Delegation name: ________________________AICS AA________________

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

There is a mention in the document of a **multisectoral programming** with diverse partners but this approach that is intended to be used is not well expounded in the document.

The aim of having gender transformative programming based on the UNICEF Gender Action Plan 2018-2021 is meaningful: the **gender dimension** is fairly considered in the social policy, evaluation and research section and there is mention that the document has been prepared on the basis of a Gender Programmatic Review, however, the document does not clearly depict how the new country plan will be treating the gender dimension in the programmatic areas.

### Comments on specific aspects of the country programme document

Regarding the **Health** (pg.5): focus is given to MCNH, even in humanitarian contest. There is no attention to EPI and specific Neonatal services (i.e. NICU) in the light of Mini DHS 2019 results that showed the neonatal mortality still high and the EPI results very poor. The EPI problem has to be connected with the Be Bold initiative that UNICEF itself is promoting nowadays. Considering the importance given at Health Extension Programme, there should have been mentioning the role of HEWs in menstrual hygiene education in linkage with Learning and WaSH sections.

In relation to the section on **nutrition** (pg. 6): it is positive that UNICEF will be investing in data collection systems such as the District Health Information System and UNISE which will contribute in creating opportunities to reshape the current system by which evidence is generated to better meet the needs of the Country. However, investment in other forms of evidence generation (ex. Research activities) would also help in promoting interventions, measuring their effectiveness, and identifying gaps. Among the actions, it is missing the essential action for women in reproductive age regarding the iron intake.

In regards of **Child protection** (pg. 7) : the focus on end child marriage and FGM is long standing, and we recommend to take into
consideration the 10 year strategic plan currently under development by MoWCYA. The birth registration should be strengthened using the health services in place or making a connection between the municipality and the HFs in order to overcome the logistics barrier for parents.

Concerning the Social policy, evaluation and research (pg. 8): it is good to have such important component but ensuring the appropriate action/intervention after the policy is essential as well. Within the policy component, be sure to design the related evidence-based interventions in coordination with the respective authority.

In the risk management (pg. 9), the risk related to public health emergency is not well considered (i.e. COVID 19). Despite that, the identified mitigation measure is to have a resilient and prepared public system, that actually is a very long-term solution.