

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR ETHIOPIA

Annual session 2025

Comments by Canada	UNFPA country/regional office response to comments
<p>Overall, the UNFPA Country Development Document for Ethiopia is heading in the right direction, and there are no major concerns to flag.</p> <p>The priorities and challenges presented in the document align well with the needs on the ground, particularly in terms of equitable and survivor-centred, integrated SRH and GBV life-saving services, with a strong focus on women, adolescent girls, and persons with disabilities.</p> <p>The plan incorporates lessons learned from the 9th Country Program. Furthermore, it identifies political governance and domestic financing as the two primary risk factors that could have a significant impact on the success of the 10th Country Strategy.</p> <p>An observation regarding the targets and budget: the proposed targets appear ambitious, especially given that the US\$145.3 million of the total US\$172.5 million indicative budget is expected to be secured through co-financing or other sources. If these funds are not fully secured, it could present challenges to the implementation of the 10th CP.</p> <p>We are pleased to note that the Evaluation Plan includes an evaluation of the Canada-funded \$65M "Protecting the Dignity and Rights of Women and Girls in Ethiopia" project, which is an important initiative.</p>	<p>UNFPA appreciates the Government of Canada for the positive feedback on the Country Programme Document.</p> <p>UNFPA has noted the observations by the Government of Canada on resource mobilization and has revised the targets and associated budgets considering the rapidly changing funding landscape. The total budget for Ethiopia's Country Programme has been reduced from US\$172.5 million to US\$140.04 million, and the corresponding changes have been reflected in the five CP outputs. As a result, targets for some of the indicators in the RRF matrix have been adjusted accordingly - Output 1 (Indicator 1.1, 1.2 and 1.3) , Output 2 (indicator 2.1, 2.2, 2.4), Output 4 (Indicator 4.1, 4.3 4.4, and Output 5 (Indicator 5.1, 5.3, 5.4). For indicative resources, the amounts have been adjusted across all the 5 Outputs.</p> <p>UNFPA commends the Government of Canada's contribution and funding to this important initiative, which complements and reinforces UNFPA's work.</p>

<p>Question: What is the programme mentioned in e) and is it connected to an existing institution?</p> <p>Output 4:</p> <p>Question: The document notes that there were issues with the established youth service centres – what lessons learned are being applied to the activities in a) and what is the difference between a youth centre and a centre of excellence? Who is managing these and what mechanisms are being put in place to ensure success?</p> <p>Regarding f) family life education – is this a local version of comprehensive sexuality education? Does it follow best practices and adhere to the standards laid out by UNESCO?</p> <p>Other:</p> <p>Question: the South-South cooperation with India looks like perhaps it's just funding for Output 1 through the India-UN fund? What is this and how will it contribute to the CPD more broadly beyond funding?</p>	<p>on youth-related issues. However, the Youth MIS requires ongoing maintenance and technical support to ensure its full functionality and sustainability.</p> <p>Output 3 e) The National Population Policy and Population Programme is coordinated by the Ministry of Planning and Development. Anchored in the national policy framework, the programme aligns population issues with broader development goals to promote sustainable economic growth and societal well-being. The Ministry intends to work with international organisations, including UNFPA to integrate population dynamics into national development strategies and programmes. This collaboration strengthens the country's capacity to generate, analyse, and use high-quality, disaggregated population data. Key areas of support include conducting population and housing censuses, demographic and health surveys, and developing robust Integrated Management Information Systems at both national and regional levels.</p> <p>Output 4 a) One of the lessons learned is the need to renovate youth centres and set standards to make them functional, inclusive, and safe for young people. Transforming a youth centre into a centre of excellence involves establishing effective governance, ensuring youth leadership, providing quality services, and fostering a safe and empowering environment for young people.</p> <p>Output 4 f) The local version of Comprehensive Sexuality Education is called 'Education for Health and Wellbeing'; contents were developed with the full participation of UNESCO and UNFPA to ensure that it adheres to the standards as well as adapts to the local context. Text in Para 9 has been revised to reflect the correct term.</p> <p>While there is no current collaboration with the India-UN Fund, efforts are underway to explore potential partnership opportunities.</p>
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<p>The many references to “innovative approaches” would benefit from being described more specifically.</p> <p>Interesting to note that the Ministry of Finance is coordinating a UNFPA programme and not the Ministry of Women and Social Affairs. Outlining the benefits of this would be helpful. What is the role of the Women and Social Affairs Ministry and how does the Ministry of Finance coordinate with them?</p>	<p>Additionally, South-South cooperation with other countries is being pursued to facilitate technical assistance and knowledge exchange. Innovative approaches and strategic shifts are detailed in the Resource Mobilization Strategy including the mobile health clinics, the Matching Fund mechanism under the UNFPA Supplies Partnership Country Compact, and the eHealth chatbot to expand access to information and services.</p> <p>UNFPA takes note of the observation by the Government of Canada and wishes to clarify that the Ministry of Finance (MoF) serves as the government's coordinating body for all international technical assistance, including the management of programming by UN agencies. The MoF is responsible for all programming resources overseen by the Government. Collaborating closely with UN agencies, the MoF leads the coordination of preparing the United Nations Sustainable Development Cooperation Framework (UNSDCF), Country Programme Document (CPD), Work Plans (WP), and various implementation manuals. Furthermore, the MoF gathers all WPs from regional Bureaus of Finance and Economic Development (BoFEDs) and forwards them to the appropriate sector Ministries, allowing these Ministries to compile a unified WP for their sectors that encompasses activities to be carried out at the Federal level.</p> <p>The Ministry of Women and Social Affairs (MoWSA) is responsible for promoting gender equality, enhancing social welfare, and protecting the rights of vulnerable populations in the country. MoWSA plays a crucial role in developing, implementing, and coordinating policies and programs that support women, children, the elderly, individuals with disabilities, and other marginalized groups. MoWSA collaborates with the UNFPA on initiatives such as implementing the Gender-Based Violence (GBV) Information Management System and youth information management systems. This partnership underscores MoWSA's role in executing and overseeing initiatives focused on women, social</p>
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	welfare, and youth development, aligning with its goals to address social challenges such as GBV and enhance women's and youth's lives.
Comments by Denmark	UNFPA country/regional office response to comments
Well-formulated, relevant programme priorities that fit well within UNFPA's core mandate. Important to keep focus on the three transformative results, access to SRHR and SGBV services, the normative role of promoting SRHR, gender equality, equity and inclusion, especially for youth, women, people with disabilities, refugees and IDPs.	UNFPA appreciates the positive feedback from the Government of Denmark and commits to sustaining the focus on achieving the three transformative results.
The programme is aligned with Ethiopia's national priorities as well as DK's development priorities	UNFPA appreciates the positive feedback and reaffirmation by the Government of Denmark, about the alignment of the 10th Country Programme with the Government of Ethiopia's national priority, as well as the Danish Government's development priorities.
The country programme seems to have ambitious plans in terms of accelerating the three transformative results of UNFPA. For example, according to UNFPA the urgency for action to eliminate FGM is that 9x acceleration is needed by 2030, same with family planning where 12x acceleration is required to meet the 2030 target for reducing unmet need. Therefore, do UNFPA think this is realistic to achieve given that 2030 is in less than five years as well as the existing pushback on FGM in the country?	<p>UNFPA appreciates the Government of Denmark's comments and wishes to emphasize that the collective efforts of multiple stakeholders have resulted in positive progress towards achieving the three transformative results, including the elimination of female genital mutilation (FGM) in Ethiopia, with a notable decline in its prevalence. The Government of Ethiopia has shown strong determination to continue its efforts to prevent FGM across all regions of the country, taking responsibility for pursuing sustained interventions in line with its commitments.</p> <p>UNFPA plays a pivotal role as one of the main stakeholders addressing FGM in Ethiopia. The Country Programme will focus on strengthening the integrated approach to ensure broad community outreach, raise awareness, prevent the practice, and solidify opposition to FGM.</p> <p>This collective responsibility demands a united effort from the UN system and the broader development community, with UNFPA contributing significantly. The government is a key partner, showing its commitment through targeted investments to accelerate progress.</p>

	<p>The goal of ending FGM in Ethiopia is achievable with the government's leadership and the momentum for change it is fostering. Setting this ambitious target for 2030 is the first step towards translating a shared vision into collective action.</p>
<p>Out of the 172.5 total indicative budget, 145.32 is planned to be solicited from other sources. What strategies do they have in this regard and what will be the government's contribution? Shifts in the financing landscape could have a noticeable, adverse impact on the country programme. Will the programme be fully funded – what happens if it is not fully funded?</p>	<p>UNFPA appreciates the feedback and observations from the Government of Denmark. In response, UNFPA has adjusted its targets and corresponding budgets in light of the rapidly evolving funding landscape. As a result, the total budget for Ethiopia's Country Programme has been revised from US\$172.5 million to US\$140.04 million and the corresponding changes have been reflected in the five CP outputs.</p> <p>As a result, targets for some of the indicators in the RRF matrix have been adjusted accordingly - for Output 1 (Indicator 1.1, 1.2 and 1.3), Output 2 (indicator 2.1, 2.2, 2.4), Output 4 (Indicator 4.1, 4.3 4.4, and Output 5 (Indicator 5.1, 5.3, 5.4).</p> <p>For indicative resources, the amounts have been adjusted across all the 5 Outputs.</p> <p>To address the resulting funding gap, the Resource Mobilization Strategy incorporates a diversified financing approach. This strategy includes collaboration with the Government through a multi-donor compact and a reinforced commitment via a matching fund mechanism.</p>

<p>Stronger coordination is one of the areas that the Gov is emphasising when it comes to engaging with UN agencies. Therefore, how do UNFPA plan to strengthen coordination with other UN partners, like strengthening joint approaches in their engagement with the government as well as other partners?</p>	<p>UNFPA acknowledges the Government of Ethiopia's emphasis on stronger coordination in engaging with UN agencies. To enhance coordination, UNFPA is committed to strengthening joint approaches with other UN partners, including collaboration with UNICEF, UNDP, UNAIDS, UN-Women, UNHCR, IOM, OCHA, UNOPS, the Ethiopian government, and other stakeholders.</p> <p>A key example of this is the continuation of joint work plans between UNFPA, UNICEF, and the Government of Ethiopia, amounting to over USD 10 million under the 9th Country Programme Document (CPD). These plans, developed under the UN Sustainable Development Cooperation Framework (UNSCF), focus on critical areas such as reproductive health, child marriage, FGM youth development, population dynamics, and gender equality.</p> <p>UNFPA's commitment to coordinated, multi-agency responses is also evident through collaborative efforts to address Gender-Based Violence. A notable partnership includes working with Ethiopia's Ministry of Women and Social Affairs, UNOPS, and the World Bank on a \$15.1 million project that aims to expand access to medical and psychosocial support services for women and girls affected by conflict in the Tigray region. This initiative highlights UNFPA's dedication to fostering coordinated responses to critical issues.</p> <p>Additionally, high-level donor engagement in specific regions is ongoing, particularly in the implementation of the Joint Programme to Eliminate Female Genital Mutilation (FGM). This initiative, a collaboration between UNFPA, UNICEF, and the Government of Ethiopia, aligns with global efforts, including the 16 Days of Activism, to eliminate FGM and advance gender equality. The UNFPA-UNICEF Global Programme to End Child Marriage is also a similar effort involving UNFPA, UNICEF, donors and the Government of Ethiopia.</p>
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Comments by Germany	UNFPA country/regional office response to comments
<p>UNFPA's mission is more important than ever to address key issues affecting Ethiopians. Investments in girls and voluntary family planning are worthwhile: They lead to better economic development because girls can continue their education and women can participate in the workforce.</p>	<p>UNFPA agrees that investments in girls' education and voluntary family planning for women and adolescents are critical. These investments empower women, contributing to improved economic development, greater workforce participation, and sustainable growth in Ethiopia.</p>
<p>Germany is a proud partner of UNFPA in Ethiopia through the Government of Ethiopia-owned initiative "Response-Recovery-Resilience for Conflict-Affected Communities in Ethiopia Project" which is aimed at providing basic services and support for GBV survivors in conflict-affected regions (funded by Germany via the World Bank). A regional project funded by Germany and implemented by GIZ focuses on improving the prevention of female genital mutilation in the Horn of Africa, including Ethiopia. It provides technical and methodological support for cooperation partners, for example, the UNFPA-UNICEF Joint Programme on FGM/C.</p>	<p>UNFPA values Germany's continued partnership in Ethiopia, particularly through the "Response-Recovery-Resilience for Conflict-Affected Communities in Ethiopia Project," which provides critical services and support for GBV survivors and longstanding support to the Joint Programme to End FGM</p>
<p>Germany's development cooperation with Ethiopia focuses on Sustainable economic development, training and employment, Transformation of agricultural and food systems and Peaceful and inclusive societies. This is complemented well by UNFPA's focus on strengthening its normative role in promoting rights, choices and inclusivity in sexual and reproductive health and rights, gender-based violence prevention and demographic development by providing targeted technical assistance and capacity-building support to the Government and civil society.</p>	<p>UNFPA values Germany's development cooperation with Ethiopia, which complements UNFPA's work by supporting sustainable economic development, gender equality, and inclusive societies.</p>
Comments by Ireland	UNFPA country/regional office response to comments
<p>The country programme is very ambitious for a five-year period in a context of domestic and Development Partner funding constraints. The risk section of the draft CPD identifies domestic financing as one of the major factors that will impact the 10th Country Programme. Additionally, the strategic foresight exercise may already be somewhat overtaken by events. The particular impact of funding constraints on persons living with HIV/AIDS needs to be addressed.</p>	<p>The Tenth Country Programme is indeed ambitious, particularly given the current funding constraints from both domestic sources and development partners. Recognizing this, UNFPA Ethiopia is committed to addressing the challenges posed by limited domestic financing. To mitigate these risks, the country programme emphasizes enhanced domestic resource mobilization, including government co-financing and increased engagement with the private</p>

<p>It would be beneficial to set out the mechanisms which are in place to mitigate the risk on domestic financing. It would be good to clarify UNFPA's contingency plan in case of unmet co-financing modalities.</p>	<p>sector. UNFPA has conducted due diligence on 30 private firms to identify partnerships that can improve sustainability, especially in areas like reproductive health, commodity security, and service delivery.</p> <p>In relation to HIV/AIDS, UNFPA continues to focus on HIV prevention, which aligns with its mandate, while treatment efforts are led by partners such as the WHO. This strategic division of responsibilities helps optimize resource use and fosters collaboration across organizations.</p> <p>To further manage the risk of unmet co-financing, UNFPA has developed a contingency plan. This plan prioritizes high-impact actions, ensures efficient resource allocation, and strengthens multi-stakeholder partnerships to maintain essential program delivery. The strategic foresight exercise has outlined four plausible scenarios with a long-term outlook of 25 years, serving as a foundational framework that will continuously adapt to emerging challenges to ensure resilience and effectiveness.</p>
<p>Notwithstanding the social and political context in Ethiopia, it would be important to include a reference to LGBTQ+ people in Para 11 along with other marginalised groups.</p>	<p>UNFPA Ethiopia is committed to inclusivity, ensuring that everyone, regardless of their identity or circumstances, can access comprehensive, quality healthcare, sexual and reproductive health (SRH) services, and gender-based violence (GBV) response without discrimination, stigma, violence, or coercion. However, given Ethiopia's legal landscape, where LGBTQ+ identities are criminalized under the Penal Code (Articles 629 and 630), the Country Programme document will avoid making explicit references to LGBTQ+ individuals. UNFPA will continue to advocate for inclusive, rights-oriented strategies, ensuring that services reach all marginalized and vulnerable groups while aligning with the national legal and policy framework.</p>
<p>In the section on programme priorities and partnerships, coordination with Government and UN agencies is well-narrated, but there is scope to specify the</p>	<p>UNFPA Ethiopia actively forges strategic partnerships with bilateral donors, foundations, and non-UN multilateral organizations</p>

<p>partnership modality with bilateral agencies, foundations and other non-UN multilaterals.</p>	<p>to promote its goals in Sexual and Reproductive Health and Rights (SRHR), Family Planning, Gender-Based Violence (GBV), and data management. Since initiating the 9th Country Programme, key bilateral partners — including Canada, Denmark, Iceland, Italy, Japan, Norway, South Korea, Spain, Sweden, and the United States — have offered financial and technical assistance to the Country Office. The UNFPA will continue to enhance its collaboration with existing partners while seeking to engage with new multilateral donors to amplify programmatic impact and visibility. These varied partnership modalities ensure flexibility in resource mobilization, strengthen program sustainability and bolster UNFPA’s capability to achieve the anticipated outcomes of the 10th Country Programme.</p> <p>UNFPA employs a range of partnership modalities aligned with its Programme Policies and Procedures (PPM), including:</p> <ul style="list-style-type: none"> ● Earmarked Funding for specific projects; ● Unearmarked Support to the overall Country Programme; ● Programmatic Partnerships, such as joint programs with other UN agencies and development partners; ● Technical Assistance and Knowledge Sharing to enhance capacity-building efforts; and ● Advocacy and Policy Partnerships, including joint advocacy campaigns, policy dialogues, and strategic alliances to advance SRHR and gender equality.
<p>Integration with faith-based organisations is somewhat mentioned as a focus area of Output 2 on enhanced capacities of communities and institutions to address harmful gender and social norms. However, stronger emphasis could be given to partnerships with religious leaders and their organisations for interventions on female genital mutilation and harmful traditional practices.</p>	<p>The religious leaders and their organizations have been added under para 25.</p>

<p>The results and resources framework section has set very ambitious output indicators such as –</p> <ul style="list-style-type: none"> ○ Proportion of institutional deliveries in UNFPA-supported regions increased by 39.4% to 63.61% from its baseline of 24.21%. ○ Proportion of target population that demonstrates knowledge, attitude and practices towards the unmet need for family planning increased by 28% to 40.5% from its baseline of 12.5%. <p>It would be good to set out any new approaches/ways of working planned by UNFPA to meet these ambitious targets.</p>	<p>Considering the changing funding landscape, the total budget for Ethiopia’s Country Programme has been reduced from US\$172.5 million to US\$140.04 million, and the corresponding changes have been reflected in the five outputs. As a result, we have adjusted the target in the RRF matrix for Output 1, Output 2, Output 4, and Output 5.</p> <p>UNFPA aims to achieve the institutional delivery target by equipping health facilities, strengthening the referral system, and generating demand within the UNFPA-supported regions. However, taking into account financial considerations, the target for the indicator ‘Proportion of institutional deliveries in UNFPA-supported regions’ has been revised downward to 40.2% from a baseline of 24.21% (Output 1).</p> <p>The proportion of the target population demonstrating knowledge, attitudes, and practices regarding the unmet need for family planning has adjusted downward to a target of 25.5% from a baseline of 12.5% (Output 2).</p>
<p>Similar to the above, the results and resources framework section sets out ambitious targets on outcome indicators - maternal mortality ratio with a target of 140 from 267, and the proportion of girls and women who have undergone female genital mutilation to be reduced to 45% from its baseline of 65%. With only five years of implementation, and given contextual issues, consideration should be perhaps given to whether these are realistic and sustainable targets.</p>	<p>The targets set for the maternal mortality ratio and the reduction of female genital mutilation are part of the UNSDCF outcome indicators, which reflect the collective efforts of all UN agencies, not just UNFPA. While these targets are ambitious, they are aligned with national and global commitments. Efforts will be made to ensure their sustainability through collaborative initiatives, adaptive strategies, and evidence-based interventions. Progress will be carefully monitored to adjust to contextual challenges and ensure the targets remain achievable within the five-year implementation period.</p>
<p>The Northern conflict has damaged most of the health facilities in Tigray, Amhara and Afar, and the reconstruction and medical supply provision to the damaged health facilities has not been fully completed. While future damage due to increased conflict is acknowledged as a risk, it would be good to set out the required rehabilitation from previous damage or the impact of future conflict on service provision.</p>	<p>UNFPA acknowledges the profound impact of the Northern conflict on healthcare facilities in Tigray, Amhara, and Afar. Numerous facilities remain damaged, and medical supplies' complete reconstruction and replenishment remain unfinished. UNFPA is committed to collaborating with the Government of Ethiopia, the regional governments, and other stakeholders to strengthen the health</p>

	<p>system and restore vital services. Recognizing that large-scale reconstruction requires a collaborative effort from the government and development partners, UNFPA will continue aligning its support with regional recovery initiatives and promote increased investment in strengthening the health system. This ensures access to essential reproductive, maternal, and newborn health services, even in areas impacted by conflict.</p>
Comments by Luxembourg	UNFPA country/regional office response to comments
<p>In section I, paragraph 5 p.2, it is worth specifying and providing some more details as to why the prevalence of SGBV is so high in Ethiopia. It would be good to mention conflict as a main driver of SGBV, for example when addressing ‘humanitarian and development contexts’. Likewise, the section on FGM could be expanded with more details as this continues to be of great concern in Ethiopia.</p>	<p>Paragraph 5 has been edited to include conflict as another driver of SGBV.</p>
<p>In section I, paragraph 7., p.3 data on humanitarian needs from 2024 is used. If available by the time of the annual session, this should be updated with the data for 2025. It would be good to mention the current absence of durable solutions to the displacement of Ethiopians in the northern regions, which constitutes another driver for limited access to SRHR and SGBV prevention services. Reconstruction efforts following the conflict in the North have been slow and have therefore further limited better provision of services.</p>	<p>According to the Humanitarian Needs Overview (HNO) 2025 (yet to be published), an estimated 19 million people will have humanitarian needs in 2025.</p> <p>This amended 2025 data has been included in paragraph 7 of the CPD. The 19 million people affected extend beyond Tigray, Afar, and Amhara; therefore, we have removed the reference to these three regions in the CPD (paragraph 7) to encompass the entire nation.</p> <p>As part of the broader government of Ethiopia, UN, and stakeholder efforts to address durable solution needs, UNFPA contributes through health and social systems strengthening, ensuring equitable access to SRH and GBV response, risk mitigation, and prevention interventions with communities in conflict—and climate shock-affected areas.</p>

<p>In section I, paragraph 8, p. 4. This paragraph is crucial and strong – it may be worth moving it further up. Lack of reliable data constitutes a major challenge in establishing well-coordinated responses in Ethiopia.</p>	<p>The programme rationale follows the order of starting with describing the Transformative Results context first.</p>
<p>In section II, paragraph 13, p. 4. This paragraph is crucial given the recent uncertainties surrounding funding in Ethiopia (and elsewhere) and a general decrease in humanitarian and development funding.</p>	<p>The Country Office agrees that strategic foresight exercises are crucial given the changing donor landscape. The CO will ensure that the foresight exercise plays a vital role in shaping the strategic vision for the new country program and will guide its implementation, ensuring that the program remains adaptable and responsive to emerging trends and challenges.</p>
<p>In section II, paragraph 15, p. 4. It may be worth providing some details on what ‘targeted technical assistance and capacity building’ would look like.</p>	<p>The targeted technical assistance and capacity building will strengthen government and civil society capacities to implement evidence-based policies and programs in SRHR, GBV, and demographic development. This includes:</p> <ul style="list-style-type: none"> ● Policy and Strategy Support: Providing expertise in developing, implementing, and monitoring national strategies and action plans related to SRHR, GBV, and demographic trends. ● Training and Skills Development: Enhancing the capacity of health professionals, social workers, and policymakers through specialized training, mentorship programs, and knowledge-sharing platforms. ● Systems Strengthening: Supporting the integration of SRHR and GBV services into national health systems, improving coordination mechanisms, and reinforcing service delivery frameworks. ● Data and Evidence Generation: Strengthening data collection, analysis, and dissemination to inform decision-making, track progress, and enhance accountability in demographic development. ● Advocacy and Awareness: Empowering civil society organizations to engage in policy dialogue, community outreach, and rights-based advocacy to promote inclusivity and access to services.

	These have been outlined under each of the outputs.
B. Output 2. p. 6. Recommendation to mention ‘..., including in humanitarian and conflict settings’.	The observation is noted and revisions made in the CPD
E. Output 5, p. 7. Recommendation to mention ‘..., even during disasters and in conflict settings’.	Output 5 already refers to the conflict settings
Comments by Netherlands	UNFPA country/regional office response to comments
The CPD contains many references to tailor-made approaches, people-centred service delivery and addressing disparities between different areas and regions. This is much appreciated and aligns with our desire to work in a more localised manner. Also good to see more attention to domestic resource mobilisation and a focus on youth and adolescents . The latter indeed should include making a link with economic empowerment, as stated in the CPD.	Noted with thanks.
Although population dynamics is mentioned in the CPD, the normative role of UNFPA and advocacy efforts in relation to this subject are crucial and should be intensified. Population dynamics may influence stability, peace and security and this potential relationship should further be explored.	The comment is well noted and the criticality of UNFPA’s normative role is unpacked and reflected under para 16 and under output 3 - para 27.
In general, there seems to be more attention for the role of UNFPA as an implementor , rather than its normative role, for instance in relation to GBV and other sensitive issues. More emphasis should be put on the normative role of UNFPA	We draw kind attention to CPD section II: “ <i>Programme Priorities and Partnerships</i> under paragraph 15: <i>UNFPA will strengthen its normative role in promoting rights, choices, and inclusivity in SRHR, GBV, and demographic development ...</i> ” This is a key priority of UNFPA CO work in Ethiopia. Ethiopia being a tier one country, efforts touch both upstream while balancing with downstream actions to ensure the normative processes are not only taking place at the policy level but are implemented at the service point. As an example, in the 9th country program, UNFPA collaborated with MoWSA in the development of the national Gender Equality and Women Empowerment Policy (GEWE), National GBV SOP 2024, National Road Map to end FGM and child Marriage, National Youth Strategy, contributing to the

	revision of the Family Law 2006, Transitional Justice policy 2024, etc. Strengthening this is a key priority of the 10th CP.
Education of young people is only getting limited attention under output D, while this is according to us a crucial element in the CPD, considering the fact that 58% of the population is between 10 and 24 and surveys show that young lack sufficient knowledge in relation to reproductive health and sexuality. Comprehensive education about these subjects should be adjusted to the local context and integrated in a broader “healthy living” approach that also includes substance abuse and nutrition.	CPD output 4, paragraph 29 of the (f) section has been altered to accommodate the suggestion. Section (f) now reads “increased advocacy at national and subnational levels for the implementation of Education for Health and well-being for in-school and out-of-school youths, with a focus on reducing the number of teenage pregnancies.
Resource mobilisation is often mentioned, for instance under 34. We ask UNFPA to maintain realistic ambition levels in the context of decreasing donor contributions. Also, risks in relation to resource mobilisation are not mentioned under part III. Under 20, domestic financing has been mentioned as one of the strategies to accelerate progress, it would be helpful if the approaches to increase domestic financing can be mentioned.	The targets and associated budgets have been revised considering the changing funding landscape. The total budget for Ethiopia’s Country Programme has been reduced from US\$172.5 million to US\$140.04 million. Strategic exercises, such as strategic foresight, will be utilized to guide funding decisions and inform the development of the Resource Mobilisation Strategy. A dedicated section on risks will be included to provide a comprehensive understanding of challenges related to resource mobilization. Additionally, strategies to enhance domestic resource mobilization, including tapping into domestic private capital, will be outlined to ensure a balanced and sustainable approach to financing the Country Programme’s objectives.
Results framework: We would suggest including the following indicators: <ul style="list-style-type: none"> - number of health facilities with youth-friendly services; - number of teenage pregnancies as an indicator; - number of health facilities equipped with emergency preparedness mechanisms to respond to SRH and GBV issues. 	As the Country Programme Document (CPD) is a high-level strategic framework, indicators have been included at the output level to maintain alignment with its strategic nature. The indicators proposed are highly relevant and will be incorporated as milestone indicators within the detailed multi-year workplans. Specifically, the number of health facilities providing youth-friendly services will be tracked under Output 4, which focuses on upgrading youth centres into centres of excellence. Interventions to prevent teenage pregnancies are also covered under Output 4, and related indicators will be monitored accordingly. The number of health facilities equipped with emergency preparedness mechanisms to

	<p>respond to SRH and GBV will be tracked under Output 5, as part of efforts to strengthen life-saving interventions for women, adolescents, and youth in humanitarian contexts, with data disaggregated by IDPs, refugees, and host communities.</p>
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