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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Togo

Proposed UNFPA assistance:	\$10 million: \$6.5 million from regular resources and \$3.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2008-2012)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.00	1.00	4.00
Population and development	1.75	2.00	3.75
Gender	1.00	0.50	1.50
Programme coordination and assistance	0.75	-	0.75
Total	6.50	3.50	10.00

I. Situation analysis

1. In 2006, the population of Togo was estimated at 5.3 million. It is growing at an annual rate of 2.4 per cent. Young people under the age of 15 account for 47 per cent of the population. Up-to-date data is lacking: the last general census occurred in 1981, and the last demographic and health survey was in 1998.

2. Since 1990, Togo has experienced social and political crises. In 1993, the European Union, the International Monetary Fund and the World Bank suspended development aid. The April 2005 presidential election was marked by civil unrest. In the wake of the signing of an August 2006 political agreement between the Government and opposition parties, the country is now in a democratic transition. The formation of a national unity government is restoring hope, which rests upon upcoming legislative elections.

3. The results of the 2006 basic welfare indicator questionnaire show a rural poverty rate of 79.7 per cent. The national poverty rate is 61.7 per cent.

4. The reproductive health situation reflects a poorly performing health system. The maternal mortality ratio was 478 deaths per 100,000 live births in 1998. A 2003 reproductive health situation analysis showed some areas of improvement, however. Between 1998 and 2003, the percentage of births assisted by qualified health personnel rose from 49 to 61 per cent; the modern contraceptive prevalence rate increased from 8 to 11.3 per cent; and the total fertility rate fell from 5.4 to 5.17 children per woman. The continued high level of maternal mortality may be the result of inadequate provision of reproductive health care. Data from a 2006 survey on emergency obstetric and neonatal care, as well as 2004 data on obstetric fistula, suggest that the quality and availability of services is poor and the treatment rate is low.

5. The national HIV prevalence rate is 3.2 per cent, with the rate higher among pregnant women (4.2 per cent) and sex workers (29.5 per cent). Young people are also at risk, as only 54.6 per

cent of those aged 15-24 have accurate knowledge of HIV, and only 62.2 per cent used condoms during their last sexual intercourse.

6. Gender disparities persist, even though gender equality is recognized in the constitution and the Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women. Illiteracy among women is high (55.6 per cent in 2006, versus 29.7 per cent among men), and women have low representation in decision-making bodies. Only 5 of 35 government ministers, and 7 of 81 members of the National Assembly, are women. In 1996, more than 12 per cent of women aged 15 and older had experienced female genital cutting.

7. There is a legal vacuum with respect to certain forms of violence against women, particularly domestic violence. The Network of African Woman Ministers and Parliamentarians; the Network of Parliamentarians on Population and Development; Women in Law and Development in Africa; and the Women's Group of Reflection and Action in Democracy and Development (*le Groupe de réflexion et d'action femme, démocratie et développement*) supplement government efforts to protect women's rights.

II. Past cooperation and lessons learned

8. UNFPA conducted a midterm evaluation of the programme in 2005 and a final evaluation in 2006. In the area of reproductive health, the programme supported: (a) the training and equipping of reproductive health service providers; (b) the development and implementation of a reproductive health commodity security plan and a road map to reduce maternal and neonatal mortality, with UNFPA as the main supplier of condoms; (c) the improvement of the legal and institutional framework through the adoption of a law on reproductive health; (d) studies on emergency obstetric and neonatal care and health training for the treatment of obstetric fistula; and (e) the adoption of a national youth policy.

9. In the area of population and development, the programme ensured that population issues and sociodemographic indicators were considered in national development plans and strategies, particularly the national health development plan (2002), the national education for all action plan (2003), the poverty reduction strategy (2004), and the Millennium Development Goals monitoring report (2003). The programme established an effective programme coordination mechanism. The programme also helped to increase the availability of data by supporting research, particularly a situation analysis, a study on the lack of schooling for girls, and a basic welfare indicator questionnaire, known as the QUIBB survey.

10. In the area of gender equity and equality, UNFPA helped to strengthen capacity to promote gender equality and the ratification, by the National Assembly, of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. The Government is finalizing its national gender policy and its strategy to combat gender-based violence.

11. Lessons learned from the previous programme include: (a) collaboration with partners such as the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Children's Fund (UNICEF); the United States Agency for International Development; and the World Health Organization (WHO) are beneficial for meeting reproductive health needs and should be strengthened; (b) there is a pressing need to conduct the fourth general population and housing census as well as intercensal surveys, because the lack of updated, reliable and disaggregated sociodemographic data hinders efficient planning and hampers the monitoring and evaluation of population and development programmes; and (c) even if resources are available, the extension of population and family life education to the entire educational system through teacher training will be a challenging task.

III. Proposed programme

12. The final evaluation of the previous country programme identified the priorities of the proposed programme. These priorities are aligned with the Programme of Action of the International Conference on Population and Development (ICPD); the national development strategy, which is based on the Millennium Development Goals; the recommendations of the 2005 World Summit; the Maputo Plan of Action for the promotion of sexual and reproductive health and rights in Africa; and the United Nations Development Assistance Framework (UNDAF) for 2008-2012. Geographically, the programme will cover the UNDAF priority regions of Centrale, Kara, Maritime and Savanes, emphasizing rural and peri-urban areas with pockets of poverty. The programme also includes national activities on reproductive health commodity security.

13. The proposed programme seeks to reduce poverty by improving access to high-quality reproductive health services, and by promoting the consideration of population, gender equity and gender equality issues in development policies and programmes.

14. The programme will contribute to UNDAF goals by: (a) improving the income of 25 per cent of the poor, including both women and men, especially in rural and peri-urban areas; (b) improving equity and access to basic, high-quality services, especially for the most vulnerable groups; and (c) improving democratic, administrative and economic governance at all levels.

Reproductive health component

15. The outcome of the reproductive health component is: improved access to high-quality reproductive health services, particularly those focusing on family planning, maternal health, sexually transmitted infections and HIV/AIDS, especially in rural and peri-urban areas. There are three outputs.

16. Output 1: Increased availability of comprehensive sexual and reproductive health services, with an emphasis on family planning, maternal and neonatal care and young people. This will be achieved by: (a) building capacity and providing supplies to enable health facilities to offer basic obstetric care following WHO standards, strengthening emergency obstetric care at the national, regional and district levels; (b) rehabilitating reproductive health facilities and providing medical equipment and essential drugs; (c) supporting youth- and adolescent-friendly reproductive health services; and (d) screening for and managing sexually transmitted infections.

17. Output 2: Improved institutional management and coordination of reproductive health programmes, including those focusing on preventing sexually transmitted infections and HIV/AIDS. This will be achieved by: (a) supporting an improved policy framework to promote reproductive health in line with the Maputo Plan of Action; (b) developing training modules on reproductive health and on preventing sexually transmitted infections and HIV/AIDS to be used in training institutions for health personnel and teachers; and (c) strengthening the capacity of civil society organizations involved in reproductive health.

18. Output 3: Accurate and up-to-date information on reproductive health is disseminated through traditional and non-traditional media and communication channels, including counselling. This will involve: (a) improving the counselling skills of health care providers working with women, particularly pregnant women; (b) broadening partnerships to involve non-governmental organizations (NGOs), youth associations, community leaders, parents and faith-based organizations in prevention efforts; (c) supporting the coordination mechanism in the Ministry of Education; and (d) working in partnership with United Nations organizations and with parents to ensure the integration of sexual and reproductive health issues into the school curriculum, especially at the secondary level.

Population and development component

19. This outcome of the population and development component is: enhanced consideration of population, reproductive health and gender issues within the national planning process, based on the Millennium Development Goals and the poverty reduction strategy. The component has two outputs.

20. Output 1: Improved system for ensuring reliable, updated and disaggregated sociodemographic data for planning, measuring and monitoring reproductive health, population and development, and gender within poverty reduction efforts in key sectors. This will be achieved through: (a) increased technical and financial support for the fourth census; (b) supporting the implementation of an integrated information system based on the ICPD Programme of Action for monitoring and evaluation; (c) supporting intercensal surveys such as the demographic health survey and thematic studies; and (d) strengthening national technical and institutional capacity in the collection, analysis, dissemination and use of data.

21. Output 2: Increased attention at national and local levels in support of population and reproductive health, in the context of a Millennium Development Goal-focused national development plan. This will be achieved through: (a) strengthened technical national capacity for the efficient utilization of sociodemographic data for formulating, monitoring and evaluating action plans; (b) mobilizing and strengthening coordination between NGOs and grass-roots community organizations for raising awareness and advocacy on population and reproductive health; and (c) technical support for considering sociodemographic data in implementing the Millennium Development Goals-based national development strategy.

Gender component

22. The outcome of the gender component is: improved institutional mechanisms and positive

changes in sociocultural practices to promote women's and girls' rights and gender equity and equality.

23. Output 1: Legal and institutional frameworks are revised to promote gender equity and equality and the empowerment and participation of women. This will be achieved by: (a) advocating equitable participation in decision-making and respect for women's rights; (b) providing technical and financial support for facilities to implement the national gender policy; and (c) supporting mechanisms that promote the empowerment of women.

24. Output 2: Strengthened mechanisms to combat gender-based violence and harmful practices, including access to protection and support. This will be achieved by: (a) supporting policy dialogue, advocacy and training to implement the national strategy; (b) advocating the development and adoption of new legal texts and the revision of old texts; and (c) disseminating legal texts on gender-based violence and strengthening rehabilitation shelters, and crisis and counselling centres for the victims of such violence.

IV. Programme management, monitoring and evaluation

25. The programme coordination office in the Ministry of the Economy and Development will coordinate the programme. Government ministries and national NGOs will execute the programme. Participating ministries will include the Ministries of: Economy and Development; Health; Primary and Secondary Education; Social Affairs and the Promotion of Women; Youth and Sports; and the Ministry in charge of the Protection of Children and the Elderly. National research institutions, NGOs and civil society organizations, including the Network of African Woman Ministers and Parliamentarians; the Network of Parliamentarians on Population and Development; Women in Law and Development in Africa; and the Women's Group of Reflection

and Action in Democracy and Development, will also assist in executing the programme.

26. Macro studies and micro studies evaluating the implementation structures of the programme will determine the financial execution modalities within the framework of the harmonized approach to cash transfers, in line with the Paris Declaration.

27. As stipulated in the memorandum of understanding on reproductive health signed by UNFPA, UNICEF, WHO, the World Bank and the African Development Bank, programmes will be jointly supported in the areas of: (a) HIV/AIDS; (b) databases for monitoring and evaluating programmes; and (c) emergency obstetric and neonatal care.

28. The Government and UNFPA will mobilize additional funds through a resource mobilization plan to complement regular resources. UNFPA and the Government will also: (a) develop a monitoring and evaluation plan; (b) analyse routine and survey data; (c) use and share the results of activity reviews; and (d) undertake baseline and impact studies.

29. The Togo country office consists of a UNFPA representative, an assistant representative, an operations manager, two national programme officers, and several programme and administrative support staff. UNFPA will recruit additional staff to strengthen programme implementation. The UNFPA country technical services team in Dakar, Senegal, along with national, regional and international consultants, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR TOGO

National priorities: development of basic social sectors and human resources UNDAF outcome: by 2012, access to basic, quality social services is improved and equitable, especially for the most vulnerable groups				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Improved access to high-quality reproductive health services, particularly those focusing on family planning, maternal health, sexually transmitted infections and HIV/AIDS, especially in rural and peri-urban areas</p> <p><u>Outcome indicators:</u> By 2012,</p> <ul style="list-style-type: none"> The Caesarean section rate increases from 2% to 5% The modern contraceptive prevalence rate increases from 11.3% to 14% The percentage of unmet contraceptive needs drops from 25% to 20% The percentage of births assisted by skilled attendants rises from 61% to 70% Among young people aged 15-24, the condom usage rate during their last sexual intercourse increases from 62.2% in 2005 to 80% in 2012 	<p><u>Output 1:</u> Increased availability of comprehensive sexual and reproductive health services, with an emphasis on family planning, maternal and neonatal care and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> The percentage of facilities offering at least three family planning methods increases from 73% in 2006 to 85% in 2012 The availability of basic emergency obstetric and neonatal care increases from 0.13 per 500,000 inhabitants in 2007 to 2 per 500,000 inhabitants in 2012 in programme areas The number of facilities offering specific high-quality reproductive health services to young people increases 100% between 2007 and 2012 <p><u>Output 2:</u> Improved institutional management and coordination of reproductive health programmes, including those focusing on preventing sexually transmitted infections and HIV/AIDS</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> National frameworks are improved to promote reproductive health, including the prevention of sexually transmitted infections and HIV/AIDS Initial teacher training schools integrate HIV and a life-skills approach into their training curricula HIV-prevention programme management capacities are strengthened for 30 civil society organizations <p><u>Output 3:</u> Accurate and up-to-date information on reproductive health is disseminated through traditional and non-traditional media and communication channels, including counselling</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> The prevention of sexually transmitted infections and HIV/AIDS prevention is an integral part of the information delivered during prenatal visits in at least 80% of health training sessions in intervention areas The percentage of pregnant women with adequate knowledge of the danger signs related to pregnancy and childbirth increases by 20% 80% of the members of 20 women's associations and other groups have accurate, complete knowledge of how to prevent sexually transmitted infections and HIV/AIDS 	<p>Ministry of Health; Ministry of Primary and Secondary Education; National council for the fight against HIV/AIDS; Network of associations for the fight against HIV/AIDS; Network of African Woman Ministers and Parliamentarians; Women in Law and Development in Africa</p> <p>UNAIDS; UNICEF; WHO</p> <p>French Development Agency; International Organization of la Francophonie (OIF)</p> <p>Community-based organizations; Community media and radio programmes; NGO networks; Youth associations</p>	<p>\$4 million (\$3 million from regular resources and \$1 million from other resources)</p>

UNDAF outcome: by 2012, democratic, administrative and economic governance will improve at all levels				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome 1:</u> Enhanced consideration of population, reproductive health and gender issues within the national planning process, based on the Millennium Development Goals and the poverty reduction strategy</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> The poverty reduction strategy paper and the Millennium Development Goals monitoring report take reliable, disaggregated sociodemographic indicators into account Sector-based development policies and programmes consider population, development, reproductive health and gender issues 	<p><u>Output 1:</u> Improved system for ensuring reliable, updated and disaggregated sociodemographic data for planning, measuring and monitoring reproductive health, population and development, and gender within poverty reduction efforts in key sectors</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Updated, reliable and disaggregated sociodemographic data are available and accessible The integrated information and monitoring and evaluation system for the country programme and the ICPD Programme of Action is available and operational <p><u>Output 2:</u> Increased attention at national and local levels in support of population and reproductive health, in the context of a Millennium Development Goal-focused national development plan</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> NGOs and grass-roots community organizations undertake awareness and advocacy activities on population, reproductive health and gender issues National policies for the elderly and youth are adopted and implemented, using reliable sociodemographic indicators The national population policy is updated, using reliable sociodemographic indicators, the Millennium Development Goals and the poverty reduction strategy 	<p>Ministry of the Economy and Development; Ministry Delegate in Charge of Protection of Children and the Elderly; National Consultative Council for the Elderly; Network of Parliamentarians in Population and Development</p> <p>European Union; Government of China; OIF; Macro International</p> <p>UNDP; UNICEF; World Bank</p>	\$3.75 million (\$1.75 million from regular resources and \$2 million from other resources)
UNDAF outcome: by 2012, the income of 25 per cent of the poor will improve, including both women and men, especially in rural and peri-urban areas				
Gender	<p><u>Outcome:</u> Improved institutional mechanisms and positive changes in sociocultural practices to promote women's and girls' rights and gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> The percentage of women in decision-making bodies increases Development policies and plans in the five key sectors take gender into account Domestic violence is reduced by 10% Gender-based violence is reduced by 10% 	<p><u>Output 1:</u> Legal and institutional frameworks are revised to promote gender equity and equality and the empowerment of women</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> The national gender policy is adopted and implemented The technical and institutional capacities of implementing structures are strengthened, including government ministries, civil society organizations, NGOs and the private sector Twenty women's economic operator networks, groups and associations are functional <p><u>Output 2:</u> Strengthened mechanisms to combat gender-based violence and harmful practices, including access to protection and support</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Two legal texts on violence, including emerging violent practices, are adopted and disseminated Institutional mechanisms to combat gender-based violence are strengthened, including government, NGOs and civil society organizations 	<p>Ministry of Social Affairs and the Promotion of Women; Food and Agriculture Organization of the United Nations; UNDP; UNICEF; United Nations Industrial Development Organization; OIF; Plan Togo; Network of Parliamentarians o Population and Development; Network of African Woman Ministers and Parliamentarians; Women in Law and Development in Africa</p>	<p>\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>