

Ethiopia

Country programme document 2012-2015

The draft country programme document for Ethiopia (E/ICEF/2011/P/L.8) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

Basic data† (2009 unless otherwise stated)

Child population (millions, under 18 years)	41.8
U5MR (per 1,000 live births)	104
Underweight (% , moderate and severe, 2005)	33
(% , urban/rural, poorest/richest)	17/35, 36/25
Maternal mortality ratio (per 100,000 live births, reported 1999-2005)	670 ^a
Primary school enrolment/attendance (% , net male/female, 2005)	45/45 ^b
Survival rate to last primary grade (% , 2007)	40
Use of improved drinking water sources (%)	38
Use of improved sanitation facilities (%)	12
Adult HIV prevalence rate (%)	--
Child labour (% , 5-14 years old)	53
Birth registration (% , under 5 years)	7
(% , male/female, urban/rural, poorest/richest)	6/7, 29/5, 3/18
GNI per capita (US\$)	330
One-year-olds immunized with DPT3 (%)	79
One-year-olds immunized against measles (%)	75

† More comprehensive country data on children and women can be found at www.childinfo.org/.

^a 470 deaths per 100,000 live births is the 2008 estimate developed by the Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see www.childinfo.org/maternal_mortality.html/.

^b Survey data.

Summary of the situation of children and women

1. Ethiopia has experienced good economic growth in recent years,¹ but the country is still facing enormous challenges with widespread poverty. The Government's new five-year national development plan, *Growth and Transformation Plan, 2010-2014/2015* (GTP), maintains economic growth at its core.² Infrastructure development is central to the plan, together with a focus on agricultural production. The budget, expanding at 20 per cent annually, will be funded by increasing savings rate from 9 to 15 per cent of the gross domestic product (GDP) and increasing tax collection from 9 to 16 per cent of GDP. This assumes that aid levels stay at current rates and the budget deficit increases modestly.

2. Ethiopia is vulnerable to disease outbreaks as well as natural hazards, such as droughts and floods, and continues to address food insecurity. To cope with this, the country maintains a humanitarian response system. The disaster risk reduction policy will be finalized in 2011, increasing the focus on managing risk. A work

¹ According to recent Government data, the growth rate was 11.6 per cent between July 2003 and June 2009.

² *Growth and Transformation Plan, 2010-2014/2015*, Ministry of Finance and Economic Development, Federal Democratic Republic of Ethiopia, Addis Ababa, November 2010.

guarantee scheme targets 8 million people with payment in cash or food to help protect and grow household assets until they qualify for inclusion in a microcredit scheme.

3. Gender equality efforts focus on preferential access by poor women to microcredit at low interest rates and ensuring that more girls get secondary or vocational training. It also includes increased advocacy and mobilization calling for abandonment of harmful traditional practices, especially female genital cutting and early marriage.

4. The health sector share of the national budget will grow within an expanding budget. The budget increase means resources should become available to upgrade services. This will include upgrading neonatal and maternal health services (less than 10 per cent of births take place in health centres and only 6 per cent of women with obstetric complications receive professional treatment); improving the availability and quality of basic health services, including allocations for recurrent expenditures such as kerosene for refrigerators at health posts to improve routine immunization coverage rates; and covering costs of therapeutic food for severely malnourished children.

5. The employment of 34,000 health extension workers has brought health-care services closer to many people. The impact of this programme is being evaluated, but reports of malaria epidemics have fallen, the number of malnourished children being treated has gone up and cases of acute watery diarrhoea seem to be declining, due partly to improved hygiene practice and better access to safe water sources. The quality of immunization services needs to be improved. The 2011 Demographic and Health Survey will measure HIV prevalence and help to improve understanding of the epidemic. Less than 10 per cent of HIV-positive pregnant women receive services for prevention of mother-to-child transmission (PMTCT), and the new World Health Organization (WHO) guidelines for PMTCT have not yet been adopted.

6. Access to water and sanitation continues to improve, but in rural areas it often lags far behind urban areas. The Government reports coverage of safe water supply increased to 65.8 per cent in rural areas in 2010, significantly more than the estimate of 38 per cent in 2008 by the WHO/UNICEF Joint Monitoring Programme. New information from the national water, sanitation and hygiene education (WASH) inventory and the Demographic and Health Survey will provide further details. As coverage increases, unit costs of providing safe water to remaining communities will rise. Private sector engagement is still underdeveloped and cannot keep up with demand. Demographic, climate change and environmental pressures threaten water resources.

7. Sanitation and hygiene have improved, benefiting from the Health Extension Programme (HEP), but over 30 million people (about one third of the population) lack any form of toilet. Government reports indicate that 60 per cent of people use covered sanitation facilities. The figure for sanitation coverage from the Joint Monitoring Programme is lower, at 12 per cent. Hand-washing rates are 20 per cent. Most health and school facilities lack an appropriate water, sanitation and hygiene (WASH) infrastructure, and only one third of WASH financing needs are being met.

8. The public education sector has made great strides towards setting up systems, increasing access to universal primary education and improving gender parity at

primary school level. It has succeeded in including education in emergencies and early childhood care and education in the Education Sector Development Programme IV. The challenges for education are to ensure continued support to systems performance; accelerate access to and improve quality of integrated early childhood development and school readiness; increase access to primary education for the remaining 15 to 20 per cent of out-of-school children; address quality at general education level;³ and expand access to general secondary education with a special focus on equity and girls' education. The GTP maintains the proportion of budget allocated to education at recent levels, a 20 per cent expansion in real terms in the past five years.

9. Where extended families are unable to absorb children without parental care and in the absence of a formal system of family-based alternative care, over 7,000 children find themselves in child care institutions.⁴ An estimated 12,000 children live on the street in Addis Ababa.⁵ Exceptional progress has been made in informing the population about harmful traditional practices and reducing their prevalence in Ethiopia. The 2005 Demographic and Health Survey indicated that while 81 per cent of women aged 45-49 years were circumcised, the figure had declined to 63 per cent for young women aged 15-19 years.

Key results and lessons learned from previous cooperation, 2007-2011

Key results achieved

10. The current Government-UNICEF country programme contributed to the following national policies and schemes through advocacy efforts, expanded partnerships and technical assistance:

(a) The community-based case management of pneumonia, malaria, diarrhoea and severe malnutrition was rolled out throughout the country; a revised Health Extension Package (HEP) strategy was developed for pastoralists; and a joint programme was developed to improve maternal and newborn health and survival.

(b) The National Nutrition Programme was launched, as was a salt iodization programme.

(c) The national WASH inventory was developed and rolled out in eight pilot *woredas* (districts), ensuring verification of access and use of WASH facilities nationwide; and support was provided to local, regional and national investment, planning and targeting. The Government is committed to introducing this initiative nationwide.

³ A recent assessment across 8 of Ethiopia's 11 regional states indicated that, based on Grade 2 minimum learning competencies, on average, 20 per cent of Grade 3 learners and 33.9 per cent of Grade 2 learners could not read words correctly. *Early Grade Reading Assessment*, United States Agency for International Development, 2010.

⁴ *Improving Care Options for Children in Ethiopia through Understanding Institutional Child Care Factors Driving Institutionalization*, Family Health International, the Children's Investment Fund Foundation, the Federal Democratic Republic of Ethiopia Ministry of Women's Affairs and UNICEF, June 2010.

⁵ "Head Count of Street Children in Addis Ababa" (2010), Addis Ababa Bureau of Children and Women's Affairs and Street Invest International (not yet published).

(d) The child-friendly schools concept was mainstreamed into the government's School Improvement Programme and effectively implemented nationwide. Environmental education and protection and education in emergencies were included in the education sector plan; an early childhood care and education policy framework and strategic operational plan was launched; the National Girls' Education Strategy was revised; and the alternative basic education approach was supported to reach out-of-school children.

(e) A National Strategy on Violence against Women and Children was developed. A national assessment on the situation of child care institutions was conducted and a family-based alternative child care plan was developed. The Optional Protocol on the involvement of children in armed conflict was signed by the Government, as was the Convention on the Rights of People with Disabilities.

(f) A national life skills programme was established for youth training, and manuals were developed on youth club management, youth volunteerism, youth life skills and youth centre standards.

(g) A child rights-based analysis of national laws and policies was completed, and a Children's Bill harmonizing existing national legislation with international human rights law and international humanitarian law was developed. Around the country 1,149 committees on the Convention on the Rights of the Child were established.

(h) In 2009, Ethiopia ratified the new African Union Social Policy Framework for Africa. It commits member States to plans of action for social protection.

(i) A decentralized emergency planning and response planning process was initiated in seven regions. The aim is to develop capacities to identify predictable hazards and improve preparedness and humanitarian response. The Government and its development and humanitarian partners responded to major emergencies related to food insecurity and acute water diarrhoea in 2008 and 2009.

(j) The capacity of government counterparts was strengthened in local procurement, warehouse management, inventory control and supply chain management. Following an assessment of the Ministries of Health, Education and Water and 16 regional bureaus, a sum of \$1.5 million was transferred to government bureaus for local procurement in 2010, an increase from zero in the previous year.

11. Against the targets set for the 2007-2011 country programme, the following results were achieved:

(a) HEP was rolled out in nearly all rural villages, reaching 10 million children under 5 and 1.2 million pregnant women every year.

(b) With implementation of community-based nutrition and management of severe acute malnutrition, access to services increased dramatically, with 200,000 severely malnourished children receiving treatment every year. Coverage reached 50 per cent of health posts, up from zero in 2007. A key child survival package was provided to 93 per cent of under-five children.

(c) Almost 2.5 million people (including 1.22 million women and children) access and use safe water supply facilities, and self-financed sanitation facilities are used by almost 5 million people.

(d) The Education Management Information System and universal primary education planning were supported to enhance capacity and improve systems performance. The child-friendly schools concept was mainstreamed into the national School Improvement Plan. Around 1,500 new Alternative Basic Education Centres were established, enrolling over 250,000 students, 45 per cent of them girls from the most remote localities. With widespread training of education personnel on planning, management, monitoring and evaluation, supply and logistics, around 875,000 students (45 per cent girls) received a quality education.

(e) The programme has been a partner in HIV prevention work targeted at youth in urban areas with high HIV rates. Approximately 250,000 youth benefited from voluntary counselling, testing and risk avoidance. A weekly radio drama series was developed, reaching 1.9 million adolescents and young people throughout the country with up-to-date HIV prevention and life skills messages.

(f) Around 4,000 police and justice sector officials were trained on child rights and protection. Four child protection units were renovated in Addis Ababa, and a database was developed to track cases of violence against women and children. The Bureau of Labour and the Bureau of Social Affairs are being supported to expand their capacity to identify and support urban families with vulnerable children through grants, loans and training in all regions. The number of children benefiting is small (35,000) but the work is contributing to the policy dialogue on scaling up social protection following African Union recommendations.

(g) The Ministry of Finance and Economic Development was supported to produce a comprehensive analysis of the situation of boys and girls. Early indications are that a major hand-washing behaviour change communication campaign targeted at acute watery diarrhoea hot spots may be contributing to a reduction in the frequency and severity of diarrhoea. The HEP strategy has been supported with development of a community dialogue manual for use by health extension workers and the production of a 54-episode radio programme.

Lessons learned

12. Based on reviews, including the 2009 midterm review, lessons learned include:

(a) The programme's focus on knowledge management has not been strong enough and needs to support government knowledge management capacity.

(b) Geographic and programmatic convergence of United Nations agencies around UNDAF results was not effective by the time of the midterm review, resulting in the creation of three flagship joint programmes⁶ focused on maternal and neonatal health, gender equality and accelerating development in the four Developing Regional States.

(c) Each sector component of the programme targeted capacity development and service delivery in 300 districts, which was ambitious given available resources. Selection of the districts was left to each sector ministry instead of regions, resulting in a wide geographic spread and little convergence.

⁶ These are the major joint programmes developed by the UN agencies and the Government of Ethiopia, based on the recommendation of the 2009 UNDAF midterm review.

(d) Procedures regarding direct cash transfers need to be adjusted to operate in a federal system of government, calling for a move towards six-monthly disbursements. Reliance on local procurement needs to be expanded.

(e) The difference in reporting periods (UNICEF reports based on the calendar year while the Government has a July-June fiscal year) has created challenges in maintaining momentum in programme implementation, as the calendar year ends at a time when implementing partners are gearing up for accelerated implementation.

The country programme, 2012-2015

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Survival and health	60 552	161 809	222 361
Learning and development	26 329	57 600	83 929
Protective environment and disaster risk reduction	31 001	34 319	65 320
Analysis, communication and participation	18 298	9 236	27 534
Cross-sectoral costs	24 032	24 021 ^a	48 053
Total	160 212	286 985^b	447 197

^a Amount to be agreed for each contribution depending on donor.

^b This amount excludes \$137,000,000 emergency other resources projected for humanitarian response during the programme cycle.

Preparation process

13. Under the leadership of the Ministry of Finance and Economic Development, the country programme was developed through consultations with concerned ministries, regional bureaus, United Nations agencies, bilateral and multilateral development partners, and civil society organizations. The key results contribute directly to the outcomes of the UNDAF (2012-2015), which in turn are aligned with the national development goals of the GTP 2011-2015.

14. The programme is informed by the 2009 midterm review, the draft situation analysis and the latest country report on the Millennium Development Goals. Following a number of workshops, the programme was prepared using the human rights approach to programming and guided mainly by the following cross-cutting issues: (a) commitment to humanitarian action; (b) equity focus; (c) capacity development for programming and planning; (d) geographic targeting; (e) community dialogue; (f) behaviour change communication; (g) disaster risk reduction; (h) gender mainstreaming; and (i) balancing UNICEF cooperation between policy analysis and advocacy, service delivery and capacity-building.

Programme and component results and strategies

15. The overall goal of the country programme is to advance the fulfilment of the rights of all women and children in Ethiopia to survival, development, participation

and protection. The strategy is to support government programmes to increase access with quality, especially for the most vulnerable communities.

16. The programme will contribute to the following strategic results: (a) children's rights are mainstreamed into development planning, resource allocation, programme implementation and civic engagement; (b) quality basic services are provided to target populations through strengthening the management, budgeting and delivery systems of child-related government programmes; and (c) capacity to prepare for and respond to emergencies at all levels is increased.

17. The overarching strategies to achieve these results are: (a) a commitment to harmonization and aid effectiveness; (b) providing technical assistance to improve knowledge management systems, in order to influence policy and programme design and leverage resource allocations of government programmes; (c) strengthening systems for delivery of services at regional level, emphasizing convergence in selected districts, enhanced capacity, accountability and effective implementation of government programmes related to children; (d) partnering with the Government, communities, the private sector, the media, civil society groups and youth and children's organizations to accelerate behavioural and social change; (e) focusing on equity to reach the most vulnerable children in Ethiopia: the poorest children from families with no or little land in the country's main regions, pastoralist children living in the Developing Regional States and girls with fewer opportunities because of their gender; and (f) focusing on gender, including maternal and neonatal health, by increasing access to quality basic and secondary education and income-generating activities for women, and ending harmful traditional practices, including early marriage and female genital cutting; (g) focusing on the environment through environmental science education and promotion of climate change adaptation technology in schools, and (h) supporting the implementation of the DRM policy once adopted, including capacity development at sub-national levels for emergency preparedness and response and social protection programmes.

Relationship to national priorities and the UNDAF

18. The country programme is aligned to the GTP and sectoral development plans and frameworks. It supports the outcomes under the four UNDAF pillars: (a) sustainable economic growth and risk reduction; (b) basic social services; (c) governance and capacity development, and (d) women, youth and children.

Relationship to international priorities

19. The programme will be guided by the Millennium Development Goals, Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, Core Commitments for Children in Emergencies and other international and regional commitments. It will contribute to results in all focus areas of the medium-term strategic plan.

Programme components

20. **Survival and health.** This component will address the major causes of disease and malnutrition among children and regional disparities thereof. It will address challenges related to policy development and implementation, access to quality service delivery, empowerment of communities to plan and manage local service delivery, integration of interventions (humanitarian and developmental) into

government systems, and capacity to implement and monitor progress in sector plans.

21. It will support the objectives of the GTP, to reach the Millennium Development Goals and improve the quality of health and nutrition services, and of the Health Sector Development Plan, to reduce morbidity, mortality and disability and improve the population's health and nutrition status. It also supports the following UNDAF outcomes by 2015: (a) the Ethiopian population, in particular women, children and vulnerable groups, will have improved access to and use quality health, nutrition and WASH services; and (b) all in need have improved HIV prevention, treatment, care and support.

22. This component will contribute to the following results at national and regional levels by 2015:

(a) Government capacity and systems are improved for evidence-based, equitable and gender-sensitive planning, management, logistics and information systems to support implementation of the health sector development plan, universal access plan (for safe water) and National Nutrition Programme.

(b) At least 80 per cent of children, youth and women in rural, pastoralist and urban areas use quality, gender-sensitive and equitable preventive, promotional and basic curative health and nutrition services at community and health-post level.

(c) A total of 3,200 health centres and 120 hospitals deliver quality, equitable, gender-sensitive curative and life-saving services focusing on common newborn, child and maternal illnesses and complications, integrated with PMTCT.

(d) Government capacity and systems to improve sustainable access to basic WASH services are strengthened at federal, regional and *woreda* (district) levels with a focus on evidence-based priority setting and planning; cost-effective and integrated approaches to service delivery are in place; decision-making with a strong gender dimension is localized; and programmatic support is available in at least 80 learning districts spanning all regions of the country.

(e) Effective inter-sectoral coordination mechanisms are in place to support implementation of national and regional plans for improved health and survival of women and children.

23. The main strategies to achieve these results are capacity building for policy development and sector coordination; development and scaling up of innovative methods of programme implementation, including high-impact health, nutrition and WASH interventions in communities through outreach and in health facilities; capacity development at *woreda* and community levels; strengthening information management systems; increasing access to and quality of service delivery and partnerships; and support to decentralized procurement of supplies.

24. **Learning and development.** This component will support interventions to address the causes of lack of access, participation and completion of basic and lower secondary education. It will address challenges of enrolment, gender and geographical disparities, quality, completion and dropout rates, school environment and capacity to implement sector plans. Several studies have been commissioned to provide data for the new programme, including an evaluative baseline study of the UNICEF-supported education programme, an analysis of gender-based violence and a comparative study of public and private schools.

25. This component will support the GTP, expanding and ensuring quality of education services, and the major priority actions in the Education Sector Development Programme. It also supports the UNDAF outcome regarding equitable access and quality education for boys and girls at pre-primary, primary and post-primary levels with a focus on the most vulnerable children and localities.

26. The programme component will contribute to the following results at national and regional levels:

(a) The Ministry of Education, regional education bureaus, *woreda* education offices and schools have the human and institutional capacity to improve sector performance, develop and interpret better policies, and build systems to improve access and learning achievement. The emphasis will be on reaching remote/pastoralist and vulnerable populations.

(b) Children from the prenatal stage to age 7 living in at least 120 lagging *woredas* are supported with integrated health, nutrition, protection, early stimulation and school readiness interventions and are physically, emotionally, socially and cognitively ready to learn.

(c) All out-of-school girls and boys living in selected lagging *woredas*, including those affected by emergencies, have access to, participate in and complete general education of high quality.

(d) Girls and boys living in at least 120 lagging *woredas* demonstrate core learning competencies at grade 4 through the School Improvement Plan as defined by the National Curriculum Standards System and measured by the National Learning Assessment.

27. The main strategies to achieve these results are capacity development, advocacy, partnerships and knowledge management. Approaches include integrated early childhood development, alternative basic education, service delivery linked to the “whole *woreda*” approach, a multi-sectoral approach to gender-based violence and child participation in learning, response to climate change through environmental education, and education in emergencies.

28. Linkages with the community-based nutrition programme of the HEP will accelerate children’s brain development, alertness and social interaction and improve child nutrition, health and early learning. This will take place through emotional stimulation (early childhood development) of children under 2 participating in monthly growth monitoring and promotion sessions.

29. The main interventions include: (a) support implementation of national policies and plans; (b) support partners at regional level to make better use of data for evidence-based advocacy, resource mobilization, planning, implementation and monitoring; (c) support communities and school management committees to promote access for out-of-school children in disadvantaged areas and reduce dropout rates, especially for girls; (d) improve learner performance for girls and boys at the foundation level (ECD and grades 1 to 4); and (e) explore strategies to increase access to quality general secondary education.

30. **Protective environment and disaster risk reduction.** This component will contribute to building and strengthening an integrated child-focused social welfare and protection system. It will support interventions that will ensure that the justice system better serves and protects children, whether victims, witnesses or alleged

offenders. It will strengthen youth empowerment and reduce HIV incidence among the adolescents most at risk.

31. This programme component also supports interventions that address the causes of vulnerability to disasters of women and children, as well as to disability, violence, exploitation and abuse.

32. It will support achievement of the following UNDAF outcomes by 2015: (a) women, youth and children are increasingly protected and rehabilitated from abuse, violence, exploitation and discrimination; (b) national and subnational institutions have implemented a minimum package of social protection measures in accordance with a funded national action plan based on legislation; (c) national and subnational institutions and vulnerable communities have systematically reduced disaster risks and impacts and have improved food security; and (d) access has improved to HIV prevention, treatment, care and support.

33. The programme component will contribute to the following results at national and regional levels: (a) an effective child-friendly justice system realized in all regions; (b) the national child-focused social welfare system is strengthened and social welfare services are available in all regions; (c) the national social protection plan is operationalized; (d) a functional birth registration system in place; (e) violence against women and children is prevented and mitigated; (f) access to HIV prevention services has increased for marginalized children and adolescents; (g) the National Youth Development Package is fully implemented; and (h) the Government, communities and civil society support disaster risk reduction and respond to emergencies in Ethiopia, with a particular focus on issues affecting women and children in the most vulnerable regions/districts.

34. The following strategies will be used throughout the programme: (a) enhancing technical capacities of government partners and counterparts for policy and systems development and quality, sustainable service delivery; (b) empowering families and communities with knowledge and skills to achieve a stronger protective environment for boys and girls; (c) developing social change mechanisms and increasing advocacy against harmful practices and violations; (d) building and strengthening child protection systems at all levels; and (e) increasing institutional capacity to adequately respond to emergencies.

35. **Analysis, communication and participation.** This component will facilitate dialogue on policies, behaviours and social norms at federal and regional levels and in some *woredas* and communities and on stakeholder duties to work towards realization of children's rights.

36. It supports the national development goal of good governance and democracy, with communities empowered to take charge of their own development. It also supports the following UNDAF outcomes: (a) national and subnational actors utilize improved mechanisms that promote inclusiveness, participation, transparency, accountability and responsiveness in national development processes, and (b) the capacities of national, local and community institutions are strengthened for evidence-based development management, including in disaggregated data collection, analysis and utilization.

37. The programme component will contribute to the following results:

(a) Policy dialogue and analysis are supported, and national and subnational programmes that articulate the claims and duties of boys, girls and women (based on the relevant international conventions) are developed, implemented and updated periodically based on the latest available socio-economic data.

(b) National and subnational institutions, the mass media, community networks, families, women and children participate more effectively in communication for development, addressing behaviours, norms and actions to protect, promote and fulfil the rights of girls, boys and women.

38. Strategies to achieve the results include strengthening national and regional capacities to collect, analyse and report on trends and disparities related to boys and girls; and development of standardized approaches, tools and training for social change initiatives.

Major partnerships

39. In addition to the Government, UNICEF will work in close partnership with United Nations agencies and multilateral and bilateral partners. Work with international and national non-governmental organizations, media and civil society groups will continue. As part of the resource mobilization strategy, close contact will be maintained with bilateral and multilateral organizations and the National Committees for UNICEF.

Monitoring, evaluation and programme management

40. All programme implementation will be coordinated by national institutions, under the Ministry of Finance and Economic Development. Sectoral programmes will be coordinated at federal and regional levels by relevant line ministries, authorities and regional bureaus.

41. The capacity of government institutions to manage supply and logistics will continue to be strengthened.

42. Monitoring within the UNDAF framework will be supported by quarterly reviews by regional counterparts and mid-year and annual reviews led by the Ministry of Finance and Economic Development. Relevant counterparts and partners will participate.

43. UNICEF will work with government institutions, in particular the Central Statistics Agency, to ensure the availability, analysis and use of disaggregated data at national, regional and *woreda* levels, and to promote the use of EthioInfo for monitoring progress towards the GTP and Millennium Development Goals. The Integrated Monitoring and Evaluation Plan, linked to the monitoring framework of the UNDAF, will be the basis for monitoring progress.

44. Independent programme evaluations will be managed by the Ministry of Finance and Economic Development following the Development Assistance Committee guidelines of the Organization for Economic Cooperation and Development.