

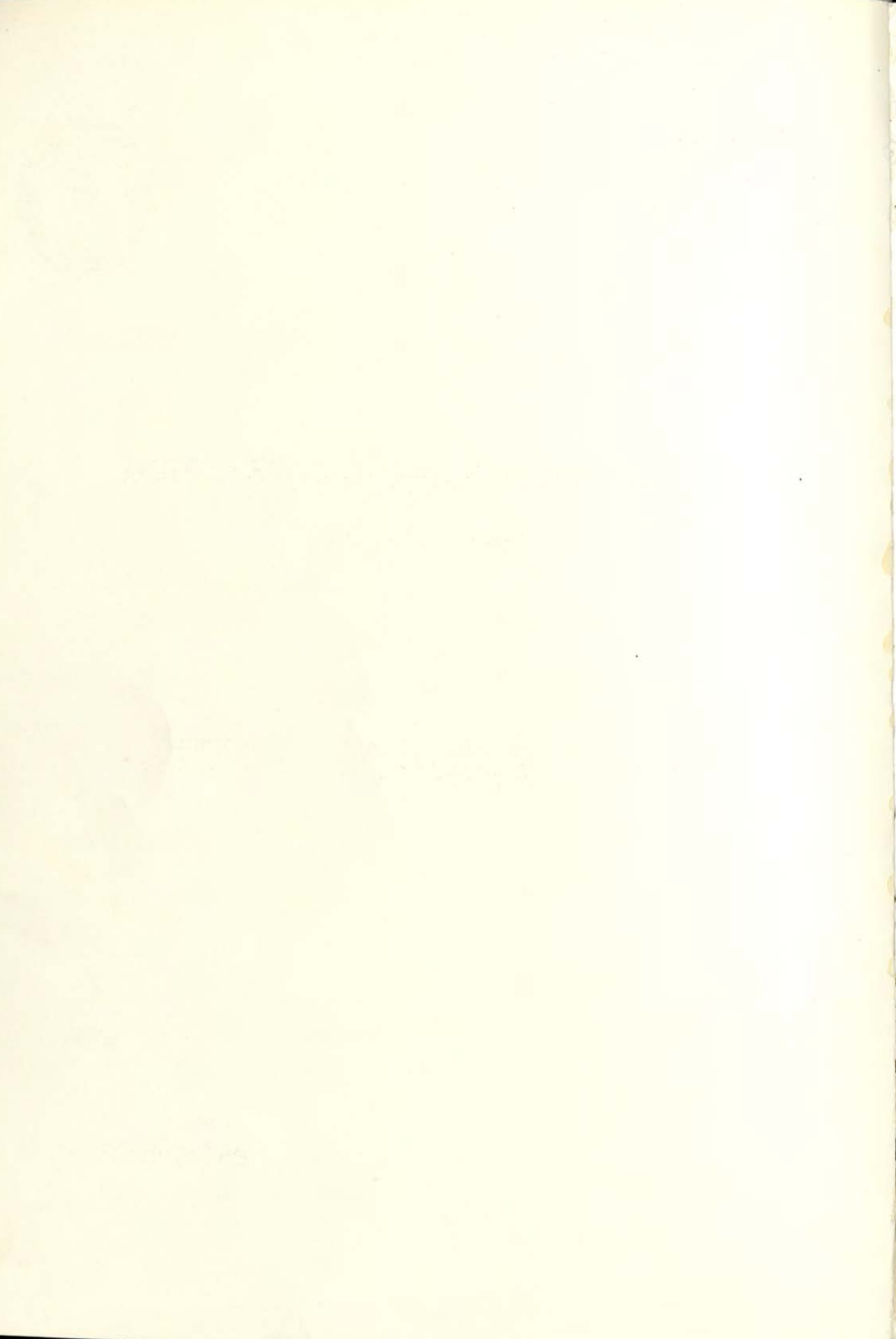


NATIONAL POPULATION PLAN OF ACTION

(2010/11 - 2014/15)

Ministry of Finance and Economic Development

January 2011
Addis Ababa



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FORWARD

The National Population Plan of Action is developed as the main instrument for the implementation of the National Population Policy of Ethiopia, in tandem with the country's long and mid-term development plans. The development of the Plan of Action is consistent with the Growth and Transformation Plan (GTP) and Sector Development programs. It is also based on the Cairo International Conference on Population and Development (ICPD) Plan of Action, the Millennium Development Goals (MDGs) and the Beijing Conference on Women.

Ethiopia has a vision to be one of the world's middle income countries. To this end the Government of Ethiopia has issued and is in the process of implementing policies and strategies on population, women, health, education and several other socioeconomic policies and sector programs.

Population has been recognized as a cross-cutting issue in the Growth and Transformation Plan. The plan underlines the need to harmonize Ethiopia's main demographic characteristics with desired development outcomes of the economy. Efforts are made to implement the existing national population policy through integrating population variables into macro and sector plans. The Population Plan of Action is instrumental for strengthening the integration of population in development plan. Moreover, it supports efforts for realizing the development vision of the country.

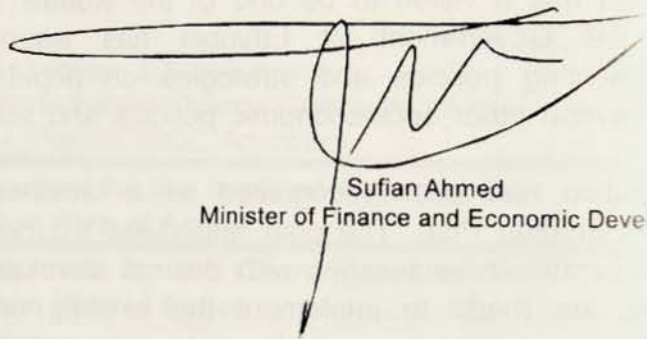
As the National Population Plan of Action is designed for the five year period (2010/11 - 2014/15), it reflects the strategic directions to achieve the goal of the Population Policy. To this effect, it embraces different but supportive thematic areas. These are Population and Development, Reproductive Health, Gender and Information, Education, Communication and Advocacy thematic areas.

It is believed that the National Population Plan of Action creates favorable conditions for the implementation of the population policy, programs and various activities by those concerned institutions at all levels in a timely and coordinated manner.

The National Population Plan of Action is not limited to activities of the national programs and projects at macro level. It embraces activities to be implemented by sectoral institutions at Federal and regional levels. The Federal sector agencies will integrate their respective population activities in their sector plans and implement them. Similarly, regional population agencies are expected to develop their own respective regional population plan of action taking into consideration regional objective conditions and using this National Population Plan of Action as a framework.

The success of the Plan of Action is entirely dependent on the leadership, coordination and commitment of institutions entrusted with the responsibility for implementing the National Population Policy.

The National Population Plan of Action is believed to contribute to the realization of the goal of the population policy by facilitating the coordination and implementation of population activities.



Sufian Ahmed
Minister of Finance and Economic Development

ACKNOWLEDGEMENT

The National Population Plan of Action is prepared by a National Technical Committee that comprised of members representing the concerned government and non-government organizations. The modality of its preparation allows for the successful achievement of the goal of the National Population Policy. Organizations that have key role in implementing the population policy have fully participated in the actual preparation of the plan of action. Such a participatory approach to the preparation of the plan of action is believed to contribute to its successful implementation.

The Population Affairs Directorate and other Directorates, of the Ministry of Finance and Economic Development the Oromia Regional State and the Addis Ababa City Administration, Bureaus of Finance and Economic Development and staff of concerned stakeholders have made professional contribution to the work. The United Nations Fund for Population Activities and its Country Support Team (UNFPA/CST) in Ethiopia have made professional support in designing the plan of action.

The Ministry of Finance and Economic Development extends its appreciation to the members of the National Technical Committee and the staff of various partner organizations. The Ministry would also like to express its gratitude to the United Nations Fund for Population Activities, which provided financial and technical support for the development of this plan of action.

Furthermore, the Ministry would like to thank the Federal and regional offices, non-government organizations, and higher education institutions for their active participation in the preparation, review and finalizing of the plan of action document.

Genet Mengistu
Director, Directorate of Population Affairs
Ministry of Finance and Economic Development

1.0 INTRODUCTION

1.1 Background

The National Population Policy of Ethiopia was issued in 1993 with the goal to harmonize the rate of population growth and the capacity of the country for the development, rational use of natural resources to the end that the level of welfare of the population is maximized over time. Major areas of population activities which are given focus by the policy include: improving the quality and scope of service delivery, population research, data collection, analysis and dissemination, expansion and strengthening domestic capacity for training in population and expansion of information, education and communication for social mobilization. Other inter-related socioeconomic policies were also issued by the Government of Ethiopia with the development goal of enhancing the welfare of the Ethiopian people.

The National Population Plan of Action (NPPA) for the implementation of population policy is designed to map the road toward the achievement of the goal of the policy with close attention to the reality obtained on the ground. It is, therefore, developed in recognition of principles that are enshrined in the relevant socioeconomic policies of the Government of the Federal Democratic Republic of Ethiopia, and these are:

- ◆ Advancing gender equality, equity and empowerment of women and the elimination of all kinds of violence against women;
- ◆ Human beings are the centre of sustainable development and are entitled to healthy and productive life in harmony with nature;
- ◆ People have the right to the enjoyment of the highest attainable standard of physical and mental health; hence, appropriate measures are taken to ensure universal access to health services, including those related to reproductive health care, which includes family planning and sexual health; and
- ◆ Harmonious and balanced interaction between population, natural resources, and the environment contribute to accelerated and sustainable development for enhanced welfare of the people.

1.2 Objective

Currently, the Government of Ethiopia is fully committed to achieving the MDGs. Efforts are made to achieve these goals and the goals of existing national policies, including the National Population Policy of Ethiopia through the instrumentality of development plans. The Government fully recognizes that creating the balance between economic development and population growth is crucial, and it is one of the cross-cutting issues in the Growth and

Transformation Plan. In this respect, the formulation of the National Action Plan for the implementation of National Population Policy is also very important. Thus, the objectives of the Plan of Action are:

- ◆ To enhance the effective implementation of the National Population Policy through a coordinated effort.
- ◆ To facilitate integration of population variables into development plans.
- ◆ To serve as a framework for developing regional level population Plan of Action.
- ◆ To effectively monitor and evaluate the implementation of the population policy.

1.3 Methodology

The Plan of Action for the implementation of the National Population Policy was developed through the participation of various stakeholders at different stages of the process. Accordingly National Technical Committee was set up with members from relevant government and non-governmental institutions. This was followed by review of relevant national policies; strategies and sector programs. Situational analysis was conducted within the framework of four thematic areas - Population and Development, Reproductive Health, Gender and IEC/BCC and Advocacy. Finally, a one week stakeholders' meeting was held that discussed the situation analysis documents as basis for the preparation of the draft Plan of Action. The participants at the stakeholders meeting were from relevant government and non-governmental organisations including member of the National Technical Committee. The UNFPA Country Support Team (CST/AA) assisted in facilitating the workshop and the preparation of the draft plan of action based on issues contained in the population policy and other related issues that have emerged since the policy was formulated. The document was developed through thematic group work activities and plenary discussions. The Plan of Action matrices too were developed and presented on the basis of a logical framework, with hierarchy of results, corresponding activities and indicators.

1.4 Linkages between Thematic Areas

The National Population Plan of Action covers four thematic areas with specific outcomes, outputs, activities and implementation strategies. These are:

1. Population and Development
2. Reproductive Health
3. Gender and
4. IEC/BCC and Advocacy

These thematic areas are essentially the operational manifestations for the implementation of the National Population Policy of Ethiopia. Also they reflect the

major aspects of the ICPD Plan of Action. The situational analysis, which is a prelude to this plan of action, also confirmed that the four thematic areas are closely interrelated, laying the ground for the successful achievement of the goal of the population policy. They are consistently interconnected and are believed to ultimately contribute to the well-being of the people of the country.

The outputs and activities that make up the contents of the thematic areas are treated in detail in the plan of action to clearly show the linkages between them. The outputs obtained in the area of IEC/BCC and Advocacy result in comprehensive knowledge and convey changes in attitude and behavior of individuals, families and communities, who will demand RH/FP services.

With effective delivery of RH/FP services, individuals and couples will be in a position to satisfy their needs for desired family size. This leads to the achievement of the policy target of fertility reduction with one condition satisfied. This condition is the assertion of reproductive rights of couples and that of women in particular. Women should have the rights to decide on the number and spacing of children they give birth to. Reproductive rights have to be buttressed with the fulfillment of gender equity and equality which ensure that women have equal access to the means of livelihood as stated in the population policy document and the Beijing Conference on Women. Moreover, in Ethiopia women are key actors in all aspects of development, including economic, social and political developments. Yet, the gender gap is widening unless strong measures are taken to defend the rights of women through appropriate interventions. It is, therefore, deemed necessary to give special attention to gender issues as a thematic area in this Plan of Action.

There is a nexus between the four thematic areas as they are all contributing to the achievement of this Plan of Action. IEC/BCC and Advocacy and RH/FP thematic areas have direct relationship with the thematic area of Population and Development; the end result of the two thematic areas is optimum size of population for development, which is confirmed through data, research and training of population and development. Moreover, the coordination, monitoring and evaluation of population and development activities ensure that the input of one contributes to the outputs of the other directly or indirectly.

The Gender thematic area is closely linked to the other thematic areas as gender issues are reflected in each one of them. IEC/BCC and Advocacy activities create awareness on the need to promote gender equity and equality, special emphasis on RH/FP rights of women.

The RH/FP thematic area is focused on the provision of RH/FP services to satisfy the reproductive needs of individuals and couples. The Population and Development thematic area also gives attention to the impacts of socioeconomic and political developments of the country that impact on gender equity and equality.

The logical framework of the Plan of Action is designed in such a way that each and every activity in all thematic areas eventually and ultimately contribute to the fulfillment of the goal of the Plan of Action. The goal is the unifying factor with which all the thematic areas and their component parts function in tandem as core process.

1.5 Organization of the Document

This Plan of Action document consists of seven parts. The introductory part presents background, objectives and linkages of the thematic areas of the plan of action. It also discusses the methodology used in developing the document. The second part of the document reviews the population situation in Ethiopia along four thematic areas- i) population and development, ii) reproductive health; iii) gender and iv) IEC/BCC and Advocacy. The third part outlines goal, purpose, outcomes and outputs of the Plan of Action. Part four presents the logical framework matrices which set out the relationships in the hierarchy of results to be achieved in all the thematic areas. The fifth part present resources required for the implementation of the Plan of Action. The Sixth part of the document presents the institutional mechanism, at both the Federal and Regional levels, for the coordination and implementation of the plan of action. Part seven of the document presents the mechanisms for monitoring and evaluation of the Plan of Action.

2.0 SITUATION ANALYSIS

The situational analysis is focused on the four thematic areas: Population and Development, Reproductive Health, Gender and IEC, BCC and Advocacy.

2.1 Population and Development

2.1.1 Trends and Levels

Population size, Growth Rate, Structure and Average Life Expectancy

According to the Third Population and Housing Census conducted in 2007, the population size of Ethiopia is 73.5 million and it is projected to be 79.5 million in 2010. Its annual growth rate is 2.6 percent. This indicates that the total population increases by 2 million annually. It is estimated to be 11 million in 1900 and 22 million in 1960. It took 60 years for the population to double. But, the doubling period was reduced to 27 years when the population size reached to about 44 million in 1987. Considering the prevailing growth rate of 2.6 percent, it takes 27 years for the population to double. The third population and housing census indicated that the sex ratio was 102.5, increasing by 1.2 percent as compared to second census of 1994. In the same period the age structure

reflected that the young population in the age group (0-15 years) comprised 45 percent of the population, while the economically active population of the age group (15-64) consisted of 51.8 percent and those aged 65 and over comprised 3.2 percent.

The major demographic factor responsible for this rapid increase in total population is the prevailing high fertility rate. Although Total Fertility Rate (TFR) has declined over the years from 6.4 children per woman in 1990 to 5.9 in 2000 and 5.4 in 2005, this is still considered to be too high.

Life expectancy at birth was estimated at 51 years for both sexes in 1994 (50 years for males, 52 years for females) and projected to be 55.91 years for male 57.93 years for female for the period 2005-2010.

Population Distribution, Migration and Urbanisation

About half of the population of the country resides in areas located at an altitude of 2200 meters above sea level. Nearly 40 percent of the country's population lives in areas between 1400 and 2200 meters above sea level. About 10 percent of the population lives in areas that are below 1400 above sea level. The settlement of the Ethiopian population varies from place to place, with a total density of 72.3 persons per square kilometre in 2010. There are variations at regional levels, with 86.2 in Tigray, 108.2 in Amhara, 76.5 in Oromia, 132.9 in SNNPR, 14.7, 11.9 and 15.9 persons per square kilometre for Afar, Gambella and Benshangul Gumuz respectively. Addis Ababa has the highest density with 5410, followed by Harari with 640.8.

In Ethiopia, the growth of the share of the urban population in the total population is slow. The proportion of the urban population increased from 13.7 percent in 1994 to 16.1 percent in 2007, reflecting an increase of 2.4 percent. This growth in the proportion of the urban population is very low compared to the average growth in the world and in Africa.

However, the Urban Development Policy of 2004 gives emphasis to the development of small and medium towns. Moreover, the country's decentralized administration creates favourable situations for raising the share of the urban population in the total population.

In the existing reality of the country, one of the major factors that determine the settlement of the population is internal migration. In-migration into the urban centres, particularly rural-urban migration plays a major role for increasing the size of urban population. The 1994 population and housing census indicated that urban population growth was 4.18 percent per annum and the rural population growth was 2.55 percent. The urban population of the country was 11.5 percent in 1984 and 13.7 percent in 1994; it was 16.1 percent in the census of 2007.

Population and Economy

The average annual real GDP growth rate in Ethiopia was 6.4% during 2003/04-2005/06 and 11.8% in 2006/07. This further increased by 11.2 per cent in 2007/08. It grew by 10.0 percent in 2008/09 and by 10.4 in 2009/10. Data show that the GDP grew by an average of 11 percent per annum between 2005/06 and 2009/2010.

In these years, per capita real GDP increased by 3.8 percent in 2003/04-2005/06, by 9.2 percent in 2006/07, by 8.6 percent in 2007/08 and by 7.4 percent in 2008/09 and by 7.8 percent in 2009/10 respectively. The share of Gross Domestic Capital Formation in the total GDP was 24 percent in 2004/05, 25 percent in 2005/06, and 26 percent in 2006/07 and 23 percent in 2007/08 and 22.4 percent in 2008/09 and it is expected to reach 23.7 percent in 2009/10. However, the share of Domestic Savings in the total GDP were 5.9 percent, 4.6 percent, 8.7 percent, 5.3 percent, 6.6 percent in the stated years respectively and it is expected to reach 9.4 percent in 2009/10. Consequently, the gaps between gross domestic investment and gross domestic savings in these years were -18.1 percent, -20.4 percent, -17.3, 17.7 percent, -17.9 percent and 15.8 percent respectively and it is expected to be -14.3 percent in 2009/10.

The Human Development Index (HDI) increased from 0.287 in 1990 to 0.414 in 2006/07. Gender-Related Development Index (GDI) was 0.403 in 2006/07. Regarding poverty indicator, the proportion of those who earn below the poverty line (per capita income of Birr 1075) was 45.5 percent in 1993 and it declined to 44.2 percent in 2000 and to 36 percent in 2007. It further declined to 34.6 percent in 2008.

Population and Environment

With the growth of population size and density, their negative impacts on the environment increase. Consequently, more land is devoted to farming, forests are cleared, soil erosion increases, etc. In order to prevent and avoid such problems, it would be necessary to control the size and distribution of population and protect the environment.

Deforestation and soil erosion are among the major environmental problems in Ethiopia. The study conducted by the Ministry of Agriculture and Rural Development in 2005, the forest cover of Ethiopia is 3.5 percent or 4.07 million hectares. The study shows that because of increase in deforestation, there is a tremendous amount of soil erosion annually. This indicates that the effort to increase the forest cover and reduce soil erosion and prevent problems associated with climate change should be continued and strengthened. Such effort is critical in ensuring the welfare of the people through sustainable development.

Ethiopia is one of those countries exposed to the influences of climate change. Among the major social, economic and environmental factors that lead to exposure of climate change are rapid population growth, dependency on rain-fed agriculture, environmental degradation, food insecurity and recurrent draught. As is the case in any country, climate change is expected to causes changes in temperature and rainfall in Ethiopia. Thus, Ethiopia should contribute to the solution of such a global problem.

In this respect, the Government of Ethiopia is making great effort within its capacity to reduce environmental problems. Among the measures taken are included: the development and implementation of the Environment Protection Policy, strategy for integrated land resources development and use, regulation to administer land, strategy for soil and forest protection to be implemented by farmers with emphasis on local techniques, water and soil protection works are examples showing the attention given to environmental protection. During the celebration of the Ethiopian Millennium in 2008, over 7 million seedlings have been planted with the participation of the community. Since then an integrated expansion of forests has been undertaken with the participation of the community.

Population, Labour force, Unemployment and Under-employment

The 1994 Census revealed that the total labour force was 26.5 million. On the other hand, the two Labor Force surveys conducted in 1999 and 2005 showed that the size of the labour force was 25.8 and 33.1 million respectively. The population and housing census of 2007 indicated that the size of the labour force increased to 35.3 million. The labour force increases with the size of population. However, if the labour force is not employed, the size of unemployment tends to rise and create negative impact on the economy of the country.

Unemployment in Ethiopia increased from 2.9 percent (22.0 percent urban and 0.7 percent rural) in 1994 to 8.1 percent (25.7 percent urban and 5.1 percent rural) in 1999 and it decreased to 5.0 percent in 2005. Unemployment is reported to be largely an urban phenomenon and under-employment a rural phenomenon. The 1999 Labour Force Survey indicates that under-employment at national level was 76.8 percent; of which 83.4 percent was rural and 41.0 percent urban. In recent years, the government created favourable situations that enable women and youth to be organized and have access to credit services and engage in micro and small scale enterprises, have access to premises and skill training in order to engage themselves in productive employment and improve their income. It has helped farmers in rural areas to produce varieties of products more than once a year by engaging in irrigation and improve their income. Thus, it is believed that if studies are conducted, they may show improved situation in both unemployment and underemployment.

Population and Education

Providing the peoples of a country with educational opportunity contributes highly to development through change of attitude and development of skills and knowledge. Education has immense positive impact on population through fertility, mortality, migration, and age structure of the population, etc. The rapid growth of population, on the other hand, has impact on the rapid growth of school age children. An increase in the size of school age children requires immense investment on education to provide education for all school age children.

According to projections made on the basis of the 1994 population and housing census, in 1995 there were about 11.8 million children of elementary school-age (7-14). These children will increase to 12.9 million by the year 2000, to 17 million by 2010, and to 19.1 million by 2015.

The gross enrollment ratio in primary school education increased from 19.7 percent in 1992/93 to 94.4 per cent in 2008/2009. The net enrolment rate for the year 2008/09 was 83 percent. The gross enrollment rate of female in primary school education also increased from 20 per cent in 1992/93 to 90.7 per cent in 2008/2009. The net primary enrolment rate for female for the year 2008/09 was 81.3 per cent. Due to efforts that would be made by the government, the gross enrollment ratio in primary school education is expected to reach the Millennium Development Goal of 100 percent.

One of the indicators of quality of education is the pupil/teacher ratio and in 1993 the ratio at primary level was one teacher to 37 students. This ratio increased to 66 in 2004/05 and 54 in 2008/09, showing improvement. Regarding pupil/classroom ratio, in 1995 it was 53 pupils to a classroom, which increased to 59 in 2008/09.

To raise these ratios of pupil/teacher and pupils/classroom to the national standards, in addition to the efforts required to narrow the existing gaps, 5670 teachers and 5670 sections (equivalent to 630 primary schools) are required annually.

In general, the participation of all stakeholders is critical for implementing the various strategies designed to improve the quality of education at all levels and achieve change.

Population and Health

The health services coverage of the country increased from 46.4 percent in 1988/89 to 89.6 percent in 2007/08. In the past years the population to physician ratio slightly improved. The ratio was 38,895 in 1993/94 and it reduced to 37,996 in 2007/08. Such improvement has been observed in other ratios of health professionals and services.

Accordingly, ratio of population to nurse reduced from 13,889 in 1993/94 to 4725 in 2007/08. Population to hospital ratio decreased from 707,041 in 1993/94 to 531,685 in 2007/08. Population to health center ratio declined from 328,752 in 1993/94 to 108,225 in 2007/08. The growth of population, its age-sex structure and spatial distribution will have impacts on demand for health services and health facilities.

Data for Development

The major sources of population and socio-economic data are: population and housing census; demographic and health surveys; welfare monitoring surveys; household income and expenditure surveys; labour force surveys; agricultural census. Ethiopia conducted National Population and Housing Censuses in 1984, 1994 and 2007 and national demographic and health surveys in 2000 and 2005. Welfare monitoring survey has been conducted in 2006. In the last three years, improvement has been made in the collection, analyses and dissemination of population, social and economic data. However, there is a need to improve the type and quality of data that are used in the preparation, implementation, monitoring and evaluation of policies and country, regional and sector development plans.

Population and Development Research

Research efforts in the field of population and development have, so far, been sporadic and lack continuity. Some of the reasons are: lack of clear research agenda and strategy, shortage of research staff, lack of funds and effective mechanisms for disseminating of research findings and more specifically, inability to incorporate research findings into the development process. The preparation of research agenda in cooperation with concerned entities is one of the priority areas of this Plan of Action. Research will be conducted and distributed for the preparation and monitoring of development plans.

The population policy focuses on research activities related to the complex inter-relationship between population and development. This includes research on the impact of rapid population growth, consequences of various social and economic situations on population and the depletion of natural resources and other similar issues.

Population and Development Training

The National Population Policy of Ethiopia gives priority attention to the strengthening of domestic capacity in population and related fields through training. As indicated clearly in the policy document, it would be necessary to strengthen those institutes that give training in the field of demography and population on a continuous basis.

Policy makers, development planners and others should have sufficient knowledge about the nexus between population and development in order to fulfill the goal of the population policy. Also those experts who engage in the preparation of development plan should have skills for integrating population issues in the development planning process. Such skills also help to integrate population variables in macro and sector development plans. In this respect efforts have been made in preparing modules and conducting training for different organizations and agencies that prepare, execute and implement population programs and projects. However, there is still capacity limitation in training population experts extensively.

Long and short term training in population and related are being conducted in a limited number of higher education institutes. However, there is a need to create capacity for producing numerous experts who could integrate population policy in development plans and implement it. Thus, degree courses in demography and population studies should be given in various universities. Efforts should be made with concerned agencies to give population study as a course in conjunction with other fields of studies.

2.1.2 Achievements

In the area of population and development, a wide range of efforts have been made by different stakeholders including government and non-government organizations. As a result, the following major achievements have been registered:

- In the late 1980's the rate of growth of population was 2.9 percent and it declined to 2.6 percent in 2007;
- A woman of reproductive age gave birth to an average number of 6.4 children in 1990 and this fell to 5.4 children in 2005;
- School participation of females has increased at all levels. Female school enrollment at primary level increased from 20 percent in 1993 to 90.5 percent in 2007; female school enrollment at secondary level increased from 7.1 percent in 1993 to 22 percent in 2008;
- Regarding population and development, data collection, analyses and dissemination have been enhanced. Population and Housing Censuses are conducted every decade and various sample surveys including the Ethiopian Demographic and Health Survey are undertaken every five years.
- A number of special surveys conducted by higher learning institutions on different population and related issues;
- Population factors have been integrated as cross-cutting issue into the five year Growth and Transformation Plan and in different sector plans

2.1.3 Issues and Problems

The Key problems/issues to be addressed include:

- Though annual growth of population is on the decline, it is still high;
- High dependency ratio and high young age population;
- Uneven population distribution;
- Highly degraded environment;
- Low economic and social status of women;
- Vulnerability of the elderly, the disabled people, and children;
- Absence of detailed information for policy making and research and inadequate use of existing information;
- Inadequate training on integration of population factors in development planning processes and lack of continuity;
- Absence of Vital Registration System;
- Urban unemployment;
- Underemployment; and
- Climate change.

2.1.4 Opportunities

The following are the major opportunities identified in the area of population and development:

- Expansion of various social services such as education, health, etc.
- The fast growth of the country's economy;
- Existence of population policy, related sector policies, strategies and programs;
- Population is considered as one of the cross-cutting issues in the Growth and Transformation Plan;
- Existence of interested donors, NGOs and civil societies organizations in the area of population;
- The expansion and strengthening of higher education institutions at Federal and regional levels;
- Improved availability of data on population and development;
- The existence of decentralized administrative system;
- The formation of a National Statistical Council;

2.1.5 Priority Issues:

- Take stronger environmental protection measures;

improvement has been made in infant and child health in the last 15 years, data indicate that infant and child mortality is still high. In 2005, the number of neonates dying within a month was 39 per 1000 live births, and the number of infants dying in less than a year was 77 per 1000 live births. The number of those children dying before the age of five was 123. Efforts have been made to reduce maternal and child mortality in the country.

Over one third of the Ethiopian population are between the ages of 10-24 years. Though great efforts are made to expand and strengthen reproductive health services that are convenient to the youth, the existing services are limited due to the high demand of the increasing number of the youth. The limited access to targeted RH care and services for young people contributes to and exacerbates many of their RH problems. Because of the risky and often unprotected nature of their sexual activities, adolescents and youth are usually more vulnerable to teenage pregnancy, unsafe abortion, HIV/AIDS and other STIs. The RH problems of young people are related to gender inequalities, sexual coercion, rape, and harmful traditional practices like early marriage, abduction, female genital mutilation and lack of access to information and friendly sexual and reproductive health services.

Other Reproductive Health issues/concerns of the developing world, often overshadowed are the detection and treatment of reproductive organ cancers (ROCs), management of menopause and problems of infertility. In the reproductive health strategy, strengthening of research on and treatment of reproductive organ cancer is given priority.

The health service provision in pastoralist communities in different parts of the country is not fit for their style of life. Though these communities are mobile, the services provided to them are overwhelmingly static and facility-based. To tackle the health problems of these communities, it is necessary to organize health service system that provides services by taking into account the life styles of pastoralist communities.

The government has issued and implemented various policies, strategies and programs to improve the reproductive health of women, men and youth. The government issued the Health Policy, HIV/AIDS Policy, Women Policy, National Reproductive Health Strategy, National Strategy on Child Survival, National Strategy for Infant and Child Feeding, and Adolescent and Youth Reproductive Health Strategy. Furthermore, the MOH in the third Health Sector Development Program (HSDPIII) has defined Maternal, Neonatal and Child Health, Malaria Control, HIV/AIDS Prevention and Control as major priority areas. In implementing these priority areas at community level, the government has introduced the Health Extension Program. In this program, over 31,000 women extension workers are serving in about 15,000 rural and urban Kebeles. This program has helped in providing the necessary knowledge and health services within communities and it enhanced community participation on health matters.

2.2.2 Achievements

- Contraceptive use among married women of reproductive age increased from 4 percent in 1990 to 15 percent in 2005.
- Infant and child mortality rates declined from 97 and 166 per 1000 live births in 2000 to 77 and 123 in 2005 respectively.
- Maternal mortality rate declined from 871 per 100,000 live births in 2000 to 673 in 2005.
- Increased Voluntary Counselling and Treatment, Anti Retroviral Treatment, and male condom utilization.
- Increased home based care service and support for orphan and vulnerable children.
- Reduction of harmful traditional practices that affect reproductive health.
- Health services have expanded widely in the communities; there were 96 hospitals, 282 health centres and 833 health posts in 1998 and these increased to 144 hospitals, 732 health centres and 11,446 health posts in 2008.
- Improved integration of reproductive health services in all health institutions.

2.2.3 Priority Issues/Problems

- Maternal, infant and child mortality rates still remain high.
- Low use of family planning methods and huge unmet need.
- Limited method mix, inadequate and inefficient logistic management system.
- Low utilization of existing health services, especially during pregnancy, delivery and post-delivery.
- The needs of special groups (youth and adolescents, young couples, disabled, displaced, old age population, pastoralists) not adequately addressed.
- Inadequate integration of sexual and reproductive health services with HIV/AIDS services.
- High attrition rate of health professionals.
- Widespread harmful traditional practices affecting RH rights.

2.2.4 Opportunities

- Relevant policies and legislation in support of sexual and reproductive health are in place.
- Priority attention is given to reproductive health in the five year development plan.

- Existence of RH networks and task forces at National and Regional levels.
- Increased participation of the community in reproductive health services.
- Increased participation of NGOs and the private sector in the health service delivery.
- Allocation of budget for purchase of contraceptive commodities by federal and regional governments.
- Decentralization of the health system to lower level and establishment of health extension services at community level.
- Establishment of health commodity supply system.
- Establishment of Health Management Information System.
- Expansion of health care facilities.
- Expansion of development infrastructure.
- Expansion of higher education and health service training institutions.

2.2.5 Priority Issues

- Improvement of maternal, neonatal, infant and child health.
- Improvement of provision and use of family planning methods.
- Strengthen prevention and control mechanisms of HIV/AIDS/Sexually Transmitted Infections.
- The need to integrate Sexual Reproductive Health and HIV/AIDS.
- Increase human resource capacity.
- Ensure adolescent and youth friendly Sexual Reproductive Health services.
- Improve community participation in RH programme development and implementation.
- Strengthen inter-sectoral coordination and linkages for better implementation of policies and guidelines.
- Undertake close monitoring and evaluation of implementation of policies and guidelines.
- Improve quality and accessibility of services.
- Strengthen health extension program.

2.2.6 Stakeholders

2.2.6.1 Responsible Institution

Ministry of Health

2.2.6.2 Partner Institutions

- ◆ Government (federal)
 - MOFED
 - MOE

- MOA
 - MCYA
 - MOLSA
 - ENRI
 - MOJ
 - CSA
 - MOST
 - Federal Police
 - Concerned Regional Bureaus and Offices
 - Higher Learning and Research Institutions
- ◆ Others
- * Donors, International Organizations
 - * NGOs, Community Based Organizations
 - * Professional Associations
 - * Mass organizations (Women and Youth)
 - * Private Sector

2.3 Gender

2.3.1 Trends and Levels

The socio-economic status of women and their decision-making power has strong relationship with major development and demographic indicators. Realizing this fact, the Federal Democratic Republic of Ethiopia expressed its commitment to gender equality and equity by issuing the Federal Constitution and the policy on Ethiopian Women. It has created machinery and strategy for facilitating, monitoring and mainstreaming gender variables in development plans for the fulfilment of the policy at different levels.

In addition, the government has incorporated gender issues in education and training, health, HIV/AIDS and population and other development policies, strategies and development plans. In the revised family law and criminal code attention is given to female and youth reproductive rights, including human rights.

Various interventions have been made to improve women's participation in all economic, social and political spheres. As a result of such interventions, considerable achievements have been registered. In terms of education, significant enrollment rates have been achieved for both males and females in the formal primary level education. The percentage of girls at the primary level was 20 percent in 1993 and rose to 53.8 percent in 2003 and to 90.7 percent in 2009. Enrolment of boys increased from 74.6 percent in 2003 rose to 97.6 percent in the same period. The gender gap is relatively narrowing down at all levels of education. However, gender disparity particularly at higher educational level is more pronounced. In 2004, male participation in high school (9-10) was

28.2 percent while female participation was 15.9 percent. In 2009, male participation was 43.7 percent and female participation 32.4 percent.

In the Technical and Vocational Education and Training (TVET), out of the total 308,501 students enrolled in 2009, 142,591 (46.2 percent) were females. While this appears to be a positive trend, female students tend to concentrate in traditional female occupations like secretarial, food processing and dressmaking, perpetuating the gender stereotype in occupational selection. This limits their career development options.

In Ethiopia, a large majority of the people (over 80 percent) are engaged in agriculture. Of those women residing in the rural areas, about 42 percent are engaged in income generating activities. Women work side by side with men in agricultural activities such as land preparation, sowing, weeding, harvesting, transporting and in animal production. In addition, they fetch water, collect firewood and raise children and engage in household chores for longer hours.

Women perform all these activities using not modern technologies, but mainly traditional agriculture and agricultural methods. Such workload has negative impact on their health, leisure and productivity. They do not have sufficient time to have medical services during pregnancy and child birth.

A large number of women work in the small and micro enterprises. Women represent about 65 percent of those in the sector. Many are engaged in small business like street vending that require small capital and limited management skills. A study conducted on Ethiopian Women Entrepreneurs revealed that the major motivating factor to start their own businesses were to support families, to be self-employed and to generate their own income. Among these women 44 percent were engaged in services, 30 percent in trade, and 11 percent in production and handicrafts. The main financial sources for the start-up and expansion of women-operated enterprises were from personal savings and family loans and contributions. Furthermore, the potential for market development is limited since more women tend to engage in similar types of businesses and the mobility of some of the women entrepreneurs is restricted by family responsibilities and socio-cultural factors. In terms of decision-making the majority of women entrepreneurs make their own independent decision on the utilization of money generated from their business.

Currently, several women are organized and engaged in small, micro and cottage industries due to favorable conditions created by the government. They could access credit from micro and small credit firms for starting and expanding their businesses. In addition, the government encourages women and youth to organize themselves in various fields of activities and improve their social and economic conditions. Those women who registered achievements have been given prizes at national and regional levels. These women have generated income that changed not only their lives but that of their families and have become good examples for others.

A study conducted by the Ministry of Labor and Social Affairs in 2004 revealed that 87 percent of the establishments studied had more male than female employees and most of female workers concentrated in low or no-skill jobs, such as seasonal and short term contractual work. Consequently, the average salary of women is far less than that of men. The reports also showed that only 29 percent of women are in high paying managerial and professional positions.

Ethiopian women perform arduous household tasks with limited participation of their male partners. This unequal allocation of job responsibilities in the household, increases women's workload, and leaves them with very little time to seek health services during pregnancy and delivery or to have leisure time. It is recommended active involvement of men in all areas of family responsibility, including child rearing and housework, so that family responsibility could be fairly shared.

Women in Ethiopia are affected by many harmful traditional practices, including early marriage, female genital mutilation, abduction, polygamy, etc.. Their low status and lack of access to and control over resources limits their autonomy and increases their vulnerability to these practices. Laws have been adopted or amended to protect the rights of women and the girl child and to eradicate harmful traditional practices that affect the reproductive health and rights of women. The enforcement of these laws, however, require the commitment and involvement of law enforcing bodies, administrations at different levels, community leaders and the community at large.

Women participation in politics is increasing from time to time. However, the gap is wide when compared to the political participation of men. In the election conducted in the country in 2008, women who won parliamentary seat were 42 in number and this was 7.7 percent in the total of 547 seats. In the 2005 election the number of women having seats in parliament was 117 (22 percent) which was an encouraging one compared to previous elections. Number of women in management posts is much lower as compared to those of men. According to the Federal Civil Service Agency human resources statistics of 2008, there were 2 female Ministers (6.9 percent), 5 State Ministers (10.6 percent) and 3 Director Generals (6.1 percent).

2.3.2 Achievements

- The enactment of Ethiopian Women's Policy, the Population Policy, the Education and Training Policy, the National Health Policy, Youth Policy, the Policy on HIV/AIDS, etc. These policies have addressed gender concerns in the respective sector and they are being implemented.
- The National Plan of Action for the Implementation of the policy on Ethiopian Women and the Ethiopian Women Development and Change Package.

- The Revised Criminal Code and Family Law addressed women's human and reproductive rights,
- Ratification of UN and regional human rights conventions and treaties by the government,
- The establishment of Women's Affairs machineries at Federal, regions and at lower administrative levels,
- Guidelines for gender mainstreaming and gender budgeting have been developed and being utilized by various sectors,
- Increased girls school enrolment at primary and secondary education as well as at higher learning institutions,
- In the political field, increased participation of women ranging from Kebele Council to Federal Council
- Increased participation of stakeholders in gender related programs
- Increased awareness among policy and decision makers, communities on reproductive health and rights,
- An increasing community participation and trust on programmes aimed at the enhancement of women's health,
- Increased number of women at managerial and professional positions,
- Increased participation of women in various economic activities, particularly in micro and small enterprises and cottage industries,
- Improved ownership of land and economic enterprises by women,
- Increased community awareness in eliminating harmful traditional practices.

2.3.3 Issues/Problems

- Though encouraging changes are registered, women face low socio-economic status and decision making power,
- Low level of literacy among women,
- Limited sex- disaggregated socio-economic data,
- Inadequate access to policy and legislative information,
- Inadequate capacity and low awareness on the laws related to reproductive rights and women's empowerment among law enforcing bodies,
- Low level of awareness among the public on the Revised Family and Criminal laws,
- High prevalence of harmful traditional practices and cultural taboos that contribute to women's vulnerability to reproductive problems,
- Increased women's vulnerability to Sexually Transmitted Infections/ HIV/AIDS and women's increased workloads in caring for HIV/AIDS patients,
- Limited access of women to information and technological innovations,
- Limited involvement of men in domestic activities including child care,
- Heavy workload on women that prevent them, accessing health services even when services are available,

- High dropout rate of girls from school,
- Existence of gender based violence affecting women's rights, health and advancement.

3.4 Opportunities

- The Government recognises the situation of Ethiopian women and the importance of their full participation in the society on equal basis with men,
- Adoption of gender sensitive policies and strategies,
- Adoption of the National Plan of Action for the implementation of the policy on Ethiopian Women and the National Package on Ethiopian Women Development and Change,
- The establishment of Ministry of Women Affairs, Regional Women Affairs Bureaus, and Woman Affairs Departments in sectoral ministries,
- The active involvement of civil society and all relevant sectors and the community at large in the advancement of Ethiopian women,
- The pivotal role of the gender dimension in population and development is recognized in the National Population Policy.
- The expansion of educational opportunities and affirmative actions to promote girls education,
- The Revised Criminal Code and Family Law,
- Government commitment to implement and respond to international and regional conventions, the Millennium Development Goals and declarations that address gender concerns,
- Promotion of women's entrepreneurship through the growth of small scale industries and access to micro credit scheme.
- Affirmative action taken by the government to ensure women's participation and benefits.

2.3.5. Priority Issues:

- The need to strengthen women's organization that enables them to have an organized and meaningful participation;
- Strengthening of women's participation in leadership and decision making positions;
- Ensuring the integration of women's organization, sector offices, and other institutions;
- Strengthening the collection, analysis and utilization of gender disaggregated data, and providing adequate support to institutional mechanisms to ensure the mainstreaming of gender in sectors development plans;
- Enhancement of rural women's equal access to and control over productive resources and services (land, oxen, extension services, credit facilities) ;

- Enhancement of disabled women's access to and control over economic resources and services;
- Disseminating of gender related policies and laws at various levels using different media channels, and enhancing community participation in the implementation of these policies and laws;
- Addressing women's and girls' reproductive health and rights;
- Promotion of equal access to educational opportunities and retention of girls in schools;
- Reducing women's domestic workload;
- Enhancement of women's role in environmental protection;
- Improvement of women's literacy and the lives of pastoral women through the introduction of mobile schools;

2.3.6 Stakeholders

2.3.6.1 Responsible Institution

Ministry of Women's Affairs

2.3.6.2 Partner Organizations

- **Government**

- MOA
- MOJ
- MOE
- MOFED
- MOH
- MOLSA
- MOTI
- Ministry of Mining and Energy
- Ministry of Water Resource
- CSA
- Environmental Protection Authority
- Federal and Regional Police
- Media Agencies
- Regional Government Bureaus and Offices
- Higher Learning and Research Institutions

- **Others**

- Donors, International Organizations, NGOs and CBOs
- Various Associations (Professional and Mass Associations)
- The private sector

2.4 Information, Education, Communication and Behaviour Change Communication (IEC/BCC) and Advocacy

2.4.1 Trends and Levels

It is pointed out in the National Population Policy of Ethiopia that small family contributes to the improvement of the well-being of people and to the improvement of environmental security. To this effect, the critical role of IEC/BCC in raising awareness of the people is clearly expressed in the policy. The use of IEC/BCC is also reflected in the various social, economic and political policies issued by the government at different times.

Population IEC/BCC and advocacy, in its organized form, was started in 1976 by the Family Guidance Association of Ethiopia (FGAE). At that time, the focus was on the production and dissemination of IEC materials to create awareness and promote the benefits of family planning. By the 1980s, the government of Ethiopia and non-government organizations made conscious and sound efforts to create population-related awareness in the country. Since then, a number of projects dealing with population IEC/BCC and Advocacy have been formulated and implemented by different stakeholders.

The government has extended health extension program in both rural and urban Kebeles. Family planning is one of the activities included in the health extension program, in which health services are provided to the community. In this regard, health extension workers and volunteers in the community work in an integrated manner that enhanced cooperation among them. The integration of Health extension workers with volunteers of reproductive health services has helped them work productively within the community as they are able to reach the community and each family extensively and thereby share experience. Thus, through continuous efforts and coordination of health extension workers and volunteers, it has been possible to improve through time awareness, attitudinal change and practice in the community.

Due to IEC and Advocacy interventions over the years, awareness of family planning among the communities remained high in Ethiopia. The knowledge of any modern method among currently married women was 85 percent in 2000 and 88 percent in 2005. Similarly knowledge of any modern method among currently married men was 90 percent in 2000 and 93 percent in 2005.

The community is exposed to messages on the use of family panning through various mass media. According to Ethiopian Demographic and Health Survey (EDHS) of 2000 about 13 percent of women had got family planning information from radio, 0.5 percent from television and 6 percent from print media. But in EDHS 2005, 29 percent of women heard form the radio, 11 percent got the message through television and 8 percent read from print media.

In the country, men's attitude and involvement in family planning is very low. According to the 2005 EDHS, 15 percent of currently married men who know about contraception think that contraception is women's business. This indicates the need to create situations that encourage male participation in family planning and reproductive health activities.

Regarding HIV/AIDS the awareness level of the community is high. Survey results showed that 90 percent of women and 97 percent of men (15-49 years) have heard of the disease. However the comprehensive knowledge level of women and men stands at 15.8 percent and 30 percent, respectively. Community meetings and discussions were reported to have great role in creating community awareness about the situation. Radio, television and print materials were also important sources of information.

In Ethiopia there is a high prevalence of female genital mutilation (FGM) and early marriage. The Association for the Elimination of Harmful Traditional Practices in Ethiopia conducted a study in 2008 which reported that the number of persons who know about the harmful impact of FGM rose from 33.6 percent in 2000 to 82.7 percent at the time of the study. Also the level of FGM has declined from 73 percent to 56 percent. Moreover, the percentage of women who supported the practice declined from 60 percent in 2000 to 31.4 percent in 2005. These indicate that there is a big change in attitude and practice regarding FGM.

The other major harmful traditional practice in the country is early marriage. Early marriage creates negative economic and psychological impacts on women in addition to its contribution to high fertility. Studies show that average year at first marriage is 16 years. This causes young girls to give birth to several children at young age. Thus, it is necessary to raise age at first marriage to 18 years and above as stipulated in the Family Law.

Efforts have also been made to integrate Population and Family Life Education (POP/FLE) into the curricula of primary and secondary schools. In 1989, POP/FLE was integrated into the curricula of formal education and a number of supportive materials were developed by the Institute for Curriculum Development and Research of Ministry of Education. Similarly Ministry of Agriculture integrated population issues into Agricultural Development Extension Packages. However, attempts so far made to integrate POP/FLE in technical and vocational training programs such as teacher training and health training as well as higher learning institutions were not successful. On the other hand, sectoral ministries like Ministry of Labor and Social Affairs, Ministry of Women, Youth and Children Affairs and Media Agencies were also involved in designing and implementing a number of projects dealing with POP/IEC and advocacy.

All these continued IEC/BCC and Advocacy efforts have contributed to positive change in attitude towards population and development issues among policy makers and the general public. However, the interventions undertaken so far have been poorly coordinated both at federal and regional levels. Thus, POP/IEC/BCC and advocacy activities need to be strengthened and continued.

2.4.2 Achievements

The following are some of the major achievements registered due to performance of IEC/BCC and Advocacy activities:

- The National IEC/BCC and Advocacy Strategy (2000-2005) was prepared;
- IEC and Advocacy materials such as guidelines, manuals and supplementary books, magazines, brochures, leaflets, posters, electronic materials (audio and video) are produced and distributed, as a result of which awareness and attitudinal changes have been raised in the community on family planning, HIV/AIDS, harmful traditional practices and other population and development issues;
- Population issues have gained focus in development by political and community leaders, planners and program executers
- POP/FLE has been integrated into the curricula of primary and secondary schools.

2.4.3 Problems/Issues

Major challenges in the implementation of IEC/BCC and Advocacy programs are summarized below:

- Lack of sufficient capacity in implementing institutions to produce, distribute and evaluate IEC/BCC and Advocacy materials;
- Most of the current IEC/BCC efforts concentrate on raising awareness of the community and not on behavioral changes;
- Most of the messages prepared are not based on research, and are not adequately pre-tested;
- There is limited monitoring and evaluation of IEC/BCC and Advocacy programs, and assessment of outcomes of interventions are sufficient;
- Community conversation programs and folk media (to educate using songs, story telling and proverbs) are not given sufficient attention;
- Insufficient IEC/BCC and Advocacy interventions on promoting male involvement in RH/FP and gender issues
- The roles and contributions of Mass Media are very limited in supporting advocacy efforts in the area of population.
- Population and Family Life Education issues are not integrated in the curricula of higher learning institutions and technical and vocational education training institutes.

2.4.4 Opportunities

The following are opportunities for implementing Population/IEC/BCC and Advocacy programmes:

- Existence of policies, laws, strategies and programs favourable to population;
- National and international support for executing IEC/BCC and Advocacy programmes;
- There is strong interest of partners (government, NGOs, private sectors, and media) to work in the area of population;
- Expansion of coverage of local media (FM radio and Educational mass media);
- Expansion of Health Extension services at Kebele level;
- Increased participation of girls in education at all levels;
- Existence of awareness of population issues among sections of the community at different levels;
- Preparation of a guideline on community discussion and existence of situation for starting community discussion;

2.4.5 Priority Issues:

- ◆ Secure the necessary support to implement the National Population Plan of Action;
- ◆ Gain the necessary support for timely production and utilization of population data disaggregated by age, sex, etc.
- ◆ Continue and strengthen advocacy activities for the establishment of vital registration system;
- ◆ Improve knowledge and awareness of the community on the inter-relationship between population, development and environment;
- ◆ Create awareness and support for the rights of disabled persons to participate in the political, economic and social spheres;
- ◆ Strengthen the capacity of public and private media enterprises to enhance the implementation of population IEC/BCC and Advocacy interventions
- ◆ Conduct advocacy activities to increase demand for family planning and to secure adequate budget for reproductive health and family planning commodities;
- ◆ Improve health seeking behaviour of the community in accessing reproductive health services;
- ◆ Promote male involvement in reproductive health and gender;
- ◆ Improve comprehensive knowledge of the community on HIV/AIDS, sexually transmitted infections, and family planning;
- ◆ Create favourable situation for better enforcement of the revised criminal and family laws;
- ◆ Increase awareness of the general public on gender;

- ◆ Integrate population and family life education into the curriculum of higher education and Technical and Vocational Education and Training institutes;
- ◆ Strengthen population and family life education program in primary and secondary school education.
- ◆ Strengthen awareness creation activities and secure support for the removal of harmful traditional practices.

2.4.6 Stakeholders

2.4.6.1 Responsible Institution

Ministry of Finance and Economic Development

2.4.6.2 Partner Institutions

Government Organizations:

- Ministry of Education,
- Ministry of Women, Children and Youth Affairs,
- Ministry of Health,
- Ministry of Agriculture,
- Ministry of Labor and Social Affairs,
- Ministry of Justice
- Ministry of Urban Development and Construction,
- Federal Police,
- Environmental Protection Authority,
- Central Statistical Agency,
- Mass Media Organizations.

Others

- Higher Education and Research Institutions,
- International Organizations and Civic Associations.

3.0 GOAL, OUTCOMES AND OUTPUTS

3.1 Goal

The goal of the National Population Plan of Action is to contribute to the nation efforts to improve the wellbeing and quality of life of the Ethiopian people through reducing the gap between population growth and socioeconomic development. The indicators of achievement of this goal are:

No	Population Indicators	Baseline (2009/10)	Target (2015)
1	Infant mortality rate	77/1000 (2005)	45/1000
2	Under 5 mortality rate	123/1000 (2005)	85/1000
3	Maternal mortality rate	673/100,000 (2005)	267/100,000
4	Contraceptive prevalence rate	15 % (2005)	66 %
5	Girls age at first marriage	16.1 (2005)	18.0
6	Life expectancy at birth	53.4 (2005)	58.3
7	Working age population (15-64) Percentage of total population	54.0 (2005)	52.1
	Annual growth rate	3.1	3.3
8	Total age dependency ratio	86.4 (2005)	73.6
	Youth dependency ratio	80.5	68.5
9	Primary school participation ratio of female/male students	0.93 (2009)	1
10	Secondary school participation ratio of female/male students	0.74 (2009)	0.85

3.2 Outcomes, Outputs and Strategies

3.2.1 Population and Development

Outcome 3.2.1.1: Enhanced Institutional capacity to provide timely data for formulation of policies and programmes

Output 3.2.1.1.1: Strengthened national capacity for population data collection, analysis, dissemination and utilization

Output 3.2.1.1.2: Relevant policy oriented researches on key population and development issues made available

Output 3.2.1.1.3: Vital registration system established

Output 3.2.1.1.4: Disaggregated socio-demographic data made available and accessible

Output 3.2.1.1.5: Capacity of academic institutions providing training on population and development enhanced

Outcome 3.2.1.2: Improved Planning and implementation capacities of national, regional and sectoral institutions

Output 3.2.1.2.1: Enhanced technical capacity of planners in techniques of integrating population and development planning,

Output 3.2.1.2.2: Functional mechanisms for coordination and implementation of the National Population Plan of Action established

Output 3.2.1.2.3: Resources mobilization plan for the implementation of the population plan of action developed and implemented

Output 3.2.1.2.4: Capacity of institutions to identify and integrate population and environment issues into planning and training activities enhanced.

Outcome 3.2.1.3: Improved social and economic opportunities

Output 3.2.1.3.1: Increased opportunities for technical and vocational skills,

Output 3.2.1.3.2: Increased opportunities for access to credit facilities,

Output 3.2.1.3.3: Expanded and improved rural socio-economic infrastructure,

Output 3.2.1.3.4: Development of intermediate towns in the context of general urban master plans promoted

Output 3.2.1.3.5: Increased off-farm employment opportunities in the rural areas

Output 3.2.1.3.6: Public, private and community participation in housing provision enhanced

Outcome 3.2.1.4: Improved care and support for vulnerable population

- Output 3.2.1.4.1: Enhanced and equipped institutions for the rehabilitation of persons with disabilities
- Output 3.2.1.4.2: Rights of persons with disabilities to participate in social, cultural, political and economic spheres promoted
- Output 3.2.1.4.3: Improved access to educational opportunities for persons with special needs
- Output 3.2.1.4.4: Equipped user-friendly public facilities and services for disabled persons
- Output 3.2.1.4.5: Social security and care, needs and socio-economic support to the elderly provided
- Output 3.2.1.4.6: Youth involvement in formal and informal employment opportunities increased
- Output 3.2.1.4.7: Mechanisms for protecting children from abuse, exploitation and violence enhanced
- Output 3.2.1.4.8: Strengthened community based institutions' capacity to handle issues related to orphans and vulnerable children

3.2.2 Reproductive Health

- Outcome 3.2.2.1: Improved Maternal and neonatal health conditions**
 - Output 3.2.2.1.1: Improved access to skilled attendance during pregnancy, delivery and postpartum periods.
 - Output 3.2.2.1.2: Improved utilization of skilled attendance during pregnancy, delivery and postpartum periods.
 - Output 3.2.2.1.3: Improved capacity of health facilities to provide prompt health services for consequences related to harmful traditional practices and gender based violence.
- Outcome 3.2.2.2: Achieved desired family size through improved family planning for individuals and couples.**

- Output: 3.2.2.2.1: Improved access to quality family planning information and services.
- Output: 3.2.2.2.2: Improved utilization of family planning information and services.
- Outcome 3.2.2.3: Improved sexual and reproductive health of adolescents and youth**
- Output 3.2.2.3.1: Improved access to quality adolescent and youth friendly sexual and reproductive health information and services.
- Output 3.2.2.3.2: Reduced incidence and prevalence of substance abuse among adolescents and youth.
- Outcome 3.2.2.4: Reduced incidence, prevalence and impact of sexually transmitted infections and HIV/AIDS**
- Output 3.2.2.4.1: Effectively integrated sexual and reproductive health and HIV/AIDS programs and services.
- Output 3.2.2.4.2: Enhanced capacity of all sectors to implement sexually transmitted infection and HIV/AIDS programs.
- Output 3.2.2.4.3: Increased access to quality information and services on sexually transmitted infection and HIV/AIDS.
- Outcome 3.2.2.5: Improved RH Commodity Security (RHCS)**
- Output 3.2.2.5.1: Ensured continuous availability of reproductive health commodities.
- Outcome 3.2.2.6: Improved capacity of health systems to deliver adequate RH services**
- Output 3.2.2.6.1: National plan for Human Resource for Health implemented.
- Output 3.2.2.6.2: Functional HMIS system in place
- Outcome 3.2.2.7: Reduced morbidity and mortality of other RH problems such as Reproductive Organ Cancers (ROCs,) infertility and post menopausal syndrome**

Output 3.2.2.7.1: Strengthened health facilities to manage reproductive health problems, infertility and post menopausal related problems.

Output 3.2.2.7.2: Increased utilization of services related to management of other RH problems

Outcome 3.2.2.8: Improved Child Health

Output 3.2.2.8.1: Increased access to quality child health interventions.

Outcome 3.2.2.9: Improved RH services to pastoralist community

Output 3.2.2.9.1: Appropriate pastoralist RH service delivered.

Outcome 3.2.2.10: Improved RH services to special population groups (Disabled, homeless, etc)

Output 3.2.2.10.1: Appropriate RH service delivery system for special population group developed and implemented

Outcome 3.2.2.11: Enhanced capacity of higher learning institutions in RH training and research.

Output 3.2.2.11.1: Ensured integration of standard reproductive health service package in the pre-service training.

Output 3.2.2.11.2: Involvement of higher learning institutions in developing/updating training curriculum for in-service training ensured

Output 3.2.2.11.3: Strengthened capacity of higher learning institutions to conduct reproductive health researches.

3.2.3 Gender

Outcome 3.2.3.1: Reduced gender disparity at all levels of the educational system

Output 3.2.3.1.1: Increased participation of females at all levels of the formal educational system.

Output 3.2.3.1.2: Increased participation of females at all levels of the alternate educational system

Outcome 3.2.3.2: Enhanced women's access and control over economic resources.

Output 3.2.3.2.1: Improved access of women to economic resources and employment

Output 3.2.3.2.2: Reduced Women's workload.

Outcome 3.2.3.3: Improved women's participation in management and decision making.

Output 3.2.3.3.1: Enhanced role of women in leadership and decision making.

Output 3.2.3.3.2: Enhanced women's participation in the management of natural resource and environment

Outcome 3.2.3.4: Reduced vulnerability of girls/women and children under difficult circumstances, to gender based violence(GBV), harmful traditional practices(HTP), and sexually transmitted diseases(STD), sexually transmitted(STI) infections and /HIV/AIDS.

Output 3.2.3.4.1: Reduced vulnerability of women and girls to HIV/AIDS, HTP and GBV.

Output 3.2.3.4.2: Reduced vulnerability of women, girls and boys in difficult circumstances (i.e. orphans, displaced, migrants from trafficking, HIV/AIDS, drug abuse).

Output 3.2.3.4.3: Increased community involvement in addressing women's and girls' right in the area of gender based violence and HTP

Outcome 3.2.3.5: Improved institutional capacity to integrate gender issues and enforce gender sensitive policies and laws

Output 3.2.3.5.1: Gender issues in sector plans, strategies, programmes and projects mainstreamed.

Output 3.3.3.5.2: Strengthened the enforcement mechanisms for National Action Plan on Gender Equality (NAP-

GE), Women's Development Package, gender related laws, protocols and guidelines

Strategies

- Capacity building, mobile school systems, action groups to promote female education and combat i.e. Early Marriage;
- Affirmative action to promote education of disadvantaged girls and boys Alternate education system;
- Entrepreneurship building, creating employment opportunities, access to credit and other productive inputs and resources;
- Introduction of labour saving technologies, men involvement in child care and household responsibilities;
- Trainings, Research, documentations, experience sharing, best practices and advocacy;
- Fund raising, mainstreaming HIV/AIDs;
- Advocacy, establishment of shelter houses, community mobilization and financial support, skill training;
- Resource mobilization, strengthening associations and clubs, recognition of community/groups;
- Monitoring and Evaluation, Networking and collaboration;

3.2.4 Population IEC/BCC and Advocacy

Outcome 3.2.4.1: Enhanced IEC/BCC & advocacy interventions for the implementation of National Population Plan of Action (NPPoA)

Output 3.2.4.1.1: Gained support and commitment of policy and decision makers on the implementation of the NPPoA

Output 3.2.4.1.2: Strengthened technical capacities of implementing partners at different levels to enhance IEC/BCC and advocacy interventions

Outcome 3.2.4.2 *Gained Support and commitment for generation, dissemination and utilization of disaggregated data for policy and programme development*

Output 3.2.4.2.1: Increased commitment and support of government, community and opinion leaders as well as development partners for generation of disaggregated population data

Output 3.2.4.2.2: Increased awareness level on the availability and utilization of disaggregated population data

- Output 3.2.4.2.3: Increased advocacy efforts to gain support and commitment of policy and decision makers to establish vital registration system
- Output 3.2.4.2.4: Increased awareness at all levels about the importance of vital registration system
- Outcome 3.2.4.3: Gained comprehensive public knowledge on Population & Development, Environment and Nutrition**
- Output 3.2.4.3.1: Increased public awareness on the interrelationship between/among population, development and environment issues
- Output 3.2.4.3.2: Increased knowledge of the general public on nutrition needs and requirements
- Outcome 3.2.4.4 Ensured rights of persons with disabilities to participate in political, social and economic spheres**
- Output 3.2.4.4.1: Improved support of the policy and community decision makers to persons with disability to play political, social and economic roles
- Output 3.2.4.4.2: Increased public knowledge on the Rights of persons with disabilities
- Outcome 3.2.4.5 Increased demand for utilization of RH/STI/HIV /AIDS information and services**
- Output 3.2.4.5.1: Improved health seeking behaviour in accessing RH services (focusing on contraceptives, ANC, PNC, EmOC)
- Output 3.2.4.5.2: Community empowered to demand reproductive health services
- Output 3.2.4.5.3: Increased male involvement in RH/FP
- Output 3.2.4.5.4: Increased comprehensive knowledge on Family planning
- Output 3.2.4.5.5: Increased comprehensive knowledge on HIV/AIDS and STIs
- Output 3.2.4.5.6: Reduced stigma to increase utilization of voluntary counselling and treatment (VCT), care and support

- Output 3.2.4.5.7: Commitment and support increased for the implementation of the RH and adolescent and youth reproductive health (AYRH) Strategies
- Outcome 3.2.4.6: Gained Commitment and support for strengthening and integrating population and family life education (POP/FLE) in education and training institutions.**
- Output 3.2.4.6.1: Commitment and support of policy and decision makers increased to integrate POP/FLE in higher education and technical and vocational education and training (TVET) curriculum and Continuous Professional Dev't (CPD)
- Output 3.2.4.6.2: Strengthened implementation of the integrated POP/FLE curriculum in primary & secondary schools
- Output: 3.2.4.6.3: Population and family planning elements integrated in agricultural education and agricultural extension programs and services
- Outcome 3.2.4.7: Enhanced response and support from the public to take action to address gender-related issues**
- Output 3.2.4.7.1: Increased level of awareness of the public on gender issues
- Output 3.2.4.7.2: Increased level of awareness and action of community groups and law enforcing bodies on the consequences of harmful traditional practices
- Output 3.2.4.7.3: Support increased for the implementation of the revised penal code related to RH and HTPs issues
- Output 3.2.4.7.4: Improved awareness of service providers and the general population on the availability and content of the revised penal code /family law/guideline related to RH & HTP issues

4.0 LOGICAL FRAMEWORK MATRIX FOR THE PLAN OF ACTION

4.1 Population and Development

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
Outcome 4.1.1: Institutional capacity to provide timely data for formulation of policies and programmes enhanced	Number of institutions with trained staff and equipment	Annual reports	Central Statistical Agency (CSA)		
Output 4.1.1.1: Strengthened national capacity for population data collection, analysis, dissemination and utilization	No and type of surveys and researches undertaken No. of institutions strengthened	Reports	CSA		Assumption: Government commitment Donor support Risk: Reliability of financial support
Activities					
4.1.1.1.1: Procure and equip institutions with data processing equipment	No. and type of data processing equipment Type and No of software Type and number of reference materials	Inventory Audit reports National Population Council reports	MOFED CSA	2011 - 2015	
4.1.1.1.2: Train staff on data collection, processing and management	No. of trainings conducted No. of staff trained	Annual Reports Training reports	CSA	2011 - 2013	
4.1.1.1.3: Train staff of the institution on integration of population variables into development plan preparation, implementation and monitoring	No. of training conducted No. of staff trained	Annual Reports Training reports	MOFED	2011 - 2014	
4.1.1.1.4: Improve census and survey data collection coverage and methodology	Census and survey data collection coverage and methodology improved	CSA Reports	CSA	2011 - 2013	
4.1.1.1.5: Train staff on research, data analysis, monitoring and evaluation methods	No. of staff trained Type and No of training provided	CSA/Institute of Population Studies Periodic reports	MOE	2011 - 2013	

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Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
4.1.1.1.6: Disseminate census and survey data through all types of media	Census and survey data results disseminated, No. of dissemination seminars and workshops held No. of institutions and individuals using data	CSA Reports	CSA	2011 – 2015	
Output 4.1.1.2: Relevant policy oriented researches on key population and development issues made available	Type and number of policy oriented researches	Reports on research	MOE/Higher Learning Institutions	2011-2015	Assumption: Availability of funds and expertise Risk: Reliability of fund Availability of sufficient number of trained staff
Activities					
4.1.1.2.1: Prepare research agenda on population and development	Researched agenda prepared	MOFED reports	MOFED	2011-2012	
4.1.1.2.2: Review existing research findings and produce annotated bibliography	Existing research findings compiled and produced	MOFED reports	MOFED	2011-2015	
4.1.1.2.3: Mobilize resources for research	No. of donors round table meetings conducted Type and amount of resources mobilized	Annual reports MOFED reports	MOFED	2011-2014	
4.1.1.2.4: Undertake research activities	No. and type of researches undertaken No. of in-depth analysis on population and development undertaken	Research reports Reports on in-depth researches	MOE CSA MOFED and Bureaus	2011-15	
4.1.1.2.5: Disseminate the results of research activities	No. of seminars and workshops conducted No. of research results posted in the website Research results disseminated	Periodic Reports	MOE CSA MOFED	2011-2015	
Output 4.1.1.3: Vital registration system established	Vital registration system in place	Proclamation <i>Negarit</i> Gazette Reports	Administrative organs at different levels	2011-2015	Assumptions: Availability of funds , implementation Risks: Bureaucratic delays

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeline	Risks and Assumptions
Activities					
4.1.1.3.1: Promulgation of the registration of vital events law	Proclamation on vital registration	Proclamation <i>Negarit Gazette</i>	CSA	2011	
4.1.1.3.2: Develop institutional, administrative and legal framework for universal registration of birth, deaths, marriages and divorces	Appropriate institutional and legal framework established	Frameworks developed Reports	CSA	2011-2012	
4.1.1.3.3: Train personnel on the registration of vital events	Number of personnel trained on registration of vital events	Reports List of trainees	CSA	2011-2013	
Output 4.1.1.4: Disaggregated socio-demographic data made available and accessible	No of stakeholders accessing data Type and no of statistical data on website Type and no of data disseminated through print media	Census DHS Special Surveys	CSA	2011-2013	Assumption: Availability of funds and expertise
4.1.1.4.1: Produce disaggregated population and socio-economic data	Type and no of socio-demographic data prepared; Demographic and socioeconomic documents prepared; Population and development indicators prepared	Census DHS Special Surveys	MOFED CSA	2011-2015	
4.1.1.4.2: Produce demographic and socio-economic profiles at all administrative tiers	Profiles produced	Periodic reports and publications	MOFED BOFED	2011-2015	
Output 4.1.1.5: Capacity of academic institutions providing training on population and development enhanced	Strengthened institutional capacity for population and development training	Periodic reports	MOE		Availability of funds and expertise
4.1.1.5.1: Conduct training needs assessment on population and development	Needs assessment report	Reports	MOFED	2011-2012	
4.1.1.5.2: Recruit and train professionals in the areas of population and development	No. of professionals recruited and trained	Periodic training reports	MOE MOFED	2011-2015	
4.1.1.5.3: Improving academic institutions' human, financial and material capacity	Amount of budget allocated No. of qualified staff of the institutions No. of academic institutions capacitated	Periodic reports	MOE	2011-2015	
4.1.1.5.4: Launch population and development program in higher learning institutions	No. of academic institutions launched population and development related	Curricula prepared	MOE	2011-2013	

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
	programmes Curricula developed No. and type of teaching materials and equipment Amount of budget allocated No. of students enrolled	Inventory report Progress report Student records			
Outcome 4.1.2: Population Planning and implementation capacities of Federal, regional and sectoral institutions improved	Number of institutions with staff and equipment to undertake planning and programme implementation	Institutional Assessment report	MOFED		
Output 4.1.2.1: Enhanced technical capacity of planners in techniques of integrating population into development planning process	No. of trained experts in integrating population and development planning at all levels	Progress reports	MOFED		Assumption: Government commitment Donor support Risk: Unreliable financial support
Activities					
4.1.2.1.1: Organise training of trainers on integrating population variables into development planning at all levels	No. of trainings organized No. of experts trained	Training reports	MOFED	2011-2013	
4.1.2.1.2: Produce manuals on the methods of integrating population issues in development planning	Manuals produced	Printed and distributed Manuals	MOFED	2011	
4.1.2.1.3: Prepare population projections by size, age, sex and socio-economic characteristics for use by sectors	Projection reports	Reports	CSA	2011-2015	
Output 4.1.2.2: Functional mechanisms for coordination and implementation of the National Population Plan of Action established	Functional mechanisms for coordination and implementation in place	Periodic reports Proceedings Workshop reports	MOFED		Assumption: Government commitment Donor support

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Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible Agency	Timeframe	Risks and Assumptions
Activities					
4.1.2.2.1: Revise the National Population Policy	Revised NPP available	Revised Policy document	MOFED	2011-2012	
4.1.2.2.2: Establish National Population Council and technical working groups	Functional National Population Council in place Proclamation document Guidelines Number of technical working groups formed	Workshop reports Periodic reports	MOFED	2011	
4.1.2.2.3: Assist in the establishment of regional population councils	Number of regions assisted to establish functional regional population councils	Periodic reports Reports on field missions	MOFED	2011-2012	
4.1.2.2.4: Establish and make operational M&E system	National database in place M&E framework in place Functional M&E focal points in place	Database M&E System Progress reports	MOFED	2011-2012	
4.1.2.2.5: Coordinate the implementation, monitoring and evaluation of the National Population Plan of Action	Number of annual plans prepared and presented for discussion Number of M&E activities conducted Number of periodic reports	Meeting reports/minutes Workshop reports Evaluation reports	MOFED	2011-2012	
4.1.2.2.6: Organise regular meetings of stakeholders	Number of stakeholder meetings held	Agenda of meetings Minutes Reports	MOFED	2011-2015	
4.1.2.2.7: Hold annual review meetings of implementing partners	No of annual meetings conducted Number of annual programme implementation reports prepared	Reports Minutes	MOFED	2011-2015	
4.1.2.2.8: Conduct joint monitoring field visits and prepare reports	Number of field visits undertaken Recommendations provided based on field visit findings	Field visit reports	MOFED	2011-2015	
4.1.2.2.9: Create forums for discussion of population policy plan of Action and other related issues and make them functional	Number of forum/networks established Number of regions assisted	Reports	MOFED		

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
Output 4.1.2.3: Resources mobilization plan for the implementation of the population plan of action developed and implemented	Resource mobilization plan in place Amount of resources mobilized	Resource mobilization plan Reports	MOFED		Assumption Government commitment Donor support Risk: Unreliable financial support
Activities					
4.1.2.3.1: Prepare a resource mobilisation plan based on the estimated expenditures of the national plan of action	Prepared resource mobilisation Plan	Resource mobilisation plan document	MOFED	2011-2012	
4.1.2.3.2: Hold resource mobilisation round table meetings	Number of round table meetings held Number of potential donors reached Amount of money mobilized No. of thematic projects prepared	Reports Reports on resource mobilisation Projects prepared	MOFED	2001-2014	
Output 4.1.2.4: Capacity of institutions to identify and integrate population and environment issues into planning and training activities enhanced	No. of institutions integrating population and environment issues No. of persons trained on integration techniques	Progress reports Survey reports	MOFED	2011-2015	Assumption: Government commitment Donor support Risk: Unreliable financial support
Activity					
4.1.2.4.1: Conduct needs assessment of institutions dealing with population and environment issues	Needs assessment report	reports	EPA	2012-2015	
4.1.2.4.2: Design packages that would enhance capacities of institutions dealing with integration of population and environment	Training manuals No and type of institutions benefited	Training records Periodic reports	EPA	2015	
4.1.2.4.3: Conduct training on integration of environment and population issues in development programmes	No. of trainings conducted No. of persons trained	Training reports	MOFED	2011-2012	

Outcomes/Outputs/Activities	Indicators	Measurement Method	Frequency	Start/End	Risks and Assumptions
Outcome 4.1.3: Improved social and economic opportunities	Number of functioning training institutions Number of small and micro business supported	Activity Report	MOI		
Output 4.1.3.1: Increased opportunities for technical and vocational skills	No. of youth trained and employed	Employment records Census Labour force survey	MOE		Assumption: Availability of finance, Government commitment Donor support Risk: Unreliable financial support
Activity					
4.1.3.1.1: Conduct TVET needs assessment	Needs assessment report in place	Needs assessment report	MOE	2015	
4.1.3.1.2: Promote market oriented skills training programmes	No. of trainings conducted No. of trainees	Training reports	MOE	2015	
4.1.3.1.3: Expansion and strengthening of technical and vocational training institutes	No of TVETs established and strengthened	Periodic reports	MOE	2015	
Output 4.1.3.2: Increased opportunities for access to credit facilities	No of individuals benefited from credit facilities	Periodic reports	MOT	Continuous	Assumption: Availability of resources, Government commitment Donor support Risk: Unreliable financial support
Activity					
4.1.3.2.1: Expand and strengthen vocational training institutes and alternative opportunities	No. of vocational training institutes established No. of individuals participated in TVET	Annual/periodic reports Annual/periodic reports	MOE	2011-2015	

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
4.1.3.2.2: Facilitate and strengthen the provision of credit facilities	No. of micro-finance institutions established and capacitated No. of youth cooperatives received credit facilities	Annual report	MOT	2011-2015	
4.1.3.2.3: Improve the provision of market information	Database on market information established No. of brochures, newsletters and leaflets produced and disseminated No. of TV and radio spots	Database Distribution records TV and radio spots and scripts	MOT	2011-2015	
Output 4.1.3.3: Expanded and improved rural socio-economic infrastructure	Type and No. of rural socio-economic infrastructure	Periodic reports Census Special Surveys	MOE MOT	2011-2015	Assumption: Availability of resources, Government commitment Donor support
Activity					
4.1.3.3.1: Improve transportation and communication facilities to strengthen the functional linkage between and/or among settlements	People/ telephone ratio and electrification coverage increased Coverage of public transportation	Periodic reports Census Special Surveys	MOT	2011-2015	
4.1.3.3.2: Improve the expansion of infrastructure and social service provision in rural areas	Expanded and improved ratio of population/road Network of feeder roads expanded and improved Coverage in potable water supply Coverage in sanitation facilities	Periodic reports Census	ERA MEWR MOH	2011-2015	
4.1.3.3.3: Expand availability of water and sanitation facilities in rural areas	Number of water points and sanitation facilities built Coverage in potable water and sanitation	Reports Census	MEWR	2011-2015	
Output 4.1.3.4: Development of intermediate towns in the context of general urban master plans promoted	Master Plan for intermediate towns in place No. of intermediate towns established	Master plan Census Special Survey Periodic Reports	MOCUD	2011-2015	Assumption: Availability of resources, commitment Donor support

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Outcomes/Outputs/Activities	Indicators	Means of Verification	Key Performance Indicators	Timeframe	Risks and Assumptions
Activity					
4.1.3.4.1: Develop well planned intermediate towns to minimize pressures from large towns and cities	Type and amount of investments Length of road constructed Electrification coverage Coverage of telecommunication services No. and type of schools No. and type of health facilities No. and type of water points No. and type of sanitation facilities No. of intermediate towns established and strengthened	Progress reports Census Special Surveys	MOCUD MOT MOE	2011-2015	
4.1.3.4.2: Increase job opportunities in intermediate towns	Number job opportunities created No. of people employed	Reports Census Labour force survey	MOT MOI	2011-2015	
Output 4.1.3.5: Increased off-farm employment opportunities in the rural areas	Type and No. of job opportunities created Type and No. of appropriate technologies selected No. of people accessing credit services No. of skilled persons	Welfare Monitoring Survey Periodic reports	MOT MOI	2011-2015	Assumption: Availability of resources, Government commitment Donor support Risk: Unreliable financial support
Activity					
4.1.3.5.1: Develop and expand economic activities in rural areas	Farmland expanded Pastoral grazing land expanded Small scale industries established and expanded	Welfare Monitoring Survey Periodic reports	MOA MOT	2011-2015	
4.1.3.5.2: Increase and diversify off-farm employment opportunities in rural areas	Type and number of various projects Small scale entrepreneurship promoted Non-agricultural services established and expanded	Periodic reports Surveys	MOA MOT	2011-2015	

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
4.1.3.5.3: Make available credit facilities and market information in rural areas	No. and type of income generating projects initiated No. of cooperatives established No. of people obtained credit services	Periodic reports Surveys	MOA MOT	2011-2015	
Output 4.1.3.6: Public, private and community participation in housing provision enhanced	No. of houses built No. of persons benefited	Periodic reports	Ministry of Construction and Urban Development	2011-2015	Assumption: Availability of resources, Government commitment Donor support
Activity					
4.1.3.6.1: Construct condominium houses	No. of condominium apartments built	Periodic reports	Ministry of Construction and Urban Development	2011-2015	
4.1.3.6.2: Provision of land for residential purposes	Number of associations provided with residential land	Periodic reports	Ministry of Construction and Urban Development	2011-2015	
Output 4.1.3.7: Improved access to credit facilities for food production	Increased household income	Special Surveys Periodic reports	MOA MOT	2011-2015	Assumption: Government commitment Donor support Risk: Unreliable financial support and continuity
Activity					
4.1.3.7.1: Enhance the capacity of microfinance institutions to provide credit for food production	No. of microfinance institutions providing credit Amount of credit provided No. of cooperatives/ households/individuals benefited	Periodic reports	MOA MOT	2011-2015	
4.1.3.7.2: Initiate agriculture related income generating scheme	No. of individuals benefited No. and type of income generating schemes	Periodic reports	MOA MOT	2011-2015	
Outcome 4.1.4: Improved care and support for vulnerable population	Number of institutions supporting vulnerable people Number of vulnerable persons supported	Periodic reports	MOLSA	2011-2015	

Outcomes/Outputs/Activities	Indicators	Source of Information	Responsible party	Time Frame	Risks and Assumptions
Output 4.1.4.1: Enhanced and equipped institutions for the rehabilitation of persons with disabilities	Number of institutions strengthened to rehabilitate disabled persons	MOLSA Reports	MOLSA		Assumption: Availability of resources, Government commitment Donor support, Risk: Lack of sustainability, Lack of human resources
Activity					
4.1.4.1.1 Provide financial and other support for the existing institutions to accommodate persons with disabilities	Number of institutions supported Number of disabled persons accommodated by the institutions	MOLSA Reports Federation of people with disabilities reports	MOLSA	2011-2015	
4.1.4.1.2 Build and equip institutions for severely disabled persons	Number of institutions established Number of institutions equipped Number of severely disabled persons supported by institutions	MOLSA Reports Federation of people with disabilities reports	MOLSA		
4.1.4.1.3 Initiate and support Day Care programs for children with disabilities	Number of day care programmes established Number of day care programmes supported Number of children with disabilities supported by day care programmes	MOLSA Reports MOWYCA Reports Report of Inter-ministerial committee on children	MOLSA	2011-2015	
4.1.4.1.4 Integrate children with disabilities into the wider community	Number of disabled children integrated into their communities	MOLSA Reports MOWYCA Reports Report of Inter-ministerial committee on children	MOLSA	2011-2015	

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Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
Output 4.1.4.2: Rights of persons with disabilities to participate in social, cultural, political and economic spheres promoted	Proportion of rights of disabled people promoted and upheld	MOLSA Report	MOLSA		Assumption: Availability of resources, Government commitment Donor support
Activity					
4.1.4.2.1: Conduct research activities on harmful traditional practices towards persons with disabilities	Data on HTPs relating to disabled persons made available and accessible Research results on HTPs relating to disabled persons made available and accessible	CSA Reports MOLSA Report Research Report	CSA MOLSA	2011-2015	
4.1.4.2.2 Provide rehabilitative and supportive facilities	No. of disabled persons supported with supportive facilities	MOLSA Report Report of Rehabilitation Centers	MOLSA	2011-2015	
4.1.4.2.3 Facilitate employment opportunities for persons with disabilities	Number of disabled persons employed in appropriate posts	MOLSA Reports NPC Reports Federation of people with disabilities reports	MOLSA	2011-2015	
Output 4.1.4.3: Improved access to educational opportunities for persons with special needs	Number of disabled accessing educational opportunities	MOLSA Reports	MOLSA	2011-2015	Assumption: Availability of resources, Government commitment Donor support Risk: Lack of institutional capacity
Activity					
4.1.4.3.1: Affirmative action programs for persons with disabilities	Number of disabled persons assisted	MOLSA Reports	MOLSA		
4.1.4.3.2: Provide special needs education for	Number of disabled persons	MOLSA Reports	MOLSA	2011-2015	

Outcomes/Outputs/Activities		Means of	Responsible party	Timeframe	Risks and Assumptions
persons with disabilities	institutions				
Output 4.1.4.4: Equipped user-friendly public facilities and services for disabled persons	Type and number of specially designed facilities	MOLSA Reports	MOLSA	2011-2015	Assumption: Availability of resources, Government commitment Institutional capacity and commitment Donor support
Activity				Continuous	
4.1.4.4.1: Improve and increase accessibility of facilities to people with disabilities	Type and number of facilities specially designed to improve accessibility for disabled persons	MOT Reports MOLSA Reports NPC Reports	MOLSA	2011-2015	
4.1.4.4.2: Provide special materials and services for needy disabled persons	Type and number materials provided Type and number of services provided Number and type of disabled persons benefiting from the services and materials	MOLSA Reports	MOLSA	2011-2015	
Output 4.1.4.5: Social security and care, needs and socio-economic support to the elderly provided	Number and type of social security and support services made available for the elderly.	MOLSA Reports Report of the Federal technical committee for the elderly	MOLSA	2011-2015	Assumption: Availability of resources, Government commitment Institutional capacity, Donor support
Activity					
4.1.4.5.1: Conduct policy-oriented research on ageing	Data on ageing made available and accessible	CSA Reports IPS/ AAU Reports MOLSA Reports	MOLSA	2011-2015	
4.1.4.5.2: Establish and expand elderly care centres	Number of care centres established	MOLSA Reports Report of the Federal technical committee for the elderly	MOLSA	2011-2015	

Outcomes/Outputs/Activities	Indicators	Means of Verification	Responsible party	Timeframe	Risks and Assumptions
4.1.4.5.3: Prepare guidelines for the provision of subsidized services	Finalised guidelines for the provision of subsidies to elderly persons made available	MOLSA Reports Report of the technical committee for the elderly	MOLSA	2011-2015	
4.1.4.5.4: Strengthen extended family support structures for the elderly	Number of communities with extended family support services in place	MOLSA Reports Report of the Federal technical committee for the elderly	MOLSA	2011-2015	
Output 4.1.4.6: Youth involvement in formal and informal employment opportunities increased	Number of young persons supported to obtain employment in the formal and informal sectors	MOWYC Reports	MOWYC	2011-2015	Assumption: Availability of resources, Government commitment Donor support
Activity					
4.1.4.6.1: Establish a database on career options	Up dated data base in place	CSA Reports MOWYC Reports	MOWYC	2011-2015	
4.1.4.6.2: Disseminate information on emerging career options	Number of young persons sensitised on emerging career options	MOWYC Reports Sensitisation activity reports	MOWYC	2011-2015	
4.1.4.6.3: Support the establishment and make operational Multi-purpose youth centres	Number of youth centres established and made functional	MOWYC Reports	MOWYC	2011-2015	
4.1.4.6.4: Facilitate the provision of credit facilities for young people	Number of young persons accessing credit facilities Credit amount made available to each young person	MOWYC Reports Sensitization activity reports	MOWYC	2011-2015	
4.1.4.6.5: Mount campaigns on youths' access to education and empowerment	Number of campaign activities undertaken Number of young persons sensitised	Sensitisation Activity Reports	MOWYC	2011-2015	
4.1.4.6.6: Facilitate provisions of income generating activities (IGA) to young people	Number of agencies providing IGAs for young people Number of young persons	MOWYC Reports	MOWYC		

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Outcomes/Outputs/Activities	Indicators	Verification	Responsible Agency	Timeframe	Risks and Assumptions
	from IGAs				
4.1.4.6.7: Provide short and long term vocational training for young people	Type and Number of vocational training activities available for young people Number of young persons trained in vocational skills	MOWYC Reports	MOWYC	2011-2015	
4.1.4.6.8: Provide wider employment opportunities for youth in the formal sector	Number of young persons supported to obtain employment in the formal sector	MOWYC Reports	MOWYC	2011-2015	
4.1.4.6.9: Facilitate access to credit facilities for young people	Number of agencies providing credit facilities for young people Number of young persons benefiting from credit facilities	MOWYC Reports	MOWYC	2011-2015	
4.1.4.6.10: Promote access to market opportunities for young people	Number of young persons supported to access market opportunities Amount and type of goods marketed by young people	MOWYC Reports	MOWYC	2011-2015	
Output 4.1.4.7: Mechanisms for protecting children from abuse, exploitation and violence enhanced	Mechanisms for protecting children from abuse, exploitation and violence in place and functional	Periodic reports	MOWYC	2011-2015	Assumption: Availability of resources, Government commitment Donor support Risk: Institutional capacity
Activity					
4.1.4.7.1: Prepare and implement detailed and fair adoption and foster care procedures and practices	Care procedures adopted Care procedures practiced	MOWYC Reports	MOLSA	2011-2015	
4.1.4.7.2: Enact and enforce laws for defending the rights of children	Laws Enacted Number of children protected from violence, abuse and exploitation	Performance Reports	MOWYC	2011-2015	

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
4.2.1.1.6: Equip health institutions with the necessary equipments, drugs and other supplies for MNH services	Number of health institutions equipped with the necessary equipments, drugs and supplies for MNH services	HMIS Health institution survey	MOH RHB	2011-2015	
Output 4.2.1.2: Improved utilization of skilled attendance during pregnancy, delivery and postpartum period,	Percentage of mothers provided antenatal care by skilled health service providers Percentage of deliveries attended by skilled health service providers Percentage of mother provided post natal care by skilled providers	HMIS EDHS			Assumptions: Sustained Government commitment on MNH Support from community and religious leaders Risks: Competing priorities, Traditional values and believes
Activities					
4.2.1.2.1: Strengthen functional referral linkage among health institutions	Number of women and neonatal served through referral system	HMIS Institutional Surveys Information available	MOH	2011-2015	
4.2.1.2.2: Educate and involve the community on how to respond fast to maternal health problems related to pregnancy and childbirth.	Number of community members educated and responded to maternal and neonatal health problems	House hold surveys	MOH	2011-2015	
4.2.1.2.3: Strengthen health care financing to support MNH services	Number of institutional using health care financing to increase MNH service utilization	HMIS, Institutional Surveys Information available	MOH		
Output 4. 2.1.3: Improved capacity of health institutions to provide prompt health services for consequences	◆ Number of health institution providing health services to HTP and GBV victims	HMIS MOH Surveys	MOH		Assumptions: Supportive environment for victims to report and seek

Outcomes/Outputs/Activities	Indicators	M&V	Responsible	Time	Risks and Assumptions
related to harmful traditional practices (HTP) and gender based violence (GBV)					Risks: Harmful traditional practices
Activities					
4.2.1.3.1: Train health professionals in providing sexual reproductive health (SRH) services specifically to HTPs/GBV	Number of health professionals trained	MOH and RHB reports	MOH RHB	2011-2015	
4.2.1.3.2: Equip health institutions with essential commodities and equipment for managing victims of HTPs/GBV	Number of health institutions equipped with essential commodities and equipment	Health institutions survey Logistics management information system	MOH RHB	2011-2015	
4.2.1.3.3: Provide SRH services to HTPs and GBV victims	Number of victims that received services related to HTPs and GBV	HMIS MOH/RHB/Health facility reports	MOH RHB	2011-2015	
4.2.1.3.4: Establish referral linkages with institutions providing legal services	Number of referral linkages created	MOH, RHB Reports	MOH RHB	2011-2015	
Sub-thematic Area (b) Family Planning					
Outcome 4.2.2: Individuals and couples achieved desired family size through improved family planning					
Output 4.2.2.1: Improved access to quality family planning (FP) information and services	Proportion of service delivery points providing complete range of FP services according to national standards	HMIS, Survey reports	MOH RHB	2011-2015	
Activities					
4.2.2.1.1: Revise the existing FP guidelines	Number of guidelines revised	HMIS Survey reports	MOH RHB	2011-2015	
4.2.2.1.2: Train health professionals on family planning service provision using revised guidelines	Number of health professionals trained	HSMI Sample surveys	MOH RHP	2011-2015	

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
4.2.2.1.3: Strengthen and expand the provision of complete range of FP services	Number of health institutions providing complete range FP services	HMIS Sample surveys	MOH RHB	2011-2015	
4.2.2.1.4: Strengthen functionality of FP technical committee at all levels	The number of technical committee at different levels strengthened	MOH and RHB Reports	MOH RHB	2011-2015	
4.2.2.1.5: Strengthen and expand FP service provision through innovative/alternative approaches and outlets	Number of new approaches introduced and implemented	MOH and RHB reports	MOH RHB	2011-2015	
Output 4. 2.2.2: Improved utilization of FP information and services	Number of FP users Proportion of women in reproductive age with unmet need	Periodical survey, EDHS	MOH		Assumptions: FP is one of the priority issues of the Government Support from community and religious leaders Risks: Competing priorities,
Activities					
4.2.2.2.1: Expand and strengthen community based FP services with linkages to health facilities	Community based FP Services integrated with health institutions	HMIS Health institutions Report	MOH RHB	2011-2015	
4.2.2.2.2: Conduct needs assessment survey to improve utilization of FP services	No. of surveys conducted	Surveys and Report	MOH RHB	2011-2015	
4.2.2.2.3: Identify, document and disseminate best practices	Number of best practices documented and disseminated	Documents on best practices	MOH RHB	2011-2015	
4.2.2.2.4: Educated and involved the community in supporting and utilizing FP services in its vicinity	Number of community members educated	House hold surveys	MOH RHB	2011-2015	
Sub-Thematic Area (c): Adolescent and Youth Sex and Reproductive Health					
Outcome 4. 2.3: Improved sexual reproductive health (SRH) of adolescents and youth					

Outcomes/Outputs/Activities	Indicators	MoV	Responsible Institutions	Time Frame	Risks and Assumptions
Output 4.2.3.1: Improved access to quality Adolescent and Youth friendly SRH information and services	Proportion of health facilities providing adolescent and youth friendly SRH services Proportion of youth centres providing SRH services	Health facility reports	RHB		Assumptions: Government attention and youth involvement Risks: Competing priorities
Activities					
4.2.3.1.1 Train service providers and managers in adolescent and youth SRH services	Number of health service providers and managers trained	HMIS Training reports	MOH RHB	2011-2015	
4.2.3.1.2: Equip and upgrade health facilities to provide youth friendly SRH services	Number of health institution equipped and upgraded	HMIS Reports	>>	2011-2015	
4.2.3.1.3: Create referral linkages between youth centres and health facilities	Number of youth centres with established referral linkage	HMIS Reports	>>	2011-2015	
4.2.3.1.4. Establish/ strengthen youth RH services in schools, work places and higher learning institutions	Number of institutions with youth RH services	Surveys Reports	>>	2011-2015	
4.2.3.1.5. Conduct need -based surveys/researches on youth reproductive health and document and disseminate best practices	Number of surveys or researches conducted Number of best practices documents prepared and disseminated	Surveys Best practice documents	MOH		
Output 4.2.3.2: Reduced incidence and prevalence of substance abuse among adolescents and youth	Proportion of youth involved in substance abuse Studies conducted on drug abuse	Surveys	MOH MOWYC		Assumptions: Government attention on youth involvement Risks: Competing priorities
Activities					
4.2.3.2.1: Conduct operational research on the magnitude and impact of substance abuse and disseminate the results of the survey	Number of operational researches conducted and disseminated	Survey reports	MOH MOWYC	2011-2015	
4.2.3.2.2: Establish coordinating committee of concerned agencies	Functional committee established	Reports	MOWYC	2011	

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Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
4.2.3.2.3: Undertake interventions to prevent substance abuse	Number and type of interventions undertaken	Reports	MOH	2011-2015	
Sub-Thematic Area (d) Sexually Transmitted Infections and HIV/AIDS					
Outcome 4.2.4: Reduced incidence, prevalence and impact of STIs and HIV/AIDS					
Output 4.2.4.1: Effectively integrated SRH and HIV programmes and services	Number of SDPs providing integrated HIV/SRH services	HMIS, survey Reports on health institutions	MOH		Assumptions: Focus given by concerned institutions Smooth harmonization process Risks: Existence of institutions providing the services
Activities					
4.2.4.1.1: Develop and utilize guidelines and tools on SRH and HIV/AIDS integration	Number of guideline developed/adopted and utilized	Report	MOH	2011	
4.2.4.1.2: Train health care providers and managers on integrated SRH and HIV/AIDS services	Number of providers and managers trained	Training reports	MOH	2011-2015	
4.2.4.1.3: Provide integrated SRH/HIV/AIDS services	Number of institutions providing integrated HIV/SRH services	HMIS and surveys	MOH	2011-2015	
4.2.4.1.4. Conduct need –based surveys/researches on integrated SRH/HIV/AIDS and document and disseminate best practices	Number of surveys or researches conducted and disseminated Documented and disseminated best practices	Surveys Best practice documents	MOH	2011-2015	
Output 4.2.4.2: Enhanced capacity of all sectors to implement STIs and HIV/AIDS programmes	Number of sector offices effectively mainstreaming STI/HIV/AIDS programmes	Reports	MOH		Assumptions: Sector ministries committed to HIV/AIDS program HIV/AIDS remains as a government agenda
Activities					

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
4.2.4.2.1: Develop, disseminate and utilize appropriate mainstreaming guideline in sector ministries	Developed and disseminated guidelines	Reports Guidelines			
4.2.4.2.2: Train sector office managers in HIV/AIDS and STIs mainstreaming	Number of sector office managers trained	Training reports	MOH		
4.2.4.2.3: Incorporate HIV/AIDS prevention and control program activities in annual plan and budget of sector offices	Number of sector offices with budget for HIV/AIDS prevention and control program activities	Annual plan and performance report of sector offices	MOH	2011-2015	
Output 4.2.4.3: Increased access to quality information and services on prevention and control of STIs / HIV/AIDS	Number of institutions providing quality STIs/HIV/AIDS services	Surveys and Reports			Assumptions: Government focused on the issue Reliable and sustainable commodity supply system, Reduced stigma and discrimination Risks: Competing priorities
Activities					
4.2.4.3.1: Train health service providers and managers in providing comprehensive STIs/HIV/AIDS prevention and control services	Number of health providers trained	HMIS and training report	MOH	2011	
4.2.4.3.2: Provide comprehensive STIs/HIV/AIDS prevention and control services	Number of institutions providing comprehensive STIs/HIV/AIDS services	Survey reports	MOH	2011-2015	
4.2.4.3.3: Equip health institutions with essential equipments, drugs and supplies	Number of health facilities equipped with essential equipments and drugs	Survey reports	MOH	2011-2015	
Sub-thematic Area (e): Reproductive Health Commodities					
Outcome: 4.2.5: Sustainable, realistic and improved RH Commodity Security (RHCS)					

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
Output 4.2.5.1: Ensured sustainable, availability of RH Commodities	Proportion of SDPs reporting RHC stock outs	HMIS, Survey reports	MOH		Assumptions: Government commitment Risks: Lack of finance
Activities					
4.2.5.1.1 Train service providers and managers in RH commodity security	Number of providers and managers trained	HMIS Survey reports Training reports	MOH	2011-2015	
4.2.5.1.2 Strengthen/revitalize regular meetings of RH taskforce	Number of functional RH taskforces at national and regional levels	Taskforce reports	MOH RHB	2011-2015	
4.2.5.1.3 Allocate adequate budget for the purchase of RH commodities	The amount of budget allocated	Government budget plan and reports, bilateral and multilateral agreement documents	MOFED	2011-2015	
4.2.5.1.4 Develop and implement resource mobilization strategy	Resource mobilization strategy developed and implemented	MOH, MOFED reports	MOH	2011-2015	
4.2.5.1.5 Procure and distribute RH/FP commodities	Types and amount of commodities procured and distributed	HMIS LMIS	MOH	2011-2015	
4.2.5.1.6. Strengthen the system that makes health commodity supply realistic	Proportion of health service providers reporting stock outs	HMIS LMIS	MOH RHB	2011-2015	
Sub-thematic Area (f): Strengthening the Health System					
Outcome:4. 2.6: Improved capacity of health systems to deliver adequate RH services					
Output 4.2.6.1: Human Resource Development Plan for Health services implemented	Number of institutions, implementing the plan	MOH and RHB reports			
Activities					

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
4.2.6.1.1 Disseminate the document on health human resource development plan	Number of disseminated reports	Reports	MOH	2011	
4.2.6.1.2 Ensure the human resources development plan included in regional and woreda activity plans	Number of institutions that included human resource plan	MOH and RHB Reports	MOH	2011-2015	
4.2.6.1.3 Conduct researches on health human resource needs	No. of researches conducted in HRH needs	MOH and RHB Reports	MOH	2013	
Output 4.2.6.2: Implemented health management information system (HMIS)	Number of institutions with functional HMIS units				Assumptions: Commitment of concerned institutions at all levels, Resource availability Risks: High attrition rate of professionals
Activities					
4.2.6.2.1 Train programme managers in using HMIS data for decision making	Number of managers trained in using HMIS for decision making	HMIS Reports	MOH	2011-2015	
4.2.6.2.2 Train service providers in the newly revised record keeping format	Number of service providers trained in the newly revised record keeping format	HMIS Reports	MOH	2011-2015	
4.2.6.2.3 Introduce the revised HMIS format at all levels of health service providers	Number of health service providers introduced with the HMIS formats	HMIS Reports	MOH	2011	
4.2.6.2.4. Equip HMIS units of institutions with the necessary Information Technology materials	Number of institutions equipped with IT materials	HMIS	MOH	2011-2014	
Sub-thematic Area (h): Other RH Issues					
Outcome 4.2.7: Reduced morbidity and mortality of other RH problems such as Reproductive Organ Cancers (ROCs), infertility and post menopausal syndrome					

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
Out put 4.2.7.1: Strengthened health institutions to manage ROCs, infertility and post menopausal related problems	Number of health facilities managing other RH problems	HMIS Survey	MOH	2011-2015	Assumptions: Availability of resources, Community awareness Risks: Competing priorities
Activities					
4.2.7.1.1 Train health providers on managements of other RH problems	Number of health providers trained	HMIS Surveys	MOH	2011-2015	
4.2.7.1.2 Equip health facilities to manage other RH problems	Number of health facilities equipped	HMIS Reports	MOH	2011-2015	
Output 4.2.7.2: Increased utilization of services related to management of other RH problems	Number of those who received services	HMIS Reports	MOH	2011-2015	Assumptions: Availability of resources, Community awareness Risks: Competing priorities Community beliefs and values
Activities					
4.2.7.2.1: Strengthen functional referral linkages	Number of users served through referral system	HMIS Reports	MOH	2011-2015	
4.2.7.2.2: Educate and involve the community on early detection and care seeking behaviour of other RH problems	Number of community members educated	HMIS Reports	MOH	2011-2015	
Sub-thematic Area (i): Child Health					
Outcome 4.2.8: Improved child health					
Target: Reduce under-five Mortality Rate from 123/1000 live births to 67/1000 live births by 2015					
Output 4.2.8.1: Increased access to quality child health services	Proportion of SDPs providing comprehensive child health services	EDHS			
Activities					

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Outcomes/Outputs/Activities	Indicators	Source	Responsible	Time	Risks and Assumptions
4.2.8.1.1 Train service providers in child health interventions	Number of service providers trained	EDHS	MOH		
4.2.8.1.2 Upgrade and equip health institution with necessary equipment and drugs	No. of upgraded and equipped health institutions	EDHS	MOH	2011-2015	
Sub-thematic Area (j): Pastoralist RH Programme					
Outcome 4.2.9 Improved RH services to pastoralist community	Number of health service institutions providing quality RH services to pastoralists	HMIS Reports			
Output 4.2.9.1 Appropriate RH service delivery	Number of health service institutions providing appropriate RH services	HMIS Reports			Assumptions: Government commitment, Identified mobility sites Risks: Unpredicted movement, Community beliefs and values,
Activities					
4.2.9.1.1 Strengthen the implementation of pastoralist Health Extension Program (HEP).	HEP conducted in pastoralist areas	HMIS Reports	MOH	2011-2015	
4.2.9.1.2. Conduct needs based surveys/ researches on pastoralist HEP and document and disseminate best practices	Surveys or researches conducted Best practices documented and disseminated	Surveys Best practice documents	MOH	2011-2015	
Sub-thematic Area (k): RH program for special population groups (disabled, homeless and etc)					
Outcome 4.2.10 Improved RH services to special population groups (disabled, homeless, etc)					
Output 4.2.10.1 Appropriate RH service delivery system for special population groups developed and implemented	Number of SDPs providing appropriate RH service to the special groups	HMIS Reports			Assumptions: Government commitment Risks: Availability of resources, Competing priorities
Activities					

Outcomes/Outputs/Activities	Indicators	MoV	Responsible institutions	Time Frame	Risks and Assumptions
4.2.10.1.1 Educate and involve special population groups in RH care seeking and utilization of services	Number of special population groups educated and utilizing services	Surveys Reports	MOH	2011-2015	
4.2.10.1.2. Conduct needs based surveys/researches on special population groups and document and disseminate best practices	Surveys or researches conducted Best practices documented and disseminated	Surveys Best practices documents	MOH	2011-2015	
Sub-thematic Area (I): RH training and research					
Outcome 4.2.1.1: Enhanced capacity of higher learning institutions in RH training and research					
Out put 4.2.11.1: Ensured integration of standard SRH service package in the higher learning institutions.	Number of higher learning institutions integrating standard SRH service package Number of professionals graduating with standard SRH skills	Higher learning institutions reports	MOH MOE		Assumptions: Strong MOH and MOE partnership Higher learning institutions commitment Risks: Delays in curriculum revision
Activities					
4.2.11.1.1. Create a regular forum of concerned academic institutions to identify basic knowledge and skills on SRH to be integrated into higher education training	Forum created Basic SRH issues that should be integrated into higher education training identified	Higher learning institutions reports	MOH MOE	2011-2015	
4.2.11.1.2. Incorporate standard RH issues in training curriculum at different levels	Curriculum incorporating standard RH issues	Higher learning reports	MOH MOE	2011-2015	
Output 4.2.11.2: Ensured involvement of higher learning institutions in developing/updating training curriculum for short-term training	Number of higher learning institutions involved in developing/ short-term training curriculum	Higher learning institutions reports MOH	MOH	2011-2015	Assumptions: Strong MOH and MOE partnership Higher learning institutions Delay in curriculum revision

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Outcomes/Outputs/Activities	Indicator	MoV	Responsible institutions	Time Frame	Risks and Assumptions
Activities					
4.2.11.2.1 Provide technical assistance to stakeholders during development/revision of in-service training materials	Number of higher learning institutions supporting the stakeholders	MOH reports	MOH		
4.2.11.2.2. Involve higher learning institutions in the provision in-service training	Number of higher learning institutions involved in in-service training	MOH reports Higher learning institutions reports,	MOH	2011-2015	
Out put 4.2.11.3: Strengthened capacity of higher learning institutions to conduct sexual and reproductive health (SRH) researches	Higher learning institutions supported	MOH reports Higher learning institutions reports	MOH		Assumptions: Strong MOH and MOE partnership Higher learning institutions commitment Risks: Delay in curriculum revision
Activities					
4.2.11.3.1. Develop priority SRH research agenda and conduct research in collaboration with relevant stakeholders	SRH research issues identified SRH research conducted	Higher learning institutions reports MOH reports	MOE MOH	2011-2015	
4.2.11.3.2. Provide financial and technical support to higher learning institutions to conduct SRH related researches	Number of higher learning institutions supported to conduct SRH researches	Higher learning institutions reports MOH reports	MOE MOH	2011-2015	
4.2.11.3.3. Desing alternative mechanism to disseminate SRH related researches	Dissemination mechanism, publication, conferences	Higher learning intuitions reports MOH reports	MOE MOH	2011-2015	

4.3 Gender

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Outcome 4.3.1: Reduced gender disparity at all levels of the educational system			MOE	2011-2015	
Output 4.3.1.1: Increased participation of females at all levels of the formal educational system.	Proportion of female to male ratio in the formal education system at the primary, secondary and higher level.	MOE Educational Statistics Annual Abstract EDHS Reports Census Reports	MOE	2011-2015	Assumption: Budget allocated Availability of trained personnel Parents and community participation
Activities					
4.3.1.1.1 Provide counselling services to enable girls to make appropriate career choices	No. of girls received counselling services No. of career guidance teachers Career guidance materials	MOE Reports Study reports on school counselling services	MOE BOE	2011-2015	
4.3.1.1.2 Promote the participation of females in alternative basic education (ABE)	No. of alternative ABEs established No. of females participated in ABE	Education Statistics Annual Abstract(MOE) Survey reports	MOE BOE	2011-2015	
4.3.1.1.3 Provide counselling services in school to reduce attrition rate of female students	Number of girls who received counselling services. Proportion of female to male completing secondary education in schools with counselling services	MOE and BOE reports	MOE BOE	2011-2015	
4.3.1.1.4 Conduct orientation sessions and assertiveness training to female students enrolling in higher learning institutions.	No. of orientation sessions and assertiveness training to female students in higher learning institutions. No. of female students who benefited from the orientations and trainings	Report of higher learning institutions	Higher learning institutions	2011-2015	

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification	Responsible Institutions	Time Frame	Risk and assumptions
4.3.1.1.5 Establish/strengthen girls clubs to fight against early marriage and abduction	Number of girls' clubs established/strengthened to fight early marriage. No of girls' who escaped early marriage and abduction	BOE reports Mass organizations and CBO reports	MOE BOE	2011-2015	
4.3.1.1.6 Establish and strengthen early marriage and other HTPs prevention committee consisting of community leaders, teachers women association, youth association and others	No. of EM and HTP prevention committees established Number and type of activities undertaken to prevent HTP No. of girls who escaped from early marriage and other HTP	Women Youth and Children Affairs, Women Associations, CBO reports,	MOWYC WYC Bureaus	2011-2015	
4.3.1.1.7 Conduct community conversations (CC) on the importance of female education	No. CC conducted No. and type of community decisions and actions taken to promote girls education	. Study reports . WYC Bureaus Reports	MOWYC WYC Bureaus		
Output 4.3.1.2: Increased participation of females at all levels of the alternate educational system.	Proportion of females to males in the alternate education system Number of females who participated in the alternate education system	MOE and BOE reports	MOE, BOE	2011-2015	Assumption: Availability of adequate budget and capacity. Existence of infrastructure Risk: HTP, Lack of values for girls' education
Activities					
4.3.1.2.1: Establish literacy centres at community level.	Number of literacy centres established in each community.	MOE and BOE Reports, Research or Survey findings. EDHS	MOE, BOE	2011-2015	
4.3.1.2.2: Carry out advocacy/IEC at different levels to sensitize community members and gain support	Number of IEC/Advocacy session held in each community. No. and type of community support provided to promote adult literacy	Regional and Wereda Reports	BOE Wereda Education Office	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
4.3.1.2.3: Establish mobile schools in pastoralist areas.	No. of mobile schools established operating properly No. of boys and girls enrolled and continuing their education.	BOE and Wereda Education Office reports	MOE, BOE	2011-2015	
4.3.1.2.4: Establish community network to discuss on girls education	No. of and type of community network established and functional.	MOE, BOE Reports	MOE, BOE	2011-2015	
4.3.1.2.5: Create reward systems to encourage participation in mobile schools.	No. of people who received rewards and encouragement	MOE, BOE reports	MOE, BOE	2011-2015	
4.3.1.2.6: Provide support to enhance educational opportunities for pastoralists	Type and number of support given to pastoralists. No. of girls who received support to continue	BOE reports	BOE	2011-2015	
4.3.1.2.7: Conduct literacy training sessions for women.	No. of literacy trainings held No. of women participating in literacy sessions.	BOE reports	MOE, BOE		
4.3.1.2.8: Conduct community conversations (CC) to gain support for women's literacy.	No. of community conversations held. No. of community members who attended CC sessions No. and type of support provided on women's literacy	BOE reports	BOE	2011-2015	
4.3.1.2.9: Provide appropriate technology to reduce women's workload.	Type and number of appropriate technologies introduced	MOA reports	MOA	2011-2015	
Outcome 4.3.2: Enhanced women's access and control over economic resources.	Percentage of women who decide on the use of their income Number and percentage of women who have access to production inputs (land, credit, technology, skill training, etc)				

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Output 4.3.2.1: Improved opportunity of women to have economic resources and employment	<p>Percent of women and men employed in skilled and unskilled jobs</p> <p>Percent of un employed women and men</p> <p>Number of women engaged in male dominated jobs</p> <p>No. and percent of women employed in formal and informal sectors</p> <p>Percent of women employed in high paying managerial and professional positions</p>	<p>institutions,</p> <p>Labour force survey of CSA,</p> <p>Survey on Employment (CSA or MOLSA),</p> <p>Survey or Study on private sectors or industries,</p>	Indicated at		<p>Assumption:</p> <p>Improving women's economic opportunity is one of the priorities of Government</p> <p>Risk:</p> <p>Gender disparity</p> <p>Harmful traditional practices</p>
Activities					
4.3.2.1.1 Follow up the application of property right laws and regulations to improve women's to produce and decide on utilization of resources.	Land ownership registered in women's name or as joint holders of family holding and certificate issued.	Certificates issued by Administrations MOA, BOA reports Relevant survey report	MOA, BOA	2011 -2015	
4.3.2.1.2 Facilitate to ensure that rural women have access to agriculture inputs (land, credit, etc.)	Number of women with ownership rights to land and other assets. Number of institutions providing inputs No. of women who have access production inputs	MOA, Woreda reports Private sector reports	MOA, BOA	2011-2015	
4.3.2.1.3 Conduct training on entrepreneurship skill building for girls and women.	Number of women who received entrepreneurship building skills. Number of trained women entrepreneurs.	MOT, MOI, MOWYC, Regional Bureau reports, training institutions reports, private sector reports	MOT, MOI, BOT, BOI	2011-2015	
3.2.1.4 Provide micro-credit services	Number and percent of women who have access to credit services Number of women entrepreneurs	MOT, MOI, Regional Bureaus reports Micro Finance Institutions reports,	MOT, MOI, BOT, BOI	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
	Number of women employed in micro and small businesses				
4.3.2.1.5 Provide technical training (carpentry, metal work, engineering, etc.) to women to enable them participate in male dominated professions	Number of women/girls who received technical training Number of women engaged in male dominated Jobs/professions.	MOE, BOE reports Technical schools/College reports, Higher learning institution reports	MOE, BOE	2011-2015	
Output 4.3.2.2: Reduced Women's workload.	Proportion of women's time spent on activities other than household chores. (economic activities, leisure etc) Proportion of women's time spent on household chores	Time management Study report, Reports of CSA Surveys, Study and Research findings. Agricultural surveys and land use studies from different institution including higher learning institutions	MOWYC BOWYC	2011-2015	Assumption: Improved socio-cultural environment and commitment, Availability of resources and labour saving technology Risk: HTP
Activities					
4.3.2.2.1 Conduct Time Management Study and other relevant surveys to identify women's work load.	No. and type of studies conducted and disseminated Identified labour and time conditions	Study and Survey reports	MOLSA, MOWYC BOLSA, BOWYC	2011-2015	
4.3.2.2.2: Organize advocacy session at community level to promote male involvement in sharing household duties, including child care.	Number of advocacy sessions conducted to promote men/boys involvement Number and type of developed messages on male involvement in RH. Number and percent of community leaders, members, who participate in household chores	Reports from Woreda and BOWYCA, CSA Surveys Reports from responsible institutions	MOWYCA, BOWYCA,	2011-2015	
4.3.2.2.3 Promote responsible parenthood and male partnership in	Number and types of messages developed and disseminated			2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
domestic activities in school	different media channel Number of institution including media agencies involved in promoting male involvement	Print and audio visual Materials prepared for			
4.3.2.2.4: Organize training sessions to promote participation of boys in domestic activities.	Number of boys supporting male involvement in domestic activities	MOWYC, BOA	BOWYCA		
4.3.2.2.5: Conduct research to provide rural women with appropriate energy saving technologies.	Number and type of researches on appropriate time and labour saving technologies for women. Number and type of appropriate technologies identified.	MOA, IGS (AAU), and other higher learning institutions studies/research reports, MOWYC and Regional Bureaus reports	MOA, BOA	2011-2015	
4.3.2.2.6: Recognize and reward role model men and boys in domestic activities	Number of role model men and boys receiving rewards	School reports Community reports	MOWYCA, BOWYCA, BOE	2011-2015	
4.3.2.2.7: Introduce labour saving technologies (fuel saving stoves, grinding mills, kocho decorticators, etc)	Number and type of technologies introduced Number of women benefiting from labour saving technology	Reports of concerned government organizations	MOA, MOWYCA, BOWYCA	2011-2015	
4.3.2.2.8: Install water points in close proximity to the rural household	Number of water points installed near the rural household. Number of women benefiting from water points installation	MOWR, BOWR reports, Woreda reports	MOWR, BOWR	2011-2015	
Outcome 4.3.3: Improved women's participation in management and decision making.					
Output 4.3.3.1: Enhance role of women in leadership and decision making.	Proportion of women and men in leadership positions at all levels Percentage of women making decision at household levels community and institutional levels Percentage of women professionals, managers and leaders.	All sector ministries reports Survey reports from CSA Ministry of Federal Civil Service Report National Electoral Board Report Community reports	MOWYCA, BOWYCA	2011-2015	Assumption: Capacity Commitment Gender sensitivity Risk: Harmful traditional practices

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Activities					
4.3.3.1.1: Conduct a baseline survey on the leadership role of women or men	Survey or study reports Baseline information on leadership role of women and men at various levels obtained from survey	Survey document.	MOWYCA	2011-2015	
4.3.3.1.2: Conduct training on gender and leadership assertiveness and decision making	Number of trainings given to women Number women and men trained in leadership	Training Reports	MOWYCA, BOWYCA	2011-2015	
4.3.3.1.3: Advocacy to opinion leaders on leadership and decision making	Number of advocacy training conducted. Number of opinion leaders reached	Developed Messages, Woreda and NGOs reports	MOFED	2011-2015	
4.3.3.1.4: Conduct experience sharing sessions through role models and communities.	No of experience sharing programs conducted. No of participants who benefited from the experience sharing of role models Number of role models identified,	Meeting reports and Monitoring Reports	BOWYCA, Wereda WYCA Office Women's Associations	2011-2015	
4.3.3.1.5: Conduct leadership training for disabled men and women	No of leadership training conducted for disabled women and men No of disabled men and women trained.	Training reports	MOFED	2011-2015	
4.3.3.1.6: Documentation on role models in women's leadership	No of role models identified and documented.	Document on women and men role modes	MOWYCA BOWYCA	2011-2015	
Output 4.3.3.2: Enhanced women's participation in the management of natural resource and environment	No and type of women and men's indigenous knowledge recognized and documented. No and percentage of men and women, with skills on natural resource management Number of environmental activities conducted by women	Reports of Environmental Protection Authority Report of MOA	Environmental Protection Authority MOA, BOA	2011-2015	Assumption: Gender Sensitivity Budget Availability of appropriate HTPs

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Activities					
4.3.3.2.1: Collect , compile and disseminate information on indigenous knowledge of men and women on natural resources and environmental management	No of compiled documents on indigenous knowledge No of people who receive information on indigenous knowledge	Compiled documents, Environmental Protection and others	MOA, BOA Environmental Protection	2011-2015	
4.3.3.2.2: Introduce modern technologies to women and men that saves energy and time (Water points, Biogas, etc)	Number and types of technology introduced to women and men Number of men and women using environmental friendly technologies	Reports on distribution and use of introduced modern technology	MOA,BOA Environmental Protection Authority	2011-2015	
4.3.3.2.3: Conduct training on management of natural resources and environment	Number of trainings conducted Number of women and men trained in resource management	Training reports	MOA, BOA Environmental Protection Authority	2011-2015	
4.3.3.2.4: Conduct research to identify the impact of environmental problems affecting women.	Type of identified environmental problems affecting women Types of interventions undertaken to minimize risks of environmental problems on women	MOWYCA Reports Environmental Protection Agency reports	Environmental Protection Authority	2012-2015	
Outcome 4.3.4: Reduced vulnerability of girls/women and children under difficult circumstances, to GBV, HTPs and STI/HIV/AIDS					
Output 4.3.4.1: Reduced vulnerability of women and girls to HIV/AIDS, HTP and GBV.	Number and type of programs integrating gender into HIV/AIDS and RH/FP Number of women and girls with capacitated in decision making and negotiation skills on safe sex Number of GBV and HTP cases reduced in the community	MOWYCA and HAPCO reports	MOWYCA	2011-2015	Assumption: Budget Capacity Commitment Gender sensitivity Risk: HTPs Economic and social status of women

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Activities					
4.3.4.1.1: Conduct training to media personnel on gender issue, GBV, Reproductive health and rights, HTPs, HIV/AIDS	No. of training conducted, No. of media personnel trained, No. of messages prepared by the media on gender issues, GBV, HTP, HIV/AIDS	Training reports, TV and Radio programmes and messages, newspaper column.	MOWYCA	2011-2015	
4.3.4.1.2: Conduct training on counselling and home based care for women and men	No. of men and women trained in counselling and home based care. No. of trained men and women providing counselling and home based care.	MOH and BOH reports.	MOH	2011-2015	
4.3.4.1.3: Conduct training on gender and HIV/AIDS	No of trainings conducted on HIV/AIDS and Gender No. of women and men practicing safe sex Number of male and female trained	Training reports	MOWYCA BOWYCA	2011-2015	
4.3.4.1.4: Mainstreaming Prevention of HIV/AIDS, HTP and GBV into activities at community level	No of community leaders/members addressing HIV/AIDS, HTPs and GBV activities in their communities. No of activities in the community addressing HIV/AIDS, HTPs	Reports of responsible bodies	MOWYCA, BOWYCA	2011-2015	
4.3.4.1.5: Train Health Extension Workers to protect women's and girls' RH rights in the area of gender based violence, HIV/AIDS and other HTPs.	Number of HEWs trained on RH rights, gender and HIV/AIDS and HTPs. Number of activities conducted by HEWs in relation to protection of women's and girls RH rights.	Training Reports	MOH	2011-2015	
Output 4.3.4.2: Reduced vulnerability of women, girls and boys in difficult circumstances (i.e. orphans, displaced, migrants from trafficking, HIV/AIDS, drug abuse)	Number of children and women in difficult circumstances Vulnerability of women, girls and boys in difficult circumstances	Survey reports	BOLSA		Budget Collaboration Coordination Risk: HTPs

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Activities					
4.3.4.2.1: Conduct research to identify the situation and needs of women , girls and boys in difficult circumstances	Type and number of research conducted Gaps identified		MOLSA, BOLSA	2011-2015	
4.3.4.2.2: Establish rescue/shelter homes for women, girls and boys under difficult circumstances	Number of rescue homes established Number of women, girls and boys in difficult circumstances who received service	Reports of responsible bodies	MOLSA, BOLSA,	2011-2015	
4.3.4.2.3: Provide support to girls in difficult circumstances to continue their education	Number of girls under difficult circumstances who received support Percentage of girls who continued school among those who received support	MOE, ROE reports	MOE	2011-2015	
4.3.4.2.4: Provide skill training and seed money to women in difficult circumstances	Number of women in difficult circumstances who received skill training and received seed money	Reports of responsible bodies	MOLSA	2011-2015	
4.3.4.2.5: Train men and women in conflict management	Number of men and women trained in conflict management	MO Federal Affairs Reports	MO Federal Affairs.	2011-2015	
Output 4.3.4.3: Increased community involvement in addressing women's and girls' right in the area of gender based violence and HTP	Percentage of HTPs and GBV incidence in communities	EDHS, BOWYCA reports	MOWYCA BOWYCA	2011-2015	Assumption: Budget, Collaboration Coordination Risk: HTPs Commitment
Activities					
4.3.4.3.1: Build capacity of community groups working on gender issues, HTPs, GBV, RH rights etc. through training and experience sharing	Number of trainings and experience sharing forums organized at community level Number of trained community members who benefited from experience sharing.	Wereda and CBO reports , Women's Affairs Offices at Wereda level reports	Wereda Administrations and Wereda Women's Affairs Offices	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
	No of community groups who received technical and material support				
4.3.4.3.2: Enhance community skill to mobilize local resource	Number of skill trainings organized for community groups on resource mobilizing Efforts made to by communities to mobilize resources	Wereda Administraiton reports	Wereda Administrations Offices	2011-2015	
4.3.4.3.3: Strengthen associations women and youth clubs promoting gender issues through providing support (place, materials, technical)	Type of support provided to associations and clubs Number associations and clubs supported	Reports from responsible Institutions	MOWYCA	2011-2015	
4.3.4.3.4: Recognize community groups, community leaders, schools, individuals, etc. that promote gender issues.	Number of organizations and individuals identified and rewarded for promoting gender issues. No. of community leaders, groups and schools rewarded	Reports of responsible institutions.	MOWYCA Regional Governments, Wereda Administrations	2011-2015	
Outcome 4.3.5: Improved institutional capacity to integrate gender issues and enforce gender sensitive policies and laws					
Output 4.3.5.1: Gender issues in sector plans, strategies, programmes and projects mainstreamed.	Sector plans, strategies, programmes and projects which have integrated gender issues.	Gender sensitive plans, strategies, programmes and projects.	MOWYCA, Regional Offices	2011-2015	Assumption: Capacity Commitment Budget Availability of Trainers
Activities					
4.3.5.1.1 Develop/revise Gender Mainstreaming Guideline	Gender Mainstreaming Guideline	Developed/Revised guideline	MOWYCA, BOWYCA	2011-2012	
4.3.5.1.2: Conduct training of managers, professionals, and support staff in the areas of gender and development.	Number of professionals, managers and support staff trained in gender and development	Training reports,	MOWYCA		

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
	No. of professionals, managers and support staff who integrate the gender dimension in their plans and programmes				
4.3.5.1.3: Organize training programmes to Federal and regional parliamentarians, and policy makers in gender and development.	Number of parliamentarians, and policy makers who received training in gender and development.	Training reports	MOWYCA, Women in all sectors, children and youth affairs departments, BOWYCA	2011-2015	
4.3.5.1.4: Assign gender expert in different institutions to coordinate gender issues.	Number of institutions with gender expert placed. Number of institutions with gender integrated in their plan	Reports	MOWYCA,	2011-2015	
4.3.5.1.5: Collect analyze and disseminate gender disaggregated data	Number of institutions producing and using disaggregated data. Available and accessible gender disaggregated data	National Dev plans, CSA survey and census reports	CSA	2011-2015	
4.3.5.1.6: Undertake research on gender and development.	Number of institutions conducted research on gender and development Number and kind of researches conducted and disseminated on gender and development	MOWA reports, Institute of Gender Studies and reports	Institute of Gender Studies ,AAU	2011-2015	
4.3.5.1.7: Monitor and follow up the integration of gender issues in sector plans, strategies, programmes and projects.	Developed guidelines for monitoring integration of gender issues into development plan Monitoring system put in place. Number of monitoring activities conducted	Guidelines, System Established, Monitoring reports	MOWYCA/Office s and Departments, BOWYCA	2011-2015	
4.3.5.1.8: Establish /strengthen networks among institutions working in the area of gender.	Number of experience sharing fora organized Number of networks established and strengthened. Number and type of joint activities conducted	Reports of meetings and joint activities.	MOWYCA, BOWYCA	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification MOV	Responsible Institutions	Time Frame	Risk and assumptions
Output 4.3.5.2: Strengthened the enforcement mechanisms for National Women Affairs Action Plan of Action, Women's Development Package, Gender related laws, protocols and guidelines.	Number of Institutions strengthened to implement and execute laws, policies and guidelines	Sector Ministries reports,	MOWYCA, BOWYCA, All sector ministries,	2011-2015	Assumptions: Budget Capacity Commitment
Activities					
4.3.5.2.1: Conduct needs assessment on women institutional capacity to implement (infrastructure, human resources, finance, technology) National Plan of Action, gender equity, women package, gender related laws, protocols, guidelines.	No. of needs assessment conducted. Needs identified	Need assessment reports	MOWYCA	2011/2012	
4.3.5.2.2: Based on the needs assessment results build the capacity of institutions to implement gender related policies and programs	Number of trainings conducted Number of institutions equipped with necessary facilities Budget allocated	MOWYCA, BOWYCA reports, MOFED report and all other sectors reports	MOWYCA, MOFED, BOWYCA, BOFED and all other sectors	2011-2015	
4.3.5.2.3: Disseminate existing gender related documents among responsible agencies to all relevant target groups using various strategies (print, electronics, website, traditional media)	Number and type of documents distributed Number of forums organized to disseminate gender related information including laws and plans Number and type of stakeholders who received the information	MOWYCA and BOWYCA reports all other sectors reports	MOWYCA BOWYCA	2011-2015	
4.3.5.2.4: Support the establishment and strengthening of networks and coalitions on gender	Number of networks established and strengthened No and type of meetings held	MOWYCA, BOWYCA reports	MOWYCA, BOWYCA	2011-2015	

4.4 Population Information Education & Communication/Behaviour Change Communication and Advocacy/POP/IEC/BCC/Advocacy

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible	Timeframe	Risk and Assumptions
Outcome 4.4.1: Enhanced implementation of National Population Plan of Action (NPPoA)	<ul style="list-style-type: none"> - Population issues incorporated into Federal, sector ministries and regional bureaus plan - Existence of Policy and decision makers aware of population issue - Number and types of issues identified and successfully advocated - Number and Types of IEC/BCC materials produced - Number of institutions strengthened enabling them to undertake IEC/BCC interventions 	<ul style="list-style-type: none"> - Development plans and reports - Feedback - Proceedings - Observation 	<ul style="list-style-type: none"> - MOFED - BOFED 		<ul style="list-style-type: none"> - Commitment of concerned organizations - Financial resources
Output 4.4.1.1: Gained support and commitment of policy and decision makers on implementation of the National Population Plan of Action.	<ul style="list-style-type: none"> - Population Council established at all levels - Sufficient budget allocated and utilized for population 	<ul style="list-style-type: none"> - Budget statement - Minutes and letters - Reports and feedbacks - Observation - Mass Media coverage 	<ul style="list-style-type: none"> MOFED BOFED 	2011-2015	<ul style="list-style-type: none"> Assumptions - Commitment of concerned organizations - Financial resource
Activities					
4.4.1.1.1 Lobbying (face-to-face, letters, etc) decision makers at federal and regional levels to mainstream population issues into their development plans	<ul style="list-style-type: none"> - Number of sectoral ministries & regional bureaus incorporated population issues into their development plans - Number of discussions conducted 	<ul style="list-style-type: none"> - Development plans - Achievement reports - Joint meetings - Minutes 	MOFED	2011-2015	
4.4.1.1.2 Conduct sensitization activities (panel discussions, seminars, workshops) for decision makers at federal and regional levels concerning the establishment of population councils at different levels (Federal, Regional, and Woreda)	<ul style="list-style-type: none"> - Number of sensitization workshops conducted - Population Council established at various levels 	<ul style="list-style-type: none"> - Observations - Population Council established 	MOFED, BOFED	2011-2012	
4.4.1.1.3: Convince decision makers on adequate allocation of budget for population programme implementation	<ul style="list-style-type: none"> - Number of decision makers convinced - Amount of budget allocated and utilized 	<ul style="list-style-type: none"> Reports presented to National Population Council Budget Report Financial plan 	MOFED	2011-2012	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
Output 4.4.1. 2: Enhanced capacity building of implementing bodies at different levels to accomplish population IEC/BCC and advocacy interventions	-Number of experts trained in IEC/BCC and Advocacy interventions - Number of implementing institutions strengthened with essential equipments - Number and types of materials developed& disseminated	-Training Reports -Training materials -M+E reports -Inventory -No. of participants	MOFED	2011-2015	Assumptions -Commitment of concerned organizations -Financial resource
Activities					
4.4.1.2.1: Conduct assessment of knowledge gaps and needs of implementing bodies on IEC/BCC and Advocacy interventions	- Assessment conducted	-Observation -Assessment report	MOFED BOFED Higher learning institutions	2011	
4.4.1.2.2: Organize and conduct trainings in and out of the country on IEC/BCC message development and Advocacy skills	- Number and types of training materials produced& disseminated - Number of Trainings provided - Number of trainees	-Training manual -Training report - No. of participants	MOFED BOFED Higher learning institutions	2011-2015	
4.4.1.2.3: Development of multi-media IEC/BCC and advocacy material	- Number and types of materials developed and disseminated	-Copies of materials - Reports	MOFED BOFED	2011-2015	
4.4.1.2.4: Provide material and technical assistance to institutions directly involved in the implementation of IEC/BCC and Advocacy activities	-Types of material of technical assistances provided - Number of implementing institutions supported	-Observation - List of materials - M & E reports -Feedback	MOFED BOFED	2011-2015	
4.4.1.2.5: Organize and implement in and out of country study tours for experience sharing	- Number of study tours organized -Number of participants	- Study tour report -Feedback	MOFED BOFED	2012	
Outcome 4.4.2: Support and commitment gained for data generation, dissemination and utilization of disaggregated data for policy and programme development	<ul style="list-style-type: none"> • No of Advocacy forums organized • Number and types of Advocacy materials produced& disseminated • Number of successfully undertaken advocacy interventions • Amount of budget allocated and utilized • Law enacted on Vital Registration 	-Performance reports -M&E reports -Survey reports - Mass Media coverage reports -Disaggregated data	MOFED BOFED CSA	2011- 2015	Assumption: Commitment of concerned organizations Financial resources

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
Output 4.4.2.1: Increased commitment and support of government, community and opinion leaders as well as development partners for generation of population data	-Amount of budget allocated and utilized - Number of advocacy sessions conducted - Sectoral ministries & regional bureaus incorporated population issues	-Budget statement - Monitoring & evaluation report	-MOFED -CSA	2011-2015	Assumption: Commitment of concerned organizations
Activities					
4.4.2.1.1: Organize different advocacy forums at different levels to secure adequate financial supports	-Number of advocacy sessions conducted -Number and type of advocacy materials produced -Budget allocated and utilized	- Collection of advocacy materials -Periodic reports -Sessions reports -M&E reports	MOFED -CSA	2011-2015	
4.4.2.1.2 Lobbying (face-to-face, letters, etc) decision makers at Federal and regional levels to mainstream population issues into their development plan	- Number of sector ministries and regional bureaus incorporated population issues into their development plan	-Joint meetings minutes -Development plans and reports -Feedback	MOFED BOFED	2011-2015	
Output 4.4.2.2: Increased awareness level on the availability and utilization of population data	-Number of Institutions using demographic data - Number of disaggregated population data (age, sex) disseminated -Number and types of IEC/BCC materials produced & disseminated -Number of Assessment conducted	-Report -Copy of materials -Proceedings -Assessment report	MOFED BOFED	2011-2015	
Activities					
4.4.2.2.1: Disseminate population data to concerned stakeholders for plan implementation and decision making	- Type and number of disaggregated population data disseminated	-Reports -List of distributed data - Copy of distributed data	-MOFED -CSA	2011-2015	
4.4.2.2.2: Assess gaps, problems and opportunities related to availability and proper use of population data	-Number of assessment conducted	-Field observation Report -Copy of the assessment	-MOFED -BOFED	2013	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
4.4.2.2.3: Conduct series of awareness creation sessions on availability and utilization of population data	-Number of series of sessions conducted -Number and types of IEC materials produced and disseminated	-Proceedings -Materials Report -Feedback - Number of participants	MOFED	2011-2015	
Output 4.4.2.3: Increased advocacy efforts to gain support and commitment of policy and decision makers to establish vital registration system	-Number of Advocacy forums conducted for policy makers to support enactment of law -Budget allocated - Law on vital registration enacted	-Proceedings -Mass Media coverage reports	-MOFED -BOFED	2011-2012	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.2.3.1: Conduct advocacy sessions which enable the establishment of vital registration system	- Number of sessions conducted - Number of participants	-No. of participants -Advocacy materials -Session reports	MOFED BOFED	2011	
4.4.2.3.2: Form advocacy networks at federal & regional levels to foster establishment of vital events registration system	- No of Advocacy networks formed	-Minutes -Memorandum of understanding (MoU) -Term of Reference (ToR)	-MOFED -BOFED	2011	
4.4.2.3.3: Organise discussion forums at different levels on the importance of vital events registration system	-Number of forums conducted -Number of participants	-Reports -Proceedings	CSA MOFED BOFED	2011-2015	
Output 4.4.2.4: Increased awareness at all administrative levels about the importance of vital events registration system	-Percent of people utilizing vital events registration -No of materials produced & disseminated	- Registration record - Reports -Copies of materials - Feedback	MOFED BOFED CSA	2011-2015	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.2.4.1: Launch the established vital events registration system	- No of launching sessions -No of participants	- No.of Participants -Report -Feedback -Evaluation	MOFED BOFED	2011	
4.4.2.4.2: Organise awareness creation workshops and meetings at different	-No of workshops and meetings - No of participants	-No. of Participants -feedback	-MOFED -BOFED	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
levels to promote the vital events registration system		-Meeting reports -Observations			
4.4.2.4.3: Produce and disseminate multi-media materials to promote the importance of the vital events registration system	-No & types of materials produced & disseminated -No of monitoring and evaluation conducted on the importance of IEC materials	-Copies of materials -Material utilization report	MOFED EPA	2011-2015	
Outcome 4.4.3: Enhanced awareness on Population and development, Environment and Nutrition	<ul style="list-style-type: none"> No. of awareness creation workshops and meetings conducted Type and number of IEC/BCC materials produced and disseminated 	<ul style="list-style-type: none"> Proceedings Consultative meeting reports Evaluation reports Survey report 	MOFED EPA	2011- 2015	Assumption: Commitment of concerned organizations Financial resources
Output 4.4.3.1: Enhanced awareness on population, development & environment issues for the community	<ul style="list-style-type: none"> No of communities made aware No of IEC materials produced & disseminated No of workshops conducted 	<ul style="list-style-type: none"> Feedback Observation Media coverage Copies of materials 	MOFED BOFED EPA	2011-2015	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.3.1.1: Conduct awareness creation workshops at different administrative levels on the inter-relationship between/among population, development and environment issues	-No of workshops -No of participants	-Workshop reports -Feedback -Observation	MOFED BOFED EPA	2011-2015	
4.4.3.1.2: Produce IEC materials on population, development, and environment and disseminating through electronic and print media	-Number & types of IEC materials produced & disseminated -No and type of program aired out	-Feedback -Observation -Mass Media Coverage	MOFED BOFED EPA	2011-2015	
Output 4.4.3.2: Increased knowledge of the general public on nutrition needs and requirements	-Percent of knowledgeable public -Number & types of materials produced -Number of workshops conducted	-Report -Feedback -Type and number of materials	MOH	2011-2015	Assumption: Commitment of concerned organizations Financial resources

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
Activities					
4.4.3.2.1: Strengthen the capacity of the health and agricultural extension workers to promote community awareness level on nutrition needs	-Number of trained personnel -Number of training forum	-Performance report -Observation -Feedback	MOA MOH	2011-2015	
4.4.3.2.2 Integrate nutrition component in agricultural and health extension programs	-Number and type of packages integrating nutrition issues	-Reports -Feedback -Observation	MOA MOH	2013	
4.4.3.2.3: Developed, produced and disseminated on nutrition to be utilized by the extension workers	-Number and types of materials developed and disseminated	-Report -Community feedback	MOA MOH	2011-2015	
Outcome 4.4.4: Ensured Rights of persons with disabilities to participate in political, social and economic spheres	-Percentage of people with disabilities participated in political, economic and social spheres - Number of advocacy and training sessions conducted	-Survey reports	MOLSA MOJ	2011-2015	Assumption: Commitment of concerned organizations Financial resources
Output 4.4.4.1: Improved support of the policy and decision makers to enable disabled persons play political, social and economic roles	-No of lobbying sessions conducted - No of multimedia materials produced and disseminated	Reports Copies of materials	MOLSA	2011-2015	Assumption: Commitment of concerned organizations Financial resources
Activity					
4.4.4.1.1: Lobbying policy and decision makers on the rights of persons with disabilities	Number of policy and decision makers convinced	-Minutes -Observation -Media Coverage	MOLSA	2011-2015	
4.4.4.1.2: Organize advocacy workshop on the rights of persons with disabilities	Number of workshops conducted Number of decision makers participated	Report No of participants Observation Mass Media	MOLSA	2011-2015	
4.4.4.1.3: Employ multi-media communication channels to raise	Programs communicated through multi outlets		MOLSA Association of	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
community awareness on the rights of persons with disabilities		Mass Media coverage	Persons with Disabilities Media Devpt Partners		
Output 4.4.4.2: Increased public knowledge on the Rights of persons with disabilities	Number of awareness creation forum	Registration Record Mass Media coverage Feedback			Assumption: concerned organizations Financial resources
4.4.4.2.1: conduct awareness creation sessions on the Rights of persons with disabilities	Proportion of communities sensitized Number sessions conducted	Reports No. of participants Observation Feedback	MOLSA	2011-2015	
4.4.4.2.2: Sensitise media personnel on the needs and rights of Persons with Disabilities	Number of media personnel sensitized Number of sensitization sessions organized Number of media programs on rights of persons with disabilities	Reports No. of participants Observation Feedback Media coverage	MOLSA	2011-2015	
4.4.4.2.3: Increase awareness of the law enforcing bodies to protect the rights of persons with disabilities	Number of law enforcing bodies sensitized Number of sensitization sessions conducted	Observation Reports Feedback Mass Media coverage	MOLSA	2011-2015	
Outcome 4.4.5: Increased demand for, and utilization of RH/STI/HIV/AIDS information and services of the community	- Levels of comprehensive knowledge of the community on RH/FP, HIV/AIDS and STIs - Levels of service utilization -Types and number of materials produced and disseminated -Proportion of male involvement in RH/FP	- DHS - Health Facility Reports -Observation -Mass Mass Media coverage -Behaviour change studies	MOWYCA MOH MOE Regional Bureaus	2010-2016	Assumption: Commitment of concerned organizations Financial resources

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
Output 4.4.5.1: Improved health seeking behaviour in accessing RH services, focusing on contraceptives, ANC, PNC, EOC	-% of people in reproductive age (15 - 49) utilising service delivery points -Number of Community Conversation sessions conducted -Number & type of IEC/BCC materials produced & disseminated	Reports Type and number of materials Feedback	MOH	2011-2015	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.5.1.1: Conduct series of Community Conversations(CC)	-Number of CC sessions conducted -Number of CC participants	Field Reports Feedback	MOH	2011-2015	
4.4.5.1.2: Develop and disseminate IEC/BCC materials and messages	-Number and type of IEC/BCC materials produced and disseminated	Reports Observation Dissemination records	MOH		
4.4.5.1.3: Increased use of role models/satisfied clients to sensitize community on health seeking behaviour	Number of role models/satisfied clients Number of individuals sensitized Number of community conversation with models	Field reports Observation Media coverage	MOH RHB	2011-2015	
4.4.5.1.4: Employ multi media communication outlets to create awareness using production of inter-educate serial dramas, radio and TV messages, use of folk media	No of media communication materials produced and disseminated Types and number of programs for media outlets Proportion of people sensitized	Field Reports Observation Type and number of materials	MOH	2011-2015	
Output 4.4.5.2: Community empowered to demand reproductive health services	-No. of community groups empowered to demand RH services - No. and types of multi-media IEC/BCC materials produced and disseminated - Number of advocates	Feedback Reports Types and numbers of materials	MOH	2011-2015	Assumptions Commitment of concerned organizations Financial resources
4.4.5.2.1 Develop and disseminate multi media IEC/BCC materials	No and types of multi-media IEC/BCC materials produced & disseminated	-Reports -Observation	MOH	2011-2015	
4.4.5.2.2: Organize discussion forums at community levels to sensitize and gain support from influential/opinion leaders on RH services	No. of influential/ opinion leaders attended the discussion forums No. of discussion forums organized	Reports Feedback	MOH	2011-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
4.4.5.2.3: Organize advocates at community level on RH services	Number of advocates	Field reports Feedback	MOH	2011-2015	
Output 4.4.5.3: Increased male involvement in RH/FP	- Percent of males with positive attitude to RH/FP	DHS report Service Statistics	MOH	2011-2015	Assumptions Cultural barriers Financial Resource
Activities			MOH		
4.4.5.3.1 Produce and distribute multi-media materials and messages on involvement of male in RH/FP	No. of multi-media materials produced and disseminated	Reports Records	MOH	2011-2015	
4.4.5.3.2 Conduct community level discussion on the role and participation of male in RH/FP	No. of community level discussions conducted No. of males participated	Reports Records Observation Feedback	MOH	2011-2015	
4.4.5.3.3 Use of male role models to sensitize the community on the participation of men in RH/FP	- No. of male role models to strengthen male involvement -No. of males sensitized	Reports Records Feedbacks Observation	MOH	2011-2015	
4.4.5.3.4 Conduct sensitisation and mobilisation sessions to strengthen participation of males in RH/FP	-No. of Sessions conducted No. of males participated	Reports Records Feedbacks Observation	MOH	2011-2015	
Output 4.4.5.4 : Increased comprehensive knowledge on Family planning	Percent of community groups with comprehensive knowledge	DHS Report Performance reports	MOH	2011-2015	Assumptions Commitment of concerned organizations Financial resources
Activities			MOH	2011-2015	
4.4.5.4.1: Conduct community level discussions on family planning	No. of discussions conducted at community level No. and types of participants	Reports No. of Participants Feedbacks Observation	MOH	2011-2015	

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
4.4.5.4.2: Develop and disseminate IEC/BCC materials on FP in local languages through multi media channels	No. and types of IEC/BCC materials produced and distributed	Reports Feedbacks Copies of materials	MOH	2011-2015	
4.4.5.4.3: Train voluntary RH/FP educators and promoters	No. of trained voluntary RH/ FP educators and promoters	Reports Records, tapes Attendance Observation Feedback	MOH	Periodic	
Output 4.4.5.5: Increased comprehensive knowledge on HIV/AIDS and STIs	-Percent of community with comprehensive knowledge -No. of government sectors mainstreamed HIV/AIDS in their action plans	DHS, BCS Reports Feedback Mass Media coverage	MOH	2011-2015	Assumptions Commitment of concerned organizations Financial resources
Activities					
4.4.5.5.1: Conduct community level discussions on comprehensive HIV/AIDS and STIs issues	No. of community level discussions conducted Percent of people reached	Reports Records Observation Feedback	MOH	2011-2015	
4.4.5.5.2: Develop and disseminate multi media IEC/BCC materials in local languages on HIV/AIDS and STIs	No. and types of multi-media IEC/BCC materials produced and disseminated	Reports Observation Feedback	MOH	2011-2015	
4.4.5.5.3: Conduct sensitization sessions through school clubs, associations and CBOs	No. of sensitization sessions held No. of people sensitized	Reports Observation Feedback	MOH	2011-2015	
4.4.5.5.4: Advocate for Sectoral Ministries and Bureaus to mainstream HIV/AIDS in their plan	No. of government sectors mainstreamed HIV/AIDS prevention and control in their plan	EDHS Reports Feedback Observation	MOH	2011-2012	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
4.4.5.5.5: Train voluntary Anti-HIV/AIDS promoters	No. of promoters trained	-Training modules -No. of Participants -Feedback -Reports	MOH		
Output 4.4.5.6: Reduced stigma to increase users of HIV VCT, treatment, care and support	Number of users HIV VCT/Care/ support services.	EDHS Field reports	MOH	2011-2015	Assumptions: Cultural barriers Financial resource
Activities					
4.4.5.6.1: Conduct community level discussions on stigma	No. of community level discussions conducted No. of participants	Field reports Observations Feedback	MOH	2011-2015	
4.4.5.6.2: Develop and disseminate multi-media IEC/BCC materials on stigma in local languages	No and types of IEC/BCC materials produced and disseminated	Reports Copies of materials	MOH RHB	2011-2015	
4.4.5.6.3: Conduct sensitization sessions through school clubs, associations and CBOs	No. of sensitization sessions held No. of people sensitized	Reports Observation Feedback	MOE RHB	2011-2015	
4.4.5.6.4: Establish support groups for care and support of people living with HIV/AIDS (PLWHA)	No. of support groups established	Reports Observation Feedback	MOH RHB	2011-2015	
Output 4.4. 5.7: Increased commitment and support for the implementation of the RH and adolescent and youth RH (AYRH) Strategies	No. of advocacy activities conducted No. of policy and decision makers committed	Guidelines Mass Media coverage Report Observation	MOWYCA	2012	Assumptions Commitment of concerned organizations Financial resources

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
Activities					
4.4.5.7.1: Organize panel discussions for decision makers at national and regional levels on the implementation of the RH and AYRH strategies	No. of panel discussions conducted No. of decision and policy makers participated	Observation Feedback Mass Media coverage Reports	MOWYCA	2012	
4.4.5.7.2: Develop media advocacy messages supporting the implementation of the RH and AYRH strategies	Number of advocacy events conducted Number of advocacy messages developed	Observation Feedback Mass Media coverage Reports	MOWYCA	2012	
Outcome 4.4.6: Commitment and support gained for strengthening and integrating POP/FLE in Education and training Institutions.	<ul style="list-style-type: none"> No. of lobbying and sensitisations workshops conducted No. and Types of Advocacy materials produced No of issues identified and integrated in curriculum 	<ul style="list-style-type: none"> Survey reports Performance reports Monitoring and Evaluation reports 	MOFED MOE	2012	Assumptions Commitment of concerned organizations Financial resources
Output 4.4.6.1: Commitment and support of policy and decision makers increased to integrate POP/FLE in higher education and TVET curriculum and Continuous Professional Dev't (CPD)	-Availability of Pop/FLE integrated curriculum and CPD	Report Text books CPD document Curriculum	MOA MOFED MOE	2012	Assumptions Commitment of concerned organizations Financial resources
Activities					
4.4.6.1.1: Lobby policy and decision makers/stakeholders to get commitment and support for POP/FLE curriculum development	-No of policy and decision makers lobbied and committed	Report Feedback Curriculum	MOE	2012	
4.4.6.1.2: Advocate to integrate POP/FLE in Continuous Professional Dev't (CPD) program	-No of policy and decision makers lobbied and committed	Report Feedback CPD document	MOE	2012	
4.4.6.1.3: Conduct sensitisation workshops on integrating POP/FLE issues into curriculum	- Number of sensitization workshops conducted	Workshop report Evaluation Feedback			

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible Agency	Timeframe	Risk and Assumptions
4.4.6.1.4: Identify POP/FLE issues to be included in the curriculum	POP/FLE issues identified	Report Meeting minutes Feedback	MOE	2011-2012	
4.4.6.1.5: Develop and pre-test POP/FLE integrated curriculum	-Developed and Pre-tested POP/FLE curriculum	Proceeding Feedback Observation	MOE	2013	
4.4.6.1.6: Launch the POP/FLE integrated curriculum	-Launching session -No of participants	Report Feedback Proceedings	MOE	2013-2015	
Output 4.4.6.2: Strengthened implementation of the integrated POP/FLE curriculum in primary and secondary schools	-No. of teachers trained in integrated POP/FLE -No and types of materials produced & disseminated - Number of activities performed by school in population clubs	Reports No. of Participants Observation Feedback	MOE	2011-2015	Assumptions Commitment of concerned organizations Financial resources
Activities					
4.4.6.2.1: Provide training & support to Regional Education Bureaus experts to develop region specific POP/FLE materials	- Number of personnel trained -Types of supports provided	Attendance Observation Feedback Report	MOE MOFED	2011-2015	
4.4.6.2.2: Produce and disseminate POP/FLE materials to schools	-Number and types of materials produced & disseminated - Number of schools accessing the materials	-Distribution List -Copies of materials -Feedback - Observation	MOE MOFED	2011-2015	
4.4.6.2.3: Conduct training for teachers and population club leaders on POP/FLE	-Number of teachers and club leaders trained -No of training sessions conducted	Training Report No. of Participants Feedback Observation	MOE	2011-2015	
4.4.6.2.4: Strengthen and establish POP/FLE clubs	-Number of population clubs established & strengthened	M&E Report Feedback Observation	MOE	2011-2015	
Output: 4.4.6.3: Population and family planning elements integrated in agricultural extension training program	Type and number of population and family planning elements integrated in agricultural extension curricula	Curricula of agricultural training institutes	MOA	2012-2015	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
Activities					
4.4.6.3.1: Conduct needs assessment to identify gaps in agricultural extension training programs on population and FP issues	Needs assessment report	Report Feedback Observation	MOA MOFED	2011	
4.4.6.3.2: Conduct workshops on the need to integrate POP/FP issues into agricultural extension programs and services	Number of workshops conducted Number of participants	Workshop reports List of participants Feedback Observation	MOA	2012	
4.4.6.3.3: Develop manuals and training materials to integrate POP/FP issues	Number of training manuals and materials	Copies of Manuals and materials	MOA	2013	
4.4.6.3.4: Provide training of trainers to ensure the integration POP/FP in agricultural extension training program	Number of training of trainers conducted Number of staff trained	Reports List of participants Observation Feedback	MOA	2014	
4.4.6.3.5: Integrate POP/FP issues into agricultural extension syllabus	Integrated POP/FP in agricultural extension training syllabi	Syllabi Report	MOA	2014-2015	
4.4.6.3.6: Train teachers of agricultural training institutions on POP/FP	Number of teachers trained	Training reports Attendance Observation Feedback	MOA	2014-2015	
Outcome 4.4.7: Enhanced response and support from the community to take action to address gender-related issues	Number of community-initiated actions on HTPs and other gender-related issues. Type of support received from CBOs, Law-enforcement bodies	-Activity reports -Monitoring and Evaluation reports	MOWYCA	2014-2015	Assumptions Commitment of concerned organizations Financial resources
Output 4.4.7.1: Increased level of awareness of the community on gender issues	Percent of community made aware of gender issues	Survey reports M&E reports	MOWCA	2011-2015	Assumptions Commitment of concerned organizations Financial resources

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Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of Verification	Responsible body	Timeframe	Risk and Assumptions
Activities					
4.4.7.1.1: Conduct assessment to identify gaps on awareness level on gender issues	Assessment Report	Assessment result document Feedback	MOWYCA	2011	Assumption: Commitment of concerned organizations Financial resources
4.4.7.1.2: Conduct series of awareness creation workshops and community conversations on gender issues	No. of workshops conducted No. of community conversations held	Report Feedback Observation Mass Media coverage	MOWYCA	2011-2015	
4.4.7.1.3: Produce & disseminate multi media materials on gender issues	Type and No. of materials produced and disseminated	Types and number of materials Dissemination List Reports	MOWYCA	2011-2015	
4.4.7.1.4: Advocate opinion leaders to enhance the leadership role of women on political, economic and social spheres	Number of advocacy activities conducted. Number of opinion leaders reached Number of religious leaders advocated	Reports Observations	MOWYCA	2012-2015	
4.4.7.1.5: Conduct experience sharing sessions.	Number of participants identified, Number of experience sharing issues Number of participants who benefited	Reports Observations Feedbacks	MOWYCA	2013	
Output 4.4.7.2: Increased level of awareness and action of community groups and law enforcing bodies on the consequences of harmful traditional practices	-Percent of community groups aware of the consequences of HTPs - Percent of actions taken on HTPs	Reports Feedback Observation	MOWYCA	2011-2015	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.7.2.1: Conduct series of awareness raising workshops at different levels on HTPs	Number of workshops conducted No of participants	Report Observation Feedback		2013	

Outcomes/Outputs/Activities	Objectively Verifiable Indicators	Means of verification	Responsible body	Timeframe	Risk and Assumptions
4.4.7.2.2: Employ multi-media communication outlets to create awareness on HTPs	Number & types of media communication materials developed and disseminated Number & types of programs produced	Reports Feedback Observation Mass Media coverage	MOWYCA	2013	
Output 4.4.7.3: Support increased for the implementation of the revised penal code related to RH and HTPs issues	No. of cases decided Type and number of materials produced and disseminated	Reports Observation	MOWYCA	2013	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.7.3.1: Organize panel discussions for law enforcing bodies, authorities, and officials at different levels	Number of panel discussions conducted Percent of people participated	Reports Feedback Observation	MOWYCA	2012	
4.4.7.3.2: Develop multimedia advocacy kits on the support needed to implement the revised penal code/family laws/guidelines related to RH and HTPs	Number of messages developed and disseminated	Reports Materials developed	MOWYCA MOJ	2012-2015	
Output 4.4.7.4: Improved awareness of service providers and the community on the availability and content of the revised penal code /family law/guideline related to RH & HTP issues	- Number of service providers utilising the guidelines - Number of individuals demanding their rights and services	Reports Records	MOWYCA MOH	2012-2014	Assumption: Commitment of concerned organizations Financial resources
Activities					
4.4.7.4.1: Organize orientation workshops for service providers on the revised penal code/family law/guideline related to RH & HTP issues.	Number of orientation workshops organized	Reports Observation	MOH MOWYCA	2012	
4.4.7.4.2: Conduct training for media personnel to promote awareness on HTPs, GBV, RH and rights, FP,	Number of media personnel trained Number and types of programmes disseminated on media	Reports Mass Media coverage Observation	MOWYCA MOH	2013	

Outcomes/Outputs/Activities	Objectively Verifiable	Means of verification	Responsible Body	Timeframe	Risk and Assumptions
protection of HIV/AIDS 4.4.7.4.3: Conduct community level discussion on revised penal code /family law/guideline related to RH & HTP issues	Number of discussions conducted -Percent of people sensitized	Feedback Reports M& E Reports Records Observations Feedback	MOWYCA MOH		
4.4.7.4.4: Produce and distribute information kits on the content of the revised penal code /Family law/RH and HTPs guideline	Number of people accessing materials produced and disseminated	Observation M&E reports Records Report	MOWYCA MOH	2012-2015	

5.0 RESOURCES FOR NPPA IMPLEMENTATION

Based on the national population plan of action, concerned implementing institutions will incorporate population issues in their plans. Based on its plan, the concerned sector office presents its budget to the government for the implementation of the national population plan of action. There may be a gap between approved budget and budget required for the implementation of the plan of action. This gap will be filled through support from development partners and governments.

6.0 INSTITUTIONAL MECHANISM FOR COORDINATION

The implementation of the population policy requires the participation of several implementing agencies and the fulfilment of the population plan of action with an integrated operational system and organization. The achievement of the planned output requires of the coordinating and implementing agencies to work in tandem, avoiding duplication and inefficiency in resource use. In this respect the implementation of the NPPA will be through the structure shown in figure 1.

6.1 The Council of Ministers

The Council of Ministers issues policy directives and regulation and decides on the organizational setup for the implementation of the population policy and follows-up its execution.

6.2 National Population Council (NPC)

The NPC will serve as the highest body for the coordination of the implementation of the population policy. Membership is drawn from Federal sector Ministers, Chairpersons and Secretariat of the Regional Population Council, religious leaders, and representatives of civic and mass organizations. The Council meets twice a year for evaluating implementation of the policy and the plan of action and gives guidance.

6.3 Ministry of Finance and Economic Development

The Ministry of Finance and Economic Development is, by proclamation, responsible for issuing population policy, and for coordination and follow-up its implementation. Thus, the Ministry serves as chairperson and secretariat of the National Population Council. It coordinates the preparation, monitoring and evaluation of the implementation of the National Population Plan of Action. It provides the necessary professional support to sector ministries and bureaus. In general, the Ministry strengthens integrated operation of population activities in different sectors for the effective implementation of the population policy.

6.4 Technical Committees and Population Task Force

Regarding the implementation of the National Population Plan of Action, three technical committees will be formed. These are: Population and Economic Development; Reproductive Health and IEC/BCC and Advocacy. Members of these committees are drawn from government agencies implementing population activities, NGOs, and representatives of professional and mass organizations. In addition, there will be a population task force comprising the chairpersons and secretaries of the three technical committees. The task force has the duty of checking the integration and consistency of the activities of the three technical committees and coordinating activities jointly conducted by the committees. The task force will be guided by the Ministry of Finance and Economic Development.

6.5 Federal Offices and other Partner Organizations

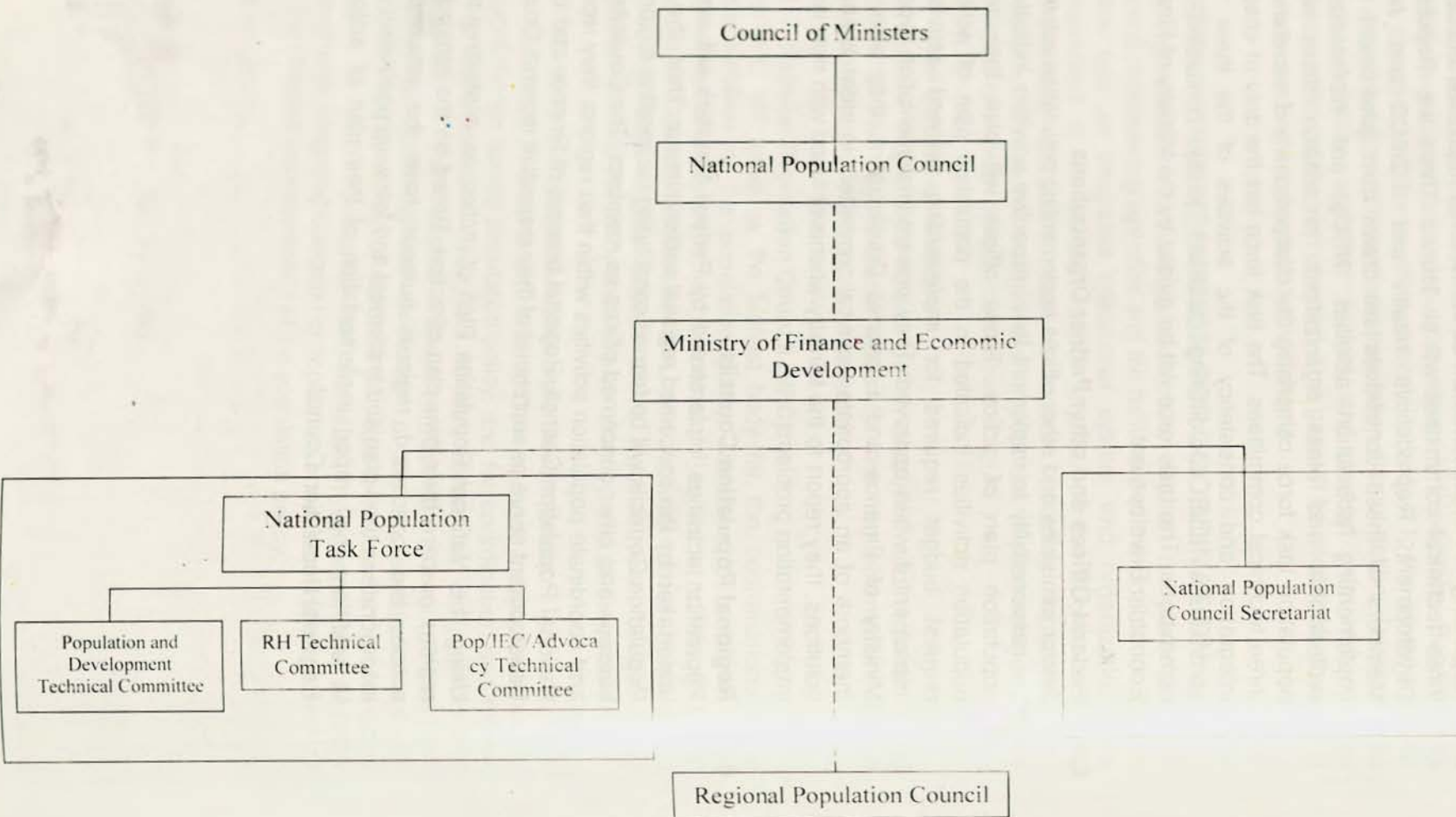
Sector ministries and other offices implementing population activities have the responsibility to implement their respective activities indicated in the population plan of action. These offices will plan their respective population activities indicated in the population plan of action. They request budget required for implementing planned activities, and implement it when approved. They present implementation report to the Ministry of Finance and Economic Development; they also work as members of an appropriate technical committee. In order to seek timely solutions, they report to the Ministry whenever faced with new issues and implementation problems.

6.6 Regional Population Councils

Population activities implemented by Federal Ministers will similarly be undertaken by the concerned regional sector bureaus. Thus, the Regional Population Councils will be formed constituting responsible regional sector bureaus and other concerned offices as members. The Councils approve and coordinate population activities within their regions; they report to the National Population Council. Regional bureaus of Finance and Economic Development serve as secretariat of their respective regional Councils.

Using the National Population Plan of Action as a starting point, the regions prepare their own plan of action. Based on the regional plan of action, the concerned regional bureaus have the responsibility to incorporate in their plan and implement and follow-up population activities. In addition, they report implementation of their plan of action to the Regional Population Council.

Figure 1:- Institutional Framework for the Implementation of the National Population Plan of Action



7.0 MONITORING AND EVALUATION FRAMEWORK

Monitoring and evaluation is very useful for ensuring the achievement of outputs and fulfilment of the needs of beneficiaries as indicated in the national population plan of action. Furthermore, it helps secure the required information on activities performed and results achieved. It also helps realize the level of contribution made to results achieved from activities performed. Monitoring and evaluation has enormous value in acquiring useful information for making planned activities successful, continuous and reliable. The process of monitoring and evaluation of the plan of action helps in gathering and analyzing information on outcomes, outputs and input utilization that facilitate the decision making process.

The process of monitoring and evaluation of the national population plan of action is consistent with the monitoring and evaluation of the five year national development plan. In addition, this process of monitoring and evaluation is implemented with the monitoring and evaluation process of implementing sector offices.

Taking this into account, effort will be made to ensure that the outcomes and outputs of the action plan are realistic and achievable and consistent with the five year national development plan. Thus, monitoring and evaluation is considered as one of the planned activities in the plan of action. Focus is given to capacity development for the monitoring and evaluation of the implementation of the plan of action. The logical framework matrix that shows the relationship between goal, outcome and output is used as a basis for the monitoring and evaluation of the plan of action.

Organizations that participate in the monitoring and evaluation of the population plan of action are National Population Council, Ministry of Finance and Economic Development, Technical Committees, and executing and implementing agencies of the population plan of action. As mentioned earlier, implementing agencies will integrate in their sector plan and implement the respective activities indicated in the population plan of action. The plan of the offices that implement the population plan of action, activity report, field visit, series of studies, evaluations, meetings and evaluation reports, consultative meeting and audit report are methods for monitoring and evaluation the population plan of action. In general, it is critical to have reliable and timely information for successfully measuring the implementation of the plan of action.

7.1 Monitoring Activities

7.1.1 Annual Plan of Implementing Agencies

Based on the population plan of action, every implementing agency will incorporate the respective population activity in its five year sector development plan. Implementing agencies are expected to prepare their annual plan by

incorporating their respective population activities. On the basis of their annual plan, implementing agencies will separately identify the population activities they implement and present to the Ministry of Finance and Economic Development. Annual plans presented by implementing agencies are incorporated for preparing the national annual plan of population activities. The annual plan is presented at the regular session of the National Population Council for approval. This annual plan serves as a basis for implementation report, field monitoring and for conducting joint review.

7.1.2 Implementation Report

Implementing agencies will present to the Ministry of Finance and Economic Development a half-yearly implementation report that is based on their annual plan. The report of the implementing agencies is incorporated by the Ministry of Finance and Economic Development for presentation to the half-yearly regular session of the National Population Council. The Council discusses the report and makes decision. These decisions are sent back to the implementing agencies for actions.

7.1.3 Field Visit

Field visit will be conducted to monitor the annual plan implementation with the participation of agencies that have joint responsibility for the thematic areas (population and development, reproductive health, gender, IEC/BCC and Advocacy) included in the population plan of action. The field visit will be conducted every six month with a check list for the field visit in conjunction with implementing agencies. Field visit reports will be used as input to the periodic reports to be presented to the National Population Council.

7.1.4 Joint Review Meeting

A review of annual plan implementation in which concerned Federal and regional offices participate will be conducted in the last quarter of the year. The joint review meeting will be organized by the Ministry of Finance and Economic Development. During the review, discussion will focus on the implementation report and the field visit report. Strategic issues/problems will be identified and resolved at the meeting.

7.2 Evaluation Activities

Two evaluation activities, mid-term and end-of-term evaluations, will take place during the implementation period of the national population plan of action. The mid-term evaluation is conducted in order to appreciate the level of achievement of the population plan of action and to realize the process that leads to the fulfilment of the outcomes and outputs. Based on lessons learnt from the mid-term evaluation, adjustments will be made on the outcomes and outputs of the plan of action.

End-of-term evaluation will take place at the last year of the population plan of action with the end-of-term evaluation of the five year development plan of the country. In this evaluation, the level of implementation of outcomes of the plan of action will be measured. The results of the evaluation will serve as inputs during the preparation of the next five year plan of action.

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