UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/ETH/5
13 August 2001

ORIGINAL: ENGLISH

Second regular session 2001
10 to 14 September 2001, New York
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ethiopia

Proposed UNFPA assistance:	$24.5 million, $16.5 million from regular resources and $8.0 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	9.9	6.8	16.7
Population and development strategies	4.8	1.2	6.0
Advocacy	1.3	-	1.3
Programme coordination and assistance	0.5	-	0.5
Total	16.5	8.0	24.5

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ETHIOPIA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	8	≥60
Contraceptive prevalence rate (%)[2/]	4	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	9.68	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	152.3	≤65
Infant mortality rate (per 1,000 live births)[5/]	116	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	26	≥50
Secondary net enrolment ratio (%)[8/]	55	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2001	64,459	Annual population growth rate (%)	2.41
Population in year 2015 (000)	89,765	Total fertility rate (/woman)	6.75
Sex ratio (/100 females)	99	Life expectancy at birth (years)	
Age distribution (%)		Males	42.8
Ages 0-14	45.2	Females	43.8
Youth (15-24)	19.1	Both sexes	43.3
Ages 60+	4.7	GNP per capita (U.S. dollars, 1998)	100

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting in January 2002 to assist the Government of Ethiopia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $24.5 million, of which $16.5 million would be programmed from UNFPA's regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $8.0 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fifth programme of assistance to the country. The programme cycle would be synchronized with those of UNDP and UNICEF. Ethiopia is a "Category A" country under the Fund's resource allocation criteria.

2. The Government of Ethiopia is strongly committed to national ownership of all of its development programmes, including those supported by external development partners. Accordingly, the proposed programme was jointly developed by the Government and UNFPA with the collaboration of other relevant development partners (including UNDP and UNICEF) and non-governmental organizations (NGOs). This was done through: (a) a series of discussions and dialogues with officials of key national institutions, especially the Ministry of Economic Development and Cooperation and the National Office of Population; (b) workshops with government stakeholders; and (c) presentation and discussion of the draft programme outline to member agencies of the United Nations Development Group, other development partners and representatives of NGOs in an in-country strategy meeting on the proposed programme.

3. The proposed programme is based on the ongoing development programmes of the Government and on the outcomes of recent reviews of such programmes. These include, among others: (a) the national population policy; (b) the Government's five-year development plan; (c) an interim poverty reduction strategy paper; (d) the health sector development programme and education sector development programme; (e) the national HIV/AIDS strategic plan; and (f) the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) for the period 2002–2004. The programme is also based on the findings of the mid-term review and end-of-programme evaluation of the fourth country programme. The proposed programme takes into account the fact that the Government's policies and priorities have not changed significantly since the inception of the fourth country programme, which was effectively implemented for only two of the originally planned four years.

4. The goal of the proposed programme would be to contribute to national efforts to reduce poverty levels and to improve the health and well-being of the Ethiopian people by strengthening the implementation of policies and programmes in the fields of reproductive health and population and development. The programme would contribute to the achievement of this goal through three subprogrammes: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender concerns, capacity building and

information, education and communication (IEC) would be mainstreamed into each subprogramme area.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development, which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Ethiopia, with an estimated population in 2000 of about 63 million, is the third most populous country in Africa. Its rate of population growth is 2.9 per cent a year. The population is young (with about 44 per cent under 15 years of age); relatively heterogeneous, both culturally and linguistically; and resides mostly in rural areas (85 per cent), although the rate of growth of urban areas is high, at 5.2 per cent a year. There is considerable internal movement of the population as a result of unfavourable climatic conditions, especially droughts.

7. With a per capita gross national product (GNP) of $100 a year in 1998, Ethiopia is one of the least developed countries of the world, and among the four with the lowest human development indexes. About 45 per cent of the population lives in absolute poverty. Life expectancy for both sexes is 43.4 years (1998), and had been declining since the early 1990s. About 42 per cent and 66 per cent of the population are not expected to survive to ages 40 and 60, respectively. There are wide disparities in demographic and socio-economic indicators between urban and rural areas, as well as among the nation's 11 administrative regions.

8. Fertility levels are high: the total fertility rate is 5.9 (2000), down from 6.4 in 1990. Marriage is early and nearly universal. Childbearing starts early and continues almost throughout the reproductive ages. Awareness of contraception is high, but the contraceptive prevalence rate for modern methods is low, at 6 per cent of currently married women in 2000, up from 4 per cent in 1990. The unmet need for family planning is very high: 32 per cent of women of childbearing age do not want to have any more children while 36 per cent would like to delay the next birth by two years or more.

9. The general health status of the people is poor both in absolute terms and in comparison with other African countries as a result of low incomes, low levels of education, poor access to health services and a very uneven distribution of health facilities in favour of urban areas. Furthermore, utilization of health services is very low (at about 25 per cent). Infant and child mortality rates are high at 97 and 162 per 1,000 live births, respectively. The maternal mortality rate ranges between 560 and 850 per 100,000 live births. The incidence of unsafe abortions is high and constitutes a major cause of maternal morbidity and mortality. Only 52 per cent of the

population has access to health services and just 32 per cent and 26 per cent have access to safe water and sanitation, respectively. Health professionals attend about 6 per cent of births, while only about 5 per cent of births take place at health institutions. The coverage for neonatal and post-natal care is generally very low. A large proportion of health workers are male, which further limits use of reproductive health services by women. The nutritional status of the population is low; as many as 51 per cent of children under five are stunted. Recurrent droughts over recent decades have contributed to the worsening food security situation.

10. The country is also heavily and negatively affected by the HIV/AIDS pandemic. Estimates by UNAIDS show that by the end of 1999, about 3 million Ethiopians were living with HIV/AIDS and that the adult HIV/AIDS prevalence rate was 10.6 per cent. AIDS is now recognized as the leading cause of morbidity and mortality in the country and as reversing most of the development gains made in recent decades.

11. The adult literacy rate is low at 36 per cent. Gross primary and secondary school enrolment is 51 per cent and 10 per cent, respectively. Gender disparities in enrolment rates and educational levels are wide. The status of women is low, both in absolute terms and when compared with men. Gender disparities are high for almost all socio-economic indicators and are reinforced by culture and tradition. In addition, there are several deep-rooted traditional practices that are harmful to women's reproductive health.

12. The Government has adopted policies and programmes to improve the quality of life of the people. A national population policy was adopted in 1993; relevant programmes and institutional frameworks for its implementation were subsequently set up at central and regional levels. Sector-wide programmes in health and education are being vigorously implemented with the aim of making health and educational services more accessible to the population, especially those in rural areas. Ethiopia has ratified the Convention on the Elimination of All Forms of Discrimination Against Women, and a national policy on women has been adopted and relevant institutional frameworks for its implementation have been established.

Previous UNFPA assistance

13. UNFPA began its support to Ethiopia in 1973. The fourth country programme was approved in the amount of $30 million, of which $5.2 million was to be obtained through multi-bilateral and other sources. However, the entire approved amount was not made available for the programme because of financial constraints encountered by the Fund. The major bilateral supporters of the programme include the Governments of the Netherlands and Norway. Some support was also provided by the Governments of Italy, Japan and the United States.

14. The Fund has contributed significantly to building a strong basis for the implementation of the national population programme during the past periods of programme assistance to the

country. Some of the achievements made during the period include: (a) greater awareness and commitment to population and gender-related issues within the context of national development; (b) a more positive and conducive policy environment; (c) the establishment of relevant institutional frameworks at central and regional levels; (d) the enhancement of institutional and technical capacities; (e) the introduction of reproductive health services in most health institutions, including improvements in the quality, mix and availability of family planning information and services; and (f) the greater availability of demographic and socio-economic data for development planning and monitoring, including the completion of the first modern population census in the country.

15. However, the objectives of the fourth country programme proved to be overly ambitious, but there were some encouraging accomplishments. In the area of reproductive health, the focus of attention was on strengthening the country's technical capacities by training various health staff. In addition, a study on community-based delivery of family planning and safe motherhood services and an assessment of a pilot project on the introduction of Norplant were conducted. The collection of routine information and data on reproductive health issues was incorporated into the health management information system in order to enhance the tracking of performance in service delivery.

16. In the area of population and development strategies, the achievements of the fourth country programme included: (a) the conduct and dissemination of the preliminary results of the first ever demographic and health survey, jointly funded by the United States Agency for International Development (USAID) and UNFPA; (b) the start of cartographic work and other preparatory activities for the planned 2004 population census; (c) continued training of graduate and undergraduate students at Addis Ababa University; and (d) continued efforts to improve the quality and relevance of development plans through giving due consideration to population, gender and reproductive health issues. In the area of advocacy, various activities (including carrying out an institutional needs assessment) were undertaken to enhance institutional capacities; facilitate the production of culturally appropriate IEC messages and materials; and facilitate the establishment of networks for the implementation of advocacy activities.

17. The major constraints encountered during the implementation of the fourth country programme included: (a) financial constraints experienced by UNFPA, which caused a number of activities to be curtailed, postponed or cancelled; (b) high staff turnover; (c) inadequate provision of technical assistance to the regions from the centre; and (d) weak monitoring of activities. There is a need to design and implement appropriate mechanisms for addressing these constraints in the next country programme.

18. The lessons learned include the need to: (a) focus programme interventions geographically and thematically; (b) strengthen operational and collaborative links between implementing agencies as well as between federal and regional institutions; (c) strengthen

systems and capacities for financial reporting; (d) improve the speed of transfer of funds; (e) increase technical backstopping to regions; and (f) improve monitoring and evaluation of the programme.

Other external assistance

19. Many national and international NGOs and multilateral and bilateral donor agencies support population and reproductive health programmes in Ethiopia. The main organizations working in population-related areas are WHO, UNICEF and the World Bank and the development agencies of Germany, Italy, Japan, the Netherlands, Norway and the United States.

20. Among the major multilateral agencies, WHO is providing technical assistance in the areas of safe motherhood, maternal and child care, adolescent reproductive health and sexually transmitted infections (STIs), including /HIV/AIDS. It is also starting a new programme on making pregnancies safer. UNICEF's major related interventions are in the areas of health and nutrition, primary health care (which includes a safe motherhood component) and HIV/AIDS prevention. The World Bank is not currently supporting any population projects per se but plays a key role in the health and education sector development programmes. It recently approved a loan of about $58 million for the implementation of a multisectoral HIV/AIDS project. In 1998, the Bank finalized a $43.8 million family health project, which had started in 1989. Its major aims were to increase the quality, coverage, and cost-effectiveness of maternal and child health services; to increase the availability and use of family planning services; and to strengthen the institutional capacity of the Ministry of Health.

21. USAID is supporting the provision of reproductive health services and information within the framework of an essential health services programme with a budget of about $110 million. The overall objective of the programme is to increase the use of primary and preventive health care services. Support by the Government of the Netherlands is directed primarily at HIV/AIDS prevention and research, social marketing, youth counselling and elimination of harmful traditional practices. In addition to funds channelled through UNFPA for the promotion of reproductive health, Norway also supports other health-related interventions in the areas of water and sanitation, primary health care, health sector development and HIV/AIDS. Germany is supporting a project on integrated community family planning in four zones in the Amhara region. The Government of Italy is supporting the in-depth analysis of data from the 1994 population and housing census. The Japanese Government is providing support for the procurement of medical equipment.

22. More than 70 national NGOs are said to be involved in population and reproductive health activities in Ethiopia. Most of them work in the area of family planning and belong to an umbrella organization, the Consortium of Family Planning NGOs (COFAP), which was established in 1993. The David and Lucile Packard Foundation started a $30 million five-year

programme in 1999 within the framework of which the reproductive health activities of 10 NGOs are being supported.

Proposed programme

23. The overall goal of the proposed programme is noted in paragraph 4 above. The purposes of the proposed programme are to contribute to: (a) increased utilization of reproductive health information and services; (b) ensure that population and gender issues are systematically addressed within the framework of development policies, programmes and processes and on the basis of reliable and up-to-date population data; and (c) create an enabling environment for the adoption and implementation of population, reproductive health and gender-related policies and programmes.

24. The following broad strategic approaches would be adopted: (a) ensuring that the programme is planned, implemented and monitored within the framework of ongoing national development policies and programmes; (b) responding to the challenges and opportunities resulting from the Government's commitment to decentralization of programme formulation and implementation; (c) distinguishing between interventions that would be national in conception and coverage and those that would be regional (e.g., IEC campaigns and the training of service providers); and (d) increasing stakeholder involvement in programme design and implementation.

25. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to increased utilization of reproductive health information and services so as to bring about improvements in the reproductive health status of all population groups. To achieve this purpose the subprogramme would address four priority areas: (a) increased access of all population groups to quality and integrated reproductive health services; (b) increased access to behaviour change communication for women, men and adolescents; (c) addressing seven critical, interrelated reproductive health concerns (safe motherhood, adolescent reproductive health, STIs, HIV/AIDS, family planning, post-abortion care and harmful traditional practices); and (d) strengthening institutional and technical capacity for the management of reproductive health programmes, with particular attention to logistics and management of reproductive health commodities.

26. The first output of the subprogramme would be increased access of women, men and adolescents to quality reproductive health services. Some interventions would be national in coverage (e.g., the development of standards and guidelines, the strengthening of the Ministry of Health and related systems for supervision and increasing their capacity to manage reproductive health services, equipment and supplies, especially procurement and distribution of contraceptives). Other interventions would be regional and context specific: (a) the provision of medical equipment and supplies; (b) human resource development; (c) the renovation of existing

facilities; (d) the expansion and integration of reproductive health services; (e) support for emergency obstetric care; (f) promotion of adolescent reproductive health; (g) IEC; and (h) the promotion of community participation and involvement.

27. The second output would be increased access to behaviour change communication for women, men and adolescents. Culturally appropriate, gender-responsive messages and materials would be developed by appropriately trained personnel within the Government's established decentralized system and other relevant organizations. Since available evidence indicates that awareness of various reproductive health issues is already high, persuasive communication strategies, materials and messages would be developed with the aim of bringing about changes in the behaviour of individuals and couples as well as in community values and norms. Such messages and materials would be disseminated through selected formal and informal media whose efficacy has already been demonstrated. Increased involvement of men would be promoted. In addition, in-school population and family life education programmes and other interpersonal communication in formal and informal settings would be strengthened to respond to the needs of adolescents.

28. Priority would be given to meeting the needs of adolescents for reproductive health information and services. At the national level, activities would include: (a) finalization and dissemination of the adolescent reproductive health policy and strategy; (b) development of an in-service training module on adolescent reproductive health for health workers; and (c) in-school family life education. Interventions that would be undertaken in some regions include: (a) the training of service providers; (b) the establishment of youth-friendly services at hospitals, health centres and health stations; (c) peer education and counselling; and (d) youth-targeted IEC on family planning, HIV/AIDS and STIs.

29. The third output, addressing interlinking reproductive health concerns, would be achieved through need-based, region-specific interventions, including: (a) linking family planning services to voluntary counselling and testing centres; (b) training service providers to enable them to implement high risk factor screening and counselling; (c) collaborating with the HIV/AIDS related activities of other stakeholders, including social marketing programmes; and (d) developing and implementing region-specific IEC and advocacy materials and messages. All reproductive health interventions would be geared to preventing the further spread of HIV/AIDS in Ethiopia.

30. The fourth output would be strengthened technical and institutional capacities for effective management of reproductive health and related IEC interventions. A selective approach would be adopted, and priority would be accorded to building institutional and technical capacities in the regions since they are known to be inadequate for effective programme management. Such measures would include: (a) training on the basis of needs assessments; (b) promoting the use of appropriate tools and procedures for programme

monitoring and supervision; (c) improving skills for analysing, organizing and utilizing data for programme management; and (d) strengthening skills in using methods and tools for results-based programme monitoring and management, including the logical framework.

31. Special attention would be accorded to the procurement, management and distribution of reproductive health commodities, especially contraceptives. Consequently, emphasis would be placed on improvements in logistic management so as to ensure the continuous supply of contraceptive commodities at service delivery points nationwide. In this regard, capacity for contraceptive forecasting, procurement, warehousing, logistics management and distribution would be enhanced. Although UNFPA continues to be the major supplier of contraceptives to the public sector, it is becoming increasingly difficult to meet the constantly growing needs. Therefore, efforts would continue to be made to mobilize the support of other development partners in the procurement, distribution and management of contraceptive commodities.

32. Population and development strategies. Two programme priorities were identified to be addressed in the area of population and development strategies: (a) the generation and use of reliable, up-to-date, and gender-responsive population data, analyses and research at federal, regional and lower levels; and (b) the promotion and strengthening of the incorporation of population and reproductive health concerns into broad development frameworks and multisectoral policies, such as the poverty reduction strategy.

33. The first output of the subprogramme would be an improved data and knowledge base on population, gender and development. This would be achieved by: (a) supporting the conduct of the 2004 population census, including assisting the Government in mobilizing requisite financial and other resources; (b) supporting the second round of the demographic and health survey; (c) enhancing the complementarity of health service statistics and population surveys and censuses; and (d) selective support for building skills in data collection, analysis, and dissemination.

34. The second output would be improved utilization of population data. This would require not only increasing technical capacity to collect, analyse and disseminate population and related data but also to make more widely known the ways in which that information can be utilized to improve the planning, implementation, monitoring and evaluation of policies and programmes, including the revision or updating of the national population policy. It would also entail: (a) improving systems and methods for the dissemination of population and related data; (b) promoting the inclusion of demographic, reproductive health and related data in development databases; and (c) involving decision makers and specialists at the regional and lower administrative levels in data collection and analysis.

35. The third output would be an enhanced framework and mechanisms for the coordination, monitoring and evaluation of population programmes at different levels. This would mainly be achieved by: (a) promoting and facilitating the exchange of information through introduction and

use of improved tools and mechanisms, including databases; (b) training in applying tools and concepts of results-based management; (c) promoting collaboration among partners; (d) linking monitoring to management; and (e) differentiating between the roles and capacities of structures at different levels and in different sectors.

36. The fourth output would be increased institutional and technical capacities for addressing population and gender issues within the national development framework. These capacities would be strengthened through: (a) carefully targeted support for training activities, including training in management methods; (b) strengthening links to institutions that formulate and implement development policies and frameworks; (c) helping to meet needs for equipment and supplies; and (d) by building foundations for effective networking.

37. Advocacy. The identified key issues for advocacy interventions in the area of reproductive health are: (a) reproductive health and rights; (b) adolescent reproductive health; (c) HIV/AIDS; (d) male involvement; (e) harmful practices; and (f) protecting girls from abduction, rape and early marriage. In the area of population and development strategies, advocacy is needed to build support for: (a) the 2004 population census; (b) the second round of the demographic and health survey; (c) reinforcing the analysis and utilization of gender-sensitive population data; (d) incorporating population and gender concerns in development policies and programmes; (e) strengthening population institutions at federal and regional levels; and (f) ensuring effective coordination of population and related programmes.

38. The first output of the advocacy subprogramme would be increased commitment and support of government, community and opinion leaders as well as development partners for the generation and utilization of population data. In this regard, advocacy efforts would focus on mobilizing financial and other necessary resources for the 2004 population census and the demographic and health survey. The support of political, community and opinion leaders at all levels would be solicited to ensure full cooperation and participation in these exercises.

39. The second output would be increased support for policies and programmes that promote reproductive health and rights, including HIV/AIDS and adolescent reproductive health. The principal targets for advocacy in these areas would be policy makers, programme managers and community and opinion leaders. The establishment of partnerships and coalitions involving women's advocacy groups, youth organizations, NGOs and other civil society groups – as well as associations of beneficiaries, such as people living with AIDS and student health clubs – would be encouraged. Such support could include equipping them with appropriate lobbying and persuasion skills as well as with essential advocacy materials and tools.

40. The third output would be increased commitment and support for addressing gender issues, especially as they relate to girls, male involvement in reproductive health matters and traditional practices that are harmful to health. At the national level, support would be given to

the efforts of relevant national institutions at the central and regional levels to mainstream gender concerns into policies and programmes.

41. The fourth output would be established and strengthened institutional and technical capacities at federal and regional levels for advocacy interventions. This would entail: (a) enhancing coordination mechanisms through establishing consultative and information-sharing forums that would include major stakeholders; (b) reinforcing or, where necessary, forming multisectoral networks and coalitions that address specific issues identified by the subprogramme; (c) providing essential training, equipment and technical assistance to institutions directly involved in the coordination or implementation of advocacy activities; and (d) orienting programme managers at all levels to the national population and advocacy strategy.

Programme implementation, coordination, monitoring and evaluation

42. Ministry of Economic Development and Cooperation is the government institution responsible for the coordination of all external assistance to Ethiopia. Activities to be supported under the proposed programme will be discussed and agreed upon between the UNFPA country office in Ethiopia and the Ministry of Economic Development and Coordination. As such, it would be the overall coordinating agency of the proposed programme. The National Office of Population, located within the Ministry of Economic Development and Cooperation, has responsibility for the coordination, monitoring and evaluation of population activities in the country.

43. National institutions would be responsible for executing and implementing the proposed programme. The Ministry of Health would be the lead agency for the implementation of the reproductive health subprogramme. The National Office of Population would be the lead agency for the implementation of both the advocacy and the population and development strategies subprogrammes. These lead agencies would work in partnership with other relevant ministries and regional bodies that would be identified during subprogramme formulation stage. As in the past, UNFPA would be called upon to execute activities of the programme related to international procurement, international recruitment and international training.

44. The implementation of the proposed programme would be coordinated both nationally and regionally, as well as thematically. Existing multisectoral and inter-agency committees or task forces would be supported and further strengthened not only to facilitate collaboration between thematic areas but also to act as forums for sharing information and experience.

45. Emphasis would be placed on the use of existing national expertise to implement the programme. Since this expertise is known to be weak, especially at regional levels, deliberate efforts would be made to strengthen capacities to design, implement, monitor and evaluate population-related programmes. Where necessary, national expertise would be supplemented by

international expertise. The services of UNFPA and the Country Technical Services Team (CST) would continue to be sought for the provision of technical assistance. In addition, the assistance of specialized national organizations, institutions and enterprises would continue to be sought for undertaking certain specialized tasks.

46. The monitoring and evaluation of the proposed programme would be conducted in accordance with the provisions of the national execution guidelines, which already incorporate relevant UNFPA procedures. The programme's monitoring and evaluation plan would be based on the country programme logical framework matrix, thereby facilitating a results-based approach to the management of the programme. To the extent possible, existing data would be used to establish baselines and/or to track progress towards achievement of results. Where baseline indicators are not available, limited data collection exercises would be undertaken to obtain the necessary information. A mid-term review of the programme would be conducted in 2004, while an evaluation would be undertaken in the programme's last year to measure progress in achieving expected results.

47. The UNFPA country office in Ethiopia currently has five professional staff: a Representative, a deputy representative, an assistant representative, two national programme officers and one junior professional officer. Another junior professional officer is expected in September 2001. In addition, there are six support staff. Under the proposed programme, the amount of $500,000 from regular resources would be reserved for programme coordination and assistance.

Recommendation

48. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Ethiopia as presented above, in the amount of $24.5 million for the period 2002-2006, of which $16.5 million would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $8.0 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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