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Country note**

Ethiopia

Summary

The Executive Director presents the country note for Ethiopia for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Ethiopia has a population of about 62 million, one half of whom are under 18 years of age. The per capita gross national product is estimated at \$110. Recurrent natural and man-made disasters lead to regular food shortages and chronic malnutrition in many regions. The debt stock rose from 72 per cent of gross domestic product in the mid-1990s to 142 per cent in 1997-1998.

2. The first ever Demographic and Health Survey conducted in 2000 indicated that the overall health status of the population is poor relative to other low-income countries. Infant and under-five mortality rates are high at 97 and 166 per 1,000 live births, respectively. The main causes of infant and child morbidity and mortality are malaria, diarrhoea, respiratory infections, measles, malnutrition and skin infections. More than one half of the children under five years old suffer from stunting, 10 per cent from wasting and 47 per cent are under weight. The maternal mortality ratio remains high at 560-850 per 100,000 live births. In 1999, only 6 per cent of births were attended by trained health professionals, and only 45 per cent of the population

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.



had access to a health facility. These key indicators are even poorer in outlying regions (Afar, Benshangul-Gumuz, Gambella and Somali), which require special attention in the coming programme cycle.

3. Malaria affects 4 million-5 million people annually and is prevalent in 75 per cent of the country, putting over 40 million people at risk.

4. The Ministry of Health estimates that 3 million people, or 12 per cent of the population, are infected with HIV/AIDS. An estimated 1.2 million children have lost their mother or both parents due to HIV/AIDS since the beginning of the epidemic. The exact rate of mother-to-child transmission (MTCT) is unknown, but is estimated at 29-47 per cent of births to HIV-positive women.

5. There has been a substantial increase in enrolment in primary schools during the past two years of implementation of the Education Sector Development Programme. The gross enrolment ratio increased from 37 to 51 per cent, while the net enrolment rate increased from 27 to 44 per cent. However, gender disparity in enrolment rates and the high drop-out rates continue to be causes for concern.

6. From 1991 to mid-2000, water supply coverage increased from 17 to 28 per cent, and sanitation coverage from 8 to 17 per cent. However, urban-rural and regional disparities remain very high. The weak infrastructure, low investment, and natural and man-made disasters are behind the small increases in both water and sanitation coverage.

7. Children in need of special protection continue to present a particular challenge for Ethiopia. The number of street children and mothers in Addis Ababa and other major cities continues to grow at rapid rates.

8. Considerable progress has been achieved in the development of policies to ensure the protection of the rights of women and children. These include the Family Law, the Human Rights Commission and an Ombudsman structure. The Government has adopted a number of sector strategies and programmes aimed at the sustainable reduction of poverty and improvement in the quality and coverage of basic social services, including health, education and rural road construction. A National HIV/AIDS Policy and Strategic Framework for the years 2000-2004 have also been endorsed. These documents and the five-year plan serve as the policy and strategic framework for action in the next five years.

Lessons learned from past cooperation

9. The federal structure of Government and its efforts to decentralize emphasize the need to place programme planning and implementation within a regional development framework, supported by policy and the provision of technical inputs by federal ministries and agencies. This structure underlines the importance of a sense of ownership of programmes by regions and the need to further strengthen managerial capacities at the regional level. It also highlights the importance of supporting initiatives of communities and other duty-bearers at regional and subregional levels in their obligations towards children and developing regional plans based on the priorities and goals set by each region.

10. The *woreda* (district) integrated basic services programme called for the involvement of many partners (federal ministries, regional sectoral bureaux,

planning departments and councils in 55 *woredas*). The dispersion of programme resources among multiple projects in different locations reduced overall impact. This has brought to focus the importance of streamlining the programme structure in favour of the convergence of sectoral interventions in defined areas.

11. The regions are at various stages of development and have different technical and managerial capacities. The next cooperation programme will differentiate in its approach between capacity-building for the four outlying regions and for the more developed ones.

12. The response to the recent drought emergency mainly covered outlying regions and remote areas that are characterized by recurring emergencies, limited social infrastructure, and lower survival and development indicators. Reprogramming funds for development activities and strengthening local infrastructure with short-term national expertise in health, nutrition and water supply were key to the successful implementation of relief operations. The integration of relief operations in normal UNICEF programme activities has led to a better sustainability of services in the affected areas. The challenge ahead is to use the period prior to the next drought to strengthen and expand existing social services to help children and women in drought-prone areas face the next emergency.

Proposed country programme strategy

13. The country programme strategy has been formulated pursuant to the Government Poverty Reduction Strategy and to the United Nations Development Assistance Framework (UNDAF). It is guided by the principles underlying the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country programmes of the United Nations agencies will be harmonized in 2002, one year after the beginning of the national five-year planning cycle.

14. The overall goal of the country programme will be to support national efforts towards the progressive realization of the rights of children to survival, development, protection and participation. Strategies for achieving this goal include: (a) the convergence of sectoral activities in the most disadvantaged areas to provide services that are family-focused, community-based and gender-sensitive; (b) capacity-strengthening at federal, regional and subregional levels for effective planning and management of service delivery; (c) empowering families and facilitating community-led action, with special attention to the sustained participation of women, children and youth; (d) convergence among sector-based activities and programmes to promote achievement of cross-sectoral outcomes; (e) partnerships with non-governmental organizations (NGOs), bilateral and multilateral agencies, United Nations agencies and communities to improve service delivery and leverage wider human and financial resources for the realization of children's rights; and (f) targeted advocacy for the development of a supportive legal, policy and regulatory environment. The five interrelated programmes proposed to achieve the country programme goal are described below.

15. The **health and nutrition** programme will focus on supporting improved access to, and quality and utilization of an integrated package of essential services and activities targeted to the major health problems of children and women through capacity-building, technical support and the provision of essential supplies. Special

attention will be given to strengthening health services, including childhood immunization, and enhancing the capacities of families and communities to provide better care for women and children. To contribute to the reduction of protein-energy malnutrition, a mix of interventions in household food security, care and health will be supported. This will be complemented by supplementation and fortification interventions on a national scale to reduce micronutrient deficiencies. As Ethiopia is frequently affected by man-made and natural disasters, support to an effective early warning system and health and nutrition response capacities will be a key focus.

16. The HIV/AIDS crisis in Ethiopia calls for a multisectoral approach and an intensified response to mobilize and support the Government, civil society, youth, people living with HIV/AIDS, media and faith-based organizations to take action, increase resources, build capacity and provide a community-based response to slow the spread of the epidemic. The major thrust of the **HIV/AIDS** programme will be to work with young people as a key resource in mobilizing an expanded and effective response to HIV/AIDS. Focus will be on equipping youth with knowledge and life skills to protect themselves, and on addressing unequal gender relations and the social vulnerability of girls. Advocacy will focus on breaking the silence, reducing stigma and creating a favourable policy environment for youth and women. Priority will also be given to preventing MTCT and care for children orphaned by AIDS.

17. The **education** programme will support achievement of the national goals of increasing primary enrolment, reducing the gender gap in enrolment rates, and improving the quality and relevance of education. The focus of the programme will be on improving the achievement of pupils, reducing the overall drop-out and repetition rates, and significantly reducing the drop-out rate for girls in grade one. In addition, the programme will support a package of integrated interventions in selected school clusters and *woredas* aimed at developing context-specific and gender-sensitive approaches, with a view to developing replicable models to improve educational access, quality and efficiency, and reduce the gender gap. Priority will also be given to school-based interventions for the promotion of safe behaviours; basic education programmes for out-of-school youth, including street children and working children; and the re-establishment of learning opportunities for children affected by crisis. Capacity-building, advocacy and community participation will be the main strategies of the programme.

18. The **water and sanitation** programme will complement the national plan of enhancing water supply and sanitation coverage, with the objective of reducing mortality and morbidity due to water-borne diseases. Although the programme will cover all regions, focus will be given to five least developed regions. Capacity-building at community and district levels to establish community-based maintenance systems will be the key strategy to enhance the sustainability of water and sanitation facilities. The role of women in management committees will be strengthened. Establishing spare parts shops for water schemes will be piloted in a few districts. Appropriate cost-effective technologies will be promoted and supported, including in drought-prone areas. Schools will be the focus to disseminate information and knowledge on sanitation and hygiene to bring about behavioural changes in communities. Advocacy and social mobilization will be key strategies to promote the building of community and household sanitation facilities.

19. The **capacity-building, planning, monitoring and evaluation** programme will strengthen institutional capacities for early warning, monitoring and response at

federal and regional levels to meet the needs of populations affected by natural calamities and other crises. It also aims to reinforce the capacity of regions, zones and *woredas* to collect, analyse and use social sector data for the purpose of improved planning and management of child- and women-focused programmes.

20. This programme has been developed in close collaboration with the Government, United Nations agencies, and multilateral, bilateral and NGO partners. UNICEF will continue to play a significant role in the United Nations Country Team and the UNDAF process. Meetings of donor groups and the monthly meetings of the joint government-donor consultative groups, as well as the common assessments and reviews, will continue to be used to further strengthen partnerships and collaboration and to mobilize support for children's and women's rights.

Estimated programme budget

Estimated programme cooperation, 2002-2006^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	33 816	19 000	52 816
HIV/AIDS	7 551	23 000	30 551
Education	18 068	8 000	26 068
Water and sanitation	14 292	5 000	19 292
Capacity-building, planning, monitoring and evaluation	1 510	5 000	6 510
Cross-sectoral costs	5 250	-	5 250
Total	80 487	60 000	140 487

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.