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.

Due to space constraints, we have not been able to elaborate it in the CPD itself. The concept of Flagship Results is designed to ensure multi-sectorality and integration across various sectors. This recognizes that a given issue (e.g. ending child marriage or eradicating stunting) can be achieved only through multi-sectoral approaches and partnerships and their integration. Flagship Results are priorities for children in Ethiopia that require collective prioritization. They require dedicated and sustained investment in terms of financial, human and other resources. Through this approach, which includes the larger investment, we can reap large, measurable change for children in which UNICEF’s contributions are evident.

Each Flagship Result has core outputs and indicators that are already included in the Country Programme’s results structure, along with annual and five-year programme targets for measurement and accountability. Each Flagship Result also has important, related contributing outputs and indicators from different Programmes that will be part of Flagship Result achievements and reporting. Both development and humanitarian work and indicators contribute to the achievement of the Flagship Results. Flagship Results are also tied to UNICEF Global Cause Framework to maximize reach and engagement with allies and influencers across digital and face to face platforms and groups.

For instance, the child protection work on social norms with parents, teachers, religious leaders, adolescents etc. to combat child marriage, is complemented by a holistic set of other actions which address other factors to child marriage. Education actions such as work on gender clubs in schools, curriculum reform, skills development programs. WASH actions such as menstrual hygiene management, construction of separate latrines in schools/health facilities. Social protection actions to support families who may push an adolescent girl to marry early due to lack of livelihoods etc.
Flagship results envisage, therefore, a set of multisectoral outputs to contribute to the same outcome and are supported by a mix of Government partners, Civil Society Organizations, media, private sector.

Our programme has also other examples of multi-sectorality beyond Flagship Results. For instance the support to the Health Extension Workers is a joint venture between Health, Nutrition, WASH and Communication for Development, whereby training packages look at both health and nutrition practices, and we leverage their community outreach to deliver hygiene and other non-health/nutrition messages to the families they visit (e.g. out of school referrals).

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.

UNICEF Ethiopia has carried out a gender review to inform its program, identifying entry points for gender transformative interventions. Our Program Strategy Notes elaborate gender responsive and gender transformative programs in each sector. Examples of gender dimension is our work on education to strengthen gender clubs, to combat gender based violence in schools and to use skills development curricula to empower girls and combat gender inequalities and stereotypes; or our WASH work on menstrual hygiene management and gender sensitive infrastructure.

Based on the gender review, UNICEF is developing a gender action plan (GAP) starting in 2020 and in line with the global GAP, with two pillars, programmatic gender responsiveness and transformation and structural reform within the Ethiopia country office (building staff knowledge and capacities on gender equality and attracting female talents).

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<th>Comments on specific aspects of the country programme document</th>
<th>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. As per the Situation Analysis on Children and Women 2019, UNICEF recognizes both, the need to strengthen EPI (and we are in fact developing a roadmap to scale it up together with the Ministry of Health) as well as to focus on neonatal mortality. A key area of work has always been and will continue to be the support to the Health Extension Programme.</th>
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Programme Strategy Notes further elaborate the actions to (1) increase the equitable access to high-impact interventions through strengthening service delivery and performance with results-based strategies and (2) Improve the provision of quality of MNCAH services

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.

Programme Strategy Notes for the Nutrition Programme elaborates the complementary evidence generation efforts to DHS and UNISE, including improvements to multi-sectoral monitoring systems and evaluations. For example, UNICEF will provide technical assistance to government partners to collect data from different ministries and include this in the Universal Nutrition Information System for Ethiopia (UNISE) to generate estimates for child and women-related SDG indicators. Operational research and evaluations (including a formative evaluation on select Flagship Results) will enable UNICEF to give technical advice on drafting of strategies, policy and guidelines.

The new Country Programme’s full results framework reflect the importance of iron folic intake of women of reproductive age with an indicator and target, as follows (CPD only carries an extract) “Number of pregnant women who receive iron and folic acid supplementation in CINUS woredas” with a target of 66% by 2025 compared to a current baseline of 46%.

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.

UNICEF is indeed fully involved in the MOWCYA 10-year strategic plan . The draft was issued after our CPD submission and therefore there was no reference to it in the CPD document itself. It is worth noting that UNICEF has already submitted its first set of inputs and is closely working with UNFPA and UNWOMEN to support the Ministry.

Our expanded result framework envisages indeed under health the following indicator “Percentage of newborns notified for birth registration” with a target of 80% by 2025 up from the current 30% baseline. UNICEF will also continue to advocate with the Government for expansion of the successful pilot carried out in few regions whereby VERA services are embedded in health facilities.
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.

Point well noted. UNICEF Social Policy team is working closely with relevant line ministries on social protection system reform, including on the next phase of the Productive Safety Nets Programme (PSNP), both rural and urban.

One of the components of this programme is dedicated to evidence generation through studies, research and evaluation on child poverty, social policy and inclusion to monitor the situation of children and women. This includes (1) building data analysis capacity and national evaluation capacity of the government and research institutions; (2) supporting the collection of timely, quality and disaggregated data at the sub-national level for effective use of resources and for monitoring progress and impact of programmes; and (3) strengthening the linkages between the generation of evidence and its use to improve policies and programmes.

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.

Although the draft CPD was submitted prior to the COVID-19 outbreak, the CPD broadly addresses the importance of long-term system strengthening and resilience to disasters and disease outbreaks, as expressed under the Health programme. Further, the importance of outbreak response is accentuated by a series of indicators in the new Country Programme’s full result framework such as “Proportion of people affected by cholera accessing lifesaving curative interventions” with target of 100%.

The details of UNICEF strategy to respond to outbreaks are also in the 2020 Humanitarian Response Plan prepared under the leadership of OCHA and also in the 2020 Humanitarian Action for Children (HAC) and in our Emergency Preparedness Platform which are UNICEF documents.

Furthermore, UNICEF strongly believes that averting public health crises needs to build on strengthening the Primary Health care system in order to avert even more child and maternal deaths by secondary impact. The current COVID-19 pandemic is an example of it, whereby impact on routine and emergency immunization may reverse the current trend of averting over 60,000 child deaths a year.