



Country Strategy Paper 2014-2018

Ethiopia



Irish Aid

An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

Ireland's
commitment
to a world
without poverty
and hunger



SUDAN

ERITREA

YEMEN

Tigray

Afar

DJIBOUTI

Amhara

Benishangul
Gumuz

Dire Dawa

Addis
Ababa ●

SOMALIA

Gambella

Oromiya

ETHIOPIA

SNNPR

Somali

SOUTH
SUDAN

Tigray

DRC

KENYA

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Cover: An Ethiopian woman selling locally grown tomatoes, chilli peppers and onions. Thanks to the small scale irrigation initiatives it is now possible to grow irrigated vegetable crops and improve food security. Photo: Irish Aid.

Ethiopia basic facts

	Ethiopia	Ireland
Total population:	86.5 million	4.6 million
Position on UN HDI:	173 out of 187 countries	7 out of 187 countries
GDP per capita:	\$513 (Government estimate)	\$35,640
Adult Literacy	39%	n.a.
Life Expectancy	59.7 years	80.7 years
HIV / AIDS (2010):	2.1%	0.1%

Source: UNDP, 2013

Acronyms

EPRDF	Ethiopia People’s Revolutionary and Democratic Front
E-DHS	Ethiopian Demographic Health Survey
GTP	Growth and Transformation Plan
ODA	Official Development Assistance
PBS	Protection of Basic Services
PFM	Public Financial Management
PSNP	Productive Safety Nets Programme
SNNPR	Southern Nations, Nationalities and People’s Region
Woreda	Equivalent to a county, main unit of administration and local Government

1. Executive Summary



Rural Tigray. Photo: Irish Aid

Ireland has had a long term engagement with Ethiopia having enjoyed an on-the-ground presence since 1994. Like other Key Partner Countries, Ireland's engagement has been guided by a series of Country Strategic Plans (CSP). This new CSP builds upon a successful 2008–2012 programme which was subject to an independent evaluation and was extended for one year to the end of 2013. The evaluators considered the aid programme a success and that it has contributed positively to improving the lives and welfare of poor Ethiopians.

Much has changed in Ireland since the last CSP was formulated. A new Government policy document for International Development, *One World, One Future*, was launched in May 2013 setting out Ireland's priorities for the years ahead.

Ethiopia has also witnessed significant change over the past six years. Ethiopia has been one of the world's fastest growing economies in recent years with IMF and World Bank growth estimates over 7% per annum. The 2012 MDG report for Africa and the 2013 Government of Ethiopia's annual progress report on its *Growth and Transformation Plan*, notes impressive gains.

Ethiopia is one of the best performers in human development globally. It's score on the UN Human Development Index has increased by 32% in the last decade. The proportion of people in Ethiopia living below the poverty line fell from 45.5% in 1995/96 to 27.6% in 2011/12, a decline of about one third. However, against this positive trajectory, concerns around the long term impact of climate change and population growth on recent development highlights some of the challenges ahead.

The Irish Embassy will implement a focused programme, which will contribute to the EU+ Strategy¹, Ireland's new policy on international development and Ethiopia's own development plans. The CSP has one outcome focusing on the health, nutrition and resilience of poor households to economic, social and environmental shocks. There are two objectives: (1) to improve the abilities of poor rural households to respond and adapt to the affects of climate change and other shocks; and (2) to improve the nutrition and health of poor rural women and children.

A mix of aid modalities will be maintained in order to achieve the objectives from a number of angles and to spread risk. A performance and results framework has been developed in order to demonstrate the contribution that Irish Aid is making to the lives of poor people in Ethiopia.

¹ The EU+ strategy is a joint programming strategy comprising EU member states and Norway

2. Country Analysis

Political

Ethiopia is a federal republic of nine states which largely reflects the country's ethnic make-up. The federal assembly consists of the house of People's Representatives (lower house) which has 547 directly-elected members. The Council of the Federation (upper house) has 108 members. The nine regional state councils have limited powers – including that of appointing members to the Council of the Federation.

The Prime Minister is chosen by the parliament. The current Prime Minister is Hailemariam Desalegn. The President is appointed by the House of People's Representatives and the President's role is largely ceremonial. The current President is Dr Mulatu Teshome.

The ruling coalition, the Ethiopian People's Revolutionary Democratic Front (EPRDF), has essentially been in power since 1991. The coalition evolved from four groups: the Tigray People's Liberation Front (TPLF), the Amhara National Democratic Movement (ANDM), the Southern Ethiopia People's Democratic Movement (SEPDM) and the Oromo People's Democratic Organisation (OPDO). Most recently, the EPRDF won all but two seats in parliament following the May 2010 election. The next general election is scheduled for 2015. Opposition parties include the Unity for Democracy (UDJ), the United Ethiopian Democratic Party-Medhin (UEDP-Mehin), the United Ethiopian Democratic Forces (UEDF) and the Oromo Federalist Democratic Movement (OFDM).

The Government has publicly committed itself to three fundamental reform processes: decentralisation of the state, with the introduction of a system of 'ethnic' or 'multinational' federalism; democratisation of its politics, under a multi-party electoral system; and liberalisation of the economy, in a neo-liberal international climate.

Ethiopia is a member of the African Union (which is headquartered in Addis Ababa), the UN and within the UN the G77, and its sub-group, the G24.

Economic

Ethiopia has been one of the fastest growing economies in Africa in recent years with growth averaging 8 to 10% annually every year since 2008. In 2013, the origins of GDP growth were as follows: Agriculture (9%), Industry (9%) and Services (5.7%).

Public spending on basic social services has increased significantly in recent years and is delivering strong results. The government is committed to major infrastructural projects, such as the Great Ethiopian Renaissance Dam, as set out in the *Growth and Transformation Plan*.

Inflation and poverty are inextricably linked; it is estimated that for every 1% increase in inflation, poverty levels may rise by up to 0.5%. Inflation remains a persistent drag on growth and, given its link to poverty, on development too. Significant progress has been made in reducing inflation through tightening monetary policy and by implementing a tight national budget.

The federal Government has improved revenue collection in recent years, particularly through indirect taxes such as import tariffs. However, more could be done to raise domestic revenue through reducing tax exemptions and increasing incentives to pay tax.

Ethiopia's trade balance resulted in a \$7.9 billion deficit in 2012, an increase of 43% on the previous year and imports generally increased by 33.5%. However, despite a continued trade imbalance, exports rose by 14.8% in 2010/11. Areas of particular export growth were oil seeds, fruit and vegetables, live animals, textiles, gold, meat, pulses and flowers.

Logistical problems remain a significant limiting factor on Ethiopia's ability to trade. Ethiopia's only easily accessible port is Djibouti which is subject to regular delays and high costs. Ethiopia's foreign exchange reserves are currently running at less than three months import cover.

Ethiopia's economy is relatively exposed to the risk of external shocks, for example a downturn in major export markets. Ethiopia is also particularly vulnerable to price fluctuations in the energy sector, due in large part to its reliance on imports of oil and coal. Increases in Ethiopia's energy production through hydroelectric dams are expected to ease this and will increase exports as Ethiopia begins to sell electricity to neighbouring states.

In 2013, Ethiopia reached the fourth and final stage of negotiations to join the *World Trade Organisation*. However, significant adjustments were still required in order to meet succession requirements.

Ethiopia's private sector is growing and has the potential to be a significant contributor to the Government's goal of reaching middle-income status by 2025. Currently, private corporations represent just 27% of GDP and over 80% of the private sector comes from the informal economy, especially agriculture.

Ethiopia-Ireland Trade Relations

Trade with Ethiopia is small. In 2012, Ethiopia was Ireland's 107th largest merchandise trading partner, with trade between Ireland and Ethiopia worth €14.9 million. Exports were valued at €14.7 million and imports at €0.2 million. Principal merchandise exports to Ethiopia (as classified by the Central Statistics Office) are essential oils (extracts and concentrates for the food and beverages industry), perfume materials and miscellaneous edible products and preparations (including infant formula).

Governance and Human Rights

In January 2013, the World Bank launched a report *Diagnosing Corruption in Ethiopia*. The report, which was co-authored by the Federal Ethics and Anti-Corruption Commission of Ethiopia, attempted for the first time to map the nature of corruption in eight sectors² in the country. The report suggests that corrupt practice in the delivery of basic services is comparatively low and is likely to be much lower than in other low-income countries. The report also notes however that the faster growing sectors, such as construction and telecommunications, are areas of potential concern.

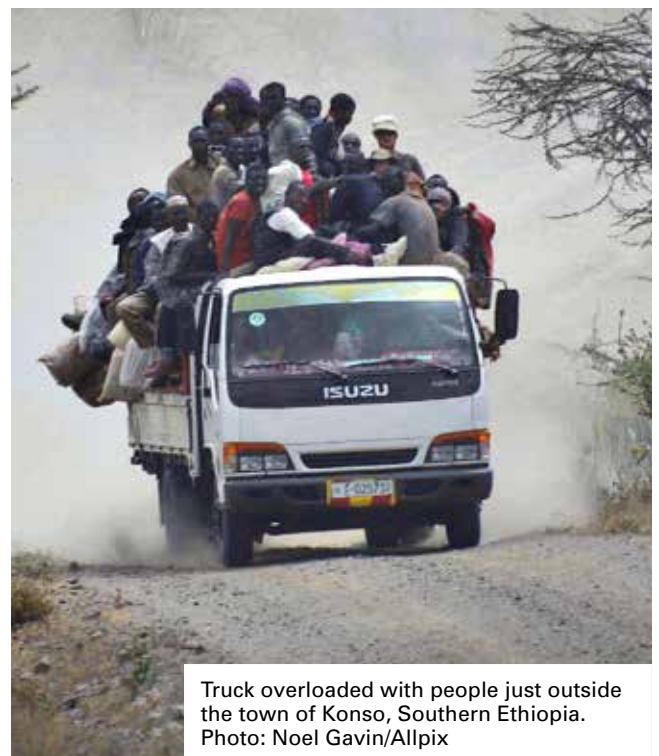
Ethiopia has two key human rights institutions – the National Human Rights Commission and the Institute of the Ombudsman – both established in 2004. There is some recent progress in activities such as awareness raising, setting up branch offices, research, following up complaints and investigations of human rights abuses. There is some collaboration with civil society, although this is limited due to the current restrictive legislation in place.

Ethiopia has one of the lowest rates of internet (1 to 2% of the population) and mobile telephone (around 20% of the population) penetration on the continent³.

A unit within the Ministry of Finance and Economic Development has been established which is tasked with coordinating donor funding for development programmes in Ethiopia. Considerable progress has also been noted in the roll out and implementation of the Government's automated budget and financial reporting package (IBEX).

The 2011/2012 report of the Office of Federal Auditor General was presented to the Parliament in April 2013. In 2013, there was a marked increase in attention from all public bodies including the Parliament, Prime Minister's Office and regional governments, which will strengthen the follow up.

A fragile truce has existed between Ethiopia and Eritrea since the signing of a peace agreement in 2000. Ethiopia has long been associated with military engagement in Somalia. Conflict elsewhere in the region continues to affect Ethiopia, with the country playing host to an increased number of refugees from Sudan, South Sudan and northern Kenya. The Ethiopian Prime Minister has played a prominent role, in his capacity as Chairman of the Assembly of the African Union and Chair of the Intergovernmental Authority on Development⁴, to resolve the issues between Sudan and South Sudan.



Truck overloaded with people just outside the town of Konso, Southern Ethiopia.
Photo: Noel Gavin/Allpix

² The sectors covered are health, education, water, justice, construction, land, telecommunications and mining.












³ This is expected to increase. Ethiopia has signed an \$800 million contract with China's ZTE to introduce high-speed 4G broadband internet services for the capital, Addis Ababa, and 3G services for the rest of the country.

⁴ IGAD is an organisation of six eastern African countries focused on drought control and development initiatives.

Progress towards Millennium Development Goals

Ethiopia is one of the best performers in human development globally. Its score on the UN Human Development Index has increased by 32% in the last decade. The 2012 MDG report for Africa and Ethiopia's own interim poverty report published in 2012 note positive progress towards many of the MDGs. The table below sets out the current status of progress which informs the development of this CSP.









Table 1: Ethiopia's Progress towards Attaining the MDGs⁵

	Achieved		Partially achieved		Off track
 	1. Eradicate extreme poverty and hunger	<p>The proportion of people below the poverty line in Ethiopia has declined from 44.5% in 1995 to 27.6% in 2011/12. While poverty is higher in rural areas, the gap has been narrowing. Food poverty is also declining. Ethiopia's hunger index (equally weighted three indicators, i.e., undernourishment, child underweight and child mortality) declined from 43.2 in 1990 to 28.7 in 2010/11. The 33.6% decline in the hunger index compares well to the 18% average decline by Sub-Saharan Africa countries or the world at large (26%). Stunting of children under five has declined from 57.8% in 2000 to 44.4% in 2011 (E-DHS). Underweight has declined from 42.1% to 28.7% over the same period. Under nutrition costs the Ethiopian economy €4 billion per year.</p>			
 	2. Achieve universal primary education	<p>The proportion of boys and girls in school in Ethiopia has continued to increase. Net Enrolment Rate, that is the number of children of official primary school age that are enrolled in primary school, increased from 77.5% in 2005/06 to 91.8% in 2010/11 in the lower cycle and from 37.6 to 47.3% in the upper cycle of primary education, putting net enrolment at primary education (Grade 1 – 8) at 85.4% in 2012. However, the number of children finishing school has dropped. Primary education completion rates remains low at 51.2% (2012).</p>			
 	3. Promote gender equality and empower women	<p>Gender parities at primary and secondary education are continuously improving, reaching 0.90 and 0.79, respectively. The Total Fertility Rate has declined from 5.9 to 4.8 between 2000 and 2011. The median age at first marriage in Ethiopia has increased from 16.1 years in 2005 to 16.5 years in 2011. The prevalence of Female Genital Cutting has declined to 24% for children 0-14 years (Welfare Monitoring Survey 2011).</p>			
 	4. Reduce child mortality	<p>In 2013, UNICEF announced that Ethiopia has reached its goal of reducing child mortality by two thirds down from 166 (the average for the period 1995 to 2000) to 67 per 1,000 births. These figures however hide income disparity. According to the Ethiopian Demographic Health Survey (2011) the under five mortality rate was 86 for the richest wealth quintile and 137 for the poorest. The children of women with higher education had an under five mortality rate of only 24.</p>			

⁵ UNDP

Table 1: Ethiopia's Progress towards Attaining the MDGs (continued)

 **Achieved**
 **Partially achieved**
 **Off track**

 	<p>5. Improve maternal health</p> <p>The percentage of Ethiopian mothers attended by skilled birth attendants increased from 5.6 to 10% over the period 2006-2011. This remains unacceptably low. The E-DHS does not indicate a major decline in maternal mortality rates. The rate in 2000 was 871, in 2005 was 673 and in 2011 was 676.</p>
 	<p>6. Combat HIV and AIDS, malaria and other diseases</p> <p>The HIV prevalence in Ethiopia was 1.5% among the adult population in 2011 (E-DHS 2011) up slightly from the estimated 1.4% in 2005 (E-DHS 2005). However, a proxy indicator for incidence is the antenatal surveillance data on HIV prevalence among 15-24 year old pregnant women has declined substantially from 12.4% in 2001 to 2.6% in 2009. According to the Malaria Indicator Survey (2011) the percentage of children under five who slept under a net in households with at least one net declined from 34.7 to 30.3 between 2008 and 2011. The number of children under five with diarrhoea who were taken to health care professionals increased from 13.3% in 2000 to 31.8% in 2011 (E-DHS, 2011).</p>
 	<p>7. Ensure environmental sustainability</p> <p>Ethiopia has one of the lowest carbon emission rates per capita in the world. The percentage of households using improved drinking water has increased from 25.3% to 53.7% between 2000 and 2011 (E-DHS). The percentage of households using improved sanitation facilities has increased from 0.6% to 8.3%. Households practising open defecation have declined from 81.9% to 38.3% over the same period.</p>
 	<p>8. Develop a global partnership for development</p> <p>Performance with regard to MDG 8 is varied in Ethiopia with limited progress on indicators such as the development of an open trading and financing system. Mobile phone penetration and internet user rates remain amongst the lowest in the world. The proportion of revenue generated from domestic tax ranks amongst the lowest in the continent in spite of a major push to increase this in recent years. The latest figures available from the OECD show that net ODA received by Ethiopia for the year 2010 was \$US 3,529 million. However, there are indications of a commitment from Government to respond to elements of this goal, but in a paced and step-wise manner unlikely to see completion by 2015.</p>

3. The Development Context

Poverty and Vulnerability

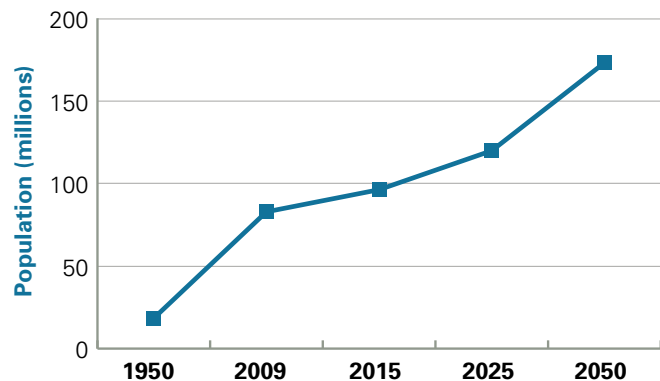
Ethiopia's policies, supported by development assistance, are delivering impressive results but the levels of poverty and vulnerability remain amongst the highest in the world. Government estimates that per capita income had risen to US\$513 in 2012. This is a significant increase on previous years.

The most recent review of progress against the GTP⁶ records the proportion of people living below the poverty line of US\$1.25 per day as having fallen from 45.5% in 1995/96 to 27.6% in 2011/12, a decline of about one third. Over the period 1995 to 2011, poverty declined at an annual average rate of 2.32% as against 0.5% for Africa (excluding North Africa). Ethiopia is just 7 percentage points from the 2015 GTP target, and will reach it if this trend continues. A poverty headcount of 27.6% however, still translates into a population of approximately 23.87 million people living in extreme poverty. Hunger and malnutrition continue to pose major challenges with an under five stunting rate of 44%.

Drivers and manifestations of poverty

While there are clear efforts noted on the part of Government to address the challenge of population growth, analysts still predict a continued and rapid growth rate. Currently the second most populous country in Africa, Ethiopia is expected to have a population close to 120 million in 2025, the year it plans to attain middle-income status. The pace of population growth will be influenced by the age of the population; currently almost half of Ethiopia's 86 million people are aged 14 and under. This has implications for public service delivery and job creation in the years ahead. Youth unemployment is estimated to be 23.3% in urban areas.

Population Growth projection for Ethiopia (source UN population division)



Climate change has introduced greater uncertainty into development decision-making, not least by emphasising the potential trade-off between short-term development gains and longer-term socio-economic transformation, particularly among the poor. Reducing people's vulnerability to climate change is closely linked to Irish Aid's poverty reduction mandate, since poverty is both a condition and determinant of vulnerability.

Food insecurity will continue to be of critical concern for the future. While agricultural production has increased, Ethiopia is still dependent on commercial food imports and food aid.

Humanitarian food needs are in addition to the seven million people who are in receipt of assistance under the Productive Safety Net Programme (PSNP) which provides cash and/or food transfers for people who would otherwise need food aid through emergency channels.

Ethiopia is making progress towards nutrition security, especially in the reduction of both stunting and underweight prevalence, which have decreased respectively from 58% to 44% and 42% to 29% over the last decade (E-DHS, 2011). However, stunting still represents a major challenge to sustained development with the decline in incidence being less than 0.5% per year (significantly lower than the Scaling Up Nutrition target of >2% per year). The annual cost associated with child under-nutrition is estimated at Ethiopian birr 55.5 billion (approximately €2 billion) which is equivalent to 16.5% of GDP⁷.

6 Growth and Transformation Plan

7 The Cost of Hunger in Ethiopia: Implications for the Growth and Transformation of Ethiopia, June 2013.

The health sector has recorded some impressive developments in recent years. Recent data (E-DHS) indicates the following improvements in health indicators which occurred between 2005 and 2011:

- > Under five mortality reduced from 123 to 88 per 1,000 live births
- > Contraceptive prevalence rate increased from 15% to 29%
- > Mortality and morbidity from malaria has declined by more than 50% since 2003
- > 65% of eligible HIV patients are in receipt of ARV treatment
- > Child immunisation rate increased from 70% in 2005 to 82% in 2010

However with a maternal mortality rate of 676 per 100,000 pregnancies (E-DHS, 2011) Ethiopia is significantly behind in meeting its target of reducing maternal mortality by three-quarters by the end of 2015.

Who are the poor?

The most recent poverty analysis report by the Ministry of Finance and Economic Development suggests that while poverty rates are improving overall, the severity of poverty being experienced in some rural areas is intensifying relative to urban areas.

The Ministry of Finance and Economic Development's interim poverty analysis published in 2012 showed significant regional variations in absolute and food poverty levels. Afar, Tigray and Somali ranked as the poorest areas, with Addis Ababa, Harari and Dire Dawa municipalities being cited as the wealthiest. In terms of food poverty, Amhara, Tigray and Beneshangul Gumez were recorded as amongst the most food insecure.

Poverty is still predominantly more of a rural phenomenon⁸ - there are very visible differences in levels of poverty and access to services between rural and urban areas. This is despite urban populations growing faster than the national average; an estimated 6,000 people per week move to urban areas. This is leading to significant stress on planning, the provision of basic services and the development of infrastructure. However, urban populations are now contributing a larger share to GDP growth. For example, Addis Ababa, with 4% of the population of the country, contributes about 35% of GDP growth.

In terms of gender inequality, some successes have been noted with regard to political commitments to eliminate the worst extremes of inequality. For example, positive legislation around early marriage and harmful traditional practices has been introduced. Women hold 27.8% of seats in parliament, ranking 36th in the world - several places ahead of Ireland (ranked 89th) and make up 13% of cabinet Ministers (up from 7%).

Children, the elderly and people with disabilities typically rank amongst the most vulnerable of any population. While only 3.2% of the population are recorded as being over the age of 65, over half the population are children. People with disabilities are officially estimated to form 1.09% of the population.

Ethiopia has managed to contain the rate at which HIV and AIDS has affected the population. The estimated incidence rate of 1.5% has been made possible through a good track record in detection and treatment – and with massive development partner support. However, the risks remain high to certain groups of individuals, in particular commercial sex workers, truck drivers, and members of the military and police and their families.

In addition to the cyclical nature of humanitarian need in Ethiopia, the country has recently experienced an increase in the number of refugees. Ethiopia is now host to some 370,000 refugees: the largest groups are Somalis (56%), Sudanese and South Sudanese (23%) and Eritreans (17%). A further 350,000 people are classified as internally displaced and are living in marginalised, poorly serviced areas of the country.



Mr Gebre-Mariam a farmer in Begasheska, Tigray region, with improved chickpeas. This new crop was tested under the Operational Research programme and grown with residual soil moisture, which has increased following the watershed rehabilitation undertaken as part of the programme. Photo: Irish Aid.

⁸ The gap in poverty between rural and urban areas was narrowing until 2004/05, but has slightly widened since.

The Development Framework

Ethiopia's development is guided by a five year national development plan known as the *Growth and Transformation Plan* (GTP). The GTP, which runs from 2010-2015, aims to maintain 11% GDP growth and achieve the MDG's within the context of a sustainable macroeconomic framework. It focuses on seven strategic pillars which the Government view as integral to development. These are:

- > sustaining, rapid and equitable economic growth;
- > maintaining agriculture as a major source of economic growth;
- > creating conditions for industry to play a key role in the economy;
- > enhancing expansion and quality of infrastructure development;
- > enhancing expansion and quality of social development;
- > building capacity and deepening good governance;
- > and promoting gender and youth empowerment and equity.

Complementing the GTP, in 2011, the Government announced its intention to achieve middle-income status by 2025 on the basis of a green economy developmental model. An ambitious strategy has been set out in the *Climate Resilient Green Economy* initiative. The Government is committed to ensuring that the current high levels of economic growth are maintained in an environmentally sustainable manner and that in the future they avoid 'the negative environmental patterns associated with economic growth around the globe'.

The initiative centres on four key areas: 1) Improving crop and livestock production practices for higher food security and farmer income while reducing emissions; 2) protecting and re-establishing forests for their economic and ecosystem services, including as carbon stocks; 3) expanding electricity generation from renewable sources of energy for domestic and regional markets; and 4) leapfrogging to modern and energy efficient technologies. The policy, implementation and financing framework are currently under development.

Development Financing

The Ethiopian Budget

The 2012/13 budget⁹ has been approved at ETB 135.7 billion (US\$ 7.3 billion) showing an increase of about 17% over the previous year.

Of the 2012/13 budget, 18.2% is planned for recurrent spending and 40.1% is earmarked for capital expenditure. The largest portion, 41.7%, of the federal Government budget is planned for transfer to regional Governments through the federal block grant and the MDG fund.

The federal Government has improved revenue collection in recent years. However, at 13.2% of the budget in 2012, it remains below the sub-Saharan African average.

External financing

In gross terms Ethiopia is one of the top aid recipients in sub-Saharan Africa. However, when this is compared to the size of its population, Ethiopia is comparatively under-funded in comparison to other sub-Saharan African states; over the period 2008-2012, the 2010 ODA per capita was approximately \$40.

Ethiopia still remains relatively aid-dependent with an ODA to gross national income (GNI) ratio of 11.3% in 2011, down from 15.7% in 2005 when the economy was smaller. According to the OECD-DAC, ODA to Ethiopia amounted to US\$3.563 billion in 2012. Ireland's total contribution (including through civil society and multilateral channels) in 2012 was \$46 million, 1.3%, and was ranked 13th largest of OECD donor partners. UNDP believes that grants to Ethiopia in 2012 fell by 22% compared to 2011 due to the financial crisis.

Donor Harmonisation and EU Joint Programming

Over the last few years the 'aid landscape' has gradually changed, with non-traditional bilateral donors such as China, India and the Gulf States increasingly engaged in Ethiopia. Soft loans, grants and technical assistance provided by these countries have made these relationships increasingly important. As a result, the overall share of EU financial flows to the country has gradually diminished. Philanthropic assistance by US grant-makers to Ethiopia is estimated at US\$74.5 million between 2003 and 2011, with average annual flows of US\$8.3 million. Remittances in 2012 are estimated, by UNDP, to be US\$1.9 billion. Ethiopia has also been a recipient of assistance from the Global Fund to fight

9 Ethiopian Financial Year 2005

AIDs, TB and Malaria. since 2003 and received assistance in each funding round. Ethiopia is the 13th largest recipient of climate finance at global level and the second largest recipient in sub-Saharan Africa after Kenya, having received a total so far of US\$107 million in commitments since 2003¹⁰.

The Development Assistance Group (with a secretariat based in UNDP) comprises 26 bilateral and multilateral donor agencies, coordinating in various technical working groups, and working collectively to an agreed workplan. Ethiopia has no formal aid management strategy but instead aligns donor commitments to its priorities as set out in the GTP. For the Government, predictability, particularly multi-year predictability, alignment with national priorities, and the use of country systems, are key priorities. Priorities of development partners include sector policy dialogue, managing for results and strengthening mutual accountability. The local emphasis on results and development effectiveness also reflects the current trend in the international aid debate¹¹.

Within the Development Assistance Group, the EU Delegation and member states are at the forefront of promoting aid effectiveness – and have been working towards a clear division of labour in line with European Council Conclusions. Thirteen EU member states and the

European Commission have aid programmes. In January 2013, EU Heads of Mission endorsed an EU+ Norway Joint Programme. The Joint Programme is in response to commitments made by the EU in Busan and in the *Agenda for Change* to better coordinate development efforts in order to have a greater impact. The Joint Programme defines the EU mutual development priorities as Governance, Regional Economic Integration, Economic and Private Sector Development, Human and Social Development, Sustainable Agriculture and Food Security, Gender, Environment and Climate Change, Capacity Building and Quality Data and Improved Monitoring and Evaluation. Member States are encouraged to fit their programming within this agenda and to provide indicative financial allocations per sector. Whilst these mutual development priorities are very broad they are an important step towards initiating EU joint programming.

The implications of the EU+ Joint Programme in Ethiopia will become more evident over the course of the CSP. The Embassy will continue to work with the EU on developing a joint results framework (which the CSP results framework will contribute towards) and support a more coherent EU line in policy dialogue with the Government. In the medium term there will be discussions with member states on implications for any joint evaluation work in the future. Throughout this process, the Embassy will try to distil lessons for the wider Irish Aid programme and share these with other Key Partner Countries who will be developing joint EU programmes in the future.

10 The age of choice: Ethiopia in the new aid landscape: Annalisa Prizzon and Andrew Rogerson, ODI, January 2013

11 EU+ Joint Cooperation Strategy, 2013.



Local market in Tigray. Photo: Irish Aid.

4. Irish Cooperation to Date and Lessons Learned

CSP 2008-2012

The 2008-2012 CSP had as its overall goal the reduction of the vulnerability of the poorest Ethiopian women, men, girls and boys.

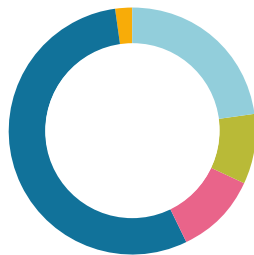
The 2010 Mid Term Review (MTR) resulted in the CSP being refined to better reflect the emerging hunger agenda, strengthen monitoring to improve results, and exit from direct support to HIV as a sub-sector. The MTR also agreed to reduce the number of objectives and made a commitment to rationalise the number of partnerships and programmes managed by the programme in response to a reduced budget.

In 2012, The Department of Foreign Affairs and Trade agreed to extend the CSP for a year to allow greater scope to align the new CSP more closely with the EU Joint Programming initiative, to give space for the new CSP to take account of the evaluation and allow the programme to take account of the White Paper review.

During the mid-term review and in the CSP evaluation the benefits of using a mix of aid modalities were highlighted and reaffirmed for implementation and good risk management. In 2013, the funding per aid channel is as follows:

2013 Expenditure Channels

CSOs and UN Bodies	23%
Regional Government	9%
Regional Focussed CSOs	11%
Federal Government	55%
Admin	2%

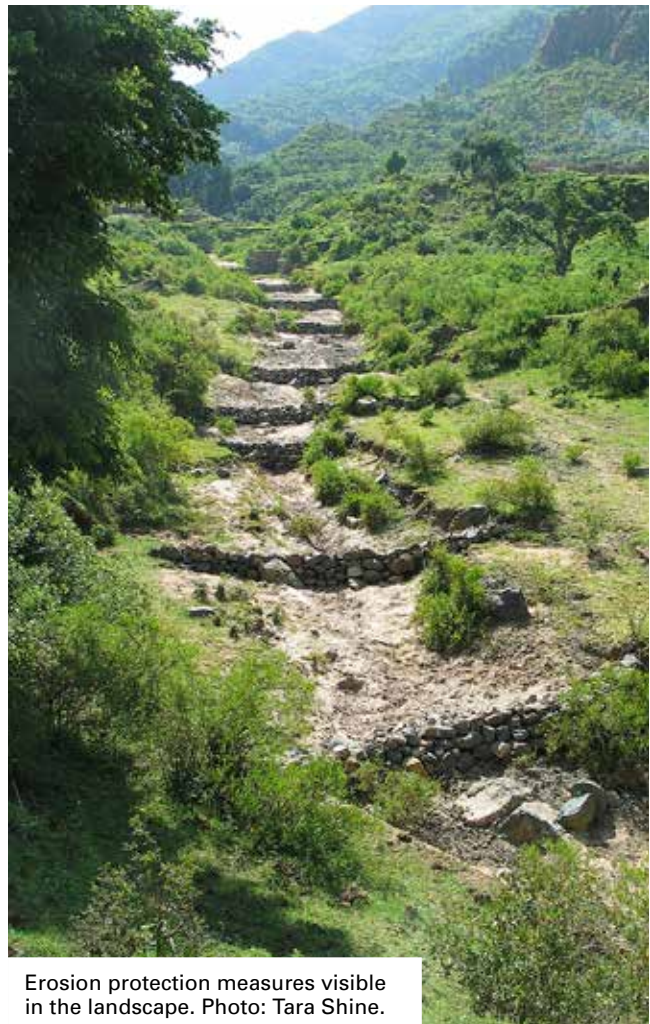


- > 55% of the programme is through federal level engagement.
- > 9% of the programme is through our regional engagement in Tigray and SNNPR.
- > Support to civil society, both in the regions and more generally stands at about 34%.

CSP 2014-2018

This new CSP is informed by the Evaluation of the Country Strategy 2008-2012. The evaluators considered the programme a success and that it made a strong contribution to improving the lives and welfare of poor people. They recommended that there was no need for a major change of programme direction, more an adjustment of interventions and ways of working. It was further recommended that Irish Aid consider its mix of modalities, and given the likely financial envelope available for the CSP, recommended that Ireland choose one of the two large public sector programmes to fund.

Regional programming has been a prominent strand of the Irish Aid portfolio in Ethiopia since the establishment of the programme. Recent reviews and evaluations have all recommended that Irish Aid continue regional support.



Erosion protection measures visible in the landscape. Photo: Tara Shine.

5. Our Planned Contribution to Irish Policy Goals

Alignment with the Africa Strategy

A whole-of-Embassy-approach looks at the areas of work beyond the development programme, to explore synergies between Irish Aid programmes and two-way trade and investment, focussing on achieving added value in programmes and activities on the ground; and ensuring a coherent approach across the political, economic and development work of the Embassy.

The development programme is the main way in which the Embassy will contribute to the Africa Strategy. The Ambassador in Addis Ababa is also accredited to the African Union and the Republic of South Sudan. The Embassy's other responsibilities include consular support and cultural relations.

The whole-of-Embassy approach includes key economic, consular and political outputs in addition to the development outputs. The Embassy aims to work towards the conclusion of a Double Taxation Agreement with Ethiopia and a better business environment for Irish companies seeking to work in Ethiopia. On the consular side, it aims to support the Ethiopian authorities' capacity to ratify and implement the Hague Convention on Inter-country Adoption. On the political side, the Embassy aims to contribute to increased knowledge within the Department of Foreign Affairs and Trade on Ethiopian, South Sudanese and cross-cutting African Union issues and perspectives, to include regular visits to South Sudan; and to foster a deeper engagement with the trade and economic commissions of the African Union and the UN Economic Commission for Africa.

Alignment with the new *One World, One Future* Policy

The CSP will align closely with the *One World, One Future* policy, in particular with regard to the commitments on hunger, resilience, better governance and accountability. Implementing this CSP will be an important contribution to realising the goals of the new policy.

Coherence across Irish Aid

The Embassy has direct management responsibility for the bilateral programme. In addition, grants are allocated to other organisations by Irish Aid HQ.¹² The Embassy has been pro-active in its engagement with these organisations, and meets with them on a regular basis in order to strengthen synergies across all Irish funding in Ethiopia.

Headquarters funding has also been provided to a number of Ethiopian universities through the Programme for Strategic Cooperation. This support has focused on Mekelle, Haramaya and Addis Ababa universities and the Ethiopian Development Research Institute. This engagement offers opportunities to draw upon academic contacts and views which can further strengthen engagement in Ethiopia.

Watershed rehabilitation is a core part of Irish Aid's approach. Hillsides are now greener and groundwater levels have risen so that farmers are able to build ponds and wells and invest in small scale irrigation. Photo: Irish Aid.



¹² An analysis of Ireland's overall ODA allocation to Ethiopia in 2012 showed that an additional €5.6m was allocated by HQ in addition to the bilateral budget. This total excludes indirect contributions that cannot be easily identified (e.g. Global Funds and EDF contributions).

6. Goals and Objectives

The Goal of the Ethiopia programme 2014-2018 is “to support Ethiopia’s growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development”.

The programme has been designed to contribute to one outcome, which reflects a joined-up programme focused on household resilience. The programme also aims to maximise Ireland’s contribution to the EU+ Joint Programme and Division of Labour with other partners. This outcome reflects a further rationalisation of the programme, compared to the outcomes pursued under the last CSP.

**Outcome:
Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks**

In working toward this outcome, the programme has taken its lead from the priority areas for action in *One World One Future*. Tackling hunger and under-nutrition, improving maternal health, strengthening civil society, supporting livelihoods to respond to the challenge of climate change and working with the most vulnerable through social protection programmes, represents how, taken together, Ireland can make a positive contribution to household resilience. While working in each of these areas is worthy in itself, the connection between the different strands of the programme will ensure the value added of Ireland’s contributions to the resilience agenda in Europe.

**Objective 1
To improve the abilities of poor rural households to respond and adapt to the affects of climate change and other shocks**

**Objective 2
To improve the nutrition and health of poor rural women and children**

The focus will be on the poorest rural households, including those supported by the PSNP and those affected by shocks, especially drought. By working with the poorest, it will help to ensure that the poorest have the opportunity to benefit from and contribute to Ethiopia’s sustainable development.

Rural poverty, nutrition and health are closely linked. Ireland will promote nutrition interventions targeting women and children in line with the *One World One Future* and Scaling-Up Nutrition initiatives. Work will also be undertaken with partners to address maternal mortality problems – recognising that this is one of the MDGs which Ethiopia is unlikely to meet.

Outputs

Five outputs will contribute to the two objectives.

**Output 1
Transitory and chronically vulnerable rural people have access to a targeted, accountable and increasingly sustainable safety net**

**Output 2
Rural livelihoods that are climate-smart, gender and nutrition sensitive supported and promoted to scale**

**Output 3
Civil society supported to play their role in Ethiopia’s development**

**Output 4
Increased use of improved maternal health care services by poor women**

**Output 5
Improved feeding practices and consumption of a better quality diet by under 5 children, adolescent girls, and women**

Strategies

In order to support the achievements of the outcome, objectives and outputs, Ireland will prioritise the following strategies:

A) Contribute to development effectiveness

Consistent with the principles agreed in the Busan Partnership for Effective Development, work will continue through partners in order to strengthen national capacity, sustainability and ownership of development. Opportunities will be identified for Ireland's assistance to be catalytic and lever additional resources from the private sector and other development partners. Ethiopia's own country systems will, where possible, be used to engage, with mutual accountability, mechanisms which monitor Busan commitments. Ireland will continue to be an active member of the Development Assistance Group and will promote dialogue on development effectiveness within the partner community and with Government. In accordance with Busan, and captured explicitly in output 3, support to civil society will continue to play a legitimate and important role in Ethiopia's development.

B) Mainstream Governance, HIV and AIDS, Gender and the Environment across the programme

It is recognised that Governance, HIV and AIDS, Gender and the Environment can all have a major impact on the results the CSP is working to achieve. These issues will be practically addressed through:

- > Systematically analysing these issues when appraising projects and programmes
- > Judging impact by including indicators where possible in results frameworks with partners
- > Consistent inclusion of cross-cutting issues in policy dialogue
- > Internal training and support

C) Prioritise results-based management and learning to inform decision making

Ireland is fully committed to results-based management. Over the course of the CSP, Ireland's and our partners' capacities will be increased to generate evidence by better measurement and reporting on results. Baselines and results frameworks with all our partners will be established. On an annual basis and in the planned Mid-Term Review (2016), partnerships will be assessed to ensure that they are delivering on the CSP results. Where a partnership no longer fits, the hard decisions will be made.

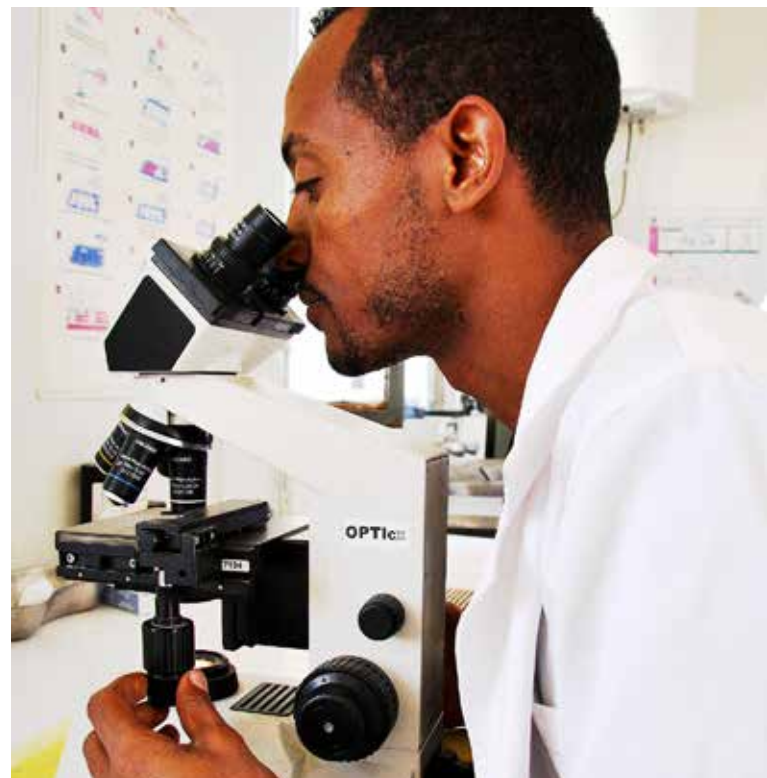
Underpinning the approach to results-based management will be a more orderly approach to learning which will allow for better resource allocation and maximum impact. The focus will be on the results of the programme and how Irish Aid is working to achieve these results. This will be done by developing personal expertise; team learning and in-programme learning.

D) Further improve internal systems for better results and more accountable partnerships

Work will continue to strengthen capacities for financial and technical monitoring of all Irish Aid Ethiopia funded partnerships.

A mix of aid modalities will be maintained in order to achieve the objectives from a number of angles and to spread risk. The shape of the funding modalities is estimated to be as follows:

- > 55% of the programme will be through federal-level Government engagement
- > 9% of the programme will be through our regional engagement in Tigray and SNNPR
- > 34% of the programme will be through civil society and the UN
- > 2% on programme quality and administration



Hawzien health centre, Lab technician Berhe Desalegn peers through a microscope. Photo: Richard Moore-O'Farrell.

7. The Plan

This section sets out the context for each output, the theory of change and the ways in which Irish Aid will work to achieve the results. In some cases the partners are identified, however some flexibility will be retained to allow for managing for development results. Taken together, the five outputs represent Irish Aid's contribution to the resilience agenda in Ethiopia. The details of results, indicators and activities that support each of the outputs are included in Annex 1 on the Logic Model, Annex 2 on the Results Frameworks and the Annex 3 on Performance Measurement Framework.

Output 1:
Transitory and chronically vulnerable rural people have access to a targeted, accountable and increasingly sustainable safety net

Problem Statement

Ethiopia's policies, supported by development assistance, are delivering impressive results but the levels of poverty and vulnerability remain amongst the highest in the world. Economic growth and development gains, although impressive in recent years, will continue to come under pressure from a difficult balance of payments situation, cyclical high inflation and population growth. Ethiopia's vulnerability can be summed up by the fact that about 44.6% of the GDP, 90% of exports, and 85% of employment is linked to the agriculture sector where currently the majority of producers are farming plots of less than 0.5 of a hectare and are following rain-fed cultivation.

There is a strong, well established link in Ethiopia between social protection and reducing vulnerability; the PSNP aims to build community assets and smooth consumption. However, there is a growing recognition, which is reflected in the latest draft of the Government's Social Protection policy, that these instruments can also contribute to inclusive economic growth¹³.

Finally, coordination of the various social protection actions needs to be strengthened. Reflecting the evolution of the sector from its humanitarian origins, the Government's emphasis has been on using food aid social protection based instruments, such as the PSNP. The Ministry of Agriculture remains the single most significant actor in

the delivery of social protection modalities, however the role of the Ministry of Labour and Social Affairs is being strengthened. The approval of the Government's Social Protection Policy by the Council of Ministers in 2013 and the development of its strategy will serve as the basis for a more comprehensive framework for the provision of a social protection system in Ethiopia into the future and will set the framework for strengthening the capacity of the Ministry of Labour and Social Affairs.

Theory of change

A continuum of support that includes relief, climate-smart public works, social transfer systems and enhanced livelihoods is necessary for a sustained reduction in vulnerability and to provide the platform from which poor people can benefit and participate in economic growth. The provision of social protection-based safety nets (stop-gapped as needs be with relief support) is effectively a pre-condition for the type of risk taking and investment needed to build livelihoods. International evidence illustrates that social safety also contributes to better nutrition and health status of the poor¹⁴.

What Irish Aid will do:

Irish Aid will continue to provide significant financial and technical support to the PSNP programme and will actively engage in the design of the next phase of the PSNP which will be launched in 2015. As part of this process, particular support will be provided for:

- > Greater engagement with the broader social protection environment (including the Ministry of Labour and Social Affairs) and with those working on disaster risk management.
- > Gender and HIV and AIDS to continue to be considered as key factors in the targeting of cash transfers and in the design of public works programmes
- > Nutrition to be included in the design and results framework for the programme
- > The next PSNP to continue to deliver on environment and climate related results

¹³ This is also reflected in the draft Irish Aid Social Protection Framework

¹⁴ Lancet, July 2013

- > Increased Government of Ethiopia financing for the programme
- > The new programme to fully use the Government's own financial management system, thus reducing fiduciary risks of operating a parallel system
- > Reducing fiduciary risk at the point of the end user, though electronic cash transfers

Support will be provided for social and financial accountability mechanisms. Irish Aid will engage fully with the public financial management aspects of the programme and work with partners to ensure audit action plans are in place and implemented. We will also support the Ethiopian Social Accountability Programme¹⁵.

Building on support to date, work will continue with UNICEF to pilot cash transfer modalities for labour-constrained households. In addition to delivering results around nutrition and vulnerability reduction, the cash transfer pilot is intended to build the capacity of the Ministry of Labour and Social Affairs to assume responsibility for some of the most vulnerable sections of society such as children, the elderly,

disabled and chronically ill people¹⁶. Working with UNICEF and the Ministry will promote the use of electronic transfers (via mobile phones) and this engagement, together with the lessons gained from it, will inform the policy debate and design of the next phase of the PSNP.

Ethiopia will continue to need humanitarian support over the period of the CSP. In line with previous years it is proposed to include an allocation for humanitarian response from within the programme budget. Provision is made to support the OCHA managed Humanitarian Response Fund. This fund continues to perform well and is responding effectively to emerging relief needs. In addition, the Embassy will continue to link with HQ-funded humanitarian partners to ensure that their work also helps bridge the link between humanitarian and development interventions.

Policy engagement will be through the established dialogue structure of the PSNP programme, the national Social Protection Platform, and relevant humanitarian and disaster risk-management forums. Over the course of the CSP, Ireland will, for one year, chair the PSNP donor group, where we will lead on policy engagement with Government.

15 Irish Aid has supported the Ethiopian Social Accountability Programme since 2010. The programme was originally set up to monitor the implementation of the Protection of Basic Services Programme, but current plans envisage extending it in 2014 to support community monitoring of the PSNP.

16 This target group have to date been included in the PSNP as 'direct support' beneficiaries. However, as the Ministry's capacity increases the expectation is that it will assume greater responsibility for this target group.



An Ethiopian woman farmer in Tigray producing flour from an improved wheat variety. Photo: Irish Aid.

**Output 2:
Rural livelihoods that are climate-smart, gender
and nutrition sensitive supported and promoted
to scale.**

Problem Statement

Social protection-based safety net mechanisms, such as PSNP, contribute towards a reduction in vulnerability and serve as a foundation for building assets and resilience. However, additional targeted pro-poor agriculture and natural resource programming is required to assist the most vulnerable to build resilient livelihoods and participate in the ongoing economic development of Ethiopia. Irish Aid Ethiopia is well placed to demonstrate this through a mix of modalities at regional level¹⁷.

Between 80 and 85 percent of livelihoods in Ethiopia are based on smallholder rain-fed agriculture systems. Within the context of a changing climate, smallholder farmers are finding it increasingly difficult to follow the planting cycles given the increasingly erratic nature of seasonal rainfall patterns.

Theory of Change

Building on the foundation laid by social protection support, the enhancement of natural productive resources and strengthening links to markets will allow partners, together with poor farmers in food insecure woredas, to test and promote to scale proven nutritious and drought resistant crop varieties. The improvement of the natural resource base also allows for the development of off-farm resilient livelihoods including beekeeping for rural landless youth and women. Bringing partners experience to scale, in terms of programming and/or evidence based learning, will be a major contribution to the promotion of economically and environmentally viable rural livelihoods. Natural resource management, farm productivity and safety net support will combine to contribute to an improved resilience of the rural poor.

What Irish Aid will do

The programme will focus on poor rural households in food insecure woredas of SNNPR and Tigray, with particular attention to women-headed farming households and landless youth. The engagement in the sector will be informed by on-going political economy analysis – which will identify areas where progress can be made – and areas where blockages exist.

Support will be provided to some existing and (when appropriate) new partners to identify and scale up best practice in climate-smart, gender and nutrition-sensitive smallholder production. Partners include the regional agricultural research institutes and bureaus of agriculture, the International Potato Centre and reputable NGOs specialising in rural livelihoods

- > The programme will support the economic empowerment of poor farmers, especially women farmers, through specific and climate-smart value chains through partners such as SoS Sahel, FARM Africa and the regional bureaus of agriculture
- > Complementing the support to natural resources through PSNP public works, the programme will support reforestation of water catchments including homestead woodlots, and access to improved fuel-efficient cook-stoves through GIZ and the regional bureaus of agriculture
- > The facilitation of regional Government collaboration will be encouraged such as exchange and learning with NGOs on issues such as improved seed systems, viable value chains, and improved research-into-use approaches including meteorological data. Throughout this work the Embassy will endeavour to generate and share evidence-based learning to inform regional responses to the federal Climate Resilient Green Economy initiative
- > The Embassy will work closely with HQ-supported integrated rural development and humanitarian responses through organisations such as GOAL, Concern and Trócaire, Misesan Cara, Self Help Africa, Vita and Farm Radio International in order to learn from and capitalise on programmatic linkages
- > The option to engage with and support relevant federal level livelihoods programmes will be maintained¹⁸

**Output 3:
Civil society supported to play their role in
Ethiopia's development**

Problem Statement:

The operating environment for civil society in Ethiopia is restrictive. Due to the importance of civil society space, as outlined in *One World, One Future* and in the EU's Agenda for Change, and given Irish Aid Ethiopia's comparative advantage in the area, Irish Aid will continue

¹⁷ And, as viable options arise, at Federal level.

¹⁸ We will maintain a technical engagement with the Household Asset Building Programme (which is under the PSNP) and its forthcoming redesign. However, implementation challenges currently preclude funding. Alternative programmes with national reach will be explored over the course of the CSP.

to work to build the capacity of civil society and engage with the Government to improve the operational environment. Having a strong civil society is a positive governance end and is vital to the achievement of the wider CSP results and the Government's own GTP targets, especially through CSO's role in innovation and reaching marginalised populations.

Theory of change

Direct support from Ireland to partners will allow organisations to continue to evolve in difficult circumstances. Civil society support will contribute significantly to the results of the CSP through improving delivery of services and supporting innovative civil society programmes with an emphasis on addressing health, nutrition, climate change, livelihoods and gender-based violence.

What Irish Aid will do

Irish Aid will continue to lead the multi-donor Civil Society Support Programme, a five-year initiative which was launched in September 2011. Options for a future modality beyond that are already being explored. The programme supports civil society to contribute to national development, poverty reduction and the advancement of good governance. Through the programme, donors will channel support to marginalised and hard to reach Ethiopians at grassroots level in support of local communities holding local officials and others engaged in service delivery to account. Specific support will be provided to support the capacities of small organisations and associations to prevent and respond to gender-based violence at community level.

Other opportunities to align thematic priorities of the programme with Irish Aid priorities will be explored, e.g. on environmental issues including climate change, private sector development and on gender empowerment more broadly. Throughout this engagement, we will continue to work closely with the Charities and Societies Agency to ensure that the programme stays within the legislation, and that any lessons learned can inform and influence the practical implementation of the legislation.

As noted under Output 1, Irish Aid will continue to support the Ethiopian Social Accountability Programme. Under this programme, civil society organisations are trained in the use of various Social Accountability tools such as community score cards, gender responsive budgeting, and social auditing and how to use them to assess the accessibility and quality of services being delivered by Government.

We will maintain flexibility to allow us to respond to opportunities as they arise, particularly in the areas of gender based violence and access to legal services.

The Embassy will engage with partners on the policy and technical arrangements for civil society through:

- > The Government-led Civil Society Sector Working Group, where donors are represented by the EU, US and Ireland
- > The Donor Transparency and Accountability Working Group and the Government-chaired Social Accountability Steering Committee which deals with support to the social accountability programme
- > The DAG Governance Technical Working Group and Civil Society Sub-group, where development partners agree common messages for heads of mission and heads of development cooperation for dialogue with Government

Output 4:

Improved feeding practices and consumption of a better quality diet by under 5 children, adolescent girls, and women.

Problem Statement

Under-nutrition underlies 50% of under fives' deaths in Ethiopia and severely limits the development of individuals and the country¹⁹. Currently 44% of children under the age of five are stunted, while 27% of Ethiopian women are too thin and 17% are anaemic. Adults who were undernourished as children earn less and contribute less to economic growth. As noted earlier, the effects of under-nutrition on health and wellbeing, education and economic growth are enormous; estimated to be some 16.5% of GDP. Micronutrient deficiencies (especially iron, vitamin A, and iodine) are also significant public health problems. Malnourished girls become short, malnourished mothers who experience a higher risk of maternal death and are more likely to give birth to a low birth-weight baby; thereby continuing the intergenerational cycle of poor nutrition and poverty.

Causes of chronic under-nutrition include food price inflation, one of the world's lowest rates of safe water coverage at 41%, very limited sanitation facilities, nationally 11% and poor or non-existent hygiene practices in large parts of the country. Despite a recent revision of the National Nutrition Programme, there remains a somewhat incoherent policy, the coordination and financing framework²⁰ of which are not suited to deliver the type of multi-sectoral programme required to effectively reduce or eliminate under-nutrition. The agriculture sector itself forms

19 UNICEF 2012 Community based Newborn Sepsis Management briefing, UNICEF Ethiopia.

20 The total budget of the National Nutrition Programme is US\$ 547 million. Government will provide US\$ 38 million.

the mainstay of the national economy. However, its growth is centred on smallholder farmers seeking to produce high-value, low-nutrient crops for sale and export at the expense of household consumption. Simply put, 85% of the population do not have access to an adequate supply of nutritious food.

Poor health and poor nutritional status of women is a key factor in the low birth weight rate as are the quality of caring and feeding practices. Globally, maternal under-nutrition contributes to 800,000 neonatal deaths annually; stunting, wasting, and micronutrient deficiencies are estimated to underlie nearly 3.1 million child deaths annually (Lancet, 2013). In spite of a positive policy and legislative framework for gender-equality in Ethiopia, women continue to experience inequality in decision-making and control of resources at household level and are thus less able to make positive choices around their own and their family's diet. Low birth weight and poor feeding practices²¹ are exacerbated by the high proportion of births to under-age women (as a result of early marriage). Gender inequality in education²² is also seen to have an impact with wasting, for example, more common among the children of mothers with no education – and least common among those whose mothers have a secondary education (11% versus 3%).

Rural children under five are more likely than their urban peers to be both wasted (10% versus 6%) and stunted (46% versus 32%).²³ There are high levels of disparity across regions also with stunting levels in Amhara, Tigray (51.4%), Afar, and Benishangul Gumuz regions well above the national average. In the under five age group, boys prove more vulnerable than girls and are more likely to be both underweight (31% versus 27%) and wasted (11% versus 8%) (ibid).

The issue of climate change poses an increasingly significant impact upon the national capacity to achieve nutrition security. While the trends in severe malnutrition have improved slightly (dropping from 12% to 10% over the period since 2000), there are increasing variances in patterns around seasonal hunger and severe shortages, resulting in an annual caseload of between 150,000 and 350,000 children experiencing severe acute malnutrition.

21 Although 98% of children are breastfed for a period of time, only half of new-borns are exclusively breastfed for six months (52%). Among sub-groups, the percentage of young children who are exclusively breastfed decreases sharply from 70% of infants age 0-1 month to 55% of those age 2-3 months and, further, to 32% among infants 4-5 months.

22 The gender parity index in education is 0.9 for primary, 0.65 for second level – first cycle, and 0.48 for second level – second cycle.

23 Ibid. Stunting results from chronic under-nutrition, which retards linear growth, whereas wasting results from inadequate nutrition over a shorter period.

Theory of change

Investments in nutrition-specific interventions to avert maternal and child under-nutrition can make a great difference in the lives of the poorest. When linked to nutrition-sensitive approaches—i.e. women's empowerment, food systems, livelihoods and social safety nets—such investments can greatly accelerate progress in countries with the highest burden of maternal and child under-nutrition and mortality²⁴. The CSP proposes to address the challenge of under-nutrition through a multi-sectoral, programme-wide approach that combines nutrition-specific and sensitive interventions such as support for nutrition education, promotion of improved feeding practices, micronutrient supplementation, food fortification, cash transfers, food production and consumption, emergency nutrition, and the reduction of household air pollution. This multi-sectoral approach will ensure linkages across the five outputs are fully exploited.

What Irish Aid will do

Irish Aid will use existing engagement in the health sector (see also Output 5) to:

- > Support Health Extension Workers to roll out community-based platforms for nutrition education and promotion
- > Support micronutrient supplementation and de-worming including provision of folic acid, iron and other vitamin supplementation for pregnant women, and Vitamin A and Zinc for children
- > Promote breastfeeding, dietary diversity and complementary feeding

Food Fortification of staple foods, in particular iodization, through a partnership with GAIN and others and promotion of optimal feeding practices through civil society partners such as Alive and Thrive

Emergency nutrition including the prevention and treatment of severe malnutrition and management of moderate malnutrition (through our support to the Humanitarian Relief Fund and HQ-funded NGOs)²⁵

The engagement with social cash transfers (Output 1) will be linked to the results the programme is aiming to achieve in nutrition

24 Adapted from Lancet, 2013

25 Irish NGOs are a particularly rich source of experience and learning on nutrition and will be strategic partners to be leveraged by the Embassy; Concern on mainstreaming Infant and Young Child Feeding into PSNP and emergency work, GOAL working on systems failures in MAM responses, Trocaire working with pastoralist communities.

The Embassy will pursue the multi-sectoral approach outlined in Output 2 to ensure that the interventions supported contribute to Irish Aid’s nutrition approach and support organisations, such as the International Potato Centre, to expand access to nutritious foods, such as orange flesh sweet potatoes.

Recognising the impact household air pollution has on health and nutrition status and in line with commitments to advance climate-smart approaches, support will be provided to GiZ to expand its cookstove programme into Tigray and SNNPR.

In terms of policy engagement, The Embassy will:

- > Work closely with others in the nutrition development partner group and take on the SUN convener role as and when the opportunity presents itself
- > Promote an improved consideration of and response to the need for a coordinated multi-sectoral approach to under-nutrition across all sectors in which Irish Aid is engaged
- > Work to ensure lessons are disseminated, with a view to informing practice and policy of Government and other interested parties

- > Support work to increase resources for under-nutrition across key sectors, for example through the establishment of a multi-donor pooled funding arrangement for the nutrition sector

Output 5:
Increased use of improved maternal health care services by poor women.

Problem Statement

As noted above, with a maternal mortality rate of 676/100,000 Ethiopia is significantly behind in meeting MDG 4 by 2015. The lack of skilled birth attendants and the very low rate of delivery at health care institutions (less than 10%, but up from 5%) along with a relatively high rate of teenage pregnancy are important factors behind the high maternal deaths ratio. Gender dynamics are central to an understanding of health issues in Ethiopia. Amongst other things, early marriage is common in Ethiopia where one in five women are married by their 15th birthday. 17% of girls aged 15 to 19 have already become mothers or are pregnant with their first child. Girls who bear children before they are 15 years old are five times more likely to die from pregnancy-related causes compared to older mothers.



Woman bringing tomato harvest home. Tomatoes grown thanks to watershed management, Tigray. Photo: Irish Aid.

Gender imbalances in the home have a negative impact on women's ability to access information about and treatment for largely preventable pregnancy-related health problems, and in particular contribute to the dearth of family planning.

To date the focus for the Ministry of Health has been on constructing, equipping and staffing Health Post and Health Centres in a bid to increase access. The number of health posts has increased to 15,000. However, the use of health care facilities continues to be low due to lack of awareness, limited trust in the system, dislike of facilities often described as dirty, distance to facilities anxiety over costs, and the assumption that private sector providers are better qualified.

Over 38,000 community-level Health Extension Workers have been trained and deployed to provide basic preventative and curative services from Health Posts in their villages. Problems remain however, particularly in remote and rural areas, where staff retention rates are poor and many of the newly trained and the existing cadre of skilled staff opt to work for private providers.

National level and sector-specific policies prioritise women's health and the health of the children. However, whilst there has been welcome improvement in child health and greater access to modern contraceptives, safe birthing is an outstanding weakness that needs full and proper attention in investment and programming. A woman's

social, economic and life opportunities are increased further by her ability to access birth control and to be free of childbirth-related disability and the stigma that can accompany it. Preventing pregnancy in young adolescents makes a particularly significant difference to a girl's life chances. Gender equality and women's empowerment are both a means to an end in terms of improved reproductive, maternal and newborn health.

Health care expenditure per capita in Ethiopia is low, estimated in 2011 by WHO at US\$ 23 (up from US\$ 16 in 2008). Of this expenditure, 29% comes from households themselves, 16% from Government (down from 21% in 2008), with the remaining 52% being financed by development partners.

Theory of change

Increasing access to maternal health care services by improving awareness of and demand for ante-natal care, improving the quality of care on offer at health care facilities and the physical facilities (using climate smart technology) to make them more user friendly, will help to increase client use which in turn will lead to an improvement in maternal health. Complementary preventative interventions such as improved nutrition for mothers, and reduced incidence of illness (such as Upper Respiratory Tract Infections) will contribute to safer motherhood.



Hasan Lemu with mountain coffee, Bale Mountains. National Park conservation project. Photo: Richard Moore O'Farrell.

What Irish Aid will do

Irish Aid will continue to support the national health framework as reflected in the Health Sector Development Programme via the modality of the multi-donor Health MDG Performance Fund. The fund prioritises funding to initiatives which will improve maternal and child health, reproductive health and prevention of mother to child transmission of HIV and accelerated training of midwives. The Health MDG Performance Fund is increasingly functioning as the main forum for health-related policy and technical dialogue.

Throughout the CSP, the Embassy will work with partners in Tigray and SNNPR, including the regional bureaux of health to strengthen their local response to the crisis in maternal health. Funds from Irish Aid will be used to pilot innovative approaches and to document lessons for the Region and, where appropriate, for federal level scale up.

Opportunities will be taken, as they arise, to green the health sector. In practical terms this will mean supporting solar energy and water harvesting systems in health centres and recognising the positive impact clean energy has on health outcomes at household level and piloting the provision of energy efficient cook-stoves and simple solar energy for mothers with new born children who have attended the health facilities.

Recognising the critical contribution that good nutrition plays with regard to maternal health, adolescent girls and women of child bearing age will be a prioritised target group for all nutrition-related activities delivered across outputs.

The Embassy will work closely with HQ funded work in the health sector, including the Global Fund, GAVI, WHO, UNICEF and VSO.

Policy engagement will focus on improving the demand and access to maternal health services through improving the capacity of the Health Extension Workers to provide quality care and support to pregnant women. Through the health structures there will be active engagement in nutrition discussions which will link up policy dialogue with partners under the nutrition related output.

Private Sector Innovation Fund

The potential for the private sector to make a greater contribution to the achievement of Ethiopia's development results is considerable. However, as noted above, the operational environment for the private sector is restrictive. Currently, the World Bank reckons that the private investment rate is the sixth lowest in the world, whereas the public investment rates are the third highest.

Over the course of this CSP Irish Aid proposes to increase its engagement with the private sector in order to use their experience and skills to help deliver our CSP results. To take this forward, it is proposed to have an annual, limited, targeted tender to private sector businesses in Ethiopia interested in receiving support from the Embassy to develop an innovative contribution to Irish Aid's CSP results. Proposals will be assessed against the follow criteria:

- > Relevance to CSP results
- > Links/synergies with Irish business and expertise
- > Extent to which the intervention will act as a catalyst for further private sector contributions
- > Demonstrate how lessons learned from the project can lead to a broader impact
- > Communications value of the initiative
- > Environmental sustainability

A Private Sector Innovation Fund Programme will be established subject to external analysis as part of the mid-term review in 2016.



Elias Worku (4) Kelle Kindergarden funded by Trocaire in Kelle. Agri Service Ethiopia projects in Amaro Southern Ethiopia. Photo: Noel Gavin/Allpix.

8. Results, Monitoring and Performance Measurement Frameworks

In accordance with Irish Aid Guidance on developing country strategy plans, this programme was designed to be implemented with a strong focus on planning for, and managing by, development results. The Logic Model for the Country Strategy Paper is outlined in Annex 1. A Results Framework has been formulated for each of the outputs of the programme. These are included in Annex 2.

In 2013, the bilateral allocation increased for the first time since the economic crisis and now stands at €27.2 million. The new CSP will largely maintain this annual budget figure with flexibility to allow for increases (or decreases) in resources in line with the overall Irish Aid budget. The recommendations of the mid-term review will be used to inform and adjust, where necessary, action plans for the subsequent years.

The Performance Measurement Framework will serve as a management instrument to assist the Embassy in collecting information with respect to the key indicators that can demonstrate the extent that country strategy objectives are being achieved.

Risk Management

In terms of the economy, while growth is set to continue there are risks in the medium-term. Ethiopia's growth performance remains vulnerable to external shocks.

Recurrent droughts have also had a significant impact on agriculture and the power sector, which is heavily dependent on hydro generation. A decline in the agricultural harvest, particularly if accompanied by rising international food prices, would have a serious impact on food security and inflation.

Evaluation Strategy

The Embassy will develop an evaluation and monitoring plan for this strategy. Key components of the strategy will include both a budget line for monitoring and evaluation including working with partners on their monitoring and evaluation needs, and recruitment of a Monitoring and Evaluation programme support officer to advance Irish Aid's and its partners monitoring and evaluation work.

An important output of the Irish Aid Ethiopia plan for the monitoring and evaluation of the country strategy will be the generation of information that will provide evidence that Ireland is working to reduce poverty. This evidence can inform a credible and robust assessment, on an annual basis, during the mid-term review in 2016 and in a final evaluation of performance.

Audit arrangements

The Embassy employs a full time internal auditor who reports directly to the Head of Mission and to the Evaluation and Audit Unit at Headquarters.

Irish Aid will continue to monitor audit at national and local levels, through following the audit findings of both the federal and regional Audit Office reports and tracking debates on the reports in Parliament. For fund flows through Government systems, audit assurance relies primarily on audits commissioned by the Government's audit office. In addition, the Irish Aid auditor is a member of various audit sub-committee working groups, comprising donor and Government officials, that oversee the audit issues highlighted. Currently Irish Aid is engaged in the monthly PSNP financial taskforce meetings, Protection of Basic Services Financial Management group and health MDG audit meetings. In addition, NGO audits are also tracked and followed up prior to further disbursements.



PSNP programme participants constructing hillside terraces as part of the public works programme of the PSNP. Photo: Irish Aid.

9. The Budget

The table below sets out the proposed budget allocation to each of the outputs. The outer years of the budget are indicative and will be discussed as part of the annual reviews and at the 2016 mid-term review in particular. Flexibility will be required to ensure that we manage for results and take advantage of new programme

developments such as the new PSNP, a potential pooled fund for nutrition, a redesigned household asset building programme and regional and federal level Climate Resilient Green Economy modalities. In addition, a new GTP will be launched in 2016. As in previous years, specific allocations to partners will be approved annually via the IDC process.

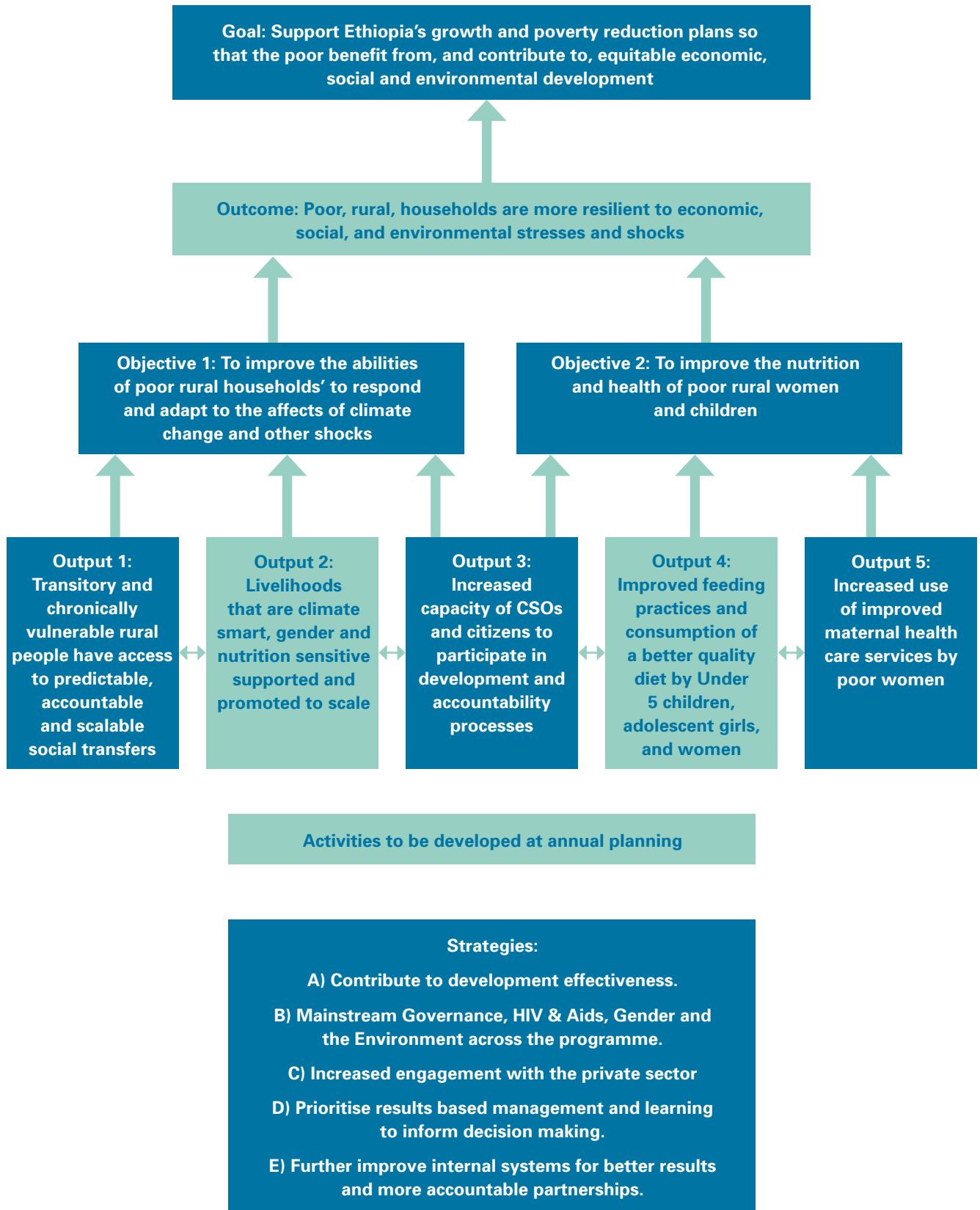
Table 2: 2014-2018 Programme Budget € millions

Programme Area	2014	2015	2016	2017	2018	Total €	% of Total
Output 1: Transitory and chronically vulnerable rural people have access to a targeted, accountable and increasingly sustainable safety net							
Total Output 1	12	12	12	12	12	60	44
Output 2: Rural livelihoods that are climate-smart, and gender and nutrition sensitive are supported and promoted to scale							
Total Output 2	3.25	3.25	3.25	3.25	3.25	16.25	12
Output 3: Civil society supported to play their role in Ethiopia's development							
Total Output 3	3	3	3	3	3	15	11
Output 4: Increased use of improved maternal health care services by poor women							
Total Output 4	5	5	5	5	5	25	18
Output 5: Improved feeding practices and consumption of a better quality diet by under 5 children, adolescent girls, and women							
Total Output 5	3	3	3	3	3	15	11
Cross programme support							
Private Sector Innovation Fund	0.2	0.2	0.2	0.2	0.2	1	0.74
Monitoring and Evaluation	0.1	0.1	0.1	0.1	0.1	0.5	0.36
Programme Administration	0.45	0.45	0.45	0.45	0.45	2.25	1.6
Programme development/process funds	0.2	0.2	0.2	0.2	0.2	1	0.74
CSP Total Programme €Million	27.2	27.2	27.2	27.2	27.2	136	100



Local market in Tigray. Photo: Irish Aid.

Annex 1: The Logic Model



Annex 2: Results Framework

Output 1

<p>Goal</p> <p>Support Ethiopia's growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development</p>	<p>Baseline Statistics</p> <ul style="list-style-type: none"> > Human Development Index Score 0.396 (2012) > Gini Coefficient 29.8 (UNDP 2013) > GDP per capita (PPP) \$1,017 (2013)
<p>Outcome</p> <p>Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks</p>	<p>Baseline Statistics</p> <ul style="list-style-type: none"> > Global Hunger Index 28.7 (2012) > Rural Poverty Headcount 30.4% (2012) > Ibrahim Index of African Governance 47.6 (2012) > Maternal Mortality ratio 676/100,000 (2011)
<p>Objectives</p> <p>To improve the abilities of poor rural households to respond and adapt to the affects of climate change and other shocks</p>	<p>Baseline Statistics</p> <ul style="list-style-type: none"> > % of PSNP households reporting zero food gap 7% (2010) > Percentage of women who have decision making power in agricultural activities and outputs 32% for Tigray and 34.5% for SNNPR > Number and quality of Joint Action Plans (as a result of Social Accountability) agreed between citizens and service providers for service quality improvement at local levels 0 (2012) > Area with improved land and water management technologies 49,440 ha (2010) > New pro-poor social protection safety net programme developed with government to succeed PSNP²⁶
<p>Risks</p> <ul style="list-style-type: none"> > Weak links between the PSNP and other programmes mean the programme is not effective > Increasing number of food insecure households arising from environmental or economic shocks > Lack of a phased approach in moving from programmes to systems 	<p>Critical Success Factors</p> <ul style="list-style-type: none"> > Government leadership and ownership of the programme > Close coordination and collaboration between the two major implementation partners (Ministry of Labour and Social Affairs the Ministry of Agriculture)

²⁶ PSNP results indicators to be updated from baseline of new social protection programme

Output 1: (continued)

Outputs for CSP	Performance Indicators	Baseline Statistics
<p>Transitory and chronically vulnerable rural people have access to predictable, accountable and scalable social transfers</p>	<ol style="list-style-type: none"> 1. % of households reporting that their community benefited from environmental public works 2. Average number of months households report being food insecure 3. Programme objectives, targeting and graduation criteria, Client Charter of Rights and responsibilities, budget and appeal procedures are posted in all PSNP Kebeles and Woredas 	<ol style="list-style-type: none"> 1. 41% (2010) 2. 3.96 (2010) 3. 0 (2010)
<p>Key Strategies:</p>		
<ul style="list-style-type: none"> > Engage in policy areas on linkages with social accountability mechanisms, > Mainstream governance, gender, HIV/AIDS and environment both at design and implementation stages, > Learning, in conjunction with other Irish Aid programmes, on social safety nets, their impact on the poor and how they can be more effective especially in dealing with nutrition, gender and climate change. 		
<p>Problem Statement:</p>		
<ul style="list-style-type: none"> > Ethiopia's vulnerability can be summed up by the fact that about 44.6% of the GDP, 90% of exports, and 85% of employment is linked to the agriculture sector where currently the majority of producers are farming plots of less than 0.5 of a hectare and are following rain-fed cultivation. > Currently more than 7 million people are considered chronically food insecure, or vulnerable, and are dependent on the support provided through the Productive Safety Net Programme, while between 2.5 to 5 million people require humanitarian relief food²⁷ each year. > There is a strong, well established link in Ethiopia between social protection and reducing vulnerability; the Productive Safety Nets Programme which aims to build community assets, smooth consumption and protect assets currently reaches over seven million chronically food insecure people. By supporting safety nets, not only the PSNP but the development of its successor, Irish Aid helps to address vulnerability, build resilience, increase household assets through ensuring predictable and regular income, improve soil and water conservation through public works and work with the government to improve their own systems and develop a sound social protection policy. 		

²⁷ GoE prefers to limit analysis and categorisation of vulnerable communities to food insecurity, often overlooking the several other dimensions and drivers of vulnerability.

Output 2:

<p>Goal</p> <p>Support Ethiopia's growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development</p>	<p>Baseline Statistics</p> <ul style="list-style-type: none"> > Human Development Index Score 0.396 (2012) > Gini Coefficient 29.8 (UNDP 2013) > GDP per capita (PPP) \$1,017 (2013)
<p>Outcome</p> <p>Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks</p>	<p>Baseline Statistics</p> <ul style="list-style-type: none"> > Global Hunger Index 28.7 (2012) > Rural Poverty Headcount 30.4% (2012) > Ibrahim Index of African Governance 47.6 (2012) > Maternal Mortality ratio 676/100,000 (2011)
<p>Objectives</p> <p>To improve the abilities of poor rural households to respond and adapt to the affects of climate change and other shocks</p>	<p>Baseline Statistics</p> <ul style="list-style-type: none"> > % of PSNP households reporting zero food gap 7% (2010) > Percentage of women who have decision making power in agricultural activities and outputs 32% for Tigray and 34.5% for SNNP > Number and quality of Joint Action Plans (as a result of Social Accountability) agreed between citizens and service providers for service quality improvement at local levels 0 (2012) > Area with improved land and water management technologies 49,440 ha (2010) > New pro-poor social protection safety net programme developed with government to succeed PSNP²⁸
<p>Risks</p> <ul style="list-style-type: none"> > Occurrence of drought, low crop productivity and under nutrition leads to major deterioration in coping strategies and resilience > Weak government commitment leads to a lack of policy influence and inability to scale up interventions. > Inability to find partners capable of designing and implementing innovative projects 	<p>Critical Success Factors</p> <ul style="list-style-type: none"> > Ensure the effectiveness of the linkage between Bureau of Agriculture and research institutions in disseminating nutrition rich and climate responsive agricultural technologies including the use of agro-met data > project implementing partners adopt a multifaceted step by step approach to diversify the livelihoods of the poor > project implementing partners Agree to undertake evidence based dialogues with regional Government > Regional Government and CSOs Support the promotion of Argo-forestry practices

28. PSNP results indicators to be updated from baseline of new social protection programme

Output 2: (continued)

Outputs for CSP	Performance Indicators	Baseline Statistics
Rural livelihoods that are climate smart, and gender and nutrition sensitive, are supported and promoted to scale	<ol style="list-style-type: none"> 1. Change in, productivity per hectare (in quintals²⁹) 2. Area of land covered with agro-forestry practices and multi-purpose trees 3. Increased number of beneficiaries using alternative energy 4. Uptake of consumption of nutritious and climate adapted crop varieties by project beneficiaries 5. Residual annual income of households³⁰ 	<ol style="list-style-type: none"> 1. Food crop 17, Root crop 44 and, Fruit and vegetable 84 (2009/10) 2. multipurpose trees 6,058 and forest 13,000ha Tigray 469.26ha (2009/10) 3. Tigray 233,235 and 455,000 this is at household and institution level (2012/13) 4. 41.42% 5. Tigray: 808.248 ETB (2012)
Key Strategies:		
<ul style="list-style-type: none"> > Facilitate research and learning, especially participatory learning involving nutrition and gender sensitive approaches > Develop evidence based documents with project implementing partners to inform regional policy > Mainstream governance, gender, and HIV/AIDS 		
Problem Statement:		
<p>Between 80 to 85 percent of livelihoods in Ethiopia are based on smallholder rain-fed agriculture systems. With changing climate, smallholders are finding farming increasingly difficult. Key problems in the sector are:</p> <ul style="list-style-type: none"> > Limited integration of nutrition concerns into agricultural production. > Weak linkages between research and extension and differential access to extension services between men and women. > Limited progress has been made in the process of securing registration and titles, especially for women. > Continued limitations in access to credit, especially for women. > Population growth is leading to a further fragmentation of landholding sizes. This has led to a growing numbers of rural landless, especially youth and increased pressure on the natural resource base. <p>We will focus on poor rural households in food insecure woredas of SNNPR and Tigray, particularly on women headed farming households and landless youth. We aim to work on economic empowerment of poor farmers, especially women, increased growth of resilient and nutritious food varieties, reforestation of water catchments, including homestead woodlots and access to improved fuel efficient cook-stoves and support to Climate Resilient Green Economy initiative.</p>		

29 In Ethiopia a quintal is defined as equivalent to 100 kilograms

30 Residual income is the amount of money a household has left after expenditure on food

Output 3:

	Baseline Statistics
<p>Goal</p> <p>Support Ethiopia's growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development</p>	<p>> Human Development Index Score 0.396 (2012)</p> <p>> Gini Coefficient 29.8 (UNDP 2013)</p> <p>> GDP per capita (PPP) \$1,017 (2013)</p>
<p>Outcome</p> <p>Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks</p>	<p>Baseline Statistics</p> <p>> Global Hunger Index 28.7 (2012)</p> <p>> Rural Poverty Headcount 30.4% (2012)</p> <p>> Ibrahim Index of African Governance 47.6 (2012)</p> <p>> Maternal Mortality ratio 676/100,000 (2011)</p>
<p>Objectives</p> <p>To improve the abilities of poor rural households' to respond and adapt to the affects of climate change and other shocks</p>	<p>Baseline³¹ Statistics</p> <p>> % of PSNP households reporting zero food gap 7% (2010)</p> <p>> Percentage of women who have decision making power in agricultural activities and outputs 32% for Tigray and 34.5% for SNNP</p> <p>> Number and quality of Joint Action Plans (as a result of Social Accountability) agreed between citizens and service providers for service quality improvement at local levels 0 (2012)</p> <p>> Area with improved land and water management technologies 49440 ha (2010)</p> <p>> New pro-poor social protection safety net programme developed with government to succeed PSNP³²</p>
<p>Risks</p> <p>> The operating environment for civil society becomes more restrictive</p> <p>> Government perceptions of CSO's or donors affect the independence and ability of programmes to operate</p> <p>> Weak ability to capture results and show programme impact</p>	<p>Critical Success Factors</p> <p>> Close monitoring and evaluation of programmes to highlight usefulness of civil society</p> <p>> Continued transparency and dialogue with government, advocating for better operating environment</p>

31 **ESAP:** the starting point is phase I, the pilots in 2007-2009 where 12 Lead CSOs engaged. ESAP II baseline was launched in April 2013. Baseline has 2 rounds of data collection-mid 2013 and a follow up in 2015. 4000 HH in 40 Control and Trial weredas in 4 regions, 250 kebeles. While the MA captures current levels of citizens' engagement, the IE captures indicators of HH welfare as they relate to citizens engagement and SA (citizens participation, perceptions of access, quality in basic service delivery and welfare outcomes for HH). Currently 30 out of 49 grantees **CSSP:** 87 (current #) grantee baselines to be developed after completion of organization score card assessment; wider RF to indicate poverty related changes/results; 46% hTR, 33% girls and women (current)

32 PSNP results indicators to be updated from baseline of new social protection programme

Output 3: (continued)

Outputs for CSP	Performance Indicators	Baseline Statistics
Increased capacity of CSOs and citizens to participate in development processes and hold them accountable	<ol style="list-style-type: none"> 1. Participation of citizens and citizens groups in budget formulation and action plan development (in selected woredas) 2. CSOs capacity to respond to priorities of the poor 	<ol style="list-style-type: none"> 1. 21% 2. TBC
Key Strategies:		
<ul style="list-style-type: none"> > Capacity development of CSOs > Mainstreaming governance, gender, HIV/AIDS and climate change > Coherence and better exploitation of support to regions to ensure that the good examples from civil society programmes are identified and scaled up by region > Learning, policy dialogue and partnership development around civil society issues 		
Problem Statement:		
<p>The operating environment for civil society in Ethiopia is among the most restrictive in the world. 'Foreign charities' (defined in the law as charities that get more than 10% of their funding from abroad) are prohibited from engaging with a number of rights-based activities including gender equality, human rights and conflict resolution. The Charities and Societies Proclamation was accompanied in 2011 by eight directives on the implementation of the law. The directive which has caused the most disquiet amongst donor and NGO communities puts a 30% cap on expenses for administrative costs. This would be reasonable but for the unconventional definition of administrative costs which has been adopted, which includes all monitoring and evaluation activities, capacity building, project vehicles costs, project staff salaries and consultancies. This definition has made the guideline almost impossible to meet and severely restricts the work of CSOs.</p> <p>Due to the importance of civil society space, as outlined in <i>One World One Future</i> and in the EU's <i>Agenda for Change</i>, and given Irish Aid Ethiopia's comparative advantage in the area, our work with the Civil Society Support Programme and the Ethiopian Social Accountability Programme and efforts to engage with the Government will seek to improve the operational environment. Having a strong civil society is not only a positive governance end in itself, as a foundation for any future transition to a more pluralistic democracy, but is also vital to the achievement of the wider CSP results and the Government's own GTP targets especially through in CSOs' role in innovation and reaching marginalised populations.</p>		

Output 4:

Goal	Baseline Statistics
Support Ethiopia's growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development	<ul style="list-style-type: none"> > Human Development Index Score 0.396 (2012) > Gini Coefficient 29.8 (UNDP 2013) > GDP per capita (PPP) \$1,017 (2013)
Outcome	Baseline Statistics
Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks	<ul style="list-style-type: none"> > Global Hunger Index 28.7 (2012) > Rural Poverty Headcount 30.4% (2012) > Ibrahim Index of African Governance 47.6 (2012) > Maternal Mortality ratio 676/100,000 (2011)
Objectives	Baseline Statistics
To improve the nutrition and health of poor rural women and children	<ul style="list-style-type: none"> > Minimum dietary diversity among 6-23 months old children 5% (2011) > Institutional delivery 10% (2011) > Improved ranking in hunger and nutrition commitment index 25 (2012) > Minimum acceptable diet 4% (2011) > Antenatal care coverage 34% (2011) > SUN framework implemented by GoE
Risks	Critical Success Factors
<ul style="list-style-type: none"> > Limited political support and resourcing for nutrition > Limited space for policy level input > Potential problems with partner financial management systems > Understaffed health and nutrition team 	<ul style="list-style-type: none"> > Policy dialogue around need for greater funding by the Ethiopian government to the nutrition sector > Robust financial, audit and technical appraisal and monitoring of all funding relationships for accountability and results > Robust engagement and support for social accountability systems in nutrition

Output 4: (continued)

Outputs for CSP	Performance Indicators	Baseline Statistics
Improved feeding practices and consumption of a better quality diet by under 5 children, adolescent girls, and women	<ol style="list-style-type: none"> 1. Percentage of households with iodized salt 2. Increased proportion of households consuming Vitamin A and iron rich foods 3. National food fortification alliance established and become functional 	<ol style="list-style-type: none"> 1. 15% (DHS 2011) 2. TBC from partners/projects, Micronutrient survey (results due 2014) 3. 0/Absent
Key Strategies:		
<ul style="list-style-type: none"> > Facilitate research and learning, especially at a regional level, identifying opportunities for scaling-up innovative approaches > Mainstreaming of gender, climate change, HIV/AIDS and governance > Capacity building to partners and government bodies > Active engagement in development partners and high level fora to support and strengthen multisectoral response to nutrition 		
Problem Statement:		
<p>Under nutrition underlies 50% of under fives deaths in Ethiopia and severely limits the development of individuals and the country³³. Currently 44% of children under the age of five are stunted, while 27% of Ethiopian women are too thin and 17% are anaemic. As noted earlier, the effects of under-nutrition on health and wellbeing, education and economic growth are enormous; estimated to be some 16.5% of GDP. Micronutrient deficiencies (especially iron, vitamin A, and iodine) are also significant public health problems. Malnourished girls later experience a higher risk of maternal death and are more likely to give birth to a low birth weight baby. In children under 5, rural children are more likely than their urban peers to be both wasted (10% versus 6%) and stunted (46% versus 32%).³⁴</p> <p>Irish Aid will address these issues through supporting Health Extension Workers to roll out community-based platforms for nutrition education and promotion; supporting micronutrient supplementation and de-worming; and promoting breastfeeding, dietary diversity and complementary feeding.</p>		

33 UNICEF 2012 Community based New born Sepsis Management briefing, UNICEF Ethiopia

34 Ibid. Stunting results from chronic under-nutrition, which retards linear growth, whereas wasting results from inadequate nutrition over a shorter period.

Output 5:

Goal	Baseline Statistics
Support Ethiopia's growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development	<ul style="list-style-type: none"> > Human Development Index Score 0.396 (2012) > Gini Coefficient 29.8 (UNDP 2013) > GDP per capita (PPP) \$1,017 (2013)
Outcome	Baseline Statistics
Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks	<ul style="list-style-type: none"> > Global Hunger Index 28.7 (2012) > Rural Poverty Headcount 30.4% (2012) > Ibrahim Index of African Governance 47.6 (2012) > Maternal Mortality ratio 676/100,000 (2011)
Objectives	Baseline Statistics
To improve the nutrition and health of poor rural women and children	<ul style="list-style-type: none"> > Minimum dietary diversity among 6-23 months old children 5% (2011) > Institutional delivery 10% (2011) > Improved ranking in hunger and nutrition commitment index 25 (2012) > Minimum acceptable diet 4% (2011) > Antenatal care coverage 34% (2011) > SUN framework implemented by GoE
Risks	Critical Success Factors
<ul style="list-style-type: none"> > Potential problems with financial management systems in the Ministry of Health and Regional Health Bureaus > Operational capacity constraints at sectoral level affect programme implementation > Deterioration in governance and increase in politicisation of aid/social services prevents further support to government services > Understaffed health and nutrition team 	<ul style="list-style-type: none"> > Robust financial, audit and technical appraisal and monitoring of all funding relationships for accountability and results > Support to regional health bureaus and partners to enhance technical and financial management capacities > Engagement with and support for social accountability systems in health

Output 5: (continued)

Outputs for CSP	Performance Indicators	Baseline Statistics
Increase use of improved maternal health care services by poor adolescent girls and women	<ol style="list-style-type: none"> 1. Percentage of health facilities providing Basic Emergency Obstetrics and Neonatal Care 2. Increased proportion of facilities with functional electricity and water supply 3. Increased client satisfaction with maternal health services 4. Increased coverage of maternal iron supplementation during ANC with baseline statistics. 	<ol style="list-style-type: none"> 1. TBC 2. TBC 3. TBC 4. 17% (2011)
Key Strategies:		
<ul style="list-style-type: none"> > Facilitate research and learning, especially at a regional level, identifying opportunities for scaling-up innovative approaches > Mainstreaming of gender, HIV/AIDS, climate change and governance 		
Problem Statement:		
<p>With a maternal mortality rate of 676/100,000 Ethiopia is significantly behind in meeting MDG 4 by 2015. The lack of skilled attendance at births and very low rate of delivery at health care institutions (less than 10%, but up from 5%) along with a relatively high rate of teenage pregnancy are important factors behind the high maternal deaths ratio. Early marriage is common in Ethiopia where 1 in 5 women are married by their 15th birthday. 17% of girls aged 15-19 have already become mothers or are pregnant with their first child. Girls who bear children before they are 15 years old are five times more likely to die from pregnancy related causes (compared to older mothers). Health care expenditure per capita in Ethiopia is low, estimated in 2011 by WHO at US\$ 23 (up from US\$ 16 in 2008). Of this expenditure, 29% comes from households themselves and 16% from Government (down from 21% in 2008). The remaining 52% is financed by development partners.</p>		
<p>Through supporting the national health framework via the modality of the multi-donor Health MDG Performance Fund we will increase access to health services, provide accelerated training to midwives, promote reproductive health, increase the prevention of mother to child transmission of HIV and improve community mobilisation. We will also work with partners in Tigray and SNNPR, including the regional bureaus of health to strengthen their local response to the crisis in maternal health and take opportunities to 'green' the health sector for example by installing solar panels.</p>		

Annex 3:

CSP Performance Assessment

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Goal: to support Ethiopia's growth and poverty reduction plans so that the poor benefit from, and contribute to, equitable economic, social and environmental development	Human Development Index Score	0.396 (2012)	Human Development Report (UNDP)	Head of Development	Annual	as and when required/ appropriate	Human Development Report 2018
	Gini Coefficient	29.8 (2000 – 2010 – Human development Report 2012)	Human Development Report (UNDP)	Head of Development	Annual	as and when required/ appropriate	Human Development Report 2018
	GDP per capita (PPP)	\$1,017 (2013 in constant 2005 prices)	Human Development Report (UNDP)	Head of Development	Annual	as and when required/ appropriate	Human Development Report 2018
	Global Hunger Index	28.7 (2012)	IFPRI Global hunger Index	Head of Development	Annual	as and when required/ appropriate	Global Hunger Index 2018
Outcome 1 Poor, rural, households are more resilient to economic, social, and environmental stresses and shocks	Rural Poverty Headcount	30.4% (2012)	GTP Interim report on poverty analysis	Head of Development		as and when required/ appropriate	GTP review 2015
	Ibrahim Index of African Governance	46.7 (2011)	Mo Ibrahim Foundation	Head of Development	Annual	as and when required/ appropriate	Ibrahim Index of African Governance 2018
	Maternal mortality ratio	676/100,000	Demographic and Health Survey 2011	Health and Nutrition Program Manager	Every 5 years	as and when required/ appropriate	Demographic Health Survey 2020

CSP Performance Assessment: (continued)

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Objective 1: To improve the abilities of poor rural households' to respond and adapt to the affects of climate change and other shocks	% of PSNP households reporting zero food gap	7% (2010)	Food Security Programme Impact Evaluation	Social Protection Programme Manager	Every 2 years	as and when required/ appropriate	Food Security Programme Impact Evaluation 2015
	Percentage of women who have decision making power in agricultural activities and outputs	32% for Tigray 34.5% for SNNP (2013)	Operational Research Technology Dissemination Programme baseline	Agriculture and livelihood team	MTR 2016	as and when required/ appropriate	MTR 2016 final evaluation 2018 (approx) ³⁵
	Number and quality of Joint Action Plans (as a result of Social Accountability programmes) agreed between citizens and service providers for service quality improvement at local levels	0 (2012)	Management Agent quarterly and annual reports	Governance Programme Manager	Quarterly and annual	as and when required/ appropriate	End 2015-Early 2016
Area with improved land and water management technologies New pro-poor social protection safety net programme developed with government to succeed PSNP ³⁶	Area with improved land and water management technologies	49,440 ha (2010)	Food Security Impact Evaluation	Social Protection Programme Manager	Every 2 years	as and when required/ appropriate	Food Security Programme Impact Evaluation 2015
	New pro-poor social protection safety net programme developed with government to succeed PSNP ³⁶	Not existing		Social Protection Programme Manager	2014	as and when required/ appropriate	2014

³⁵ Date of final evaluation will be established following the recommendations of the Mid Term Review of the programme in 2014

³⁶ PSNP results indicators to be updated from baseline of new social protection programme

CSP Performance Assessment: (continued)

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Objective 2: To improve the nutrition and health of poor rural women and children	Minimum dietary diversity among 6-23 months old children,	5% (2011)	Demographic and Health Survey 2011	Health and Nutrition Program Manager	Every 5 years	2016	Demographic Health Survey 2020 ³⁷
	Institutional delivery	10% (2011)	Demographic and Health Survey 2011	Health and Nutrition Program Manager	Every 5 years	2016	Demographic Health Survey 2020
	Improved ranking in hunger and nutrition commitment index	25 (2012)	Hunger and Nutrition Commitment Index 2012	Health and Nutrition Program Manager	Annual		Hunger and Nutrition Commitment Index 2018
	Minimum acceptable diet	4% (2011)	Demographic and Health Survey 2011	Health and Nutrition Program Manager	Every 5 years	2016	Demographic Health Survey 2020
	Antenatal care coverage	34% (2011)	Demographic and Health Survey 2011	Health and Nutrition Program Manager	Every 5 years	2016	Demographic Health Survey 2020

³⁷ Results from 2016 results will be used to inform the midterm review of the MTR. If the MTR recommends extending the CSP for another 2 years, 2020 results will align with the terminal evaluation.

CSP Performance Assessment: (continued)

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Output 1³⁸: Transitory and chronically vulnerable rural people have access to predictable, accountable and scalable social transfers	% of households reporting that their community benefited from environmental public works	41% (2010)	Food Security Programme Impact Evaluation	Social Protection Programme Manager	Every 2 years	as and when required/ appropriate	Food Security Programme Impact Evaluation 2015
	Average number of months households report being food insecure	3.96 (2010)	Food Security Programme Impact Evaluation	Social Protection Programme Manager	Every 2 years	as and when required/ appropriate	Food Security Programme Impact Evaluation 2015
	Programme objectives, targeting and graduation criteria, Client Charter of Rights and responsibilities, budget and appeal procedures are posted in all PSNP Kebeles and Woredas	0 (2010)	The PSNP Impact Evaluation	Social Protection Programme Manager	Periodic reports [Quarterly, Semi-annual and annual reports]	as and when required/ appropriate	The PSNP Impact Evaluation 2015

38 PSNP results indicators to be updated from baseline of new social protection programme

CSP Performance Assessment: (continued)

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Output 2: Rural livelihoods that are climate-smart, gender and nutrition sensitive supported and promoted to scale	Change in, productivity per hectare (in quintals ³⁹)	Food crop 17, Root crop 44 and, Fruit and vegetable 84 (2009/10)	Operational Research Technology Dissemination Programme, Bureaus of Agriculture	Agriculture and livelihood team	Annual	as and when required/ appropriate	Operational Research Program evaluation, MTR 2016 final evaluation 2018 (approx) GTP terminal evaluation - 2015/16
	Area of land covered with agro-forestry practices and multi- purpose trees ('000 hectare)	Multipurpose trees 6,058 and forest 13,000 (2009/10) Tigray (469.26ha)	GTP policy matrix base line; Bureau of Agriculture baseline	Agriculture and livelihood team	Annual	as and when required/ appropriate	GTP final evaluation report - 2015/16
	Increased number of beneficiaries using alternative energy	Tigray 233,235 and 455,000 this is at household and institution level (2012/13) 41.42%	Operational Research Technology Dissemination Programme baseline	Agriculture and livelihood team	Annual	as and when required/ appropriate	GiZ terminal report 2015/16
Uptake of nutritious and climate adapted crop varieties					Annual	as and when required/ appropriate	MTR 2016, final evaluation 2018 (approx)
Residual annual income of households ⁴⁰		Tigray: 808.248 ETB (2012)	Farm Africa reporting	Agriculture and livelihood team	MTR 2015		Final Evaluation 2017

39 In Ethiopia a quintal is defined as equivalent to 100 kilograms

40 Residual income is the amount of money a household has left after expenditure on food

CSP Performance Assessment: (continued)

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Output 3: Increased capacity of CSOs and citizens to participate in development processes and hold them accountable	Participation of citizens and citizens groups in budget formulation and action plan development (in selected woredas)	21% (2013)	Management Agent ⁴¹ annual reports	Governance Programme Manager	Annual	Review mid 2013	End 2015-Early 2016
	CSOs capacity to respond to priorities of the poor	TBC November 2013	Management Agent six monthly and annual reports	Governance Programme Manager	Six monthly and annual	MTR May 2014	End of programme evaluation 2015-2016
Output 4: Improved feeding practices and consumption of a better quality diet by under 5 children, adolescent girls, and women	Percentage of households with iodized salt	15% (2011)	Demographic and Health Survey	Health and Nutrition Program Manager	Every five years	as and when required/ appropriate	Demographic Health Survey 2018
	Increased proportion of households consuming Vitamin A and iron rich foods (information from partners)	TBC from partners/projects	Baseline data from partners/micronutrient survey (results due 2014)	Health and Nutrition Program Manager	Annual	as and when required/ appropriate	Specific projects evaluation report 2018
	National food fortification alliance established and functional	0/ Absent	Partner (GAIN's) data	Health and Nutrition Program Manager	Annual	as and when required/ appropriate	Partner's project evaluation report 2018
	SUN framework implemented by GoE	Weak involvement and ownership	SUN report	Health and Nutrition Program Manager	Annual	as and when required/ appropriate	SUN global and country level report (2018)

41 Both CSSP and ESAP have Results Frameworks which look at outcomes and more qualitative aspects (including cross cutting issues such as gender)-eg for ESAP changes in citizens participation, perception of basic services and welfare outcomes; and for CSSP changes in productive engagement % CSOs and gov/communities, socio-economic changes in communities' status, changes in CSO capability for responsiveness, accountability and for dialogue

CSP Performance Assessment (continued)

Element	Performance Indicator	Baseline	Data Source/ Collection Method	Responsibility of Collection and reporting	Timing/Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Output 5: Increased use of improved maternal health care services by poor women	Percentage of health facilities providing Basic Emergency Obstetric and Neonatal Care	TBC	Service Provision Assessment	Health and Nutrition Program Manager	Every five years	as and when required/ appropriate	Service Provision Assessment 2018
	Increased proportion of facilities with functional electricity and water supply	TBC	Service Provision Assessment	Health and Nutrition Program Manager	Every five years	as and when required/ appropriate	Service Provision Assessment 2018
	Increased client satisfaction with maternal health services	TBC	Service Provision Assessment	Health and Nutrition Program Manager	Every five years	as and when required/ appropriate	Service Provision Assessment 2018
	Increased coverage of maternal iron supplementation during ANC	17% (2011)	Demographic and Health Survey	Health and Nutrition Program Manager	Every five years	as and when required/ appropriate	Demographic Health Survey 2018



Ms Shefena Kasay, a farmer in Hawzien, Tigray region. Shefena's farm has been changed immensely by Irish Aid supported projects. One of these initiatives focused on building small dams and creating terraces; all of these slow down the flow of water and allow it to collect underground leaving more moisture in the soil. The rise in the water table allowed Shefena to dig a well on her land and now she can irrigate vegetables which she sells for profit during the dry season. Photo: Irish Aid.

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