



Economic and Social Council

Distr.: Limited
15 May 2020

Original: English
English, French and Spanish only

United Nations Children's Fund

Executive Board

Annual session 2020

29 June–2 July 2020

Item 7 (a) of the provisional agenda *

Country programme document

Ethiopia

Summary

The country programme document (CPD) for Ethiopia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$182,815,000 from regular resources, subject to the availability of funds, and \$416,118,273 in other resources, subject to the availability of specific-purpose contributions, for the period July 2020 to June 2025.

* E/ICEF/2020/6



Programme rationale

1. Ethiopia is progressing towards achievement of the Sustainable Development Goals and per capita income increased from \$130 to \$790 between 2000 and 2018.¹ However, the country ranks 173rd out of 189 countries in the Human Development Index² and current projections indicate that the COVID-19 pandemic could reduce the country's economic growth by up to 7 per cent.
2. The population is projected to reach 115 million in 2020, with 49 per cent under age 18.³ By 2030, it is projected to reach 145 million, while the urban population will grow from 21 to 31 per cent by 2037.⁴ Quality, relevant education and skills training are essential to realize the demographic dividend of productive employment for youth.
3. Although monetary poverty halved between 1995 and 2015 to 24 per cent,⁵ 32 per cent of children continued to live in poverty in 2015–2016.⁶ Achieving the child-related Sustainable Development Goals requires an investment of \$230 per capita, per year by 2030, far higher than the amount of \$40 estimated in 2018.⁷
4. The Productive Safety Net Programme spans six regions of Ethiopia and reaches 8 million chronically food insecure rural people with food, cash and public works. The Urban Productive Safety Net Project covers another 600,000 destitute households in 11 cities and children living in street situations. Other social protection mechanisms include a pilot integrated safety net programme and public health and education subsidies.
5. Large disparities exist in child well-being indicators between urban and rural areas, regions, wealth quintiles and mothers' education levels. Ninety-four per cent of rural and 42 per cent of urban children (88 per cent overall) live in multidimensional poverty.⁸ Although policies and strategies are generally pro-poor, there are structural, supply and demand, environmental- and climate-related barriers to reducing disparities. Other barriers include gender inequality and frequent, large-scale humanitarian situations.
6. The Health Sector Transformation Plan's prioritization of equitable reach and quality have resulted in increased coverage of high-impact interventions and decreased regional disparities in access and quality. Between 2005 and 2016, infant and child mortality declined substantially, to 43 and 55 deaths per 1,000 live births, respectively, but there was little improvement in neonatal mortality (28 deaths per 1,000 live births) and maternal mortality remains very high. In 2016, three quarters of pregnant women made at least one antenatal care visit and nearly half of all births were delivered by skilled health workers. These factors could reduce neonatal and maternal mortality if quality of care also improves.⁹

¹ World Bank, Ethiopia Country Overview, 2019.

² United Nations Development Programme, Human Development Indices and Indicators: 2018 Statistical Update, 2018.

³ United Nations Department of Economic and Social Affairs, Population Division, World Population Prospects 2019, customized data acquired from the website.

⁴ Central Statistical Agency [Ethiopia] (CSA), Population Projections for Ethiopia, median variant 2007, 2013.

⁵ CSA, Household Income Consumption and Expenditure Survey, 2015/2016.

⁶ The World Bank Group and UNICEF, 'Ending Extreme Poverty: A focus on children', Briefing Note, 2016.

⁷ UNICEF Ethiopia, Financing the Child Centred Sustainable Development Goals (SDGs) in Ethiopia, 2019.

⁸ CSA and UNICEF, Multidimensional Child Deprivation in Ethiopia, 2018.

⁹ CSA [Ethiopia] and the Demographic and Health Surveys (DHS) Program/ICF, Ethiopia Demographic and Health Survey 2016, 2017.

7. Around 1.7 million children under age 1 (57 per cent) are not fully vaccinated against prioritized preventable diseases,¹⁰ with large urban/rural and regional differences. The barriers are primarily gaps in the delivery system, weak supervision and supply management and low demand by parents and caregivers.

8. The prevalence of stunting and wasting among under-five children has decreased but remains concerning, with rates of 37 per cent and 7 per cent, respectively, in 2016. Micronutrient deficiencies are worsening. Anaemia among women of reproductive age increased from 17 per cent in 2011 to 24 per cent in 2019. Fifty-seven per cent of children aged 6–59 months are anaemic; with the highest rates (68 per cent) in the lowest wealth quintile and in Somali Region (83 per cent). Vitamin A supplementation is low at 47 per cent overall, and well below 40 per cent in the Afar Region, among children of the youngest mothers and in the lowest wealth quintile. Fifty-nine per cent of infants are exclusively breastfed for six months; only 12 per cent have minimal dietary diversity, the lowest rate in Eastern and Southern Africa.¹¹

9. Great strides were made in the last decade in gaining access to improved water sources. However, in 2016, only 11 per cent of Ethiopians (38 per cent urban, 5 per cent rural) used safely managed drinking water. Twenty-one per cent of households in the highest wealth quintile and 5 per cent in the lowest wealth quintile meet the newer standard of the Sustainable Development Goals of “use of an improved sanitation facility, not shared by another household, and with safe disposal of excreta”. There was a steep decline in the number of people practicing open defecation, from 79 per cent in 2000 to 22 per cent (around 22 million people) in 2017. Twenty-three per cent of urban and 4 per cent of rural populations have soap and water for hand-washing at their residence, an average of 8 per cent nationally.¹²

10. Ethiopia has a school-aged population of over 26 million children enrolled across approximately 40,000 schools.¹³ In 2018/19, over 20 million students were enrolled in primary education (Grades 1–8), an increase of more than 5 million over one decade. This increase includes 41 per cent gross enrolment in early childhood education compared to 22 per cent in 2011/12.¹⁴

11. Despite considerable progress towards enrolment of all children in primary school, gaps and disparities remain. In 2018, approximately 2.6 million children aged 7–14 were out of school (54 per cent girls).¹⁵ Dropout and low attendance rates are considerably higher among girls and in regions with larger pastoralist and rural-agriculturalist communities. Gender parity in primary education stands at 0.90 nationally (having worsened from 0.92 in 2013/14), and varies from 0.80 in the Somali Region to 1.15 in Addis Ababa.¹⁶ Remaining challenges include successful progression through primary and secondary levels, quality of learning and acquisition of relevant knowledge and skills for employment and civic engagement, and access to education for children on the move, especially in rural areas.

12. Child protection challenges include violence, exploitation and abuse, child marriage and female genital mutilation (FGM), child labour and a very low birth

¹⁰ Ethiopian Public Health Institute (EPHI), Federal Ministry of Health (FMOH) and the DHS Program/ICF, Ethiopia Mini Demographic and Health Survey 2019: Key Indicators, 2019.

¹¹ CSA [Ethiopia] and the DHS Program/ICF, Ethiopia Demographic and Health Survey 2016; and EPHI, FMOH and the DHS Program/ICF, Ethiopia Mini Demographic and Health Survey 2019 Key Indicators, 2019.

¹² UNICEF and WHO, Progress on household drinking water sanitation and hygiene, 2000–2017, 2019.

¹³ Ministry of Education (MOE), Education Statistics Annual Abstract (ESAA) 2018/19.

¹⁴ MOE, ESAA 2018/19 and 2011/12. Includes public and private provision.

¹⁵ UNICEF Ethiopia, National Situation Analysis of Children and Women in Ethiopia, 2019.

¹⁶ MOE, ESAA 2018/19.

registration rate. Children on the move – as refugees, returning migrants, or internally displaced persons – are at greater risk of violence and exploitation. Fifteen million women were married as children; and 40 per cent of women aged 20–24 were married before age 18, although the rate is declining. More than 24 million girls and women aged 15–49 (65 per cent) have undergone FGM. Among females aged 15–49 years, 26 per cent reported having experienced sexual or other physical violence.¹⁷

13. A Country Programme Evaluation, Gender Programmatic Review, Partners' Perception Study, Situation Analysis and United Nations Common Country Analysis have informed the country programme. An important lesson is that greater value-for-money and effectiveness can be achieved through integrated, multisectoral programming with diverse partners. This applies to development and humanitarian contexts and reinforces the principles of capacity development and of social change that is holistic, builds resilience and is sustainable.

14. In addition, despite considerable progress, indicators that are stagnating or, in some cases worsening, require the country programme to be more focused and to invest in scalable results, leverage broader partnerships and apply a combination of strategies.

Programme priorities and partnerships

15. The goal of the country programme is to support the Government of Ethiopia in its commitment to respect, protect and fulfil children's rights, in line with its Homegrown Economic Reform Agenda and other national agendas, policies and plans¹⁸, the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals.

16. The country programme is fully aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF); UNICEF contributions are based on an analysis of its comparative advantages. The programme is guided by children's rights and principles of equity, gender equality and transformation, inclusion and sustainability. It will apply evidence-based, integrative strategies and innovations. The vision of change is that all girls and boys in Ethiopia, particularly those with disabilities, experiencing multiple deprivations and in humanitarian situations, gain greater access, with greater equity, to quality services that will enable significant progress towards achievement of the child-related Sustainable Development Goals in Ethiopia.

17. The realization of that vision is planned through six programmatic theories of change: child protection; health; learning and development; nutrition; social policy, evaluation and research; and water, sanitation and hygiene (WASH). These theories have identified barriers and pathways to change that are risk-informed, incorporate new opportunities and are adaptive to urban and rural areas, different regional and subregional contexts and humanitarian situations.

18. The country programme will apply multisectoral strategies, including:

(a) Four flagship results that will enhance programme integration: end child marriage; end open defecation; stop stunting; and every child accessing learning opportunities;

¹⁷ CSA and the DHS Program/ICF, Ethiopia Demographic and Health Survey 2016, 2017.

¹⁸ A Ten Year Perspective Plan was developed in 2019 is expected to be launched in 2020.

(b) A social and behavioural change communication (SBCC) strategy that targets interrelated causes of harmful beliefs and practices and mobilizes communities;

(c) Contributions from all programmes to early childhood development;

(d) Increased investment in adolescents and youth for their empowerment, participation and enhanced opportunities and skills for active citizenship and social cohesion, including through the Generation Unlimited partnership;

(e) Identification and facilitation of best practices from global communities of practice, including South-South and triangular cooperation and cooperation with the United Nations Economic Commission for Africa and the African Union.

19. The country programme will make strategic shifts recommended by evaluations and reviews:

(a) Humanitarian, development and peacebuilding collaboration;

(b) Gender transformative programming within the UNICEF Gender Action Plan, 2018–2021;

(c) Encompassing children on the move, vulnerable refugees, returnees, internally displaced persons and trafficked children;

(d) A bold communication, public advocacy and brand strategy that positions UNICEF as a leading voice driving results for children;

(e) Increased investment in public system-strengthening and more focused, high-impact results.

Health

20. The health programme will support national systems to overcome capacity gaps in supply, information and facilitative supervision within the public health system; inequitable access and use of health services; and poor-quality health services. The output-level results concern health system capacity, increased access and quality of primary and referral health facilities; and strengthened communications and use of community platforms. Strategies for health system strengthening include technical assistance, evidence-generation, advocacy and capacity development for policies, planning, information management, child-centred and equity-focused budgeting and integrated delivery of maternal, neonatal and child health actions. Capacity-development approaches will be coordinated across UNICEF programmes. System strengthening is intended to strengthen resilience to disasters; the programme will also respond to disease outbreaks and other humanitarian needs.

21. Improving access, quality, use and accountability of primary and referral health services requires strengthening the Health Extension Programme to deliver reliable, resilient and quality services, including for hard-to-reach children and women in crisis situations. Automated dashboards, scorecards, alerts and feedback mechanisms will enhance monitoring and accountability. The programme will advocate for more domestic financing for child health commodities and the community-based health insurance scheme, to ensure universal coverage.

22. A multisectoral SBCC strategy will be implemented with Health Extension Programme stakeholders and will positively influence norms and practices regarding household practices and use of health services by children and women.

23. The development and humanitarian partners are the Government, bilateral and multilateral organizations, foundations, civil society, private sector, academic and research institutions and the media.

Nutrition

24. The nutrition programme will tackle the supply- and demand-side barriers to achieving large-scale, equitable and quality coverage of nutrition-specific and nutrition-sensitive actions. The planned outputs will focus on prevention and treatment of acute malnutrition, increasing access to and demand for services and proper nutrition, and reducing micronutrient deficiencies. The programme will build better-coordinated nutrition service systems, with more effective use and analysis of data, as well as system and community resilience in situations of chronic food and water insecurity and in humanitarian situations.

25. A key strategy will be capacity development for stronger convening, coordinating and implementation of nutrition services within a strong nutrition policy environment. The government's Seqota Declaration, the National Food and Nutrition Policy and the UNICEF flagship result "stop stunting" all recognize that the interrelated causes of undernutrition require actions from multiple sectors. A multisectoral SBCC strategy aims to change harmful social norms and practices.

26. The programme will invest in the District Health Information System; improve and expand the Unified Nutrition Information System; and conduct research and evaluation for effective planning, monitoring and decision-making.

27. Service-delivery strengthening will increase the coverage and reliability of screening, counselling, referrals and treatment of acutely malnourished children, including through pre- and in-service training. Evidence will be used to leverage increased micronutrient supplementation within routine health services for young children, adolescents and women of reproductive age. Advocacy and partnerships, including with the private sector, will help improve year-round availability of diversified complementary food, and increase food fortification and provision of nutrition-sensitive support to young children and pregnant women.

28. The nutrition programme's development and humanitarian partners include the Government, bilateral and multilateral organizations, including United Nations agencies, foundations, civil society, research and media organizations, and the private sector.

Water, sanitation and hygiene

29. The WASH programme will address the barriers to accessing safely managed water, basic sanitation and good hygiene practices. The output results relate to system strengthening and sector coordination around ending open defecation and improving hygiene practices, and greater access to inclusive WASH facilities in rural and urban locations.

30. The output results will support coordination of the humanitarian cluster and the national One WASH programme with which it is fully aligned, including systems and infrastructure that are resilient to climate change and the flagship result "ending open defecation". System- and capacity-development strategies will link development, humanitarian and social cohesion objectives by emphasizing equity and accountability in local ownership.

31. Capacity will be developed for professional and cost-effective management and maintenance of rural and urban services, aiming to overcome barriers to accountability and sustainability and to serve host, refugee and other populations. In rural areas, this will also include the total sanitation approach that encompasses communities, schools and health facilities. Strong private sector partnerships will be

pursued for marketing of sanitation products, with linkages to the Productive Safety Net Programmes.

32. The integrated SBCC strategy will promote ending open defecation, good hand-washing practices, menstrual hygiene and health, hygiene of infants and maintenance of WASH facilities in schools, health facilities and households.

33. The development and humanitarian partners include the Government, bilateral partners, multilateral organizations, including United Nations agencies, international financial institutions, civil society, research and media organizations and the private sector.

Learning and development

34. This programme component will address seven barriers to children's learning and development: insufficient school readiness; learning disruptions due to humanitarian crises; gaps in legislation, budgets and information management; low education quality and relevance; multisectoral barriers, such as poor school environments (including WASH facilities); adverse social and gender norms and behaviours; and evidence gaps. Outputs relate to increasing access to pre-primary and early primary education, reducing the number and percentage of out-of-school children, including through implementing alternative learning pathways, improving the primary-level curriculum and system strengthening.

35. The programme will coordinate across sectors to achieve the flagship result "every child accessing learning opportunities" to overcome supply and demand-side barriers at facility, community and household levels. There will be a sustained focus on reducing gender inequality in enrolment, transition between grades and completion of secondary school or skills training.

36. Advocacy, evidence-generation and technical-assistance strategies will increase allocations and actions for pre-primary education; support the development and enactment of legislation for equitable access to education; support general education curriculum reform, including for skills development; and inform policies and strategies to reduce the number of out-of-school girls and boys. Demonstration sites will provide evidence for scalable, quality early childhood education and alternative educational and skills pathways for out-of-school children, especially adolescents, children on the move, children with disabilities and girls. Capacity strengthening is essential for teachers, including those in alternative basic education centres and emergency settings.

37. The development and humanitarian partners include the Government, bilateral partners, United Nations agencies, civil society, research and media organizations, the private sector and global funds for education.

Child protection

38. The child protection programme will tackle the barriers of weak coordination, accountability and capacity of the social service workforce for children; low birth registration rates and the prevalence of harmful norms and practices, with a focus on violence against children, child marriage and FGM. The output results concern child protection system-strengthening for prevention and response to harmful practices; developing the capacities of children, families and other duty-bearers, and strengthening capacities for birth registration within the civil registration system.

39. Strategies to strengthen child protection systems include capacity development of protective services and information management; strengthening the social service workforce; strengthening coordination and accountability, including the

Humanitarian Area of Responsibility; advocacy to raise the minimum age of criminal responsibility; and increasing access to specialized justice for children, including diversion.

40. Strategies to reverse harmful social norms and practices include: coordinating a multisectoral approach for the flagship result “end child marriage”; advocacy for implementation of the National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting (2020–2024); life skills education for adolescent girls in and out of school; and SBCC for prevention of harmful practices and violence, increases in help-seeking behaviour, promotion of gender equality and measurement of changes in social norms and behaviours.

41. To overcome barriers to increasing birth registration, strategies will involve providing technical support to implement a costed strategic plan; close collaboration with the Government to increase birth notification; evidence-based demand mobilization; exploring the use of technology and increasing the quality and frequency of routine data collection, analysis and use.

42. The programme’s key development and humanitarian partners will be the Government, multilateral agencies, including United Nations agencies, civil society, bilateral partners, the private sector, academic and research institutions and the media.

Social policy, evaluation and research

43. The social policy, evaluation and research programme will address barriers to optimal child-focused policies and budgets and reducing multidimensional child poverty, and barriers to the broad fulfilment of child rights and achieving gender equality. The planned outputs relate to collecting, analysing and using data; strengthening the social protection system; strengthening government capacity in budgeting, and government and civil society capacity for monitoring and reporting on child rights and gender equality. The programme will coordinate UNICEF evaluations, evidence-generation initiatives and advocacy for policies, budgetary allocations, child rights and gender equality.

44. A key strategy will be strengthening stakeholder capacity to make evidence-based decisions to reduce inequities and accelerate progress towards achievement of the child-focused Sustainable Development Goals. Advocacy and technical support will aim to increase public spending for more equitable and inclusive access to social services, including the Productive Safety Net Programme and the Urban Productive Safety Net Project and their child-sensitive adaptations.

45. The programme will support gender transformative and participatory approaches and strengthen duty-bearers’ capacity to understand, commit, monitor and take action to bring Ethiopia into compliance with ratified international human rights instruments.

46. The main partners are the Government, independent human rights entities, bilateral and multilateral organizations such as international financial institutions and other members of the social protection working group, and civil society, policy, research and evaluation organizations.

Summary budget table^a

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	31 203	70 062	101 265
Nutrition	16 403	87 062	103 465
Water, sanitation and hygiene	25 326	86 224	111 550
Learning and development	22 730	67 418	90 148
Child protection	31 240	46 612	77 852
Social policy, evaluation and research	18 862	33 289	52 151
Programme effectiveness	37 051	25 451	62 502
Total	182 815	416 118	598 933

^a An estimated \$300 million in expected other resources-emergency funds has not been included in this table.

Programme and risk management

47. This document summarizes the UNICEF contributions to national plans and agendas, including to achievement of the child-focused Sustainable Development Goals in Ethiopia. The document serves as the primary unit of accountability to the Executive Board for alignment of results with allocated resources. Accountabilities of managers at country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

48. The country programme is risk-informed, with internal controls and mitigation measures that cover operational and programmatic risks. Risks will be reassessed yearly, and a risk-reduction plan implemented. Mitigation measures combine capacity strengthening with monitoring, oversight and corrective actions. The primary external risks are insecurity, tensions and natural disasters due to climate change; internal displacements and refugee inflows. Mitigation measures include strengthening early warning and preparedness and resilience of public systems and communities, while continuing to provide support for humanitarian coordination and response. The impact of COVID-19 may require UNICEF to readjust its programming strategies.

49. The risks of under-resourcing are addressed through a resource mobilization strategy for funding from bilateral and multilateral sources, including pooled funds. Risks regarding management and accountability for cash and supply transfers are mitigated through the harmonized approach to cash transfers. Risks of low private sector capacity for provision of services and supplies are mitigated by vigilant oversight mechanisms and selective use of the UNICEF global system. Risks of sexual exploitation and abuse are mitigated through implementation of an annual prevention and response plan for staff and partners.

Monitoring and evaluation

50. The results and resources framework contains specific, measurable indicators, with baselines and targets disaggregated by age and sex, where relevant. Targets are set at the regional and national level. Most indicators are identical to those in the Sustainable Development Goals, the UNICEF Strategic Plan, 2018–2021 and the UNSDCF. Humanitarian targets are provisional, with indicators from the Core Commitments for Children in Humanitarian Action. National and subnational monitoring system capacity will be strengthened, while increasing the use of real-time technology.

51. UNICEF will work collaboratively within the UNSDCF on a joint strategy to strengthen national systems for data collection, analysis, monitoring and applying adjustments to promote equity (through MoRES – the Monitoring Results for Equity System). Evidence will be used to monitor the situation of children, tracking progress towards equity and scale, and to inform advocacy to adjust policies, strategies and budgets. Monitoring and corrective actions will be undertaken through UNICEF staff, partners and third-party monitoring, and through mechanisms for community feedback and accountability to affected populations. Large-scale programme evaluations for the flagship results, the pilot Integrated Safety Net Programme and humanitarian and development programming have been planned and budgeted.

Annex

Results and resources framework

Ethiopia – UNICEF country programme of cooperation, July 2020–June 2025

Convention on the Rights of the Child: Articles 1–9, 12–13, 15, 19, 22–24, 25–29, 34, 36, 40 and 42–45
National priorities: Homegrown Economic Reform Agenda; Ten Year Perspective Plan (under development)
Sustainable Development Goals: 1.2, 1.5, 1.8, 3.1, 3.2, 3.3, 3.7, 4.1, 4.2, 4.6, 5.3, 6.1, 6.2, 6.3, 16.2, 16.9

United Nations Sustainable Development Cooperation Framework outcomes with UNICEF contributions:
 By 2025, all people in Ethiopia have capabilities to realize their full potential and enjoy their rights in equality and with dignity.
 By 2025, all people in Ethiopia live in a cohesive, just, inclusive and democratic society.
 By 2025, all people in Ethiopia benefit from a resilient, sustainable, and inclusive green economy.
 By 2025, all people in Ethiopia live in a climate resilient and environmentally sustainable society.

UNICEF Strategic Plan, 2018–2021 Goal Areas: 1 to 5

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
1. By 2025, newborns, children, adolescent girls and women benefit from an equitable, high-quality and resilient health system across the continuum of care, including in humanitarian situations.	Newborns receiving postnatal care within two days of birth B: 30% T: 60%	Ethiopia Demographic and Health Survey (EDHS)	1.1 National and subnational health system capacity strengthened for increased coverage of high-impact, equitable and resilient interventions, including in emergency settings. 1.2 Primary and referral health facilities enhanced to provide equitable, high-impact and high-quality maternal and child health services across the continuum of care, including in emergency setting.	Government and members of development and humanitarian partner groups Health Sector Transformation Plan National Strategy for Newborn and Child Survival in Ethiopia	31 203	70 062	101 265
	Children under 1 year old receiving diphtheria/tetanus/ Pertussis-containing vaccine (pentavalent 3) B: 61% T: 75%	EDHS					
	Percentage of health facilities providing emergency obstetric and newborn care B: 36% T: 46%	District Health Information System (DHIS)					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	A comprehensive governmental maternal, newborn, child and adolescent health communication plan is developed, funded and implemented. B: No T: Yes	Ministry of Health (MOH) Communication plan and budget and review reports	1.3 Communication and community platforms strengthened to increase and sustain demand for high-quality maternal and child health services and the adoption of positive health practices, especially for vulnerable populations.				
2. By 2025, chronic malnutrition (stunting) and wasting in children is reduced, including in humanitarian situations.	Percentage of children aged 6–59 months with severe acute malnutrition: (a) who are admitted for treatment and recover; (b) who are admitted for treatment and default B (a): 88% T (a): 95% B (b): 1.8% T (b): 1%	DHIS Therapeutic feeding programme reports	2.1 Prevention of wasting and treatment of children with acute malnutrition services are strengthened to deliver equitable, quality and accessible services, including during emergencies. 2.2 Caregivers of boys and girls aged 0–2 years, adolescents and pregnant/lactating women increase their demand for and have access to improved quality of nutrition services and diets to prevent chronic malnutrition.	MOH National Nutrition Coordination Body Development and humanitarian partner groups National Food and Nutrition Policy Seqota Declaration	16 403	87 062	103 465
	Percentage of children aged 6–23 months fed a minimum number of food groups B: 14% T: 25%	EDHS					
	Percentage of children aged 6–59 months who received: (a) vitamin A supplements in semester 1; (b) vitamin A supplements in semester 2 B: 61.9% T: 80%	EDHS DHIS	2.3 Boys and girls aged 6–59 months, adolescents and pregnant and lactating women have access to micronutrient programmes to prevent deficiencies.				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	Percentage of children under five who are stunted B: 37% T: 29%	EDHS					
3.By 2025, children and their families in rural and urban areas have equitable access to safe, affordable and sustainable water and sanitation services and practice appropriate hygiene at household, community and institutional levels, including in humanitarian situations.	Proportion of the population using a safely managed drinking water service at community level B: 11% T: 17%	EDHS WHO/ UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)	3.1 Ethiopia's governmental mechanisms and systems are strengthened to legislate, plan, coordinate and budget for gender-responsive, equitable, inclusive, resilient and safely managed WASH services in development and humanitarian contexts. 3.2 Communities have increased capacity to end open defecation, practice appropriate hygienic behaviour and use basic inclusive and gender-responsive sanitation services. 3.3 Children and families have equitable access to basic inclusive water sanitation and hygiene services, in urban and rural areas, and including in humanitarian situations.	Government One WASH partners' group; humanitarian cluster Menstrual hygiene and health, and baby and mother WASH guidelines School and health facility WASH manuals	25 326	86 224	111 550
	Proportion of the population using basic sanitation services. B: 7% T: 13%	EDHS JMP Sanitation Micro-Plan and Inventory					
	Proportion of the population practicing open defecation. B: 22% T: 7%	EDHS JMP Sanitation Micro-Plan and Inventory					
	Number of public schools and health facilities with basic WASH services in the reporting year only, with UNICEF direct support. B: 0 T: 1,000	One WASH programme Humanitarian cluster					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
4. By 2025, girls and boys in Ethiopia, particularly the most disadvantaged and those affected by humanitarian situations, benefit from an equitable and resilient education system enabling them to acquire relevant knowledge and skills.	Gross enrolment ratio in pre-primary education (all modalities) B (F): 39.7% B (M): 41.9% T (F): 60% T (M): 60%	EMIS	4.1 The education system is strengthened to build the foundational skills of girls and boys in pre- and early primary, with a focus on the most disadvantaged and those affected by humanitarian situations. 4.2 Out-of-school girls and boys, with a focus on the most disadvantaged and those affected by humanitarian situations, access education and/or skills development programmes. 4.3 Improved capacity of schools to effectively deliver the primary and lower secondary education curriculum, particularly in disadvantaged areas.	Government Development and humanitarian partner groups	22 730	67 418	90 148
	Percentage of Grades 4 and 8 students who achieve 50% and above (composite score) in the National Learning Assessment B (F, Grade 4): 43.24% B (M, Grade 4): 46.27% B (F, Grade 8): 40.22% B (M, Grade 8): 42.03% T (F, Grade 4): 55% T (M, Grade 4): 55% T (F, Grade 8): 53% T (M, Grade 8): 53%	National learning assessment report					
	Primary education completion rate, by gender B (F): 60% B (M): 64% T (F): 75% T (M): 75%	EMIS					
	Primary school age and out-of-school rate (Grades 1–8), by gender B (F): 26% B (M): 22% T (F): 10% T (M): 10%	EMIS					
	Number of children who have participated in skills development programmes for learning, personal empowerment, active	Monitoring reports					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	citizenship and/or employability through UNICEF supported programmes B: 124 000 T: 180 000 (75% girls)						
5. By 2025, children in Ethiopia, in both development and humanitarian contexts, have legal identity and are safe and protected from violence, exploitation, abuse and harmful practices.	Percentage of women (20–24 years) married before age 18 B: 40% T: 27.6%	EDHS	5.1 Key child protection actors have in place a resilient child protection system, relevant in development and humanitarian contexts, with protective, promotive and responsive services that protect children from violence, exploitation, abuse and harmful practices. 5.2 The capacities of children, families and key child protection actors are strengthened for prevention and protection of children from child marriage, female genital mutilation and violence, across development and humanitarian contexts. 5.3 The mandated agency and allied ministries have strengthened capacities for birth registration and to increase demand for it as part of a civil registration and vital statistics system, across development and humanitarian contexts.	Government United Nations Population Fund National Children's Policy National Costed Roadmap to End Child Marriage and FGM/C (2020–2024) National Children's Policy Vital events registration proclamation	31 240	46 612	77 852
	Percentage of girls who have undergone female genital mutilation aged: (a) 15–49 years; (b) 15–19 years B (a): 65% B (b): 47% T (a): 47.1% T (b): 34%	EDHS					
	Percentage of children in Ethiopia under five whose births are registered with civil authorities B: 3% T: 14.4%	EDHS					
	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services B: 8,920 T: 50,191	Child Protection Information Management System					

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
6. By 2025, girls and boys benefit from an enhanced policy and budgetary environment and services that improve their well-being and fulfil their rights, including in humanitarian situations.	Proportion of children (0–18) living in poverty in all its dimensions, according to national definitions B: 88% T: 86%	DHS, Household Consumption and Expenditure Survey, Welfare and Monitoring Survey	6.1 The Government's capacity is enhanced to collect, analyse and utilize age-disaggregated data and evidence to formulate equity and child-focused development policies, budgets and strategies	Government, United Nations country team Social protection programme partners	18 862	33 289	52 151
	Number of children covered by social protection systems B: 6 million T: 15.1 million	Social protection monitoring and reporting systems	6.2 National and regional governments' capacity is strengthened to develop, coordinate, finance and implement an adaptive, integrated, gender- and child-sensitive social protection system				
	Share of public spending on health, nutrition, pre-primary, primary and secondary education, water and sanitation and social protection, at federal and regional levels	Yearly expenditure analysis	6.3 Capacity of Government is strengthened in budgeting in selected sectors at federal and regional levels to improve spending outcomes for children				
	Number of child-specific legal recommendations by the CRC [Committee on the Rights of the Child], ACRWC [African Charter on the Rights and Welfare of the Child], UPR [Universal Periodic Review] and CEDAW [Committee on the Elimination of Discrimination against Women] implemented during the reporting period B: 0 T: 6	Treaty and convention reviews and reports	6.4 Capacity of national entities is strengthened to monitor, report on, advocate for and align to international child rights and gender equality commitments.				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
7. The country programme is effectively managed, including in humanitarian situations.	Percentage of programme outputs achieved B: 0% T: 80%	Results Assessment Module	Annually: 7.1 Staff and partners are provided guidance and resources to effectively manage resources and programmes; and to carry out communication and advocacy on child rights. 7.2 Field offices are effectively coordinated.	Government, United Nations Office for the Coordination of Humanitarian Affairs	37 051	25 451	62 502
	Percentage of (a) funds fully spent by end of grant period and (b) reports submitted on time B (a): 0% B (b): 0% T (a): 90% T (b): 100%	InSight					
	Percentage of reports submitted on time B: 0 % T: 100%	InSight					
	Number of field offices that achieve 80% of zonal management indicators. B: 5 T: 8	Minutes of field office meetings					
	Emergency Preparedness Platform (EPP) score: B: 100% T: 100%	Online EPP					
Total resources					182 815	416 118	598 933