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Gender-focused ODA to health and agriculture in Ethiopia

Trends, outcomes, ownership, effective
alignment to development priorities and
practical challenges

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Acronyms

AMP	Aid management platform
ANC	Antenatal care
CCRDA	Consortium of Christian Relief & Development Associations
CORHA	Consortium of Reproductive Health Associations
CRS	Creditor Reporting System
DAG	Development Assistant Group
DHS	Demographic and health survey
EMDHS	Ethiopian mini-demographic and health survey
EPSA	Ethiopian Pharmaceutical Supply Agency
ESIF	Ethiopian Strategic Investment Framework
ETB	Ethiopian Birr (currency)
GPEDC	Global Partnership for Effective Development Co-operation
HEP	Health Extension Programme
HEW	Health Extension Workers
HPN	Health, Population and Nutrition
HSDP	Health Sector Development Plan
HSTP	Health Sector Transformation Plan
ICPD	International Conference on Population and Development
MFIs	Micro-finance institutions
MMR	Maternal mortality ratio

MNCH	maternal, newborn and child health
MoA	Ministry of Agriculture
MoF	Ministry of Finance
MoH	Ministry of Health
NDC	Nationally Determined Contributions
NGOs	Non-governmental organisations
NHA	National health accounts
NRLAIS	National Rural Land Administration Information System
ODA	official development assistance
OECD-DAC	Organisation for Economic Co-operation and Development, Development Assistance Committee
OOP	out-of-pocket
OSS	open-source software
REDFS	Rural Economic Development and Food Security
SLLC	Second level of land certification
SLMP	Sustainable Land Management Program
SRH	Sexual and reproductive health
UHC	Universal Health Coverage

Overview

Official development assistance (ODA) is facing unparalleled pressures from growing, competing demands including humanitarian and crisis response, national development priorities, and investment in global public goods (such as tackling climate change), among others. Development Initiatives (DI) seeks to highlight the value of ODA in programmes that are national priorities to recipient countries. In addition, DI aims to enhance the understanding of enabling factors that contribute to improving the impact of aid.

Led by national demand for international finance data and evidence on its most appropriate use, DI embarked on producing a series of country case study reports to consider how aid has been more effective in specific development sectors in Ethiopia, [Kenya](#) and Uganda, including trends, the factors that unlock the value of aid, and the challenges that lie ahead.

This country report for Ethiopia presents evidence regarding factors that are attributable to national ownership of ODA, and the alignment of these resources to national priorities, fostering an enabling environment for significant development outcomes. The report focused on programmes in the health and agriculture sectors, characterised by a high proportion of ODA and a gender focus.

Among other key findings on volumes and development outcomes, we find that in the programmes studied, vital **factors establishing ownerships** are:

- government coordination and implementation
- political leadership and commitment
- enabling policies

Vital **factors establishing alignment to national plans** are:

- streamlined management of resources and implementation
- streamlined planning and reporting
- flexible funding in the form of pooled funds
- 'fit for purpose' (scalable and adaptable) approaches.

You can read more about the approach we took and other key findings in the executive summary.

Executive summary

Our approach

A focus on aid effectiveness

In 2005, government ministers and heads of multilateral and bilateral institutions made a resolution to deliver and manage aid better. From Paris to Accra to Busan, attempts have been made to define and promote ways to boost aid effectiveness and establish development effectiveness frameworks at the global level. There are measures of aid effectiveness with globally agreed-upon principles and indicators. The two guiding principles of aid effectiveness this paper considers are: ownership (developing countries setting their own strategies for poverty reduction, improving their institutions and tackling corruption) and alignment (donor countries align behind these objectives and use local systems).¹

Effectiveness requires an enabling environment

The effectiveness agenda argues that while the quantity of funding is a necessary condition for achieving positive development outcomes, it is not a sufficient condition in itself unless accompanied by an appropriate enabling environment created through the policy and operational practice of donors and partners. This paper considers how the principles of ownership and alignment to national agendas manifest and impact development outcomes at the country level through the consideration of national development programmes in two sectors in Ethiopia.

This paper identifies specific enabling elements that result in tangible development outcomes from official development assistance (ODA). It attempts to make **attribution** to the aid sector for progress made in programmes whose capital budgets² are heavily donor dependent and establish the enabling factors on the ground. It is important to note that the intention of the paper is **not** to establish causality between aid and development outcomes nor conduct impact evaluation.

Consultation to ensure relevant case studies

To ensure analysis of this paper generated directly applicable evidence, DI consulted with relevant development actors in Ethiopia to co-identify the programmes and their associated sectors for assessment. After establishing sectoral ODA trends in Ethiopia, we approached development partners, two consortia of implementing agencies and ministries and state departments to further understand the aid landscape of Ethiopia, success stories within sectoral programmes, evidence of functional donor–government

coordination together with state development priorities. Appendix 3 contains a complete list of the KIIs we undertook. This exercise led to the selection of programmes from two national priority sectors that have also received the largest volumes of ODA support over the last 15 years: health and agriculture.

The consultation exercise also identified gender as a priority for analysis. Using the OECD gender marker, we identified health and agriculture ODA projects with explicit gender objectives and reviewed them with stakeholders. Through consultation with stakeholder priorities, informed by quantitative analysis on ODA, the programmes in two sectors were identified as the focus of analysis:

- Under health, the two suites of programmes are sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH).
- Under agriculture, the second level rural land certification programme.

The programmes have a heavy gender focus. While SRH and MNCH have an obvious direct gender link, the rural land registration has been identified as catalytic for women's social economic empowerment in the country's National Development Plans. These affirmed actions to ensure the benefits of women in economic growth and social development. In both cases, while donor support in meeting capital costs has been particularly significant, they were also suggested by development actors as priority programmes to analyse.

Quantitative and qualitative analysis

Analysis of these programmes assessed both national and international support, alongside programme outcomes. We reviewed national socioeconomic data, programme assessments and undertook key informant interviews to identify critical enabling conditions to maximise the impact of foreign aid in nationally owned, gender-focused programmes.

Validation of the findings

Eight peer reviewers in Ethiopia reviewed this report. Two actors (a development partner and the Consortium of Reproductive Health Associations (CORHA)) reviewed the health component. Five actors (the MoA and development partners) reviewed the agriculture sector. The paper was also reviewed overall by an Advisor at the Ministry of Finance. We presented the health component of the paper at a validation workshop where we received rich insights from the MoH and members of CORHA, among others. We have shared the outcomes of the workshop and our presentation with the Minister of Health and her state department ministers.

Key findings

The finance landscape (FY2015/16–2020/21)

- **Health sector interventions** have benefitted heavily from ODA, which comprised 94.3% of funding to sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH) while the capital budget from the national government funded the rest.
- Under **agriculture**, the Sustainable Land Management Program (which includes rural land certification) has been over 99% funded by foreign aid, and the capital budget of the national government covered the remaining 1%. This is possibly because of the costly nature of some of the activities including the certification exercise with technological requirements.³

Development outcome indicators

Ethiopia has been making impressive progress on development outcome indicators for both heavily donor-dependent programmes:

- Across **health (SRH/MNCH)**: Since 2005, both maternal and child mortality have halved, and fertility rates have reduced due in part to a 193% increase in the use of contraceptives among married women. New HIV infections are down 68%, and there have been reductions in unsafe abortions. National health data also indicates significant increases: the number of children delivered in a health facility has increased by 860%, and there has been an 83% increase in the vaccination of infants.
- Across **agriculture**, the flagship **second-level land certification** has made the economic empowerment of rural Ethiopian women possible. For example, it enables access to credit, with a disproportionately positive effect on the capacity of female-headed households to invest in productive activities – including by giving them access to credit and enabling them to participate in the land rental market. It has especially benefited married women, as it is conditional on joint titling as well as entitlement of female headed households. This has enhanced tenure security and reduced land related disputes.

Factors reinforcing the principle of national ownership

- **Government as the overall lead**: In the programmes, the Ministry of Health (MoH) and Ministry of Agriculture (MoA) take the lead role in coordination and implementation of donor-funded programmes. This has allowed the country to implement ambitious sector plans and align interventions with other ongoing programmes and strengthen institutional frameworks.

- **Political leadership and commitment:** The rural certification programme and health extension programmes are flagship programmes, which garnered the support of political leadership at both federal and regional levels down to Woredas/districts and Kebele/ward levels. Particularly in the health sector, the personal commitment, vision and open advocacy by ministers at various times in the last two decades, were mentioned by key respondents as a critical factor of success in the sector.
- **Enabling policies:** Progressive global and continental commitments, particularly in the health sector, have served as impetus for ambitious domestic health strategic plans. It is noteworthy that sector specific policies implemented within the two sectors are not the sole contributors to the success in the programmes. A case in point is the 2019 policy change implemented by the National Bank of Ethiopia that permitted farmers to use their land use rights certificates as collateral to access loans from banks and microfinance institutions. This policy has revolutionised land use in Ethiopia, transforming it from being dead capital into an actively market-integrated asset.

Factors reinforcing the principle of aid alignment

- **Management of resources and implementation:** The Ministry of Finance at the Federal level is the **only** institution that has the mandate to enter into agreements with donors for any on-budget support to ensure agreements are based on national priorities. This streamlined approach for monitoring purposes signifies that other ministries, and even regional governments, lack the authority to directly receive external funding donors.
- **Pooled fund mechanism:** In the health sector, the Sustainable Development Goals (SDG) Performance Fund (SDG pooled fund) gives flexibility to the MoH to manage and align external funding to the sector's priorities.
- **One Plan, One Budget, One Report (the Three Ones):** In the health sector, the 'Three Ones' approach has helped the country to have zero tolerance towards parallel reporting systems and fragmented and disjointed activities. It has helped the country to streamline interventions and align and mobilise partners in the effort to strengthen the health system.
- **Fit-for-purpose approaches:** Nationally, an enabler in the health or agriculture sector is termed a 'fit-for-purpose' approach. Such approaches minimise time and cost but are also easily adaptable to context and understood by locals.
 - In the health sector, since early 2000s, the country has mobilised 40,000 professional health extension workers at the lowest level of administration to reach communities directly, aided by deeper grass-roots support from millions of part-time volunteer Women's Development Army. This has helped in facilitating access to healthcare for households in remote areas of the country, particularly for women and adolescents. Closely linked to this is the task-shifting service delivery strategy.
 - In the agriculture sector, to address the shortage of trained surveyors during the Ethiopian land certification process, young people with a minimum of a 10th-

grade education were enlisted as para-surveyors. This approach allowed for a more efficient and effective land certification process, shortening the time of surveying.

Practical challenges impacting the future effectiveness

We identified challenges that are either programme specific or applicable to the overall respective sectors.

- For programmes whose capital budgets depend on donor money (for example, the country spends only 5.7% on average on SRH and MNCH, and the rest comes from aid), the issue of **sustainability** is a huge concern.
- Particularly for the health sector, challenges include significant **regional disparities** in health outcomes, **external shocks** leaving the health sector in a constant state of emergency, and potential **challenges in sustaining gains** in the Women's Development Army achievements.
- Lastly, the **pace** of the rural certification programme could potentially drive inequalities among Ethiopian farmers, if not managed carefully.

Introduction

The quantity of ODA cannot be a single determinant of positive development outcomes unless supported by an enabling environment. This paper identifies the relevant elements that reinforce meaningful development outcomes in heavily donor-dependent programmes, which can be largely under country ownership and alignment.

The case study report examines programmes from two sectors that have been receiving the most ODA between 2005 and 2021 – Health and Agriculture. Taking a gender lens, the programmes assessed in the sectors are sexual and reproductive health (SRH) and maternal, infant and child health (MNCH), and rural land certification – implemented in the health and agriculture sectors, respectively. These two areas have pronounced gender elements – while the SRH and MNCH have a clear link to women and girls, the rural land certification has been mentioned by the national development strategy, the first Growth and Transformation Plan (GTP I) 2010/11–2014/15) as an action taken to ensure the benefits of women in economic growth and social development.

The paper is organised as follows:

1. **Chapter 1:** Chapter 1 identifies the selected programmes as national priorities in the development plans of the country. Chapter 1 also follows the money to establish the crucial role of foreign aid for the programmes.
2. **Chapter 2:** Chapter 2 uses mainly national indicator data to review the progress made in SRH and MNCH and rural land certification with a particular focus on gender.
3. **Chapter 3:** Chapter 3 lays out the elements at play for achievements in the specific gender focused programmes that are heavily dependent on foreign aid. The underlying assumption for the transmission mechanism here is that since the programmes are heavily donor dependent on the one hand, and there is remarkable progress in development outcomes on the other hand, it then follows that achievement in development outcomes (Chapter 2) can neatly be tied to not only the quantity of foreign aid that has been supporting the programmes (Chapter 1), but also national ownership and aid alignment defining the quality of aid. This analysis is based mainly on available impact evaluation reports and key informant interviews (Appendix 2 and Appendix 3).
4. **Chapter 4:** By no means does this paper say that Ethiopia's success in these programmes is devoid of challenges. We present the key challenges bedevilling the overall aid management as well as the specific programmes in Chapter 4.
5. **Conclusion.**

Methodological approach

To identify how much domestic and external financing has been going to support the programme interventions, the paper uses secondary financial data from programme-based budget documents of Ethiopia and the Organisation for Economic Co-operation and Development - Development Assistance Committee (OECD-DAC) data, respectively.

To identify progress in development outcomes, we mainly used national data as reported by the sectors. We supplemented this with available and relevant literature.

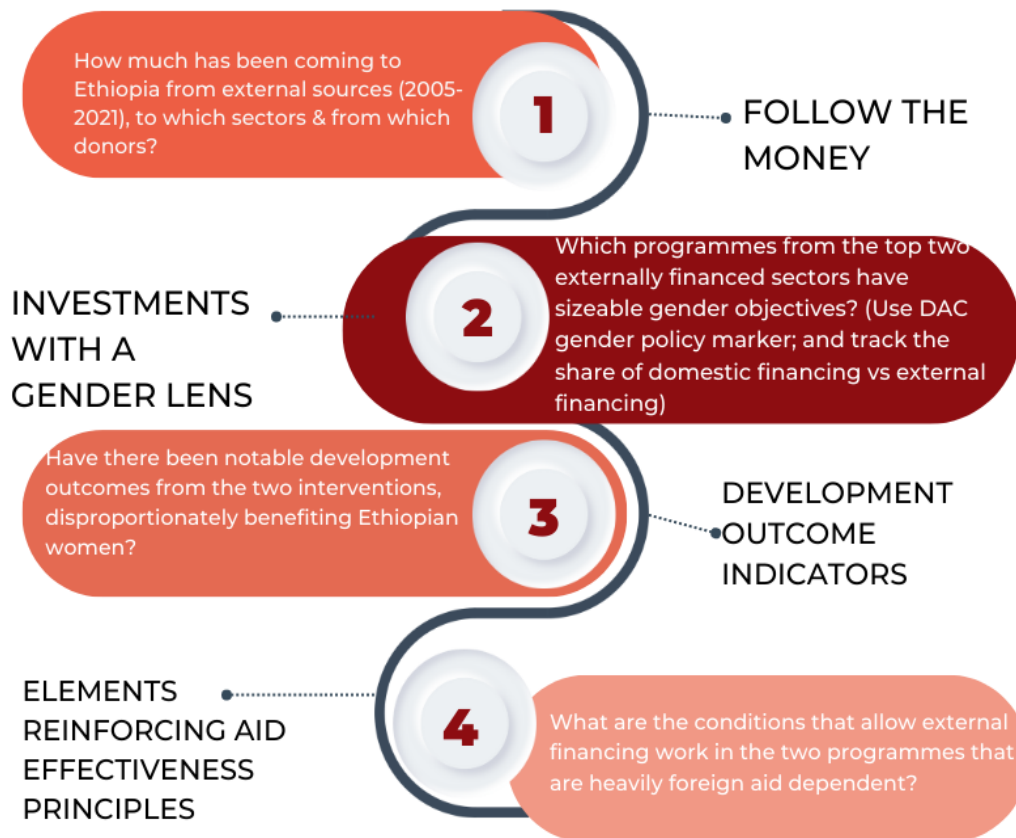
To establish the elements at play that reinforced aid effectiveness in the programme areas, we carried out a literature review, looking in particular at impact evaluation reports and key informant interviews.

We selected the interest programmes – SRH and MNCH from health and SLLC from agriculture – in three steps:

- **Step 1:** Undertake a quantitative analysis of external financing data from the Creditor Reporting System (CRS) of the Organisation for Economic Co-operation and Development – Development Assistance Committee (OECD-DAC) data from 2005 to 2021. The review considers only disbursement to Ethiopia in the form of ODA-grant, ODA-loan and equity investments intended for development (excludes humanitarian aid). From the same database, the paper excludes other official flows (non-export credit), private development finance, as well as funds for humanitarian assistance for emergency response, reconstruction relief and rehabilitation, and disaster prevention and preparedness.
- **Step 2:** Breakdown sector financing to programmes with a gender lens based on the OECD-DAC gender policy marker and/or policy document. The OECD Gender Policy Marker allows donors to mark if their intervention is primarily designed with a gender equity element (marked as Principal=2); has an element of gender equity but would be implemented regardless making gender equity as a secondary objective (marked as Significant=1) or interventions without a gender angle (untargeted=0).⁴ It should be noted that it is DAC bilateral donors that consistently mark gender policy while it remains optional for multilaterals, which likely indicates potential underreporting.
- **Step 3:** Consult and co-create with key informants in the top two heavily donor-funded sectors. The results from Steps 1 and 2 above were extensively discussed with respondents from the respective ministries, non-governmental organisations and civil society (Appendix 3) which helped to co-create the direction of the study and also advised on which sectors and specific programmes to settle on, which they believed could show case the success interventions heavily supported by foreign aid.

Figure 1 presents the methodological and analytical framework of the paper.

Figure 1: Methodological and analytical framework



Source: Development Initiatives

The period under analysis spans from 2005 to 2021. The reasons for choosing the initial point of reference are threefold: 2005 marked by the commencement of the second level land certification in Ethiopia, the country's second demographic and health survey (DHS) and the year of resolution by multilateral and bilateral institutions to deliver and manage aid better. The end point of reference, 2021, represents the latest available data from the CRS of the OECD-DAC at the time of commencing this assessment. For domestic resource tracking compared to external sources, the time period is 2015–2020, which was available in ready-to-use format from the Ministry of Finance.

Chapter 1: Policy and financing landscape of programmes in the health and agriculture sectors

This chapter takes a closer look at programmes with women and girls as their target beneficiaries ('gender focused') – sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH) from health, and rural land certification from agriculture – as national priorities in the successive development plans of Ethiopia. Three successive National Development Plans guided development priorities in Ethiopia between 2005 and 2020. These are: Plan for Accelerated and Sustained Development to End Poverty (PASDEP) (2005/06–2009/10); the First Growth and Transformation Plan (GTP I) 2010/11–2014/15; and the Second Growth and Transformation Plan (GTP II) 2015/16–2019/20.⁵ The latest development guiding plan documents is the Ten-Year Perspective Development Plan (2021–2030).

By following the money, Chapter 1 also establishes which sectors have been benefiting from external financing. The analysis then applies the OECD-DAC gender marker on the top two externally funded sectors. The chapter also presents the allocation by the Government of Ethiopia to SRH and MNCH and Sustainable Land Management Program (SLMP) (under which rural land certification falls)⁶ to establish the heavy dependence of these programmes on foreign aid. The chapter concludes by establishing the importance of foreign aid in supporting projects and programmes that are relevant to SRH, MNCH and SLMP that has a significant gender implication under its second level land certification (SLLC) programme.

SRH and MNCH as national priority areas

Improving sexual, reproductive, maternal, infant and child health is the highest priority in all of the development documents. PASDEP (2005/2006–2009/10) had improving women and girl's reproductive rights, health and HIV status as one of the specific priorities for action and interventions to achieve development outcomes during the specific plan period.⁷ Of the eight targets for health in GTP I (2010/11–2014/15), six were around sexual reproductive health and maternal and child health.⁸ While Ethiopia met the Millennium Development Goals targets on reducing maternal and child mortality rates, GTP II (2015/16–2019/20) recognised that the country still has high child and mortality rates, and that this needed to be a national priority. Just like GTP I, GTP II also set out targets around maternal, infant and child mortality, contraceptive use, deliveries attended by skilled health personnel and HIV/AIDS incidence rates, among others.

Rural land certification as a national priority to promote women empowerment

Under the auspices of the SLMP, land registration and certification of the rural lands of Ethiopia is part of the larger sustainable land, water, forest and natural resources management (this includes reforestation, land degradation reduction, improving land productivity and land tenure security). SLMP has the Ethiopian Strategic Investment Framework for SLM (ESIF). The ESIF guides prioritisation and implementation of interventions including land administration and certification system as one of the six components.⁹

GTP I (2010/11–2014/15) recognises land certification as an effort important in benefitting women in economic growth and social development. GTP I specifically states 'to ensure that equal benefits from land rights accrue to husbands and wives, land utilisation certificates bearing both husband's and wife's name are now being issued by regional governments'. This was further reinforced by GTP II (2015/16–2019/20), which forwarded major targets for the Rural Land Administration, under the Ministry of Agriculture (MoA), to provide land use certificates to male and female headed households that secure land use right by carrying out the SLLC.¹⁰

Financing landscape

Ethiopia, as a least-developed country, is eligible for ODA. For this reason, aid is of crucial value to the country, in particular ODA grants. Using OECD-DAC Creditor Reporting System (CRS) development financing data (ODA-grant, ODA-loans and equity investments for development assistance), the key findings of external financing disbursement to Ethiopia from 2005 to 2021 indicate:

- **Slightly more than one third (36%) of development assistance targets health and agriculture sectors.** On aggregate level, 22% of foreign aid to Ethiopia has been going to the health sector, followed by agriculture and food security (14%), infrastructure (12%) and other social infrastructure (11%), which includes culture, labour rights, social protection, narcotics control and other basic social services.
- **More than half of ODA comes from three donors.** In the period between 2005 and 2021, Ethiopia received US\$56.9 billion ODA from OECD countries. The top three donors are the World Bank (which has been providing slightly more than a third (35%) of total development assistance in the years under review), followed by the USA (14%), and the UK (8.4%) (Figure 2). However, the UK has been reducing its development assistance to Ethiopia particularly since 2014, by an average of 17.0% year on year, from 2014 to 2021.
- **External funds are mainly channelled through the public sector (59%).** Reviewing year-on-year change, it is evident that the share of the public sector, as the main channel of external funding, grew to 69% compared to slightly more than half (51%) pre-SDGs era in 2015. This is likely because of the World Bank providing slightly over one-third of the external financing through on-budget support.

Gender marked aid by programme

Screening the OECD-DAC CRS data against the DAC gender equality policy marker indicates the gender element of programmes. However, it is important to note that it is DAC bilateral donors that consistently mark gender policy while it remains optional for multilaterals, meaning there is potential underreporting, which makes it impossible to make accurate conclusions on gender targeting of programmes.

Taking a closer look at primary sectors of interest, health and agriculture, which have received the most significant development assistance during the period under study, it is noteworthy that both sectors have programmes with a substantial gender component (Table 1).

It is important to note that agriculture and general environment protection are intertwined, as we will see later in the country's flagship project, SLMP. Naturally, within the health sector, population policies or programmes and reproductive health have the highest primary gender focus of all health programmes.

While general health services have a significant gender focus, its financing from external sources is insignificant (6%) compared to basic health and reproductive health and population programmes and policies.

Table 1: Gender targeting by programmes in select sectors (2005–2021)

Programmes	Targeted	Principal	Significant	Not targeted	Left unmarked
Health					
Health, General	47%	5%	41%	24%	29%
Basic Health	32%	3%	29%	14%	55%
Population Policies/Programmes & Reproductive Health	26%	10%	16%	33%	40%
Agriculture					
Agriculture	49%	5%	44%	20%	31%
Forestry	54%	2%	52%	40%	6%
Fishing	2%	0%	2%	3%	95%
Development food assistance	46%	15%	31%	44%	10%

Environment

General Environment Protection	41%	6%	35%	42%	17%
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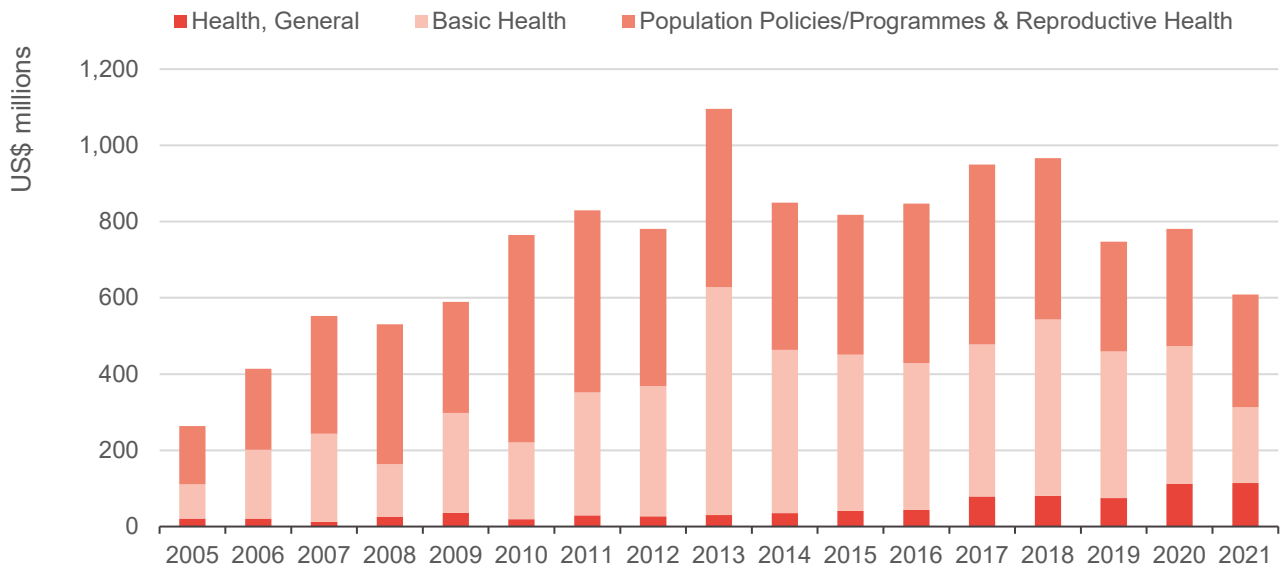
Source: calculations based on OECD DAC CRS data

Financing the health sector and SRH and MNCH

The primary responsibility of funding the health sector lies with the government. Foreign aid, meanwhile, is expected to supplement shortfalls in fiscal efforts and should ideally leverage on existing and steadily increasing domestic financing.

Donors' focus in the health sector is largely on two areas: population policies/programmes and reproductive health, and basic health which make up 94% of aid to the health sector (Figure 2). In terms of specific programmes, 50% of total external financing to the health sector has been targeting population programmes/policies and reproductive health and 44% basic health.

Figure 2: External financing to the health sector (2005–2021)



Source: Data from OECD DAC CRS

EU institutions fund one third of total funds targeting basic health covering MNCH. The US provides more than half of the funding targeted for SRH. Table 2 presents the top five donors of basic health specifically focusing on programme and policy support for MNCH, including skilled delivery, and immunisation. It also presents the biggest five donors of

family planning, personnel development in population and reproductive health, reproductive health care and sexually transmitted disease control including HIV/AIDS.

Table 2: Major donors' support to SRH and MNCH (2005–2021)

Donor	Share in total basic health MNCH	Donor	Share in population programmes/policies and reproductive health
1 EU Institutions	33%	1 United States	56%
2 Canada	19%	2 Global Fund	25%
3 United Kingdom	15%	3 United Kingdom	6%
4 UNICEF	11%	4 Netherlands	4%
5 Global Alliance for Vaccines and Immunization	8%	5 UNFPA	1%

Source: Data from OECD DAC CRS

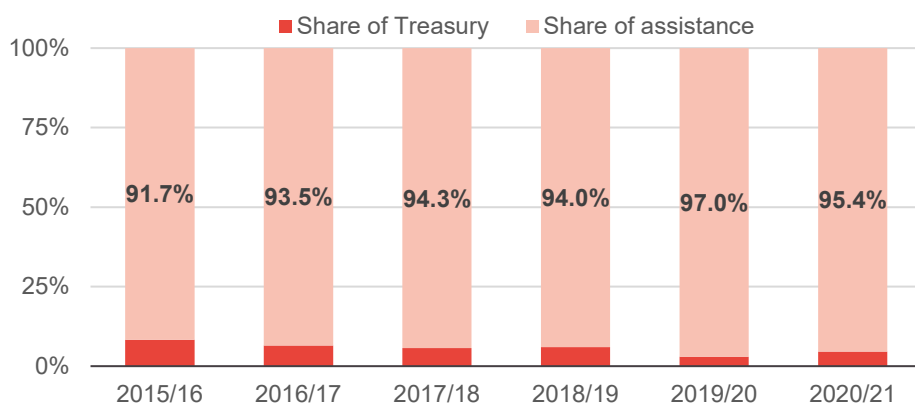
Note: Tracking of basic health financing used the following search words on project title: mat, child, infant, immuni, ANC, pregnant, mother, vac, IMNCI, skilled, neon, enfant, newb, new.

Generally, the external funding landscape has been changing recently because of UK aid cuts, the impact of the Covid-19 pandemic on development partners, the rise of populism in the north, the Russia–Ukraine conflict that captivated the attention of the Global North, as well as massive disaster emergencies and, specifically, aid cuts due to the northern Ethiopia conflict between November 2020 and November 2022.

The role of external financing compared to allocation by the Treasury

In terms of capital budget for recent years, the government of Ethiopia has been allocating on average 5.7% on family health and maternal and child health infrastructure between FY2015/16 and FY2020/21 (Figure 3). The heavy dependence of this particular programme area on donor funding forms part of this report's rationale, apart from the gender target, to have a closer look at impact on development outcomes.

Figure 3: Share of domestic financing compared to external financing of SRH and MNCH



Data source: Calculation based on data from the Ministry of Finance

Note: Capital budget estimation tracking on family health (including strengthening of family planning and reproductive health, expanding and strengthening the expanded programme on immunisation, Integrated Management for Neonatal and Childhood Illness (IMNCI) services, maternal, neonatal and child health directorate); HIV/AIDS prevention and control; and building health infrastructure, specifically maternal and children's hospitals. SRH = sexual and reproductive health; MNCH = maternal, newborn and child health.

Financing rural land registration and certification

According to the 1995 Constitution of the Federal Democratic Republic of Ethiopia, the right to ownership of land is exclusively vested in the state and in the people (Article 40.3). This has led to farmers' reluctance to make long-term investments, particularly in conservation efforts. Past studies indicate the minimum estimated annual costs of land degradation in Ethiopia range from 2–3% of agricultural gross domestic product before 2005.¹¹

Studies show there is positive and significant correlation between land use right certificates and investment in land and water conservation.¹² These include tenure security, improved productivity, reduced incidences of land-related disputes, empowering women landholders and improved revenue collection through land use fees. The holistic approach to addressing the linkage between land certification and poverty, vulnerability and land is the primary reason for the land administration and certification system to be part of the SLMP.

In the late 1990s, the Ethiopian government launched an ambitious programme to formalise land use rights, known as the 'first-level land certification'. This aimed at documenting and registering rural land. The programme relied on traditional measurement techniques, including the use of tapes and ropes, field markings and the recollection of historical plot borders by locals.

For the first level registration and certification, the Government of Ethiopia largely used its own resources and machinery down to the district (Woreda) and the lowest administration (Kebele) levels. It also trained farmers to do the land measurement and complete registration documents.¹³ For this reason, the exercise was not expensive – it cost US\$1 per farm plot or US\$3.5 per household.¹⁴

Proclamation 456/2005, Federal Land Administration and Land Use, paved the way to what has come to be known as the second level land certification (SLLC). This level of certification is carried out using modern measurement techniques – satellite images, GPS, total station and aerial photos.¹⁵ It is also done at parcel level with accompanying maps and detailed spatial data registered digitally in the National Rural Land Administration Information System (NRLAIS). The exercise uses remote sensing technology and also saw the establishment of digital land registry, NRLAIS, to process and store land records and facilitate provision of information services. This costly exercise, particularly compared to the first level of registration, was largely supported by development partners.

The role of external financing compared to allocation by Treasury

The SLLC is financed by external assistance. The SLLC uses donor-funded modern cadastral surveying – spatial data collection to develop and manage the NRLAIS database.¹⁶

For the ESIF SLM SLMP under which rural land certification falls, the government of Ethiopia has been spending less than 1% between 2015/16 and 2020/21 fiscal years (Table 3). External financing in the form of loans has started taking a larger share from FY2019/20. This is possibly due to the largest SLMP financing by the UK Aid coming to an end, and the rising role of the World Bank (see Appendix 1).

Table 3: Share of Treasury’s capital budget and grants and loans from ODA in financing the SLMP (2015/16–2020/21)

	Treasury	External assistance	Loan
2015/16	0.4%	64.8%	34.8%
2016/17	0.7%	63.9%	35.4%
2017/18	0.0%	71.6%	28.4%
2018/19	0.0%	80.5%	19.5%
2019/20	0.1%	41.0%	58.8%
2020/21	0.2%	46.6%	53.3%

Data source: Ministry of Finance

Note 1: It would have been ideal to track capital budget allocated by the country specifically for land administration and certification system. However, the programme-based budget documents present SLM programme budget.

Note 2: The above figures capture only Federal level investments and not regional budgets that have regular SLLC budgets.

Chapter 2: Outcomes in the gendered programmes

After establishing how much the country has been receiving from development partners for the gender-targeted programmes and their heavy dependence on external assistance, this chapter presents an assessment of whether these investments have contributed to significant development outcomes.

Health outcomes: The case of sexual and reproductive health and maternal, newborn and child health

The country has made remarkable strides in life expectancy at birth in terms of maternal mortality, under-5 mortality and infant mortality. While indicators are still doing very poorly it is essential to consider where the country began by using 2005 as the baseline year, as this provides context for the notable strides that have been made. (2005 marks the start of the second level land certification (SLLC), and the Paris Declaration on Aid Effectiveness.)

The country's demographic dividend effort index shows encouraging levels of effort being made, firstly in maternal and child health and secondly in family planning. Positive levels of effort are being made in other sectors. Taken together, this will position the country to benefit from the demographic dividend.¹⁷

National data on development indicators in sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH) shows positive results. Delivery in a health facility has grown by 860% compared to the base year (2005), antenatal care from a skilled provider has increased by 164%, the use of modern contraceptives by 193% and vaccination of infants by 83% (Table 4). Ethiopia has also made remarkable strides in reducing the absolute number of women that die during pregnancy or childbirth. While the figure for maternal mortality ratio (MMR) still stands high at 401 per 100,000 live births, the country managed to reduce MMR by more than half (54%) compared to 2005. Further, when compared to the beginning of the millennium, it has managed to significantly reduce MMR by 61%.

One of the major contributors to maternal death in Ethiopia, particularly before 2005, was unsafe abortion. Abortion was liberalised in cases of rape, incest, foetal impairment, if the pregnancy puts the mother's life in danger, mental infirmity and so on. Unsafe abortion now contributes to 10% of maternal deaths compared to 32% before the legal reform.¹⁸

Ethiopia achieved the Millennium Development Goal (MDG) target on the reduction of child mortality, reducing it by two-thirds ahead of the MDG deadline.¹⁹ Under-five child mortality has substantially declined to 88 per 1,000 live births in 2010/11 from 123 per 1,000 live births in 2004/05, registering a 28.4% reduction over the period of five years (EDHS, 2011). Between 2005 and 2019, child mortality reduced by more than half (52%). The Ethiopian mini-demographic and health survey (EMDHS) 2019 also reveals 74% of women who had a live birth in the five years before the survey received antenatal care (ANC) from a skilled provider for their last birth. While this may not seem a significant change from the 62% coverage in 2016, the change is significant compared to the status in 2011 (34%) with a percentage change of 117.6%. It is even more remarkable when compared to the MDG era of 2005, when 28% of women received any ANC from a skilled provider.

Fertility rates have also reduced significantly, and have consistently been decreasing. Ethiopia's fertility rate in 2005 was higher than that of the average of sub-Saharan countries, at 5.5 live births per woman. However, by 2019 this had reduced to 4.3 live births per woman in Ethiopia, compared with the sub-Saharan African average of live births per woman. This is directly linked to the use of modern contraceptives. Compared to the base year, the use of modern contraceptives among currently married women increased by 193% in 2019 compared to the base year 2005.

Table 4: Development outcome in sexual, reproductive, maternal and child health key indicators (2005–2019)

	Indicator	Base year 2005	2011	2016	2019	Change*
Maternal and child health	Delivery in a health facility	5%	10%	26%	48%	Up 860%
	ANC from skilled provider	28%	34%	62%	74%	Up 164%
	Percentage of children aged 12–23 months who received all basic vaccines	24%	24%	39%	44%	Up 83%
	Maternal mortality per 100,000 live births**	865	558	422	401	Down 54%
	Under-5 mortality deaths per 1,000 live births	123	88	67	59	Down 52%

Sexual & reproductive health	Modern contraceptive use among currently married women	14%	27%	35%	41%	Up 193%
	New HIV infections (all ages)	41,000	24,000	17,000	13,000	Down 68%
	Total fertility rate (live births per woman) ^{***}	5.9728	5.05	4.469	4.3226	Down 28%

Main source: Ethiopia mini demographic and health survey 2011 and 2019 and UN estimates.

Notes:

* The percentage change reflects change between the baseline year 2005 and 2019.

** MMR figure presents a modelled estimate. This is a UN estimation because, as stated in the EDHS 2011, the domestic figure showed significant sampling errors in the MMR estimates presented in the EDHS 2011 as it requires a sufficiently large sample size that would keep sampling errors within reasonable limits. Consequently, we rely on a modelled estimate provided by WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Notably, the Ministry of Health adopted the 2019 maternal mortality figure as a baseline for forecasting its targets.

*** United Nations Population Division

Tenure security outcomes: The issuance of rural landholding certificates

According to the Ministry of Agriculture, Rural Land Administration and Use, there are a total of 50 million parcels of land available.²⁰ Of these, 30 million parcels have been surveyed and demarcated and 25 million parcels already certified.

Tenure security reduces the fear of land redistribution (as was the case in the mid-1970s), and reduces land dispute cases. The confidence and sense of security for farmers that the parcel is registered under their names has motivated them to invest in activities that improve productivity and to manage their land sustainably.

Some of the key outcomes relevant to women's empowerment are discussed below.

Rural women's empowerment

By de jure, Ethiopian '[w]omen have the right to acquire, administer, control, use and transfer property. In particular, they have equal rights with men with respect to use, transfer, administration and control of land. They shall also enjoy equal treatment in the inheritance of property' (Art 35.7 of the 1995 Constitution).²¹ By de facto, however, cultural norms and expectations dictate that sons inherit land and other properties while women neither inherit nor share, and stand to lose their rights upon marriage, divorce or widowhood.²²

The process and execution of the rural land registration and certification is done in such a way as to ensure women's rights are protected to a larger extent. Joint ownership means that photos and names of both wife and husband are displayed on the certificate. This is also true for those in polygamous marriages where the picture of the second wife is also attached in the certificate.

According to the Ministry of Agriculture, the national average for women landholding titles individually is 23% while titles owned with their husbands is 55%. This means that women had a share either privately or jointly on 78% of land parcels by end of FY2021/22.

The provision of joint land certificates for married couples, and individual land titles for single female-headed households has great impact on rural women's empowerment.²³ Studies show that land certification now allows women to access land and other natural resources,²⁴ protects them from injustice over land disputes,²⁵ and improves their position and incentives to rent out land,²⁶ among various benefits. A USAID impact evaluation study found that the second level of land certification (SLLC) led to a 44% increase in women's decision-making power over crops. It also revealed that the SLLC led to an 11% increase in the likelihood of a woman possessing land in her own name.²⁷ World Bank reports its development assistance alone delivered more than 200,000 landholdings certificate out of the 300,000 households targeted titles (jointly with their husbands or individually, if unmarried), and more than 7,000 landless youth have titles to communal holdings in exchange for land restoration.²⁸

Women's access to credit

One of the benefits of land certificates is access to credit from micro-finance institutions (MFIs) and banks. Following the land registration and certification, banks and MFIs have the security of knowing the ownership, exact landholding size and location of farmers' parcels of land. Access to credit has a direct link on investments, income diversification from off-farm activity and increasing farm productivity. Land is recognised as an active asset, as opposed to dead capital in the past, to secure loans. This is particularly the case since 2019 after the country, through directive from the National Bank of Ethiopia, changed its policy.

According to data obtained from the Ministry of Agriculture, Office of Rural Land Administration and Use, by 30 June 2022, there were a total of ETB 1.4 billion (equivalent to US\$27 million)²⁹ loan disbursements by MFIs or banks based on land certificates. **Of these, 35% of disbursements were made to female land certificate owners, unlocking investment opportunities.** According to the Economic Empowerment Unit Impact Survey 2020 report of the LIFT project, **a significant share of women in male headed households use the loan to diversify and invest in non-farm activities.**³⁰ This, according to the same evaluation project, suggests that by benefiting from the SLLC loans differently from men (who use the loan for cropping investments), the loans may have unlocked off-farm economic strategies for women as primary signatories.

Access to a formal land rental market

Evaluation reports indicate that women in male-headed households have an increased role in rental decision-making as well as over the rental income.³¹ Key informants believe that holding certificates has led to advantages of the land registration and tenure rights to be integrated into the rental market. The reasons for these are the certificates have revealed the real land value determined competitively in the market. The certificates have also increased the negotiating power of women for land rental. It also has an impact on productivity as farmers started renting to high productive farmers, particularly to landless youth. It has also increased the confidence of landowners to rent out their land while they engage in income-generating activities off-farm.

The integration of land in the formal market is of particular benefit to female-headed households that are likely to have weaker negotiation power. Key informants in the sector revealed there was a significant informal land rental market before the certification exercise where middlemen determined the rent amount. Because of weak negotiation positions, female landholders in particular did not benefit from competitive rental prices. Women were at a disadvantage where, for instance, a one-year contract was often extended illegally up to three years by those who hire land from them.

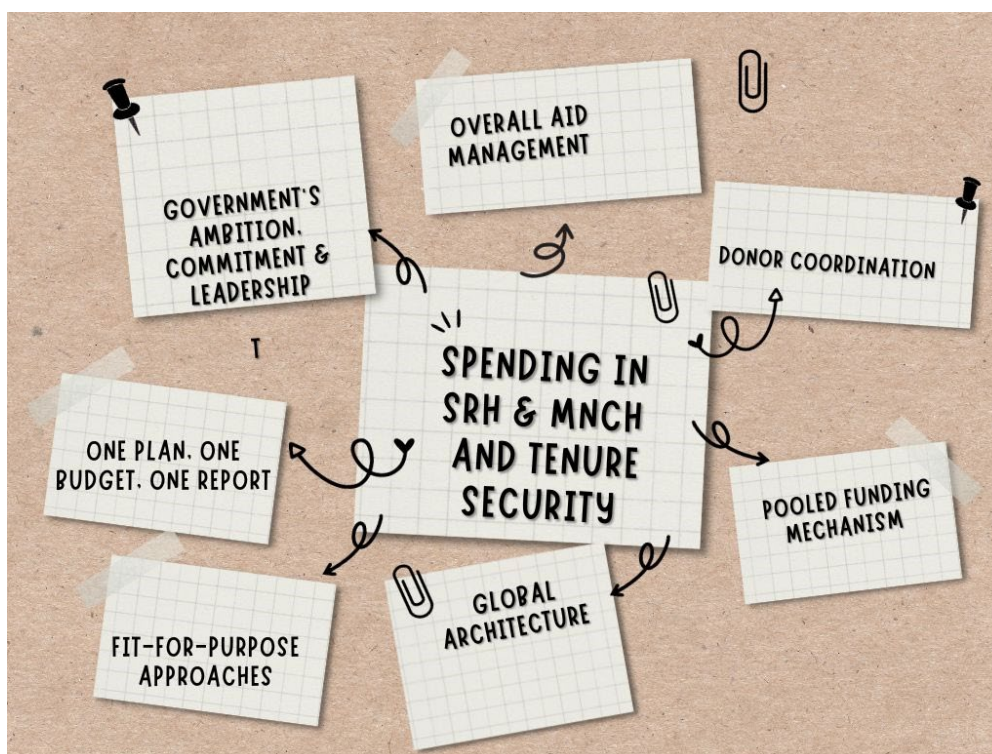
Chapter 3: Elements that reinforce ownership and alignment

Investment is a necessary but not sufficient condition to revitalise the narrative around the value of aid. That is, investments are not enough on their own if the aid ecosystem is not well structured, executed and continuously monitored for impact and accountability.

The previous chapters established the heavy aid dependence of the identified programmes – sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH) from health and rural land certification from agriculture – and examined the encouraging development outcome indicators. This chapter uses a bottom-up approach to identify conditions that reinforce aid national ownership and aid alignment through key informant interviews and a literature review. Figure 4 presents the conceptual framework for these mechanisms.

For this chapter, apart from reviewing available impact evaluation reports and other literature, we carried out key informant interviews. The interviews were with key actors in the two sectors including development partners, ministries, and implementing non-governmental and civil society actors.

Figure 4: Elements that reinforce the principles of aid effectiveness



Source: Development Initiatives

National ownership

The principle of ownership refers to aid recipient countries exercising effective leadership over their development policies, strategies, coordination efforts and development actions. The conditions facilitating this principle in the health and agriculture sectors for the programmes under review include government as the overall implementation lead, political leadership and commitment, enabling domestic and global policies and fit-for-purpose approaches.

Government as the overall implementation lead

In almost all second level of land certification (SLLC) projects reviewed, the Ministry of Agriculture (MoA) plays a leading role in implementing donor-funded programmes. This approach has helped to ensure that land certification activities are integrated with other ongoing activities and initiatives related to the larger sustainable land management and rural development programmes. This is made possible through the Rural Economic Development and Food Security Working Group chaired by the MoA and co-chaired by a development partner. Coordination of land matters fall under the land administration task force, under the technical committee of sustainable land management. The Working

Group brings together the MoA and development partners for strategic dialogue and harmonisation of activities and investments.

According to key informants, while funding for the SLLCs is external, the technical mandate is given to the government as agreed from the start. Moreover, the involvement and leadership of the MoA and regional land agencies have helped to build capacity and strengthen institutional frameworks for land governance and management. According to key informants, this has enabled the country to better respond to emerging land tenure challenges and develop more sustainable practices over time.

Political leadership and commitment

The health sector's leadership and political commitment is often cited as one of the reasons for remarkable changes in the sector.^{32,33} Our key non-government informants believe the Ministry of Health (MoH) has created a relatively enabling environment, citing the personal commitment, vision and advocacy by ministers at various times in the last two decades. The political commitment to the flagship programme, Health Extension Programme (HEP), greatly facilitated its success as the decision to roll out the programme was made by the highest political body and its implementation was supported by regional policymakers.³⁴

In the agriculture sector, on the other hand, the realisation of the land registration and certification process in Ethiopia was made possible by the support of political leaders at both the federal and regional levels. This is notable given that the country's Constitution prohibits private and communal landownership. The leadership's unwavering commitment to environmental preservation and gender equality, which are relatively less contentious issues in the country, played a significant role in driving the process forward.

Enabling policies

Progressive global and continental commitments in the health sector gave impetus to setting priorities and national targets in the health sector.

Continental health declaration commitments

Ethiopia is a signatory to global commitments and pronouncements that are the bases for reconceptualising sexual and reproductive health and setting domestic priorities. These include the International Conference on Population and Development (ICPD, 1994, Cairo) and the UN Fourth World Conference on Women (1995, Beijing). The latter is commonly known as the Beijing Declaration and Platform for Action. It led to a paradigm shift away from the mere objective of reaching demographic targets or controlling the size of a country's population through narrowly focused family planning programmes, to a comprehensive and integrated SRH approach with the aim of improving individual health, rights, choices and empowerment. Following the Political Declaration of the High-Level Meeting on Universal Health Coverage (UHC) (2019, New York), Ethiopia accelerated UHC by introducing community-based health insurance and social health insurance as stated in the Fourth Health Sector Development Plan (HSDP-IV) and Health Sector

Transformation Plan (HSTP I). Lastly, the ICPD+25 Summit (2019, Nairobi) set a target for the country of recommitting to achieving universal access to SRH as part of the UHC through the “three zeros”: zero unmet need for family planning information and services; zero preventable maternal deaths and maternal morbidities; and zero sexual and gender-based violence and harmful practices against women and girls.

Ethiopia and its development partners are also guided by continental frameworks in setting priorities and targets. The country ratified the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, (‘Maputo Protocol’) in 2017, with only one reservation under Article 14 (‘Health and Reproductive Rights’).³⁵ The Protocol is part of the country’s legal instrument that ensures the right of the Ethiopian woman, among others, to control her fertility, choose methods of contraception, protection against sexually transmitted infections. The State, meanwhile, has the obligation to provide adequate, affordable and accessible health services and establish and strengthen pre-natal, delivery and post-natal health, and also authorise medical abortion in certain cases.

In terms of health financing initiatives, the Abuja Declaration (2001) was a pledge that at least 15% of national budgets would be used annually for public health spending to improve healthcare systems. The MoH estimates its health expenditure as a share of general government expenditure based on the country’s commitment towards the Abuja Declaration and strives to meet the cut-off target.³⁶

Ambitious and progressive national health legal and policy framework

Legal frameworks provide the basis for creating a policy environment for all, including guiding development partners in their commitment to allocate resources. The Constitution of Ethiopia sets out the State’s obligation to allocate increasing resources for public health (Article 41.4) and explicitly states the rights of women to access to family planning education, information and capacity to prevent harm arising from pregnancy and childbirth (Article 35.9).

In relation to SRH, of particular interest is the Revised Criminal Code (2004)³⁷ that liberalised the most restrictive abortion law, by expanding the conditions under which safe abortion could be provided. As mentioned in Chapter 2, this had a significant impact in reducing incidences of unsafe abortion, thereby reducing maternal mortality and morbidity.

Ethiopia has included several targeted policies that address population, health, women and HIV/AIDS, among others, in its national strategies and plans. Following the Health Sector Development Plans I–IV (1997/98–2014/15), it has been implementing the subsequent five-year Health Sector Transformation Plans (HSTP) I and II (2015/16–2024/25). HSTP II’s major focus is reproductive, maternal, newborn, child, adolescent and youth health. These have their own specific strategies, for instance, the National Reproductive Health Strategy (2006–2015) (later reviewed (2016–2020) and (2021–2025)). The plans are designed to transform the health sector by improving the provision of quality and equitable comprehensive health services at all levels. With an

objective of universal health coverage, both plans have a major focus on reproductive, maternal, newborn, child, adolescent and youth health. These national policies, plans, strategies and guidelines were given impetus by the above global and regional development frameworks and also World Health Organization Guidelines.

Continental agriculture declaration commitments

In the agriculture sector, on the other hand, both the Comprehensive Africa Agricultural Development Programme, and the African Union Declaration on Land commitments, which are aligned under the Sustainable Land Management Program (SLMP), are used to determine Ethiopia's commitment and also set its own national target to combat climate change and implement SDG .

Nationally determined contributions to combat climate change

In the agriculture sector, the SLMP (under which land certification and resultant conservation falls), is used as the main driver of the nationally determined contributions (NDC) target.

The revised NDC (July 2021) proposes an emission reduction target of 68.8%, more ambitious than the first NDC target of 64%. In the revised NDC, the country states it considers the SLMP launched in 2008 primarily for combating low agricultural productivity and land degradation, which the land reform is part of, as a way of mainstreaming green economy into sector programmes to reduce climate vulnerability.³⁸

Change in legal framework for land certification

Article 40.3 of the Constitution of Ethiopia (1995) unequivocally bestows the right of ownership of rural and urban land exclusively vested in the State where land is a common priority of the people of Ethiopia and shall not be subject to sale or exchange. Proclamation No. 456/2005 of the Federal Land Administration and Land Use is the impetus for SLLC and digitisation of land information. Proclamation No. 456/2005 recognises the need to put in place legal conditions which are conducive to enhancing and strengthening the land use rights of farmers to take the necessary conservation measures in areas where there is threat of soil erosion and forest degradation.³⁹

Proclamation to sustain gains from rural land certification

One proclamation – widely acclaimed as a highly progressive and synergistic move and which played a crucial role in transforming land from a dormant asset into a market-integrated one – is the directive from the National Bank of Ethiopia. With the introduction of Proclamation No. 1147/2019 on Movable Property Security Rights, the National Bank of Ethiopia paved the way for the recognition of farmers' land-use rights and produce as valid forms of collateral for loans, further bolstering the integration of land assets into the country's financial system.⁴⁰

Alignment

The principle of alignment for aid effectiveness refers to donors supporting recipient countries' national development strategies, institutions and procedures. The study finds that overall aid management, management of programme resource, the pooled fund mechanism in the health sector as well as the One Plan, One Budget, One Report approach are some of the elements that facilitated the encouraging development outcomes the country has achieved in the study period.

Overall aid management

For external finances that are on-budget, the only ministry that has the mandate to sign with donors is the Ministry of Finance (MoF). Regional governments and sectors do not have the legal mandate to sign agreements with development partners. Key informants we spoke to at the MoF believe this has helped the country to streamline foreign aid. According to key government informants, if a regional government or a ministry other than MoF attempts to circumvent this process – possibly to avoid deduction from their regular budget or due to unfounded concerns around the funds being managed by MoF – the MoF has mechanisms to trace anomalies.

For instance, only the MoF is authorised to issue a letter of support, thereby preventing other ministries or regional governments from securing tax-free commodity imports through donor agreements without the requisite endorsement from the MoF. For flows that are off-budget (Channel 3), donors sign agreements with non-governmental organisations but they have to notify the government. However, as we saw in Chapter 1, a significant amount of foreign aid is on-budget. As established in the [financial landscape](#) section of the paper, the fact that the World Bank, which provides slightly more than one-third of total external financing, provides support on-budget allows the MoF to consolidate and monitor external financing. All aid agreements are expected to be based on the current 10-year Development Plan 2021–2030 (and previously the five-year plans – the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) 2005/06–2009/10; the First Growth and Transformation Plan (GTP I) 2010/11–2014/15 and the Second Growth and Transformation Plan (GTP II) 2015/16–2019/20). The Global Partnership for Effective Development Co-operation's latest report (2018) indicates that alignment of development partners to the country's priorities is high – 82%. This is higher than the alignment average for other least developed countries – 66%.⁴¹

It is important to note that Ethiopia has a unique relationship with development partners. Since the 1990s, political leaders have often challenged and sometimes rejected conditionalities.⁴² This might have facilitated some of the organic approaches the country has been following to chart its own path in either streamlining donor money and reporting or adopting organic programme strategies mentioned later in the report.

According to the FY2021/22 report of the MoH's Annual Performance Report 2021/22, slightly more than three quarters (76%) of the total amount of money committed by donors were disbursed using Channel 2 (to the MoH). The MoH often assumes the

greater role in intervention implementation, which has helped in streamlining activities using government machinery.

Pooled fund mechanism

In 2015, the MoH and development partners signed a joint financial agreement to direct resources to a pool funding mechanism for the health sector.⁴³ The fund **is the main source of flexible funding to plug strategic gaps in the sector's annual budget and implement the Health Sector Transformation Plan**⁴⁴ where SRH and MNCH are priority areas. Before this agreement, Ethiopia was also one of the first countries to be part of the International Health Partnership Compact Plus in 2008, which set out principles and commitments to improve health aid management.⁴⁵ A pooled fund mechanism in the health sector is not new as the country was a beneficiary of the MDG Performance Fund during the MDG era.⁴⁶ MDG pooled funds have been acknowledged by the MoH as the one of the factors of success in the health sector.⁴⁷ Such pooled fund mechanisms are managed by the MoH and are largely left unearmarked, which allows the MoH to direct resources to underfunded areas.

The MoH manages and uses the pooled fund within the health system strengthening framework. The Ministry provides flexible resources for specific federal grants for public goods and capacity building. It also provides resources to secure additional finance to the Health Sector Transformation Plan, where SRH and MNCH are priority areas in the sector's strategy plan.

The flexible pooled fund has been crucial in delivering the country's ambitious HSTP actions. According to an evaluation report by the UK's Foreign, Commonwealth & Development Office, for example, without the pooled fund, the strategic plan of the sector would have significant funding gaps that cannot be filled easily by donor or domestic sources in the short term.⁴⁸ Apart from the volume of resources, the mechanism is also recognised as a much more efficient and effective way of channelling funding at lower management and transaction costs, avoiding multiple reporting processes.

One Plan, One Budget, One Report

The Ethiopian government coordinates the interventions of various donors under 'One Plan, One Budget, One Report', or the 'Three Ones'. The aim of this is to ensure accountability and transparency with zero tolerance to parallel reporting systems and fragmented and disjointed activities. Under the Three Ones strategy, all institutions and actors in the health system use a standardised reporting format based on jointly set indicators using one monitoring schedule. The Three Ones approach has streamlined interventions and deterred parallel donor-funded programmes. It helped the MoH to ensure alignment and mobilise partners to support the effort to strengthen the health system.

Core health plans at federal and regional levels are prepared showing aid allocation at the Woreda/district level. Woreda-based health plans are broken down by thematic areas

against allocated budget. This allows the MoH to regularly monitor alignment to the sector's plan, its priorities and ensure adequate funding flows to under-funded areas. NGOs notify the government about what they receive through Channel 3 (off-budget), which then is reflected in the core plan. During the MDGs and later the SDGs pooled funds, the approach under the 'One Report' approach standardised the reporting mechanism, which are reviewed jointly by the MoH and development partners. This approach also facilitated the adoption of common indicators within a common monitoring and accountability framework. The Three Ones approach has helped in developing common indicators for the health system, standardised monitoring and evaluation frameworks, and facilitated joint reviews/monitoring visits. However, the private sector is not well integrated yet, especially in rural areas.⁴⁹ This approach also facilitated the adoption of common indicators within a common monitoring and accountability framework.

Fit-for-purpose approaches

The fit-for-purpose approach refers to the adoption of approaches with appropriate capacity and skills to deliver. The country has been adopting contextually appropriate approaches to implement its ambitious intervention plans, and donors have been resourcing these initiatives.

Below, we discuss two appropriate approaches for both the health and agriculture sectors:

1. Health sector: Ethiopia's health extension programme and task shifting service strategy
2. Agriculture sector: para-surveyors and open source.

Health Extension Workers and the Women's Health Development Army

Ethiopia's approach to build a health extension programme (HEP) out of 40,000 health extension workers (HEW) aided by model families and three million part-time volunteer women health development army that have deeper grassroots network. The HEP has helped transform the whole community-based healthcare system, particularly in primary healthcare. The HEP, rolled out in 2003, trained young women as HEW for one year on preventive primary health services. They were deployed in pairs to rural lowest administration level/kebele, with the main aim of supporting behavioural change around unhealthy practices. According to Ethiopia's MDG 2012 report, for instance, the HEPs played a significant part in improving reproductive health and reducing child mortality rates.⁵⁰ Success in antenatal and delivery care is also largely attributed to the country's HEP.⁵¹

The extension workers are salaried and full-time certified practitioners and, according to key informants, their assignment seriously because it also offered career advancement. Half of their time is spent at one of the five Woreda/district health posts and the rest on household visits. The HEP is structured like a pyramid – at the bottom are rural health

posts where the extension workers are based, serving 3,000 to 5,000 people; the second level.⁵²

Development partners have been supporting the health extension programme. A quick look at Ethiopia's programme-based budget shows the capital budget for 'strengthening the health extension programme' attracted ETB 2,774,590 in FY2015/16. This grew to ETB 20,336,500 the following year. This came in the form of training, teaching materials, distribution of supplies and medical equipment and drugs, among others. The government, on the other hand, supported an estimated US\$13.6 million in salaries a year,⁵³ or 21% of government's recurrent expenditures and 32% of Woreda/district-level recurrent expenditures.⁵⁴

Task shifting in SRH and MNCH interventions

The HEP was designed not only to improve healthcare access, but also to fill a gap in the health workforce. 'Task shifting', according to the WHO, is the redistribution of tasks among health workforce teams where specific tasks are moved from highly qualified health workers to health workers with shorter training and fewer qualifications.⁵⁵ It is recommended that task shifting is included in national human resource policies, particularly in sub-Saharan Africa, to cover healthcare staff shortages, such as in the case of contraceptive and abortion services.⁵⁶

In Ethiopia, the rural health extension packages provided 18 services in four thematic areas – family health services (maternal and child health, family planning, immunisation, adolescent reproductive health, nutrition), disease prevention and control (HIV/AIDS, TB, malaria, and first aid); hygiene and environmental sanitation (proper and safe excreta disposal, solid and liquid waste management, water supply measures, food hygiene and safety measures, rodents and arthropods control, and personal hygiene) and health education and communication.⁵⁷ For these four programmatic areas, young women were recruited based on their ability to communicate in the local language as they are residents of the community and had only reached mid-level high school.⁵⁸ Despite undergoing only 12 months of training, they were able to support and take responsibilities which would otherwise have been provided by high-level practitioners or certified midwives, such as administering injectable contraceptives.

Para-surveyors for registering rural land

Similar to the approach used in the health sector programme for SRH and MNCH, the MoA followed an organic approach and employed para-surveyors. The ministry also opted to develop the National Rural Land Administration Information System (NRLAIS) using open source. While we selected these two examples for this report, the fit-for-purpose approach is not limited to these two examples only.

In order to address the shortage of trained surveyors during the Ethiopian land certification process, the government enlisted the help of para-surveyors. Just like the organic HEP approach discussed above for the health sector, these were typically young people with a minimum of a 10th-grade education. They were given one week of training

in land surveying techniques, including how to use GPS devices and how to demarcate land boundaries. The para-surveyors were then deployed to help with the surveying process in their local communities, working under the supervision of more experienced surveyors. This approach helped to bridge the gap in the surveyor workforce and allowed for a more efficient and effective land certification process. The use of para-surveyors had the additional benefit of providing employment opportunities for young people in rural areas, helping to address issues of youth unemployment and poverty.

Use of open-source software for land administration

NRLAIS was developed entirely using open-source software (OSS).⁵⁹ This approach allowed the MoA to leverage existing software development resources and avoid the high costs associated with proprietary software solutions. In addition, the use of OSS provided the Ministry with greater flexibility and control over the NRLAIS database, as the Ministry is able to modify the software to meet specific needs and integrate it with other open-source tools and technologies.

By using OSS, the Ministry was also able to ensure that the NRLAIS database was compatible with future technologies and systems and could be easily shared and accessed by other stakeholders in the land administration process. This can also help to increase transparency and accountability in land governance and support sustainable land use and management practices. Overall, the use of OSS in the development of NRLAIS was a cost-effective and practical solution that has helped to improve land administration in Ethiopia.

Chapter 4: Practical challenges

It should be noted that this report does not imply that the performance in the programmes assessed here are without challenges. This chapter identifies challenges that are either specific to the programmes assessed or the overall respective sector. Certain challenges pose a threat to the sustainability of the achievements and might even reverse the gains made in over a decade and half.

Challenges in the health sector

Changing external financing landscape and the issue of sustainability. There is a possibility that some of the progress made in the health sector may not be sustained due to unpredictable external factors. For instance, key stakeholders have pointed out that external funding for the health sector is decreasing for various reasons such as the UK, one of the major funders of the health sector, changing its aid policy and reducing its aid budget. Additionally, the Covid-19 pandemic and the Ukraine–Russia war have diverted the attention and resources of the Global North. These fast-changing external factors together with the low level of domestic spending (5.7% on sexual and reproductive health (SRH) and maternal, newborn and child health (MNCH)) pose a threat to the continuity of progress made thus far, let alone meeting ambitious targets of the sector. Furthermore, unlike the second level of land certification (SLLC) in the agriculture sector, there is no clear roadmap for financial sustainability for the programmes.

Limited fiscal space for health. As highlighted in Chapter 2, the country has not yet fulfilled the Abuja commitment to allocate 15% of the total fiscal budget to the health sector, as it currently stands at 8.5% of the total budget. The limited fiscal space for health so far has left the country relying heavily on external financing. This is unsustainable given the continuously changing landscape (Figure 4) and still high out-of-pocket payments being made by households.

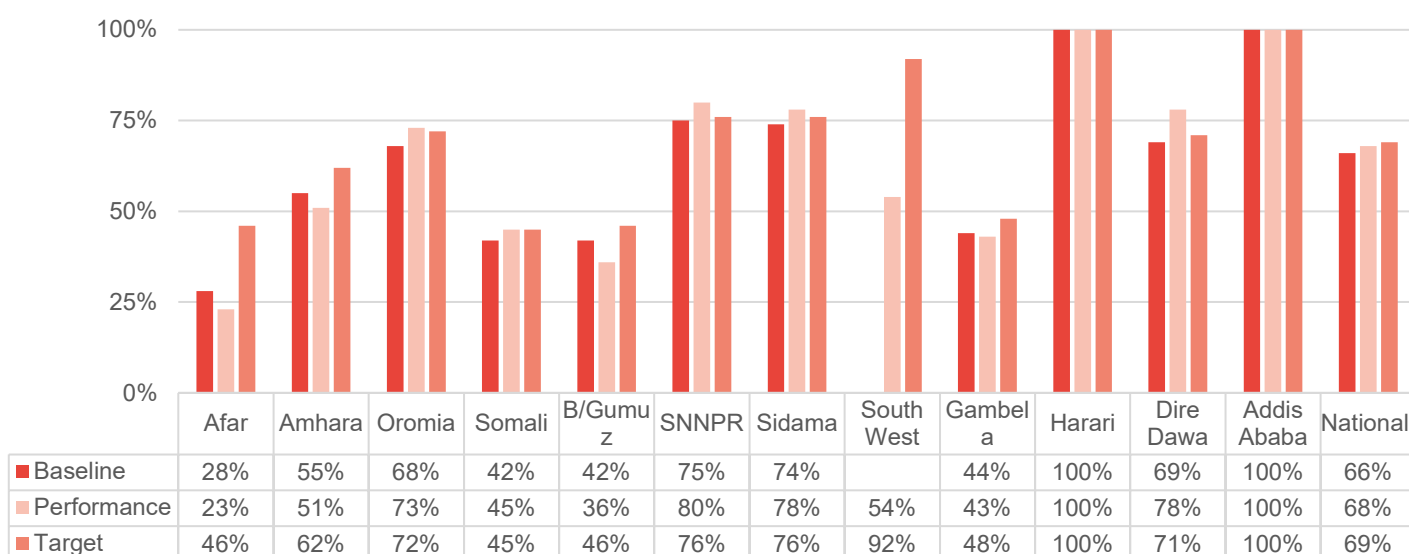
Shocks leaving the health sector in a constant state of emergency. The health sector has been facing constant pressure due to external shocks such as recurrent drought, internal displacement caused by ethnic clashes, the recent conflict in northern Ethiopia, and the Covid-19 pandemic. The two-year long war severely affected health infrastructure and systems in northern Ethiopia, with significant consequences for public health services. The healthcare sector suffered extensive damage, and healthcare infrastructure was disrupted in many areas, especially in the Tigray, Amhara and Afar regions, which were hotspots during the conflict.⁶⁰ As a result, the gains that the country had achieved in health outcomes since the MDGs may have been reversed. According to a study conducted during the first six months of the conflict, in Tigray region alone only 30% of

hospitals, 17% of health centres, 12% of ambulances, and none of the 172 health posts were functional.⁶¹ But that was not the only security issue the country has experienced. The number of internally displaced people across the country has been increasing, particularly post-2018 due to sporadic ethnic clashes.⁶² The continuous state of health emergency has added to the burden on existing health centres to cater for new caseloads

Sustaining the Women’s Development Army achievements. The sustainability of achievements made during the implementation of HSTP-I (2015/16–2019/20), particularly in relation to the success of the Health Extension Programme (HEP) through the crucial support from the Women’s Development Army, is critical. However, the HSTP-II (2020/21–2024/25) document raised an alarm that the functionality of these structures has shown signs of decline, and some of the army leaders did not display model behaviours as previously observed. Considering the country’s goal of achieving Universal Health Coverage (UHC), it is crucial to maintain this fit-for-purpose approach that has resulted in near UHC in rural areas.

Significant regional disparity. In addition to the aforementioned challenges, the health sector is also plagued by regional disparities. As per the Ministry of Health (MoH) Annual Performance Report for FY2021/22, the national average for births attended by skilled health personnel is 68%. However, this figure masks the reality that in certain regions, such as Addis Ababa and Harari, the percentage of births attended by trained personnel can be as high as 100%. While for regions like Afar and Benishangul-Gumuz, this figure can be as low as 23% and 36% respectively (Figure 5). The MoH Annual Performance Report also notes such regional disparity exists in other indicators too, such as contraceptive use and safe abortion.

Figure 5: Regional performance in proportion of births attended by skilled health personnel, 2021/22



Source: Ministry of Health (2022) Annual Performance Report for fiscal year 2021/22

Notes: B/Gumuz = Benishangul-Gumuz; SNNPR = Southern Nations, Nationalities, and Peoples' Region.

Sensitivity to shocks. Due to domestic conflict and global crises such as Covid-19, changes in UK aid policy, and the recent Ukraine-Russia war, the country recently experienced a specialised commodity crisis.⁶³ This crisis is particularly detrimental in the context of reproductive health. The Ethiopian Pharmaceutical Supply Agency (EPSA), established in 2007, is expected to procure and distribute pharmaceuticals through the Drug Fund, with the aim of alleviating major health issues, ensuring affordable prices and high-quality pharmaceuticals, and promoting sustainable public health institutions. However, EPSA faces significant challenges in securing funding. For example, according to accounts of key informants, despite an estimated family planning commodity budget of US\$19 million, the government allocated only US\$3 million and expected to raise the remaining US\$16 million from partners. Unfortunately, due to the ongoing domestic and global crises, this target was not met, leaving the country vulnerable to commodity insecurity.

Low engagement of the private sector. There are no formal channels to engage the private sector in national health priorities. This was also noted as a serious barrier to involving the private sector in HIV/AIDS programming, according to USAID's President's Emergency Plan for AIDS Relief 2019 sustainability index and dashboard narrative.⁶⁴ Some of the challenges noted by key informants range from implications on tax to illegal activities where some healthcare providers may be providing services above the standard service provision permitted.

Challenges in the rural certification programme

Respondents noted programme-specific challenges of the rural certification programme. These include:

The pace of certification may lead to increasing inequalities. Farmers that have already secured land certificates have been able to access credit and invest in both on- and off-farm activities, which can contribute to increased productivity and income. Therefore, it is essential to expedite the process of issuing land certificates to the remaining farmers for inclusive growth and to reduce inequalities between regions and households.

Efficient management of the pace to cover the remaining 25 million parcels is crucial to prevent exacerbation of inequalities between those who have already secured land certificates and those who have not. It is important to ensure that implementation of the exercise is fair and equitable across all regions to avoid any regional disparities.

Lack of access to appropriate technology. In regions like South West, where dense forest cover is prevalent, capturing orthoimages for land registration has proven to be challenging. Drones are unable to manoeuvre effectively, and the dense forest canopy often obscures satellite images, while GPS readings can be affected by errors. The lack of alternative technologies to capture land parcel data has resulted in a slower pace of registration and certification in such areas, as it is difficult to accurately identify and map land parcels.

Lack of a common monitoring and evaluation framework. Key informants cited this as one challenge. Beyond harmonising methodological approaches, there is no common monitoring and evaluation framework to establish clear goals and targets and a standardised approach to measure progress and identify areas of improvement.

Challenges in overall aid management platform

The aid management platform (AMP) at the Ministry of Finance (MoF) has been built to provide reliable, timely and relevant aid information for both the government and development partners. While government benefits from predictable aid, development partners also use the AMP to monitor the actual utilisation of resources and results through its inbuilt monitoring and evaluation tools.

The AMP built by a foreign company suffers from the absence of necessary documentation that is needed for backend coding.⁶⁵ This, according to key respondents, has made the system dependent on the third-party supplier and raised questions about the longevity of its operational use and sustainability cost wise.

Conclusion

While investment is undoubtedly a critical factor and a necessary condition for achieving positive development outcomes, it is not a sufficient condition by itself if not accompanied by an enabling environment. It is equally crucial to recognise that assessing development outcomes based solely on investment is inadequate. The study applied comprehensive evaluation by considering various factors, such as policies and laws, fundamental structural transformation, the state of global policy architecture, organic and fit-for-purpose approaches, political commitment and leadership, and streamlined aid management, among others, as conditions for the effectiveness of aid in the selected programmes in Ethiopia.

Achievements in the health sector, from meeting a Millennium Development Goal target to accelerated development outcomes particularly in sexual and reproductive health, and maternal and child health, have been possible largely thanks to the way the sector has been organised. Health sector actors are organised under the One Plan, One Budget, One Report strategy with strong support from the donor coordination platform.

In the agriculture sector, despite the fact that the Ethiopian government owns all land in the country, it undertook one of the largest, most cost-effective, and fastest rural land reforms in Africa. The land registration and certification process, which aimed to formalise rural land-use rights and provide legal tenure to farmers, was carried out efficiently and at a relatively low cost, contributing to its success and wide recognition as a model for other countries to emulate. The study established the development outcomes of this exercise on gender empowerment, environment conservation, productivity and access to credit by smallholding farmers.

As discussed in Chapter 2, the Government of Ethiopia initiated the first level of registration and issuance of rural land certification using traditional techniques such as using tapes and ropes, field markings and local residents' recollections on plot borders. The government began this in the Amhara region using the country's own domestic resources. The cost is estimated to be as low as US\$1 per plot. The success in the first round of registration triggered donor support (both in the form of grants and loans), but the capital budget contribution from the government remained less than 1%. The second level of land certification exercise is costly because of spatial data collection and developing and managing the National Rural Land Administration Information System.

Streamlining implementation through government machinery and having the government and its parastatals as the primary implementers of the programmes assessed in the paper has resulted in better harmonisation and coordination. By having a clear line of authority and accountability, it is easier to ensure that different components of the programmes are working together towards common goals. This approach also enables

better alignment with national priorities and strategies, as the government can ensure that the programmes are aligned to broader development goals and policies. Additionally, the government being the primary implementer can lead to greater ownership of the programmes, which can enhance their sustainability and long-term impact.

Homegrown initiatives, for example the health extension women's army and the first level of rural land registration, were largely government-initiated and led, with support from development partners. This approach has been effective in enabling Ethiopia to chart its own path, with development partners providing support and technical assistance where needed. The government took the lead in designing and implementing these programmes, with financial and technical support from development partners to help build capacity and provide technical expertise. The success of the programmes has helped in attracting further support and resources.

Appendix 1: Major donors' support to land registration and certification in Ethiopia

Donor	Year	Name of project	Amount	Description
USAID	2005–2008	The Ethiopia Land Tenure and Administration Program (ELTAP)	US\$5.7 million	Strengthen land rights, build capacity, and map and certify individual and community lands across Ethiopia
	2008–2013	Ethiopia Land Administration Program (ELAP)	US\$5 million	Registering communal land in pastoral areas
	2013–2018	Ethiopia Land Administration to Nurture Development (LAND)	US\$10.5 million	Support the Government of Ethiopia in the provision of map-based land certificates to farmers in four regions to increase income, secure land ownership for 6.1 million households, of which around 70% will be women.
UKAID	2014–2021	Land Investment for Transformation (LIFT)	£70 million	As part of a larger support to land
EU/GIZ	2014–2018	Support to Responsible	€3.3 million (co-financed by the EU)	

		Agricultural Investments in Ethiopia (S2RAI)	with €3 million and €300,000 from Germany)	governance in sub-Saharan Africa, one of the objectives of S2RAI in Ethiopia was to systematically secure local communities' legitimate tenure rights
EU/BMZ	2019–2025	S2RAI-II (as a module of the Global Programme 'Responsible Land Policy')	€8.9 million (€6.5 million from BMZ and €2.3 million from the EU)	As above but also supporting the establishment of a digital investment information system – the Commercial Agricultural Management Information System (CAMIS)
GIZ	Jan 2020–Dec 2022	Land Governance (LaGo)	€10 million	Capacity development and policy advice to plan and prepare land consolidation procedures and voluntary land exchange legal framework
Finland	2011–2016	Responsible and Innovative Land Administration in Ethiopia (REILA)	€13.9 million	Improved livelihood and economic wellbeing through sustainable land management practices. One of the components of the project was developing basic land administration in two regions.
	2017–2023	Second phase – REILA-II	€8.8 million	Improved and appropriate land administration system for Ethiopia and improved land

				tenure security for rural land users
World Bank	2008–2013	<u>Sustainable Land Management Project</u> , also addressing rural land certification and administration under Component 2	US\$26.8 million (of which Component 2 had been allocated US\$3.43 million)	Reduce land degradation in agricultural landscapes and improve the agricultural productivity of smallholder farmers.
	2014–2019	<u>Second Phase of the Sustainable Land Management Project (SLMP-II)</u> , also addressing Rural Land Administration, Certification and Land Use under Component 3.	US\$107.6 million (of which Component 3 had been allocated US\$12.2 million)	Component 3: Rural land administration to enhance the tenure security of smallholder farmers in the project area in order to increase their motivation to adopt sustainable land and water management practices on communal and individual land
	2019–2024	<u>Climate Action through Landscape Management (CALM)</u>	US\$500 million	Increase adoption of sustainable land management practices and to expand access to secure land tenure in non-rangeland rural areas

Source: Compiled from donor's webpages

Note: The share of specific land administration within larger programmes such as SLMP and Climate Action is less than the stated amount.

Appendix 2: Key informant interview guiding questions

Key informant interview guiding questions

Background: Why this sector?

1. Is this the right sector to demonstrate the success? How so?
2. What are the main sources of funding for this sector/programme? Has ODA/donor funding been constituting a significant share of the sector/programme's funding? What is the situation now with regard to donor funding?
3. What are the key focus areas/activities/interventions funded by donors in this sector/programme?
4. What sets the sector/programme/issue apart from all other sectors for us to form a narrative around 'good aid'?

National ownership: Setting priorities

5. How are priorities set in this sector/programme?
 - Who makes decisions on where aid money goes? Is there a consultative process for identifying and prioritising needs?
 - What are the sector/programme-specific policies that guide prioritisation of funding?
 - How are the priorities linked to national long-term development blueprints and medium-term expenditure frameworks?
6. How are programmes/interventions designed? Is it government or donor driven or a collaborative approach?
7. How do you compare the government's attention to this sector compared to others? What drives such focus?
8. How do you compare donor's interest in this sector compared to other sectors? What drives such focus?

Alignment with national priorities and systems/structures

9. To what extent do donors align their aid with government's priorities in this sector/programme? Is there a process/mechanism of aligning priorities?
-
10. What are the fiduciary systems (e.g., auditing, M&E, procurement etc) and programme management structures that have been established to ensure effective and transparent management of aid?
- How effective are these systems/structures?
 - Do donors use these systems/structures or do they create parallel systems/structures?
 - Do donors provide any technical support or capacity building to strengthen existing systems/structures?
-
11. Is aid often disbursed by donors according to the agreed schedules? What are the best practices? What can be improved?
-
12. To what extent is aid tied to procurement of goods and services from the donor's country? Are there any other conditionalities that limit the use/management of aid?
-

Harmonisation and coordination of aid/donor action

13. What are the general aid coordination platforms that have been established to ensure effective delivery of aid? Is there a sector-wide coordination approach?
-
14. Is there a specific coordination platform for the current sector/programme that brings together the responsible ministry, department or agency (MDA) international non-governmental organisation/civil society organisation? How is it different from other donor coordination platforms?
-
15. How does the platform work/operate? Who participates in it, what is the frequency of meetings, what is discussed etc.
-
16. Who sets the agenda in the platforms? How do you assess the power balance in decision-making?
-
17. What has worked well in the platforms? What can be improved?
-
18. How do you work with the government to conduct joint field missions, needs assessments etc? (Donors only)
-
19. How do you coordinate with other donors who are funding this sector/programme to ensure complementarity and avoid duplication? (Donors only)
-

Accountability, impacts and results

20. What are the performance measurement frameworks that have been established to monitor and document the impacts/outcome of aid provided to this sector/programme?
-

21. How effective is the performance measurement framework? Are there best practices and/or areas for improvement?

22. What are the top indicators of impact/achievement in this sector/programme?

23. How did aid contribute to achievement of these impacts? What other factors contributed to success?

24. What are the remaining gaps/challenges that need to be addressed to ensure faster progress in achieving intended impacts/results?

Sustainability, best practices and lessons learnt

25. How sustainable are the interventions/programmes funded by donors? Are there interventions that have graduated from donor dependence to full government funding?

26. What are the overall best practices in aid management in this sector?

27. What lessons can be learnt from the experience in aid delivery and management in this sector?

28. What are the overall areas for improvement? What would be your recommendations for improvement?

Appendix 3: List of KIIs

No.	Organisation	Title	Date of interview
1.	Consortium of Christian Relief & Development Association (CCRDA)	Senior Director, Programme Development and Management, core team	13/01/2023
2.	CCRDA	CCRDA/DCA Project & WSF Coordinator	13/01/2023 05/04/2023
3.	Ministry of Finance	Advisor to State Dept at the MoF – Dev Cooperation unit	23/01/2023 23/03/2023
4.	Ministry of Planning and Development	Advisor to the Minister	16/03/2023
5.	The David and Lucile Packard Foundation	Country Advisor	23/03/2023
6.	The David and Lucile Packard Foundation	Advisor	24/03/2023
7.	EngenderHealth	Country Director	06/04/2023
8.	Ministry of Agriculture	Land Executive Officer Rural Land Admin and Use	06/04/2023
9.	Ministry of Finance	Aid management platform coordinator	07/04/2023
10.	World Resources Institute	Senior Associate, Energy Access Finance	11/04/2023
11.	World Bank	Climate Action through Landscape Management programme team member	13/04/2023
12.	Ministry of Agriculture	National Program Coordinator, Sustainable Land Management Program	13/04/2023

Notes

¹ The five guiding principles of aid effectiveness are ownership of recipient countries, alignment to recipient countries' agenda and systems, harmonisation among donors, managing results, and mutual accountability. The definitions given are from:

<https://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm>

² In a typical budget cycle, more than 80% of the capital budget for health and agriculture sectors relies on external assistance compared to recurrent budgets that are sourced from Treasury/revenue of the country.

³ It is worth noting that the programmes under assessment are also logistics and human resource intensive whose budgets are often covered by the national government's recurrent budget.

⁴ OECD, 2016. Handbook on the OECD-DAC Gender Equality Policy Marker. Available at:

<https://www.oecd.org/dac/gender-development/dac-gender-equality-marker.htm>

⁵ [PASDEP \(2005/06-2009/10\)](#) ; [GTP \(2010/11-2014/15\)](#); [GTP II \(2015/16-2019/20\)](#)

⁶ Note that the SLMP targets mainly natural resources development. While land administration takes a smaller portion, due to lack of project-based budget documents, the analysis had to rely on programme-based budgets.

⁷ Ethiopia: Building on Progress: A Plan for Accelerated and Sustained Development to End Poverty (PASDEP) (2005/06-2009/10). Page 174. Available at: <https://www.fao.org/faolex/results/details/en/c/LEX-FAOC151429/>

⁸ Federal Democratic Republic of Ethiopia, 2010. Growth and Transformation Plan 2010/11-2014/15. Page 94. Available at: [https://www.fao.org/faolex/results/details/en/c/LEX-](https://www.fao.org/faolex/results/details/en/c/LEX-FAOC144893/#:~:text=The%20present%20Growth%20and%20Transformation,income%20economy%20as%20of%202020%2D)

[FAOC144893/#:~:text=The%20present%20Growth%20and%20Transformation,income%20economy%20as%20of%202020%2D](https://www.fao.org/faolex/results/details/en/c/LEX-FAOC144893/#:~:text=The%20present%20Growth%20and%20Transformation,income%20economy%20as%20of%202020%2D)

⁹ The six components include (i) investment in field-based projects and programs for promoting and scaling up sustainable land management (SLM); (ii) improving land administration and certification system; (iii) building the capacity of public and private sector SLM advisory and other support services providers; (iv) improving the enabling policy, legal, institutional and financial environment for SLM; (v) building the Ethiopian Strategic Investment Framework (ESIF) SLM Knowledge Base; and (vi) management and implementation of the ESIF. Available at: <https://slmp.gov.et/wp-content/uploads/2021/02/Ethiopian-Strategic-Investment-Framework-For-Sustainable-Land-Management.pdf>

¹⁰ Federal Democratic Republic of Ethiopia, 2016. Growth and Transformation Plan II (GTP II) (2015/16-2019/20). Available at: [https://www.fao.org/faolex/results/details/es/c/LEX-](https://www.fao.org/faolex/results/details/es/c/LEX-FAOC169444/#:~:text=The%20main%20basis%20of%20the,are%20maintained%20through%20people's%20pa)

[FAOC169444/#:~:text=The%20main%20basis%20of%20the,are%20maintained%20through%20people's%20participation](https://www.fao.org/faolex/results/details/es/c/LEX-FAOC169444/#:~:text=The%20main%20basis%20of%20the,are%20maintained%20through%20people's%20participation).

¹¹ World Bank, 2007. The Cost of Land Degradation in Ethiopia: A Review of Past Studies. Available at:

<https://openknowledge.worldbank.org/entities/publication/6b4db67d-d93c-5646-8650-ad097c4565bc>

¹² Gedefaw, A.A, Andarge, A., Atzberger, C., Seher, W, Agegnehu, S.K, and Mansberger, R. 2020. Effects of Land Certification for Rural Farm Households in Ethiopia: Evidence from Gozamin District, Ethiopia. Land 2020, 9(11), 421. Available at: <https://doi.org/10.3390/land9110421>

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¹⁵ For details of the process, see for example Mekonnen, G. T. 2022. Rural land certification process in Ethiopia: Impact on land security and its contribution to land enhancing investment. Available at:

https://www.researchgate.net/publication/359010092_Rural_land_certification_process_in_Ethiopia_Impact_on_land_security_and_its_contribution_to_land_enhancing_investment

¹⁶ Toulmin, Camilla (2009). Securing land and property rights in sub-Saharan Africa: The role of local institutions. Land Use Policy, 26(1), 10–19. Available at: <https://doi.org/10.1016/j.landusepol.2008.07.006>

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- ⁴⁹ According to some key informants, this could be as a result of fear of accountability, implication on taxes, or illegal service without permission (for example, smaller clinics providing services beyond what is permitted on their license). However, during the validation workshop, the representative of Ethiopia Healthcare Federation, representing the private sector asserted that it is in fact lack of initiative from the MoH to integrate the private sector in reporting as well as some time-consuming bureaucratic procedures that the private sector does not want to spend time on.
- ⁵⁰ Ethiopia MDG Report, 2012. Available at <https://www.undp.org/ethiopia/publications/ethiopia-mdg-report-2012-0>
- ⁵¹ Gebrehiwot, T. G., Sebastian, M. S., Edin, K. and Goicolea, I. 201). The Health Extension Program and Its Association with Change in Utilization of Selected Maternal Health Services in Tigray Region, Ethiopia: A Segmented Linear Regression Analysis. Available at: <https://doi.org/10.1371/journal.pone.0131195>
- ⁵² Health centres serve 25,000 people and are managed by the equivalent of physician assistants that get three years' state-sponsored training. See more here: <https://2012-2017.usaid.gov/news-information/frontlines/child-survival-ethiopia-edition/female-army-leading-ethiopias-health-revolution>
- ⁵³ Others estimate this to be around US\$31.7 million a year. See for instance: Exemplars in Global Health. How did Ethiopia Implement? Available at: <https://www.exemplars.health/topics/community-health-workers/ethiopia/how-did-ethiopia-implement#ref6>
- ⁵⁴ Bilal, N. 2012. Health Extension Program: An innovative Solution To Public Health Challenges of Ethiopia – A Case Study. Available at: <https://www.hfgproject.org/health-extension-program-innovative-solution-public-health-challenges-ethiopia-case-study/>

- ⁵⁵ World Health Organization, 2008. Task shifting: rational redistribution of tasks among health workforce teams: global recommendations and guidelines. Available at: <https://www.aidsdatahub.org/resource/task-shifting-global-recommendations-and-guidelines>
- ⁵⁶ Mate M., Thiong'o F. 2018. Task Shifting on Provision of Contraceptives and Abortion Services in Maternal and Reproductive Health in Sub-Saharan Africa to achieve Universal Health Coverage: A Narrative Review. J Contracept Stud Vol.3 No.3:20. Available at: <https://contraceptivestudies.imedpub.com/task-shifting-on-provision-of-contraceptivesand-abortion-services-in-maternal-andreproductive-health-in-subsaharan-africato-achiev.php?aid=23384>
- ⁵⁷ Merq Consultancy Plc, 2019. National Assessment of the Ethiopian Health Extension Workshop Abridged Report – Dissemination Workshop. Available at: <http://repository.iifphc.org/handle/123456789/560>
- ⁵⁸ Upon completion of the 10th grade, students, based on their marks, are assigned either for vocational training or to complete 12th grade and to tertiary level. The only the exception is for pastoralist areas where men are allowed as extension workers upon completion of the 6th or 8th grade, yet another testimony of context-based approach.
- ⁵⁹ Tadesse, M., Tenno, T., Schoenweger, O., Redda, Y., and Hailu, Z. 2018. Building Harmonized Private and State Land Data and Information Systems in Ethiopia. Available at: <https://landportal.org/fr/node/87604>
- ⁶⁰ ICRC, 2023. Ethiopia: New footage from Tigray shows widespread destruction of health facilities. Available at: <https://www.icrcnewsroom.org/story/en/2046/ethiopia-new-footage-from-tigray-shows-widespread-destruction-of-health-facilities>
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- ⁶² Bayeh, E. 2022. Post-2018 Ethiopia: state fragility, failure, or collapse? Humanities and Social Science Communications 9, 463 (2022). Available at: <https://doi.org/10.1057/s41599-022-01490-0>.
- ⁶³ Specialised commodities are those that are distinct from general commodities applicable to all patients. For example, magnesium sulphate is used specifically for prevention and treatment of eclampsia, or pills and implants for family planning.
- ⁶⁴ PEPFAR Ethiopia – 2019 Sustainability Index and Dashboard (SID) Narrative <https://www.state.gov/wp-content/uploads/2019/12/Ethiopia-SID-2019.pdf>
- ⁶⁵ These are the Architectural Design Document (ADD); Detailed Design Document (DDD); Database Design Document (DBD); and Software Transfer Document (STD) documentation.

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