United Nations Children’s Fund (UNICEF)
Office of the Secretary of the Executive Board

Template for delegations providing comments on the
country programme documents
2020 Annual Session

Delegation name: European Commission
Draft country programme document: Ethiopia

Delegations are kindly invited to use this template to share their comments on any of the draft CPDs being presented during the forthcoming Board session.

In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline will be made public on the Executive Board website, and considered by the respective regional office, in close consultation with the country office and the concerned Government.

| General comments | The Commission welcomes the draft country programme for Ethiopia and appreciates the consultation exercise. The priority areas of the programme remain relevant in the Ethiopian context and in line with the comparative advantage of the organisation. We trust that the multisectoral, integrated, and comprehensive programme will contribute to progress towards the achievement of the child related Sustainable Development Goals in the country.

Ethiopia is likely to be strongly affected by the direct and indirect effects of the Covid-19 pandemic (i.e. pressure on the health system, widening fiscal gap, decline in exports, inflows of remittances and foreign direct investments).

According to IMF estimates, the growth of the Ethiopian economy for the 2019/2020 fiscal year will drop from 9% to 3.2%. These unexpected circumstances put at risks some of the social and economic progress and reforms that Ethiopia has achieved in the last years and makes development and humanitarian partners’ support even more important.

We understand that the draft programme was elaborated before the outbreak of the crisis and would welcome that the final version reflects how UNICEF intends to adapt its activities to address the new challenges.

From a humanitarian perspective, we regret that the document does not reflect the ongoing critical Humanitarian needs in Ethiopia requiring consistent and effective surveillance, response and follow up. Moreover, the document does not include elements on the operationalization and especially on the past and current context specific challenges and lessons learnt, namely coordination/collaboration with WFP, humanitarian access to IDP’s, timely rapid emergency response, etc.

UNICEF is a key and lead sectorial agency with experience and capacity – recommended to be further extended particularly at regional level- to ‘stay and deliver’ and ensure ‘last resort’ principled response in times of acute crisis. Recent years in Ethiopia have demonstrated the necessity to prepare, maintain and secure rapid response capacity for the sectors under UNICEF mandate. Partial or periodic state responsibilities failures would require UNICEF to have anticipated – and budgeted – potential expansion in emergency responses. |
We recommend that the CPD further integrates risks and assumptions potentially affecting its flagship programs, particularly security deterioration impacting any sustained delivery of proposed support.

Finally, the Commission shares the analysis that children on the move – as refugees, returning migrants, or internally displaced persons – are at greater risk of violence and exploitation; and would welcome that their rights and needs are taken into account more explicitly in each of the country programme priorities.

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<tr>
<th>Comments on specific aspects of the country programme document</th>
<th>Health</th>
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<td><strong>Health</strong></td>
<td>Health is a focal area of EU development cooperation in Ethiopia. Despite the decline in infant and child mortality, we share the concern about the limited improvement in neonatal morality and the high levels of maternal mortality. The EU Health Sector budget support programme will continue supporting the Ethiopia’s Health Transformation Plan for improved quality of health care, reduced inequity in health service delivery, increased domestic financing and sector governance. Special attention is paid to indicators related to the deployment of skilled birth attendant in narrowing the gap between the bottom 10% woredas and the national average, Ante-natal care 4 visits coverage, number of hospitals equipped with level 3 NICU, overall increase of health expenditure, etc. We welcome continued collaboration with UNICEF in our policy dialogue with the Government in these areas. Ethiopia is one of Africa’s most advanced country in its engagement to fight undernutrition and the integration of wasting treatment in the health system. This integration is one of the main recommendations of the GAP 2020 for improved treatment of wasting. Yet there is no reflection of this integration in the country program (i.e. mention of wasting identification and treatment in the paragraph dedicated to health, or mention of the fact that wasting is de facto integrated in health facilities and already at scale in the nutrition paragraph). Although it is understood that these sectors are distinct and have specific roles and priorities within UNICEF country program, we think this document is also an opportunity to highlight existing achievements and UNICEF’s will to encourage further efforts on integration.</td>
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| **Nutrition** | UNICEF remains a key partner supporting the Government of Ethiopia in the definition of actions and interventions linked to nutrition (from the development of data collection systems, defining content for nutrition packages provided by Health Extension Workers for Infant and Young Children and developing the training packages). We recommend however to be very vigilant not to substitute national systems (i.e. taking a step back in training aspects in order to establish a feasible long term approach).

We appreciate the collaboration with UNICEF in this area and look forward to the upcoming EU-UNICEF partnership (including also the private sector) on food fortification and the provision of nutrition sensitive support to children and pregnant mothers.

In the document, the nutrition paragraph appears a bit as a mix bag, where wasting, stunting, micronutrients deficiencies/ treatment and prevention are mentioned or referred to in the same paragraph. We would like to see more clearly what are the main priorities and what overall strategies will be applied to tackle them.

We would also expect to see mentioned the specific current challenges faced in the sector in Ethiopia, mainly: identification and treatment of wasting in |
infants (<6 months), challenges in the integration of MAM (in collaboration with WFP), challenges in discrepancy between surveillance data (W/H) and admission criteria (MUAC), advocacy for screening by community members.

**Water, Sanitation and Hygiene:**

Water, sanitation and hygiene is an area where the EU has been active (e.g. deep water drilling in arid areas with the cooperation of the EU’s Joint Research Centre). The provision of permanent water and sanitation in arid areas and poor suburbs will remain an objective of EU development cooperation in the coming years and we welcome cooperation with UNICEF in this field. Complementarity of the upcoming EU support in addressing Social Determinants of Health (SDH) for Gender Equality (in Ethiopia’s Developing Regional States) and UNICEF initiatives in WASH and Nutrition at sub-national level will be sought.

We would recommend that the WASH in School indicator reflects the impact on the existing coverage the program would have (as other WASH related indicators do).

**Learning and development:**

The main focus seems to be on pre-primary education, which is in line with what the Government wants to achieve in this regard even though pre-primary education is still not compulsory in Ethiopia.

Out of school children remain an important target, through alternative education programmes. We encourage UNICEF to emphasize the need for these programmes to be fully accredited and certified by the government; and to define/name these programmes (catch-up, AEPs).

The importance given to lower-secondary education should be greater in this strategy; one the reason of drop-out at upper-primary level is possibly the lack of secondary education supply/opportunities, particularly in rural areas. UNICEF playing on both humanitarian and development side, it is expected that their support should be greater at that level.

Gender is well included in all the education components.

Although education in not currently a focal sector of EU development cooperation in Ethiopia, the EU contributes to the Global Partnership on Education and the Education Cannot Wait fund. The EU Delegation in Addis would welcome to be more regularly informed about progress of activities funded by these programmes at local level.

**Child protection**

We welcome UNICEF’s work on addressing harmful norms and practices, violence against children, child marriage and FGM. We would like to flag that the EU will soon start the implementation of the programme ‘Social Determinants of Health for Gender Equality’ that will support the Government’s efforts to improve sexual and reproductive health services and to fight harmful traditional practices in the country’s Developing Regional States.