactive approach to prepare for and address emergencies. UNICEF and other partners will participate in the rollout and implementation of this policy.

The Ethiopia Humanitarian Country Team endorsed a position paper to guide the discussion on resilience programming. UNICEF, FAO and WFP are developing a joint multi-sectoral initiative on resilience on nutrition and food security, including joint analysis, improvement of coordination among existing programmes and development of new areas of joint programming.

UNICEF supported the regional Disaster Prevention and Preparedness Bureaus of eight regions to develop the regional emergency preparedness and response plans for 2013. UNICEF provided training on Disaster Risk Reduction to 246 Government officials and UN agency and NGO partner staff. In May 2013, UNICEF signed an agreement with the Ethiopian Red Cross Society, focusing on two strategic areas of cooperation: exchange of experiences in emergency preparedness and response and non-food items and emergency shelter.

UNHCR-UNICEF collaboration to strengthen the response in refugee settings continued into its second year. The focus has been on strengthening the child protection response for unaccompanied minors among Eritrean refugees, as well as returnee Ethiopian children from Yemen, and more recently from Saudi Arabia. UNICEF is also developing a partnership with IOM, which along with its existing partnership with UNHCR; aims to support the capacity of the Administration of Refugee and Returnee Affairs.

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

**Progress:** UNICEF supported eight regional governments (Afar, Amhara, Benishangul Gumus, Gambella, Oromia, SNNP, Somali, and Tigray) to develop their regional emergency plans and response. A total of 246 participants from Government (124), UN agencies (74) and NGOs (48) took part in the EPRP planning process. In addition to leading the process, UNICEF provided training on humanitarian principles and key Disaster Risk Reduction (DRR)/Disaster Risk Management (DRM) concepts. The Disaster Risk Management and Food Security Sector (DRMFSS) was supported to establish DRM technical working groups in Oromia region and Dire Dawa City Administration.

In October 2013 UNICEF and UNHCR signed a Joint Action Plan to define the partnership for refugee response in Ethiopia, particularly Dollo Ado, Assosa and Shire refugee camps. The plan was subsequently implemented in the WASH, health, nutrition, and child protection sectors.

With technical, financial and logistic support from UNICEF, two multi-agency national humanitarian needs assessments were conducted in 2013. The first assessment was completed in July and informed the Humanitarian Requirement Document for the latter part of 2013, while the second assessment took place in November/December to inform the humanitarian appeal of the Government of Ethiopia.

By the end of November, the UNICEF Emergency Unit had trained 81 UNICEF staff members in seven zonal offices on Emergency RiskInformed Programming. The post-test analysis indicated an average 41 per cent (from 45 to 86 points) improvement in participants’ knowledge.

The UNICEF Country Office maintains a prepositioned stock of emergency supplies in seven hubs to respond to the emergency needs of 110,000 vulnerable people of Ethiopia and refugees.

UNICEF participated in key humanitarian coordination forums including the humanitarian country team meeting (11), Disaster Risk
Management Technical Working Group (11) and inter-cluster coordination meetings (22).

**On-track**

**IR 1410/A0/05/308/002 308/002** Populations build resilience and receive life & livelihood saving relief and recovery response to WASH emergencies in accordance with CCCs

**Progress:**

As WASH cluster lead, UNICEF worked with its partners providing coordination to respond to WASH emergencies. The Belg (February to April) and Kiremt (June to September) rains this year were generally good; however, some chronically water-scarce areas of the country reported water shortages, including parts of Oromia (East Hararghe), Somali (Liben), Tigray (southern and north western), Afar (Eldar) and pockets of Amhara region, affecting around 160,000 people. Floods affected some parts of Somali, Amhara, Oromia and SNNP regions resulting in the displacement of around 155,000 people and leading to the destruction of livelihoods and damage to water facilities. Inter-communal conflict in East Hararghe zone of Oromia region led to the displacement of 50,000 people in East Hararghe and 59,000 people in Nogob zone of Somali region. UNICEF supported the emergency response in both regions through provision of water treatment chemicals, water trucking and hygiene promotion activities.

UNICEF provided safe water to around 498,000 people through water trucking, distribution of household water treatment chemicals, rehabilitation/maintenance of non-functional water schemes and new water supply construction. UNICEF also supported the provision of critical hygiene messages to more than 3.4 million people attending seven different religious pilgrimages, and those affected by drought, flood and acute watery diarrhoea. UNICEF also supported the participation of 27,000 students and 12,500 adults in Global Hand-Washing Day events in Somali region.

UNICEF supported field investigations of a household water treatment product (Disinfectant & Coagulant) in Somali Region, due to concerns over its efficacy. Following verification through tests by the Indian National Environmental and Engineering Research Institute, the use of these chemicals was suspended by UNICEF. Through the WASH technical working group, UNICEF facilitated the development of guidelines on household water treatment. UNICEF also facilitated the establishment of the emergency preparedness and response unit in Amhara Region.

**On-track**

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

**Progress:**

UNICEF's emergency response in the Somali and Afar regions is mainly driven by the mobile health and nutrition teams. The 28 teams supported by UNICEF and operated by 13 NGOs provided more than 298,000 consultations through September 2013. The teams also provided EPI, ANC, and health-promotion services, as well as emergency referrals.

In response to local emergencies, UNICEF provided 28 emergency drug kits, 15,240 bed nets and 300,000 doses of measles vaccine to Gambella, Oromia, SNNP and Somali regions to respond to floods, population displacements and threat of malaria and measles outbreaks. This support ensured availability of primary health services, averted malaria outbreaks and halted the transmission of measles. In response to recent disease outbreaks (including meningitis, yellow fever and dengue) UNICEF assisted Public Health Emergency Management to increase community awareness. Over 2.8 million people were vaccinated against meningitis and over 543,000 people against yellow fever. UNICEF procured vaccines and consumables with a total value of over US$5.8 million.

In response to the polio outbreak, the MoH, with WHO and UNICEF support, conducted six rounds of polio vaccination campaigns targeting all children under-five in the country as well as additional rounds for 2.6 million children in high-risk districts. UNICEF provided vaccines, cold chain equipment and social mobilisation support with a total value of over US$1.4 million for social mobilisation and US$5.4 million for vaccines.

UNICEF supported training of 120 emergency rapid response team members on emergency response from all woredas in Benishangul Gumus. In Tigray, more than 225 surveillance focal persons were trained on potential disease outbreak.

UNICEF continued its emergency support to the health of Somali and Sudanese refugees, particularly immunisation, by procuring additional vaccines and cold chain equipment.

**On-track**

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

**Progress:** UNICEF supported 69,100 children to continue their education in Somali, Benishangul Gumus, Gambella, Amhara, Oromia and SNNP regions.

The Ethiopia Education Cluster developed its strategic plan for 2014-2018 to enhance the education preparedness and response and increase access to education. UNICEF supported the contextualisation of the Inter-Agency Network for Education in Emergency (INEE) minimum standards for Ethiopia, as well as supporting the rapid assessment of learning spaces, mapping emergency affected schools in all the regions, during the first half of 2013.
UNICEF completed the construction of five (of six) schools in Dollo Ado camps and host communities, and established temporary and semi-permanent learning spaces for 7,600 children in the flood-affected Kebridahar and conflict-affected Liben zone of Somali region.

UNICEF seconded an international Education Specialist to lead the educational programmes in Dollo Ado camps. Through UNHCR, UNICEF distributed 596 Early Childhood Development (ECD) kits to 22,600 children, aged three to six years, in refugee camps. UNICEF also supported back-to-school campaigns in Dollo Ado and Benishangul Gumus refugee camps, reaching more than 30,000 school-aged children. UNICEF education supplies were distributed to 24,850 refugee, and 44,233 non-refugee, students in Somali, Oromia, SNNP, Amhara, Gambella, and Benishangul Gumus regions. In refugee camps and the conflict affected Liben zone, UNICEF supported the training of 42,000 students on Education in Emergencies and INEE Minimum Standards.

In 11 drought-affected woredas of Afar region, UNICEF provided technical assistance for the back-to-school campaign, assisting 6,500 children to return to school.

**On-track**

**IR 1410/A0/05/308/005 308/005** Institutional capacity of child protection actors and resilience of communities strengthened to prepare for and respond to all emergencies in accordance with CCCs

**Progress:**
UNICEF is contributing to strengthening of child protection systems in refugee settings and in communities in 179 nutrition emergency-prone regions of Afar, Tigray, Benishangul Gumus, Oromia, Gambella, Amhara, SNNP and Somali regions.

Key achievements this year in prevention and response to violence, abuse and exploitation of vulnerable children included:

- sub-cluster child protection and Sexual and Gender Based Violence (SGBV) coordination mechanisms were established and are functional at federal level, and cover Jijiga and Dollo Ado in Somali region, Oromia and Afar;
- strengthening of prevention of separation of children from their families and provision of alternative care services for children without parental care, using the clan-based kinship system;
- capacity building of child protection committee members and development of terms of reference to guide committee operations;
- training of community care structures and child protection committees to monitor, report and respond to cases of abuse, exploitation and violence against children in emergencies; and
- provision of psychosocial support services for children in refugee settings and their caregivers.

To build federal sub-cluster preparedness, UNICEF supported two trainings on child protection in emergencies and SGBV to build the capacity of Government structures responsible for the coordination of emergencies. Seventy-five persons were trained and an action plan to enhance coordination and introduce global child protection minimum standards in Ethiopia was developed.

In 2013, more than 10,000 children in emergency-prone woredas received child protection services through the identification of vulnerable children and their referral to social services, including parental support and social cash transfers. A case management system was also established to provide services for over 5,000 separated and unaccompanied refugee children in Dollo Ado. A Task Force was established in Shire refugee camps, with UNHCR, UNICEF, IRC and NRC, to address the large number of separated children.

**On-track**

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

**Progress:**
The nutrition sector focused on capacity development opportunities around resilience building. In 2013 over 900 (with an additional 629 planned to be trained by end-December) Government staff were trained on DRM/DRR, standardised monitoring assessment in relief and transition, hotspot classification system, early warning and nutrition data collection, database and analysis, rapid nutrition assessment and monthly early warning data entry software, leading to early warning and nutrition information system technical capacity being strengthened.

The Emergency Nutrition and Coordination Unit (ENCU) was actively engaged in nutrition cluster coordination. In 2013, monthly nutrition early warning and nutrition information system bulletins were produced at the regional and federal level from data collected in over 600 woredas. Mostly, actions were undertaken by Government and NGOs based on the findings of those situation reports. In April/May 2013, the bi-annual nutrition survey was conducted and preliminary reports were prepared for 25 woredas in six regions - Afar (3), Amhara (4), Oromia (6), SNNP (6), Somali (3) and Tigray (3). In most woredas where critical, serious or poor nutritional situations were observed, emergency nutrition and food security interventions were undertaken.

The ENCU also coordinated emergency nutrition responses. Woreda priority rankings were released in February and May by DRMFSS/ENCU. In February 2013, of the 86 priority 1 woredas, 96.5 per cent were covered with outpatient therapeutic programmes (OTP), 75.6 per cent with therapeutic feeding units (TFU) and 73.2 per cent with targeted supplementary feeding (TSF). Of the 113 priority 1 woredas in the six regions, 98.2 per cent were covered with OTP, 86 per cent with TFU and 91 per cent with TSF programmes in May 2013. In September, of the 127 priority one woredas, 94.5 per cent were covered with OTP, 81.9 per cent with TFU, and 62.2 per cent with TSF.
IR 1410/A0/05/308/007 308/007 Populations build resilience and receive life & livelihood saving relief and recovery response to Nutrition emergencies in accordance with CCCs - Community Management of Acute Malnutrition

**Progress:**
During the first ten months of the year, 220,000 severely malnourished children received effective treatment through the Community Management of Acute Malnutrition (CMAM). UNICEF supported CMAM with provision of supplies, technical assistance to the Government, monitoring and quality assurance. CMAM admission rates were lower in 2013 than in 2011 and 2012, due to overall good rains, harvests and livestock conditions throughout the year.

Nutrition Supply Chain Bottleneck Analysis and Ready-to-Use Therapeutic Food (RUTF) Leakage and Misuse Surveys were conducted as follow-up recommendations to the CMAM programme evaluation conducted in 2012. One of the main recommendations was to further integrate the programme by gradually transferring management of the CMAM supply chain from UNICEF to the Government system. The MoH initiated a working group to develop the nutrition supply transition plan. UNICEF continued to procure RUTF both locally and offshore to ensure that the pipeline was maintained, even though from the beginning of the year it became apparent that the lead times were extended by up to six months in order to assure quality of batches produced. In 2013, some 256,186 cartons of RUTF were procured (79 per cent off-shore and 21 per cent local) for a total value of US$14.8 million.

The implementation of the nutrition supply Min/Max strategy was rolled out to better respond to needs in the field and sufficient funding was mobilised to enable the "Min" security stock to be secured. Due to successful resource mobilisation and advocacy among the donor community, DFID and CIDA also committed to multi-year funding support until 2016, for the procurement of RUTF and support to the programme. US$20 million is currently in the pipeline for CMAM.

Note: Strengthening of the in-patient management of complicated cases of severe malnutrition is addressed under IR 103/002 (IMNCI).

IR 1410/A0/05/308/008 008 Nutrition project support (CMAM & NCIS)

**Progress:**
The annual project staff cost was estimated at US$1.5 million for 2013. This is 5 per cent of the total allocated budget under IRs 308/006 and 308/007, which are supported by project staff under this IR.

The 5 per cent of programmable funds was spent on staff salary, travel, education and other staff-related costs. The nutrition staff supported under this IR provided support for Nutrition Coordination and Information Systems (NCIS, 308/006) and CMAM (CMAM, 308/007), including resource mobilisation, strengthening Government partnerships and building capacity of Government counterparts. More specifically, staff support under NCIS provided technical assistance for nutrition situation monitoring, capacity strengthening of nutrition information systems for early warning, such as data collection, data analysis, report writing, field monitoring and supportive supervision. Likewise, support was provided for emergency nutrition cluster coordination. Support for CMAM was for situation and supply monitoring, technical assistance for capacity strengthening on the management of child acute malnutrition and quality assurance.

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

**Progress:** UNICEF supported behaviour change communication interventions to reach vulnerable families and communities facing emergencies, including through development and dissemination of promotional messages for communities and capacity building for promoters in emergency-affected woredas and refugee camps.

UNICEF provided training on emergency communications to 110 hygiene promoters and WASH officers in Benishangul Gumus (24), in Dollo Ado refugee camps (34), in Somali (24), and in Gambella (28). Planning and implementing WASH Emergency Communication in hotspot woredas was strengthened through training of 34 Public Health Emergency Management professionals in Oromia.

In collaboration with the FMoH, UNICEF supported prevention and response to various emergencies through production and dissemination of multi-language behaviour change communication materials. With UNICEF support, 100,000 brochures in Amharic and Oromiffa languages and audiovisual messages were produced and disseminated during the Meningitis outbreak in Oromia, SNNP, Amhara and Addis Ababa region, from April to June 2013. During the Yellow Fever outbreak in SNNPR, 10,000 brochures were developed and distributed.

UNICEF reached 100,000 people with messages on prevention of acute, watery diarrhoea, hygiene and sanitation promotion in high-risk areas of Afar and Somali regions. Over 3.4 million people received hygiene and sanitation messages during seven religious pilgrimages, which gather up to a half million people in locations with inadequate hygiene and sanitation facilities. The communication intervention complemented facility improvement efforts.

UNICEF supported dissemination of key messages around the wellbeing of children and mothers in refugee camps. Over 32,500 refugees from Sherkole and Tongo camps were reached with messages on health-seeking behaviour, hygiene, sanitation, immunisation, malaria prevention, exclusive breastfeeding and complementary feeding. A total of 13,000 posters and 26,000 brochures in English and Arabic languages were disseminated in the camps. A total of 8,000 posters and 16,000 brochures were disseminated to Dollo Ado camps, to reach 140,000 refugees with hygiene promotion messages.
PCR 1410/A0/05/309 309 Human capacity support to Government of Ethiopia partners to effectively deliver protection programmes enhanced

**Progress:** UNICEF continues to provide technical assistance to Government counterparts and CSO partners with the aim at building and strengthening Child Protection systems at all levels – federal to community. The programme provides technical assistance to strengthen the institutional capacity of counterparts and partners for efficient delivery of child protection programmes. In order to reinforce technical capacities of Government structures, 11 qualified Ethiopian professionals (following levels: 1 – NOA/2 NO-B /8 NO-C) were embedded within the structures of ministries and regional bureaus almost throughout the country to provide guidance and support on alternative care interventions for children, as well as on social protection. Additional funds were mobilised to ensure that the remuneration of UNICEF staff are covered. Of a total of 31 positions in the Section (19 Addis-based staff and 12 at field level), three positions had not been filled including L3 child justice, P2 - M+E JPO and NO - B Amhara.

To enhance the technical capacities of staff and counterparts, over 70 staff from Government and NGO partners attended training on child protection in emergencies. UNICEF also facilitated the travel of implementing partners for various study tours, high-level meetings and trainings in Italy, England and the Philippines. Implementing Partners from the justice system attended a training in London to enhance their knowledge on child justice, while those from the MOWCYA travelled to Manila to gain knowledge and understanding on the establishment of an Independent Central Authority for Adoption, and to ensure that every ICA is handled appropriately, following international standards and alternative care standards. UNICEF also supported MOWCYA representatives to participate in an international conference on the eradication of FGM and discussions on identification and implementation of scale-up strategies to combat FGM.

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

**Progress:**

UNICEF supported development of a communication strategy based on formative research conducted on issues related to the Social Cash Transfer Pilot Programme in Tigray. The draft was endorsed for implementation by Tigray BOLSA and stakeholders. Based on the strategy recommendations, the Office supported drafting of a communication package including brochures and video to be used by community care coalitions.

In 2013, the Office led consultations for developing communication tools to be used by religious leaders within a long-term partnership with major faith groups. In collaboration with EIFFDA, a comprehensive teaching guide to be used by Muslim religious leaders was drafted. The guide covered priority issues regarding wellbeing and protection of children and women including HIV prevention, HTPs, and GBV.

Through collaboration agreement with the Population Media Center on media capacity building, UNICEF supported implementation of children/youth capacity building in media hubs with in schools and youth centres, and dissemination of a two-year edutainment serial drama. Over the past years, UNICEF had provided media equipment sets to 31 schools and 23 youth centres, which will receive multi-media production training through the partnership. Moreover, the partnership targeted media professionals who produce programmes for children and youth with the aim of equipping them better with the skills they require in participating children. The Office also supported development of elective modules on Child Rights reporting for students of Journalism and Communication in universities. In collaboration with MWCYA, UNICEF supported in the drafting of a communication strategy for promotion of women’s and children’s rights (currently under review).

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

**Progress:** The section spent a total programmable amount of US$9,248,099.11 on the various cost centres, both at federal and regional levels for the period January to early December 2013. Of this total and for the period under review, US$2,106,879.53 was utilised to cover project support cost of the programme. This represents 22.78 per cent of total funds spent, used to cover costs associated with staff such as salaries and training.

The section conducted a review of the staffing needs and cost associated to cover expenses. This review was based on the technical capacity requirement and the carrying capacity of our counterparts to effectively implement the remainder of the child protection programme. The review was submitted to management.

**IR 1410/A0/05/309/003 FD- Provide high quality managerial and technical assistance through the provision of UNICEF staff and TA for implementation of programming.**

**PC 4 - Analysis, communication and participation**

**On-track**

**PCR 1410/A0/05/401 401 GOE supports policy dialogue, analysis, develops and implements national and sub-national programmes which articulate the claims and duties of boys, girls and women reflecting articles of the CRC and CEDAW by 2015 and updates these periodically based on evidence generated from programme evaluations and assessments providing the latest available socio-economic data and evaluations.**
**Progress:** Efforts to stimulate dialogue on progress towards realising children’s rights was boosted at the end of 2013 with the (expected) December launch of the Amharic translation of the “Investment in Boys and Girls Report”. Production of 12 sector-by-sector videos and radio versions of the analysis aimed at an Ethiopian audience were underway. Support for regional governments to produce their own more detailed regional situation analysis took off in the first six months of 2013 as a first step towards instituting regional Child Rights Committees (CRC): four regional analyses were moving towards completion (Addis Ababa, Afar, SNNPR, Somali) and five were at conception or field-work stage (Amhara, Benishangul Gumus, Gambella, Oromia and Tigray). A fact book on children’s statistics co-produced by MOWCYA and the Central Statistics Agency was scheduled for printing late in the year. Progress has accelerated with the updating of Ethio-Info (an offshoot of Dev Info) and the support provided to four regions to develop their own, more detailed databases combining administrative and survey data at the *woreda* level.

The disaster risk management policy was endorsed in 2013. The draft national social protection strategy was submitted to the council of ministers in 2013 and work has started on the strategy. The climate change and carbon neutral economy policy is in draft form. The harmful traditional practices strategy and alternative child care strategy were also finalised.

The national nutrition programme was revised in June 2013. The revision of the strategy and action plan for the safety-net programme and work continued on the development of a national social protection strategy following-on from the finalisation of the draft national social protection policy. A pastoral education strategy and revised child survival strategy were at draft stage.

The five evaluations conducted in 2012 are ready for publication as stand-alone reports with updates on progress made on evaluation recommendations. Papers for peer reviewed journals were drafted for three of the evaluations. Six working papers were under production, based on the 2000, 2005, and 2011 Demographic and Health Survey (DHS).

The GoE Result-Based Management capacity-building strategy was taking shape with the assessment phase reaching completion and training courses being piloted in 2013. A guide for integrated *woreda* development plan preparation was drafted and capacity building for community participation in *woreda* planning expanded to 130 *woredas*.

- **On-track**

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

**Progress:** MOWCYA organised seven periodic UNCRC Inter-Ministerial review meetings at federal and regional levels.

MOWCYA and BOWCYA/BOLSA are engaging in the development and implementation of child rights mainstreaming into sectoral programmes. At the regional level, the effort to help Government to establish CRC committees continued in 2013, including assistance to regional governments to analyse the situation of children; progress is being made in nine regions (Addis Ababa, Afar, Amhara, Oromia, SNNPR, Tigray, Somali, Gambella and Benishangul Gomes). Four regions (Addis Ababa, Afar and SNNPR, Somali) produced draft working papers to map equity gaps and agree on required action points. Efforts were made to activate the Federal CRC to monitor more closely progress on implementing actions stemming from the federal situation analysis issues.

MOWCYA work in relation to Child Policy and the Child Bill lagged behind. The draft child policy was submitted to the social cluster of the Council of Ministers at the beginning of 2013. MOWCYA is preparing to introduce a revised national action plan on children to facilitate the implementation of the child policy. The legal gap identification and subsequent stakeholder consultations to lead to the adoption of the Children’s Bill was carried out as planned. However, MOWCYA dropped this initiative from its EFY 2006 plan, since the minister wanted first to follow-through the process of adopting a Child Policy.

The joint MOWCYA CSA publication of a fact book on children in Ethiopia is expected to be completed in 2014.

In the reporting period, MOWCYA hosted the monthly Child Research and Practice Forums. The monthly seminars were effective in terms of informing MOWCYA and staff of other sectors and donors about child rights concerns. Publication of the summary of the research presented in the monthly seminars was underway in late 2013.

- **On-track**

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

**Progress:** UNICEF worked with UNDP to produce the 2012 MDG report published in 2013.

Five further analyses based on EDHS datasets was finalised with a capacity building element for 11 staff from ministries. Two generated evidence on the extent of inequities affecting children by different characteristics, such as region and type of place of residence. As a crucial step in MORES, situation monitoring is important to design programmes that are tailored to address local causes and consequences of inequity. In this regard, situation analyses were taking place in nine regions of Ethiopia; four of which (Addis Ababa, SNNPR, Afar and Somali) have completed drafts.

Five policy briefs were intended to enhance evidence-based decision-making and develop the utilisation rate of evaluation recommendations from evaluations conducted in 2011 and 2012. The policy briefs focused on FGM/C, Integrated Community Based Participatory Planning, Community Management of Acute Malnutrition and economic empowerment of women. Based on these, policy briefs and posters were produced as part of the communication strategy. Towards supporting national efforts to generate national-level indicators, the GoE was assisted both financially and technically to undertake large-scale surveys such as Service Provision Assessment and National Health Accounts.
IR 1410/A0/05/401/003 401/003 National and sub-national result-based monitoring and evaluation capacity and system to track GTP strengthened.

**Progress:**
The national RBM capacity assessment was completed. Development of the national RBM strategy started under the co-leadership of the national planning commission and Ministry of Civil Service. A MOFED/UNICEF study looked at complementarity between RBM and the Balanced Score Card (BSC) method used by the Ethiopia civil service to manage performance and was presented to the Nordic Development Research Conference.

Some 317 federal and 295 woreda officials were trained in partnership with civil service training colleges to learn how to merge RBM and BSC courses for civil servants. These are mainly civil servants accountable for the quality of mid-year and annual reviews of UN supported programmes. Ten joint field monitoring visits took place.

Integrated Community Based Participatory Planning (ICBPP) was scaled-up in Amhara, SNNPR and Oromia: 184 woredas exercised in kebele/woreda level child-friendly participatory planning, including developing 3-5 year strategic plans and woreda socio-economic profiles. ICBPP field guide manuals (translated in three local languages Amharic, Oromifa and Tigregna) were distributed to 66 convergent and 118 non-convergent woredas. Some 2,019 participants from regions/zones/districts/kebeles were trained as trainers. Of 387 kebeles receiving facilitators’ training on the ICBPP tool, 220 prepared kebele plans using the tools. An integrated woreda development plan manual, aimed at bridging between the Federal/Regional plans and community plans was drafted and tested in three regions, with finalisation planned for the first quarter of 2014.

The Central Statistical Agency updated Ethioinfo and prepared dash boards and Di-profiles with data from DHS, WMS, HICE, HMIS and EMIS. UNDAF-Info (Di Monitoring) was launched as the UNDEF M&E database to track progress towards the achievement of the results of UNDAF 2012-2015. Somali and SNNPR regions launched their regional Ethio-Infos. AmharalInfo was updated; the new database contains five years of data from convergent and selected non-convergent woredas and all zone-level data.

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

**Progress:**
MOWCYA is mandated to advocate for and support the streamlining of gender equality and equity into sectoral programmes. To enable MOWCYA fulfillment of these roles, UNICEF provides on-going support through the UN Flagship Programme on Gender Equality and Women’s Empowerment (GEWE JP). MOWCYA has developed standard tools for gender auditing, analysis and budgeting and supported 18 sectors to adopt and implement the tools. In addition MOWCYA is in the process of supporting Ministry of Revenue and Customs and Afar region to develop gender mainstreaming guidelines. During 2013 MOLSA was supported to translate the sector’s gender mainstreaming guideline into Amharic and sensitise 43 (22 female) federal and regional experts.

Five training modules on gender concepts, gender analysis, mainstreaming, auditing and monitoring and evaluation were developed by MOWCYA and used to train experts drawn from 21 sectors. In February and March, 276 experts from Amhara and Somali regions took part in gender mainstreaming training.

UNICEF supported MOWCYA to strengthen dialogue on gender equality. Hence, four federal sectors’ and public organisations' women machineries forums involving a total of 235 participants (180 female) were conducted. Similar forums were conducted in Amhara and Oromia. The forums reviewed progress against Growth and Transformation Plan gender targets, CEDAW commitments and sector programmes.

The evaluation of phase one of the GEWP JP that ended in mid-2012 indicated that the programme has recorded important achievements, such as creating access to credit and training for over 5000 vulnerable women, enabling close to 3000 girls access educational support, the development/improvement of standard tools for gender mainstreaming, adoption of a national action strategy against HTFs, etc. Implementation of phase two was underway in 2013, taking the recommendations and lessons learned from phase one into account.

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

**Progress:** The Developing Regional States UN Joint Programme aims to enhance public service delivery for accelerating development outcomes initially in 22 woredas of Ethiopia’s four DRS (Afar, Benishangul Gumus, Gambella and Somali Region). Progress was made in Integrated Community-Based Participatory Planning (ICBPP), which aims to engage communities in the management of the woreda development programme.

In 2013, 397 officials and experts from DRS regions from regional bureaus, woredas and kebeles in focus woredas were trained and started managing their integrated woreda development programmes in a more participatory way. ICBPP is expanding in 2013 from the initial 22 woredas to 52. The EFY 2006 AWPs for the UN DRS Joint Programme were prepared based on community consultation/ICBPP especially at kebele and woreda level. 2013 saw the ICBPP manuals translated into Amharic, Somali and Oromifa through field-testing, with community participation.

By end-2013, 22 woredas had prepared their strategic plans and socio-economic profiles based on ICBPP, and an additional 30 (13 from
Somali, 10 from Afar and 7 BSG) woredas had been identified/selected for scale-up.

**On-track**

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

**Progress:**
The total project support budget for 2013 was US$251,648 (US$172,894, RR and OR US$78,754; total expenditure at the year’s end was US$148,000, representing 64 per cent of the planned annual budget and 6.7 per cent of the total REPOM planned budget. These resources are used to cover the costs of staff salaries and travel costs as the staff interact with counterparts to develop strategies, prepare plans and review progress.

**IR 1410/A0/05/401/007 Provide high quality managerial and technical assistance through the provision of UNICEF staff & TA for implementation of programming.**

**Constrained**

**PCR 1410/A0/05/402 402** By 2015, national and sub-national institutions, mass media, community networks, families, women and children participate more effectively in communication for development processes addressing behaviours, norms and actions to protect, promote and fulfill girls’ and boys’ and women’s rights.

**Progress:**
Communication remains a weak area in terms of technical expertise and coordination, resulting in lack of an institutional anchor for Communication for Development (C4D) among Government counterparts. C4D is often understood as awareness-raising and heavily focused on the production of information, education and communication materials and campaign-driven activities. The effort extended by UNICEF in 2012 to strengthen strategic multilevel C4D platforms has proven to be premature, due to limited preparedness to engage civil society organisations specialising in C4D.

Despite these constraints, sector-specific C4D activities aimed at promoting behaviour and social change in various programme areas have advanced. In 2013, UNICEF initiated a partnership with Population Media Center (PMC) to enable children to express their opinion through mini-media hubs within schools and youth centres. Over the past years, UNICEF provided media equipment to 31 schools and 23 youth centres, which will receive multi-media production training through the partnership. Moreover, the partnership targeted media professionals who produce programmes for children and youth with the aim of equipping them with the skills they require in participating children. The Office supported development of modules on Child Rights reporting for students of Journalism and Communications at universities. UNICEF convened a steering committee to oversee the partnership initiative comprising of Ministry of Education, Ministry of Women Children and Youth, Addis Ababa University, PMC, Ethiopian Radio and Television Agency and other stakeholders.

At the grass-roots level, the role of religious leaders in influencing behaviour and social change is significant as witnessed by the positive experience in communication during emergency in the previous year. In 2013, the Office led consultations for developing communication tools to be used by religious leaders as part of a long-term partnership with major faith groups.

The ‘Healthy School Initiative’ aims to promote positive behaviour among children in primary schools, enabling them to serve as change agents for their families and communities. As part of the initiative, UNICEF supported the development of communication packages in hygiene and sanitation promotion including; story books, game boards, activity books as well as promotion guidelines for school administration and PTAs.

In support of the Health Extension Programme the Office provided technical support to the FMOH during the review of the HEP implementation guideline. The review team highlighted the significance of investing in C4D capacity of the Health Development Army- a newly recruited volunteer health promotion cadre.

**Constrained**

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

**Progress:** UNICEF supported the development and incorporation of communication strategies within broader national strategies aimed at promoting positive behaviour towards the wellbeing and protection of children. The office mainstreamed C4D within sector-specific national strategies including; Maternal, Neonatal and Child Health, stunting reduction as part of the revised National Nutrition Programme, EPI/Polio, Climate Change, Social Cash Transfer Pilot and Hygiene and Sanitation).

The National Health Communication Assessment carried out in collaboration with the FMOH aimed at developing capacity-building plan for strategic, administrative, human resource, infrastructural and operational mechanisms with in the Ministry and Regional Health Bureaus. The Ministry planned to organise a consultation workshop with Regional Health Bureaus and key partners to deliberate on the findings in December, 2013. The Office also established long-term contract agreement with materials development specialist firms, and on-going support was provided for developing multi-media, multi-language behaviour change communication materials in various priority thematic areas identified across sectors.
IR 1410/A0/05/402/002 002 Community & Media Capacities to supporting participatory development processes.

**Progress:**
In collaboration with key sector ministries, UNICEF initiated a media capacity-building intervention for 20 Educational Media Centres and regional media stations, 54 media hubs in and out of schools. As part of the "Healthy School Initiative" a new 20-minute edutainment magazine, TV and radio series for children was initiated as a new platform for influencing behaviour change through edutainment. In 2013, the Office initiated a two-year radio serial drama in partnership with PMC, which includes a media outreach component for engaging with listener groups. The drama was initiated based on a positive evaluation result of a serial drama implemented in 2010-2012 with the same partner, with the aim of promoting the HEP in rural communities. The evaluation result revealed that edutainment drama resulted in modelling desired behaviour in an entertaining manner and initiated discussion among listeners. The newly initiated radio series focuses on a wider selection of priority themes to promote wellbeing and protection of women and children; including education, protection and maternal and child health.

As part of the Africa Adaptation Project, UNICEF supported the development of Information Management Guidebook on Climate Change for media practitioners, and trained 30 Regional Communication Affairs Bureau heads and journalists in media centres from eight regions. The trained journalists continued to use the Guidebook and disseminated multimedia media documentaries on Climate Adaptation good practices for women and children.

**Constrained**

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

**Progress:**
C4D operated under one section headed by a Chief of Communication with C4D specialists supporting different sector programmes, until it was restructured in July 2013. The restructuring resulted in the elimination of all C4D positions (1 P5, 5 NO, and 2 GS) and creation of four C4D specialists (NoC) embedded within programme sections (WASH, Health, Nutrition and Education and Protection) and one C4D Specialist (NoD) with a coordinating and advisory role, reporting to the Deputy Representative. Recruitment was completed in 2013 for the C4D specialists for Nutrition, WASH, Health and the coordinating and advisory position.

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

**Progress:** In March the CMT endorsed nine key management priorities and corresponding indicators and the frequency of monitoring, programme management indicators was reviewed at the weekly Monday meetings and monthly programme meetings, as part of the regular monitoring of programme implementation and budget utilisation. Timely liquidation of DCTs was emphasised. Remarkable achievements were recorded in the collection and consolidation of EFY 2005 regional and federal quarter reports. Regional mid-year and annual review meetings were conducted jointly with Government and UN partners to deliberate on the findings of the quarterly reports. The key programmatic and operational issues were reflected at the joint national annual review meeting of UNICEF and Government of Ethiopia in July 2013 for joint monitoring and follow up actions.

The operations management indicators were reviewed during the bi-monthly monitoring meetings and special topics were addressed e.g. completion of mid-year performance reviews. Meetings were also held on mid-year closure exercise, emphasising completion of the schedules and bank reconciliation. The risk management and audit committee met weekly to address the recommendations of the 2012 internal audit recommendations; all recommendations were closed by September 2013.

Finance and Administration staff were trained in accounting and IPSAS in April 2013 to strengthen knowledge and capacity in raising transactions in VISION and completing activities identified by DFAM.

During regular Finance meetings, AWP activities (identified based on audit recommendations) and DFAM instructions were discussed. Issues such as payroll, VAT and budget utilisation were closely monitored and followed up. In order to address DCT issues the ECO set up DCT VISION Hub to fast-track and ensure timely and correct processing of DCT advances, liquidations and direct payments. This enabled the Office to address delays and incorrect DCT-related transactions.

As PPE is a management priority, in 2013 the Admin section initiated a thorough exercise to ensure full physical count of PPE, certification and submission of discrepancies to PSB and updated data in VISION.

The media team supported major events in Ethiopia including: GWA announcement, A Promise Renewed, African Leadership meeting, USAID singing, WASH manual launch, IATT meeting, Hawassa Run and the revised National Nutrition Programme launch.

Goodwill Ambassador Aster Awoke signed for another two years and participated in PSA and WASH events. Hanna Godefa signed GWA contract in January 2013 and participated in a field trip and PSA production.
IR 1410/A0/05/501/001 001 Governance and Systems

**Progress:**
Participation of a wide range of staff members in governance and decision making within the Office continued to be a priority in 2013. Various issues and standing topics were discussed in the management team meetings and the decisions disseminated to staff. Common staff-related issues were also discussed at the JCC, with the participation of the staff association representative.

ECO reviewed the operational activities of all regional offices and action plans developed to address the issues that were identified; the Office will focus on implementing the action plans in 2014.

ICT continued to contribute to the overall office business environment by providing support for VISION-related issues and raising problem areas with the Regional SME and HQ. A close monitoring mechanism was established to follow up on resolution of VISION pending issues.

The Office conducted an annual review of the Business Continuity Plan (BCP). The majority of the elements related to ICT disaster preparedness were revised to follow new UNICEF standards for data backup. The BCP fail-safe location is now fully equipped, with the establishment of the BCP equipment stockpile.

UNICEF continues to play a leadership role in efforts to accelerate progress of HACT implementation at the UN level. UNICEF is the co-chair of the Operations Management Team as well as the chair of the UN Human Resources and HACT working groups; co-chair of the UN Field Offices working group and a member of the ICT working group. UNICEF also led some of the activities agreed upon by the OMT, such as contracting companies for micro-assessment exercises and training procurement officers on printing & design.

- On-track

**IR 1410/A0/05/501/002 002 Financial Resources & Stewardship**

**Progress:** Following the recommendation of the internal audit to improve the capacity of the Finance and Admin staff, the Office prepared a mini-PBR submission and received endorsement to recruit additional staff in May 2013. The recruitment was completed and on the job training on Admin/Finance management was being delivered to the newly recruited staff. Current Finance and Admin staff participated in Accounting and IPSAS training in April 2013 to strengthen IPSAS knowledge required for correct processing of transactions in VISION and to complete activities identified by DFAM.

AWP activities identified based on audit recommendations and DFAM instructions were being undertaken and monitored at regular Finance meetings. Issues such as payroll, VAT and budget utilisation were being closely monitored and followed up. In order to address the DCT issues the Office set up a DCT VISION Hub to fast-track and ensure timely and correct processing of DCT advances, liquidations and direct payments. This enabled the Office to address the issue of delays and incorrect processing of DCT-related transaction in VISION.

The Office placed priority on management of PPE in 2013. A thorough exercise was initiated and completed by the Admin section to ensure full physical count of PPE, certification and submission of discrepancies to PSB and actual data reflected in VISION.

- On-track

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

**Progress:** In 2013, UNICEF Ethiopia made concerted efforts to ensure an enabling environment for staff to deliver results. An approved Programme Budget Review (PBR) submission in March 2013 resulted in 37 new positions and 11 abolished posts. By the end of November, 86 per cent of PBR recruitments had been completed surpassing the 80 per cent target. In 2013, there were 84 vacant positions (70 Fixed Term – FT; 14 Temporary Appointments - TA) to be filled, some arising from the PBR and others due to staff reassignments, staff vacating their posts for other reasons or posts brought forward from 2012.

As of November, 57 posts (48 FT and 9 TA) – eight International Professionals (IP), 32 National Officers (NO) and 18 General Service (GS) – had been filled. There is gender parity among IP staff (52 per cent female) as well as GS (60 per cent female), excluding drivers, which is a male-dominated field. However, the Country Office continued to be challenged in the NO category due to a high demand for female professionals from a very small market of available candidates, particularly for field offices.

Following an exerted effort by the Office to establish a more rigorous monitoring system of staff e-PAS/PAS completion, 2013 witnessed a remarkable improvement in completing staff e-PAS/PAS.

By November, 100 per cent of Office priority cross-cutting trainings had been implemented, in addition to 67 per cent of section-specific group trainings and 40 per cent of individual trainings. Total participants numbered 461; some staff members attended more than one training. Results are attributable to the implementation of the 2012-2013 strategic learning plan and input from the PAS/e-PAS discussions at the beginning of 2013. This approach identified the key gaps in skills that needed to be strengthened for individual staff members. ESARO commended UNICEF Ethiopia for its efforts in this area and intends to share with the region the tools developed in Ethiopia.

- On-track
**Progress:** In the third quarter, three staff (two NOC’s and one GS7) joined the Media and External Relations Section, allowing the section to better serve the needs of Office and partners. Guided by a strategic framework and tools including the social and digital media strategy, workflow and business process mapping and standard forms developed in 2013, the effectiveness and efficiency of the section’s functioning was enhanced significantly. An inclusive draft communication strategy is expected to be finalised by end 2013/early 2014.

Important strides were made toward improving and regularly feeding the social media systems platforms for ECO. A Major setback was the inflexibility of the RedDot V2 website platform and the Lotus environment, which does not allow us to fully optimise social and digital media tools. Training on social media was conducted for staff members, including in the regions.

Major advocacy events supported include: APR-African Leadership meeting; USAID/PMI grant; WASH manual launch; IATT meeting; National Nutrition Programme/Lancet Series Launch; meeting MDG4; One WASH; Back to School media campaign; Birth Registration, Angelique Kidjo visit and Ethiopian Film Festival.

GWA Aster Awoke participated in a PSA and National WASH event. Hanna Godefa signed a GWA contract in January and participated in a field trip, PSA production and two high-level events at HQ.

Visits coordinated/assisted: National Committees: Sweden, Japan, Denmark, UK, German (first lady) and Korea (technical mission); donors: EU (several), ECHO (several), MDG F – often resulting in new financial commitments. (Inter) national video/photo missions supported included: World Bank, IATT, DCOF, MDG JP, APR, EU, Australia, Germany, Norway, Netherlands and Japan + ECO AV/photo needs. Over 40 press release/alerts shared with media; about 60 media interviews for (inter)national TV, radio, print and web facilitated. Seven AV productions disseminated globally: APR January, WB, APR August (2), EU (2), Kidjo (23) productions supported for national use.

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

Progress:
The review of EFY 2006 Annual Work Plans (AWPs) was conducted as scheduled during the reporting period. The purpose of the review was to incorporate issues that had been overlooked during planning and to integrate new initiatives and practices identified after the planning phase. The review process involved a series of consultations between UNICEF and implementing partners. Out of the total 119 AWPs of EFY 2006, 81 were revised, and the revised AWPs were endorsed by the Deputy Representative. Lessons learned from the review process will be used as inputs for the preparation of EFY 2007 & 2008 AWPs, which will take place from March to June 2014.

The PMT and CMT continued to closely monitor the assurance activities (monitoring trips, spot-checks and etc.) of the Office. The new Trip Report Monitoring System (TRMS) has enabled staff to systematically document and share findings of their assurance activities and to track outstanding actions and recommendations for further follow up and closing.

A joint macro-assessment was conducted by Government and UN agencies, including UNICEF, to assess the country’s public financial management system and identify and address capacity gaps in the financial management and internal control systems of implementing partners.

All 102 donor reports due in 2013 were submitted on time and to a high standard of quality. Of these, three received a donor feedback rating of five (indicating highest level of satisfaction). In line with ECO’s Resource Mobilisation Strategy, 46 proposals (total of around US$340 million) were finalised and submitted between January and December. Of these, 21 proposals were funded (around US$140 million) and 25 are in the pipeline (potential income of around US$200 million).

**PCR 1410/A0/05/800 Programme Support**
Effective Governance Structure

The UNICEF Country Management Team (CMT) continues to be the central statutory committee and management body that provides advice to the Representative on policies, strategies, programme implementation, management and performance. The CMT also acts as the decision-making organ of the Office. Some of the initiatives taken and recommendations made by the CMT relate to several emerging areas of programme focus that will have an impact on the programme direction after the MTR. These include: urbanisation, climate change, and youth and livelihoods. As part of its oversight function, the CMT completes monthly reviews of the key management indicators. During the year, these included (but were not limited to) outstanding cash transfers, implementation of the HACT, bank optimisation, programme implementation rates, expiring grants, donor reports, recruitment and status of the electronic Performance Appraisal System and stock movement from the warehouses.

The statutory and non-statutory committees, task forces and working groups with Chairs, Vice-Chairs and Secretariats assigned to each group have detailed Terms of Reference defining their roles and responsibilities. A calendar of meetings also supports the Country Office in fulfilling its governance accountabilities. The discussions and deliberations of these committees and groups were minuted and circulated among the members for review and concurrence and available to all staff in the Ethiopia Country Office.

The Contract Review Committee met 25 times during the year and reviewed 75 submissions, which included amendments and resubmissions for supplies and services. The Programme Cooperation Agreement (PCA) Review Committee met twice and jointly reviewed 20 new PCAs and 13 amendments online. The Risk Management and Audit Committee met 27 times and ensured that the 2012 internal audit recommendations were implemented and successfully closed by September 2013. The committee also identified areas for improvement and presented them to the CMT for further action.

The Budget Committee, established in 2013, has a mandate to develop and implement a budget system for operations and programme support, to further strengthen fund management and accountability. This has enforced budget planning and management, both in programme and operations and is expected to further improve grant management. Staff-related issues are discussed and decisions made with the local Staff Association at monthly meetings of the Joint Consultative Committee. Three such meetings were held in 2013.

The Office has issued 13 Standard Operating Procedures (SOPs) to clarify and streamline work practices. A peer-review of operations-related activities in all field offices was conducted in 2013; the recommendations are being reviewed by senior management in the Country Office and efforts will be made to implement them in 2014.

The Office was audited during November by the Chinese external auditors. Once the audit management letter is received, the Office will work diligently to close all recommendations in a timely but sustainable manner.

Strategic Risk Management

The Country Office has adopted a structured approach for identifying, systematically analysing and managing risks. A Risk Management Committee (RMC), chaired by the Representative and composed of key members of the CMT, was established in 2012. The RMC presents its findings and proposes recommendation to the CMT for review and endorsement. The RMC’s responsibilities include ensuring that the Country Office has implemented an effective risk management policy and plan that will enhance UNICEF’s ability to achieve its strategic objectives in Ethiopia; making certain that the disclosure regarding risk is comprehensive, timely and based on the Risk Control Self-Assessment (RCSA); and ensuring that the Country Office has closed all audit action points and recommendations in a timely fashion and can sustain them.

The RMC has also acted as the Audit Committee, meeting at least once a month to review and discuss relevant issues. Weekly meetings were held during the key periods when actions based on internal audit were taken and review of the RCSA was done. As a result of this intensive engagement, the Country Office achieved the following
All recommendations from the 2012 internal audit were closed by September 2013, as indicated in the audit response plan. The updated RCSA was approved by the CMT in February 2013. Six significant risk areas were identified: capacity for programme management; results-based management and reporting on results; ability to change; process, procedures and controls; financial management; and HACT implementation.

In response to the RCSA, the Office reviewed several work processes to make them risk-informed and aligned to the VISION environment, and to mitigate any risks arising from the ongoing decentralisation of programme management to the field offices. The processes reviewed were: (a) HACT implementation; (b) the PCA review; (c) direct cash transfer request/liquidation; (d) grant management; (e) field monitoring and trip reporting; (f) fleet management; (g) property, plant and equipment management; and (h) management of staff development. After internal audit recommendations were closed, the RMC identified additional key issues to be addressed, including: strengthening budget management, including payroll; supply management; and HACT, with a focus on DCT. Two additional positions were created to ensure that the Office is fully HACT-compliant.

The Office updated the Early Warning-Early Action intranet site three times in 2013 and developed an office-wide emergency preparedness and response plan. Update was informed by discussions among the Emergency Core Group in Addis Ababa and in the eight field offices. The office was able to achieve a minimum level of preparedness for some 100,000 households. Within UNICEF, staff in eight field offices received training on Emergency Risk Informed Programming.

In 2013, the Country Office reviewed its Business Continuity Plan and conducted evacuation drills. Minimum Operational Security Standards assessments were completed using internal UNICEF capacity and in partnership with the United Nations Department of Safety and Security. Security training was conducted for all staff and security guards in the field offices.

**Evaluation**

Evaluations of four programmes or approaches were completed in 2013: an interactive radio programme for HEWs; a mid-term evaluation analysis of the CBN component of the NNP; an evaluation of the youth and adolescent development programme; an evaluation of an element of the Government’s WASH programme supported by the European Union and UNICEF; and an MTR of the Health Sector Development Plan. A baseline survey for a multi-year evaluation on the assessment of learning achievements in selected woredas was conducted, as was a baseline survey for measuring the impact of WASH and CBN on stunting, and mid-term monitoring surveys for a three-year evaluation of the social cash transfer programme. Ten evaluations are in progress and three evaluations planned for 2014. The Integrated Monitoring and Evaluation Plan was updated four times in 2013; a new rating system was introduced to provide a clearer overview of progress.

UNICEF’s Research and Policy Advocacy Committee oversees the quality of evaluations and has responsibility for encouraging the development of evaluation concept notes and reviewing Terms of Reference for all evaluations and studies UNICEF sponsors. Government-led steering committees chaired by senior Government officials are established with accountability for each evaluation. The steering committees contract consultants to complete the work, instructing them to strive for objectivity, fairness and impartiality. To improve the quality of evaluations, UNICEF provides feedback to the steering committee and consultants on assessments made by the Global Evaluation Report Oversight System Review.

Progress was made on management responses to the following 2012 and early 2013 evaluations: CMAM; the Adolescent/Youth Development Programme; economic empowerment; and ICBPP.

Key outcomes from the evaluation action plans include: Government recognition that a more coherent national youth development strategy is required; development of a strategy to build capacity for results-based management for the national development programme; the need for stricter regulation of microfinance; and agreement that a strategy for elimination of harmful traditional practices is needed.
To improve the profile of evaluation and instil a stronger culture of following-up on action points, in collaboration with MOFED, evaluation reports were brought up to working paper standard and clearly branded as Government-owned products; and Government policy briefs were prepared for five major evaluations; papers based on three evaluations with co-authors in Government were submitted to international peer review journals and so far one paper was published.

UNICEF offered assistance to MOFED to strengthen its in-house evaluation and research coordination capacity. There are indications that accountability for evaluations related to progress on the national development plan will be transferred to the National Planning Commission, which was re-established in 2013.

To develop local capacity for quality evaluations, UNICEF is working with the Ethiopian Evaluation Association. UNICEF is supporting the association as it prepares its first peer-reviewed journal and discussions related to building local capacity to assess the quality of evaluations are under way.

**Effective Use of Information and Communication Technology**

In preparation for an upcoming office move in early 2014, the Information and Communication Technology (ICT) Section was involved in the planning, design and implementation of a new office network. A key feature of the ICT platform in the new office will be an upgraded, unified communication network, which is integrated with other UN agencies and UNICEF field offices. Successful negotiations with the regulatory authorities enabled UNICEF to obtain a permit to procure and operate the new network; installation is ongoing.

ICT continued to contribute to the overall effectiveness of business processes in the office by providing support to issues related to the VISION enterprise resource management system and, as needed, bringing problems to relevant experts at regional and headquarters levels. A mechanism was established to monitor and follow-up on resolution of any pending issues.

Despite continuous efforts to establish new broadband connections to improve connectivity among field offices, the reliability and stability of the network remains a challenge. Despite frequent power outages and inadequate infrastructure that affected UNICEF’s network availability in the field, the services provided by the single-service provider in Ethiopia are slowly improving.

The ICT Section conducted a thorough assessment and review of the radio setup in the field, particularly with regard to radio telecommunications in areas with an elevated security level. Despite restrictions on importation of telecommunications equipment, UNICEF staff, in collaboration with other UN agencies working in the field, managed to maintain an operational radio network.

The section is actively participating in two innovative projects in the health sector and is providing support to the Country Programme and its counterparts with the aim of identifying new Technology for Development opportunities.

In 2013, the Office conducted an annual review of its BCP. To align with a new UNICEF standard for backing up data, all relevant elements related to ICT disaster preparedness were revised. With the establishment of a BCP equipment stockpile, the BCP failsafe location is now fully equipped.

**Fund-raising and Donor Relations**

In 2013 UNICEF Ethiopia had a fundraising target of around US$125 million. This consisted of US$71.7 million in Other Resources (OR), per the Country Programme Document, and US$53.4 million in OR Emergency (ORE), per Humanitarian Action for Children. In addition to the US$125 million, the Regular Resources (RR) budget of US$44.3 million brought the total intended budget to US$169 million.

With the establishment of a Resource Mobilisation Task Force (RMTF) in October 2012, the Country Office set in motion a strategic shift in its fundraising efforts, focusing on cultivating stronger partnerships with bilateral donors in order to secure long-term predictable funding for its key programme priorities: child protection and
justice for children; a new-born initiative; nutrition; early education; social protection; and WASH. This strategy proved effective, with the UK Department for International Development and the EU agreeing to fund multi-year grants for WASH and nutrition and health, totalling US$140 million. The task force also worked on more selective engagement with UNICEF National Committees, pairing them with donor governments wherever possible. The RMTF held quarterly meetings, and a sub-group was formed to support coordination and follow up on RMTF decisions.

In 2013, UNICEF had US$155 million OR/ORE available for its programmes, including US$93.4 million carried over from 2012 and US$61.6 million mobilised during the year. A total of US$35.4 million of the US$53.4 million for humanitarian action was received. Despite a funding gap, due to a carryover of nearly US$18.7 million from 2012, UNICEF was able to achieve its planned results for 2013 and provide a timely response to several emergencies.

During the year, UNICEF Ethiopia made great progress in streamlining and strengthening its grant management processes. Systems were operationalised for better budgeting, closer tracking of fundraising activities and fund allocations, and more diligent monitoring of grant utilisation. Weekly and monthly programme meetings and CMT meetings were forums for regular monitoring of timely funds utilisation and donor report submissions, while the implementation of programme activities was monitored and reviewed every quarter. In 2013 the Country Office submitted all 102 donor reports due on time and to a high standard of quality, a fact acknowledged both by donors and UNICEF headquarters.

A Social and Digital Media Strategy was developed in 2013 to set a framework for communication and advocacy activities. The strategy, which goes hand in hand with the revamped Country Office website and E-newsletter for partners, focuses on providing visibility and services to donors and partners. Nine social media systems platforms are continuously updated with a view to forming strategic linkages with partner organisations. During the year, UNICEF hosted 31 field visits, including five from National Committees, 18 from donor governments and eight from the media; and 20 high-level advocacy events were supported.

Seven global and 23 national audio visual productions, over 40 press releases/news alerts, more than 60 media interviews and over 50 briefing materials were produced in 2013, as well as weekly media roundups and social media E-newsletter for staff.

Management of Financial and Other Assets

The Ethiopia Country Office made major progress towards becoming HACT-compliant in 2013 and working with other UN agencies for the same goal. UNICEF co-chairs the UN HACT working group and has been a catalyst for the UN and Government to conduct a macro-assessment scheduled to be completed by 31 December 2014.

A total of 163 implementing partners (IPs) were micro-assessed, and a risk assurance activity plan finalised for all assessed IPs. The plan for all micro-assessed IPs was presented to the UN Inter Agency Programme Team and the UN HACT working group, which endorsed this tool to be used across all UN agencies engaged in HACT. The risk assurance activity plan was finalised in June 2013 and subsequent revisions were ongoing, including refining the number of field visits, spot-checks, and audits and the timeframes.

Of the planned field monitoring visits for medium and significant risk rated IPs, 87.5 per cent were conducted and 80 per cent of the planned spot checks were undertaken. The planned audits for medium and significant risk rated IPs will take place in early 2014. To facilitate monitoring of programme implementation and systematically capture monitoring/spot check action points, the CO created its online TRMS.

To further strengthen HACT implementation, the Office conducted HACT training sessions for programme and operations staff and included an extra session on HACT during four PPP trainings (a total of 120 staff members trained). Following the internal audit recommendations, the Office created and subsequently filled two HACT posts, one in Programme and one in Finance at a senior National Officer (NO) Level to support HACT activities and strengthen systems.
In February, programme assistants and finance staff completed a two-day training on DCTs, focusing on correct processing for advances and liquidations, with an emphasis on adequate supporting documentation. The agenda also included: HACT, common DCT system problems and solutions, DCT reporting and cash transfer supporting documentation.

The Country Office made good progress in receiving an outstanding refund of value-added tax totaling US$3.5 million for 2011-2013 from the Government. The value-added tax submission is now up to date and covers mid-September to November 2013.

Significant efforts were made to ensure that all assets are properly registered in VISION. In compliance with organisational procedures governing plant, property and equipment, for mid-year closure of accounts, the Office conducted an annual physical asset count and tagging exercise. The results were reconciled with VISION SAP records and presented to the Property Survey Board for review. Subsequently, actions were taken on approved decisions and the SAP database was updated. The Office also streamlined work processes related to asset management.

The Office also revised SOPs for travel, payroll, DCTs and direct payments, in line with UNICEF’s policies and International Public Sector Accounting Standards (IPSAS).

ECO organised a one-week training in Finance Accounting and Administration for finance and administration staff. Sessions included IPSAS-related topics such as: introduction to accounting, accrual-basis revenue and expense recognition, plant, property and equipment acquisition, liabilities and other topics.

UNICEF Ethiopia developed criteria for vehicle procurement and disposal. The optimum number of vehicles was identified, based on programmatic needs, staff structure and safety and security in each location. The disposal of vehicles is done in line with the SOP for fleet management, which was revised in 2013.

The document retention system was strengthened, with all documents now filed based on weekly/monthly SAP reports that show all types of transactions processed for the period. The cash transfer SOP was updated to clarify steps and assign responsibilities and to highlight the controls in place, such as a checklist on cash transfer requirements. The work process for bank reconciliation has been updated based on the UNICEF Financial and Administrative Policy 4: Cash Management, Supplement 3- Bank reconciliations effective 2012. Staff responsibility for preparation of reconciliations has been defined in the Finance Section workplan and has been separated from payment processing. To ensure that vendor master records are complete, accurate and up to date, the office has established active vendor lists of IPs, contractors and suppliers.

In January the Office conducted petty cash management training for all designated custodians across the country. The training focused on UNICEF’s policy on petty cash management. In 2013 the Country Office took actions on the internal 2012 audit recommendations, which were closed by OIA in September 2013. The Country Office has also had an external audit (in November-December 2013), which reviewed programme, Human Resources and Supply areas.

**Supply Management**

In 2013, UNICEF Ethiopia’s total procurement value was estimated at US$149,873,551, 76.5 per cent of the Country Programme of US$196,000,000. This figure includes: a local procurement component valued at US$25,477,485; procurement services totalling US$3,268,325 carried out on behalf of the Government of Ethiopia; and an additional US$75,586,956 in goods and services procured for the GAVI Alliance.

In 2013, UNICEF Ethiopia had regular consultations with Government partners across all sectors. This included bilateral discussions to formulate the supply plan and frequent joint status reviews, which provided a strong platform to strengthen the integration of programme and supply.
In advance of the arrival of rotavirus vaccine in Ethiopia, UNICEF assisted the Government in expanding its cold chain by installing an additional five cold rooms in Pharmaceutical Fund and Supply Agency premises in Adama. UNICEF, with support from the GAVI Alliance, organised the delivery of the initial shipment for launch of the vaccine in early November 2013.

For procurement capacity building, the Country Office assessed 21 Government bureaus and authorised them to procure locally using Government systems. Examples of transfers include a total of US$284,989 for Protection supplies and US$9,000,000 for WASH construction contracts.

2013 saw strengthened collaboration with key partners, as evidenced by several key developments: Ethiopia’s PFSA assisted UNICEF to procure and deliver urgently needed medical equipment to a hospital under construction in the Tigray region; a joint capacity-building plan with FMHACA was established, and a customs office was set up within the compound of UNICEF’s warehouse in Addis Ababa. Supported by UNICEF, the UN Inter-Agency Procurement Working Group established several LTAs for printing and graphic design.

The establishment of a Master Procurement Plan and a Stock Flow Planning Strategy and the continued strict implementation of the pre-positioning and min/max strategies for inventory management has given the Office additional control over its stock management activities. Overstocks are identified and managed by delaying deliveries of similar goods already on order.

Procurement plans are monitored to ensure alignment between the amount of stock arriving in-country and available warehouse capacity. Distribution plans are adjusted to ensure high-level service to implementing partners. These actions have resulted in improved coordination between UNICEF and partners and the integration of stock planning across programmes and functions.

Internal capacity-building resulted in several staff members being trained to conduct peer reviews and procurement assessments, which improved knowledge, morale, confidence and efficiency. It also allowed for an evaluation of the decentralised procurement and supply model by the Operations Section.
In 2013 an approved PBR submission resulted in 37 new positions being created and 11 positions being abolished. There were 84 positions to be filled (70 Fixed Term and 14 Temporary Appointments), some as a result of the PBR and others due to staff reassignments, staff vacating their positions for other reasons, or positions brought forward from 2012.

As of November 2013, 58 vacancies – comprising eight IPs, 32 NOs and 18 GS – had been filled. There is gender parity among IP staff (48 per cent male, 52 per cent female) and GS staff (40 per cent male, 60 per cent female, excluding drivers, which is a male-dominated field). The Country Office continued to be challenged in the NO
category due to a high demand for female professionals from a limited number of available candidates, particularly for sub-offices. To attract Ethiopians living in the diaspora, especially female professionals, the Office started a six-month pilot with LinkedIn to advertise NO positions. Five posts were initially advertised. Use of this innovative recruitment approach, combined with dissemination through traditional recruitment outlets, attracted 628 applicants. As a result, there was a modest increase in gender parity among NOs; by end-2013 the rate was 33 per cent female, 67 per cent male. UNICEF Ethiopia is one of the first UNICEF offices to use a commercial LinkedIn account, and is working with the company to overcome current challenges and to assess the benefits of this approach.

More rigorous monitoring of performance assessments led to improvements in the completion rate. By the end of January 2013, 86 per cent of staff had submitted their 2012 assessments and 82 per cent of 2013 work plans had been submitted. By August, 63 per cent of mid-year reports had been submitted; by September the rate was 97 per cent. The Country Office is analysing rating trends to ensure more credible and consistent reporting.

The 2013 training plan was informed by staff/supervisor discussions that identified skill gaps and development areas. Almost 200 staff received group training, a 100 per cent completion rate, with priority given to PPP training. 42 staff completed basic accounting training and 26 staff completed global or regional training. Section-specific group training was 67 per cent implemented, with 179 staff trained in areas including emergency risk informed programming, safe driving, nutrition in emergencies, cluster coordination and WASH in emergencies. Individual training was 59 per cent implemented, with 41 staff receiving training (19 external, 22 in-country).

Following a peer review of the HR function, the Office was commended by ESARO, which noted its intention to circulate the tools used by the Ethiopia Country Office as good practice in the region.

Measures have been in place to improve transparency and accountability since the release of results of the 2011 Global Staff Survey. Regular meetings of the CMT are held and their decisions disseminated office-wide; staff issues are a standing agenda item of the CMT and Staff Association; SOPs in several critical areas and a suggestion box were also implemented.

### Efficiency Gains and Cost Savings

In 2013 the UN Country Team (UNCT) welcomed the adoption and piloting of the Business Operations Strategy, for which it had provided funding and HR. Based on the results of the baseline analysis, seven areas were prioritised for establishing joint LTAs (uniforms; printing; HACT-micro-assessments; ICT equipment; cleaning services; conference services and vehicle maintenance).

Overall, it is estimated that US$11.9 million (US$9.5 million in material costs and US$2.4 million in labour costs) will be saved through the inter-agency procurement of these seven categories in 2013-2015. By December 2013, only procurement of uniforms and micro assessment LTAs were in place. As a result, UNCT is estimated to save about US$211,000 and UNICEF is estimated to have saved about US$137,000 (US$120,000 from HACT and US$17,000 from uniform LTA). Supported by UNICEF, the UN Inter-Agency Procurement Working Group established several LTAs for printing and graphic design that can be used by UN agencies. UNICEF also trained members of the Inter-Agency Procurement working group on printing and design techniques.

Taking into account lessons from the first year of VISION/SAP, the Ethiopia Country Office launched a VISION hub in March 2013 to ensure smooth, timely and accurate processing of DCTs and to find technical solutions to experienced VISION problems. The hub focuses on processing cash transfers, including raising Funds commitments and Purchase Requisitions for cash advances and creating liquidations. The hub is composed of five programme assistants, with complementary competencies to handle programmatic cash transfer-related transactions, including for field offices. The hub ensures that proper registers are maintained so that all documents can be traced; the completeness of supporting documents as listed in established checklists before transactions are initiated in the system; and timely processing of cash transfers. The monitoring and monthly reports on cash transfer processing, including the processing time, are shared with programme sections and field offices. The approach resulted in faster and more accurate transactions. Based on the experience, the mid-term management review proposed regularising the VISION hub and the office will present it to the PBR in 2014.

Standard operating procedures for DCTs and direct payments were revised and adopted based on UNICEF policy
and IPSAS.

The UN ICT Working Group is consolidating the IT networks of interested UN agencies, to improve connectivity while ensuring cost-effectiveness. The project is expected to provide a return on its investment in about one and a half years.

**Changes in AMP & CPMP**

UNICEF Ethiopia made a few changes in the organisational structure of its Planning and Monitoring Unit and Administrative and Finance Section in 2013. These changes followed the introduction of VISION and were implemented in response to gaps identified during a 2012 internal audit, particularly in the Administrative and Finance sections and Planning Unit, and helped further strengthen compliance with UNICEF requirements for segregation of duties and implementing HACT.

In November 2013, a comprehensive review of the staffing structure for the Country Office and its field offices was being carried out simultaneously with the MTR of the Country Programme. A mid-term management review will be carried out in January 2014 that will culminate in submission of the Country Programme Management Plan to ESARO in 2014.

Preliminary recommendations from MTRM include the establishment of a dedicated VISION hub to improve efficiency; greater emphasis on supply planning and management, including full implementation of prepositioning of supplies and utilisation of the min-max strategy; capacity-building of supply and logistics partners; increasing the number of UNICEF staff directly engaged with Government; and increasing the mix of implementation modalities used, such as direct payment and reimbursement, to avoid an overreliance on cash advances and the resulting liquidation challenges. The changes will be supported by closer budget management, particularly of cross-sectoral costs, and more predictable funding through a greater emphasis on attracting multi-year OR Regular (ORR).

To reinforce the organisational emphasis on results-based management, the CMT has recommended key priority areas that will guide the Office throughout the Country Programme cycle. In 2014, UNICEF Ethiopia will continue to focus on closing the 2013 external audit recommendations and sustaining the control mechanisms already put in place in 2013; completing a micro-assessment review of the IPs that receive more than US$100,000 per annum from UN agencies in Ethiopia; training staff and IPs and completing the scheduled audits; delivering programme supplies to IPs following min/max and pre-positioning strategies; ensuring that field offices implement peer review recommendations; and making all efforts to ensure minimal disruption to the work of the office during the move to the compound of the Economic Commission for Africa in early 2014.

**Summary Notes and Acronyms**

**Acronyms**

AAP – Africa Adaptation project  
ABE - Alternative basic education  
AU - African Union  
BCP - Business Continuity Plan  
BOJ – Bureau of Justice  
BOLSA - Bureau of Labour and Social Affairs  
BOWCYA - Bureau of Women, Children and Youth Affairs  
BSC - Balanced Scorecard  
C4D - Communication for Development  
CBN - Community-based nutrition  
CMAM - Community management of acute malnutrition  
CMT - Country Management Team  
DCT - Direct cash transfer  
DPT - Diphtheria, pertussis and tetanus vaccine  
DRS - Developing Regional States  
EDHS - Ethiopia Demographic and Health Survey
EIFFDA - Ethiopian Inter-Faith Forum for Development Dialogue and Action
EMCU - Emergency Nutrition and Coordination Unit
EMIS - Education Management Information System
ESARO - Eastern and Southern Africa Regional Office
EU - European Union
FGM/C - female genital mutilation/cutting
FHAPCO - Federal HIV/AIDS Prevention and Control Office
FMHACA - Food, Medicine and Health Care Administration and Control Authority
GoE – Government of Ethiopia
GTP - Growth and Transformation Plan
HACT - Harmonised approach to cash transfers
HEP - Health Extension Programme
HEW - Health extension worker
HIV/AIDS - Human immunodeficiency virus/acquired immune deficiency syndrome
HMIS – Health management information system
HR - Human Resources
HRBAP - Human rights-based approach to programming
ICBPP - Integrated community-based participatory planning
ICCM - Integrated Community Case Management
ICT - Information and communication technology
IP - Implementing Partner
IPSAS - International Public Sector Accounting Standards
JMP - Joint Monitoring Programme
Kebele – Sub-district
LTA – Long-Term Agreement
MDG - Millennium Development Goal
MOWCYA - Ministry of Women, Children and Youth Affairs
MOFED - Ministry of Finance and Economic Development
MOLSA - Ministry of Labour and Social Affairs
MTR - Mid-term review
MUS - Multiple Use Services
NCB – National coordinating body
NER - Net enrolment rate
NNP - National Nutrition Programme
NO - National Officer
NWI - National WASH Inventory
OR/E/R - Other Resources/Emergency/Regular
PBEA - Peace-Building Education and Advocacy Programme
PBR - Programme Budget Review
PCA - Programme Cooperation Agreement
PFSA - Pharmaceutical Fund and Supply Agency
PIM - Programme Implementation Manual
PMTCT - Prevention of mother-to-child transmission
PMC – Population Media Center
PPP - Programme Policy and Procedure
PSNP - Productive Safety Nets Programme
PTSCT - Pilot Social Cash Transfer programme
RBM - Results-based management
RCSA - Risk Control Self-Assessment
REACH - Renewed Efforts against Child Hunger and Nutrition
RMC - Risk Management Committee
RR - Regular Resources
SAM - Severe acute malnutrition
SNNPR - Southern Nations Nationalities and Peoples’ Region
SOP - Standard Operating Procedure
SRH - Sexual and reproductive health
SUN - Scaling Up Nutrition
SWAP - Sector-wide approach
TOR - Terms of Reference
TRMS - Trip Report and Monitoring System
U5MR - Under-five mortality rate
UNCT - UN Country Team
USAID - US Agency for International Development
WASH - Water, sanitation and hygiene
Woreda - District
WWM - Wise Water Management
## Evaluation

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