

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR TOGO

Second regular session 2023

Comments by United States	UNFPA country/regional office response to comments
<p>We appreciate that UNFPA’s three transformative results and the draft country programme document are aligned with country priorities, including the emphasis on family planning, maternal health and gender with the health system strengthening supporting activities.</p>	<p>UNFPA thanks and appreciates the United States for its comments and interest in its work in Togo.</p>
<p>We commend the draft country programme document’s focus on local resource mobilization. In addition, we note that implementing organizations in Togo are also working to leverage domestic funding in support of local service delivery networks. We also wanted to highlight that there is strong interest from the private sector to contribute funding and expertise to the RH/FP/MH agenda.</p>	<p>UNFPA thanks the United States for the comment and fully agree with the analysis that the private sector has a strong interest in funding and providing expertise in the areas of RH/FP/MH in Togo. UNFPA in Togo has been engaging strategically with the private sector to mobilise and advocate for their support. As part of the CPD development, the Country Office has developed a partnership and resources mobilization plan to support the implementation of the CPD. As part of the plan, private institutions such as BIDD, African Development Bank, West African Development Bank, West African Health Organisation, World Bank, Ecobank Foundation and others have been identified as key potential partners. Additionally, UNFPA in Togo has already established a partnership with Pathfinder/Amplify PF, Chemonics, and Jhpiego in the area of family planning to support financing and the availability of commodities in the country and at the last mile. The existing partnerships will be strengthened during the implementation phase of the new country programme.</p>
<p>The new emphasis on the Savanna region is important as it’s anticipated that there will be a significant increase of internally displaced people and refugees in that region in the next few years.</p>	<p>UNFPA thanks the United States for this comment and concur. Given the situation in the Savanna region, a new project of UNFPA in Togo will be implemented in the Savanna region. Additionally, given the IDPs and refugees influx, the humanitarian project of UNFPA in Togo will also be implemented in the Savanna region.</p>

<p>We note that the goal of increasing the contraceptive prevalence rate by 48% seems ambitious given the financial barriers, limited domestic financing and important conservative social norms.</p>	<p>UNFPA thanks the United States for this comment with which it concurs. The goal of increasing the contraceptive prevalence rate is 31.5 % (from 24.0 to 31.5) and not 48 % (source: CF, Track 20 FP2030). The change has been reflected in page 4 paragraph 15, which aligns with the target under the related UNSDCF outcome indicator.</p> <p>In addition, the 2nd indicator of the UNSDCF has been corrected as follows:</p> <ul style="list-style-type: none"> • The baseline and target for the second indicator, “Unmet need for FP” has been adjusted as follows: “Unmet need for family planning; Baseline 24.5%; Target: 22.7%”. <p>Originally the baseline and target were 34%. This revision has been made to ensure alignment with the UNSDCF.</p>
<p>In the section about partnerships, we encourage the draft country programme document to acknowledge the range of available partners, including U.S. government partners with extensive health activities implemented in Togo (e.g., HIV, GHSA, FP/SRH, logistics, health systems, demand generation, capacity building, maternal and newborn health, financing, policy and advocacy, etc.). We also recommend that UNFPA consider opportunities to build and expand the current government WEZOU initiative to ensure that FP is affordable and accessible by the most vulnerable populations.</p>	<p>UNFPA thanks the United States for this comment. Paragraph 17 has been revised accordingly, with a reference to “bilateral donors” now added.</p> <p>More broadly, UNFPA looks forward to strengthening its collaboration with the United States and indeed a range of partners in implementing the CPD.</p> <p>UNFPA will also strengthen advocacy to incorporate the post-partum and youth family planning as part of the Wezou initiative. It is heartening to note that the universal health coverage service package, which starts in two years, integrates family planning well.</p>
<p>In the section about supporting treatment of fistula, it’s important to add that prevention will also be part and parcel of that initiative through active management of the third stage of labor and upgrade of maternity wards.</p>	<p>UNFPA thanks the United States and agrees with the comment. UNFPA in Togo has been addressing the issue of obstetric fistulas through three dimensions: prevention, care, and economic and social reintegration. As part of its midwives strategy, UNFPA aims to effectively manage the third stage of labour by increasing the availability of well-trained and motivated midwives in the health care facilities, including in rural areas.</p>

Comments by Germany	UNFPA country/regional office response to comments
<p>P. 6, Output 1: Terminology: In Output 1 the term “sexual and reproductive health and reproductive rights (SRHRR) is used; however, Output 2 uses the term “sexual and reproductive rights”. It does not become clear why “sexual rights” is left out under Output 1. We suggest using “sexual and reproductive health and rights” consistently. Output 1 encourages, among others, e-health platforms. It would seem advisable to a) define, which kind of apps/e-health platforms will be supported (and by whom amongst donors), and b) broaden the approach and also include an e-health strategy.</p>	<p>UNFPA thanks Germany for the valuable comments and observations.</p> <p>UNFPA remains firmly committed to the ICPD Programme of Action and to realising the three transformative results and the full implementation of its Strategic Plan. In Togo and elsewhere, UNFPA also ensures that its work within countries supports the principle of national ownership. Accordingly, the terminology used has been adapted to the context of Togo and is in line also with that of the previous CPD.</p> <p>In relation to the comment on apps/e-health, please note that the Country Office will support the “e-Centre Convivial” which aims to strengthen the access to services for young people and e-medicine.</p>
<p>P. 7, Census: It is appreciated that a thematic analysis and dissemination of census data will be conducted. It would however have been helpful if the need for additional funding/support to this end had been communicated earlier and to a broader circle of donors. It is unfortunate that the census, to which Germany contributed and which would provide very useful information for our programmes, will not yield these kinds of results in the near future.</p>	<p>UNFPA thanks Germany for the valuable comments and observations. As the programme will be implemented from 2024 to 2026, UNFPA in Togo will be seeking to collaborate with a wide range of partners to support CPD implementation. Once approved, UNFPA will intensively reach out to all relevant partners, including Germany, to discuss the new country programme and its interventions, including the post-census-related activities.</p> <p>UNFPA also takes this opportunity to reiterate that it highly appreciates the valuable contributions provided by Germany to the 5th General Population and Housing Census of Togo. UNFPA will support the government in analyzing and utilizing census data and to inform policy making and programming. UNFPA remains confident that the continued collaboration with Germany and the broader community of donors and development partners will contribute to achieving the expected results of the new country programme.</p>
<p>P. 10, Output 1 indicators: “Proportion of health care facilities in the programme implementation area that have not experienced a contraceptive stockouts in the last three</p>	<p>UNFPA thanks Germany for the valuable comments and observations.</p>

<p>months”. - We suggest to also monitor stockouts of other reproductive health commodities (in addition to contraceptives), such as essential maternal health medicines.</p> <p>“Number of women, adolescents and youth who received high-quality SRH, family planning, HIV and GBV services” – Will disaggregated data also be collected for this indicator (age, sex, type of service)? Otherwise, it will be difficult to measure progress.</p>	<p>The Country Office decided to focus on the availability of contraceptives because there is low concern about the availability of essential maternal health medicines in EmONC.</p> <p>UNFPA also concurs with the comment on sex disaggregation of data. During programme implementation and the associated reporting period, disaggregated data (e.g., age, sex, type of services) will be collected using appropriate tools. The target of 450,000 mentioned in the CPD is the aggregation of 60% girls and women and 40% boys and young men.</p> <p>In the now-revised results and resources framework for output indicator 1.3, this disaggregation has now been added i.e. 270,000 girls and women and 180,000 young men.</p>
<p>P. 10, Output 2 indicators: Is there a reason why these indicators are formulated gender- blind? We would recommend setting a target for the proportion of girls and young women to be reached by these interventions.</p>	<p>UNFPA thanks Germany for the valuable comment; the CPD has been amended to reflect the disaggregation in the target of the two indicators as per the revised (see bold) text captured below:</p> <ul style="list-style-type: none"> - <i>"Number of in-school and out-of-school young people and adolescents aged 10–24 years reached by the CSE program; Baseline: 0; Target: (3,000 girls and young women, 2000 boys)"</i> <p>Please refer to the 2nd indicator of output 2.</p> <ul style="list-style-type: none"> - <i>"Number of youths who received support or skills and leadership empowerment to improve their employability Baseline:0; Target: 1,000 (600 girls and young women, 400 boys)"</i> <p>Please refer to the 3rd indicator of output 2.</p>
<p>P. 10 – 11, Output 3 Indicators: “Number of women referred on the advice of platforms promoting positive masculinity and who received treatment SRH, family planning, HIV and GBV services at health care facilities” – The second part of the sentence is a duplication of one indicator for Output 1. It is also not clear</p>	<p>UNFPA thanks Germany for the valuable comment. The way the information is collected in the health facilities allows the Country Office to track men’s involvement in the capacity of women and girls to access SRH services; as such UNFPA will monitor progress in this area by using the following complementary indicator during CPD implementation: “<i>Number</i></p>

<p>why women should be referred/receive advice related to positive masculinity. Why are men not being targeted for that?</p>	<p><i>of women accompanied to the health facilities by their husbands.</i> In relation to the duplication comment, please note that the indicator 1.3 under output 1 “<i>Number of women, adolescents and youth who received high-quality SRH, family planning, HIV and GBV services</i>”, does not monitor the referral component, which is included in the indicator 3.4 under output 3. The indicator under output 1 mainly focuses on the access of high quality services. Both indicators therefore complement each other.</p>
<p>P. 11, Output 4 indicators: “Number of census reports, intercensal surveys, evaluations and thematic studies produced and disseminated that take into account the three transformative results <i>Baseline: 0; Target: 20 (2026)</i>” – 20 surveys/studies in three years seems very extensive. It could be considered changing this indicator to a qualitative rather than quantitative indicator, that measures whether quality, sex aggregated population level data is collected/whether this data is being used to inform policy.</p>	<p>UNFPA thanks Germany for the valuable comment. This indicator comes from the UNFPA Strategic Plan 2022-2025 and must be collected at country level. The target of 20 surveys/studies indeed seems extensive, taking into account the fact that the CPD - planned originally for 4 years - will be implemented now over 3 years. Accordingly, UNFPA will plan for 12 surveys/studies. Accordingly, the target has been amended from 20 to 12 in the results and resources framework. Please refer to the revised first indicator under output 4.</p>