

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR TIMOR LESTE (2021-2025)

Second regular session 2020

| Comments by Australia | UNFPA country/regional office response |
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| <p>The document would benefit from an assessment of work currently undertaken by other partners, particularly Marie Stopes Timor-Leste and John Snow, Inc (JSI) on family planning and sexual and reproductive health activities to avoid duplication. Both partners' engagement in provision of municipal level services has direct links to national agency planning and health systems strengthening.</p> | <p>UNFPA works in close cooperation and collaboration with Mary Stopes Timor Leste (MSTL) and John Snow Inc.(JSI). All contraceptives disbursed by the two organizations are provided by UNFPA through special global agreements. The training materials and protocols used are those developed by UNFPA and adopted as official Ministry of Health protocols. UNFPA convenes regular coordination meetings with both organizations (and with others working on SRHR) to ensure that there is no duplication or overlap.</p> |
| <p>Against output 1 towards strengthening government systems and Ministry of Health implementation of the National Reproductive Health Commodity Security Strategy, consider inclusion of engagement with the national medical stores (SAMES) to ensure availability and distribution of supply. The Australian Government has recently entered into a grant arrangement with UNFPA to facilitate the rollout of MSupply to municipal facilities. This can be captured against output 1.1 in the results and resources framework.</p> | <p>UNFPA has worked with SAMES in all its county programmes and this work will continue under the new CPD. The joint collaboration with DFAT funding on mSupply did not exist when the CPD was drafted and submitted.</p> <p>The CPD has been updated to include Australia and SAMES under Partner Contributions in the Country Programme Results Framework.</p> |
| <p>Under the results and resources framework, output 1.2 on EmONC training should include Australia within partner contributions as a donor of these activities through our Partnership for Human Development facility.</p> | <p>Agreed. The CPD has been updated to include Australia under Partner Contributions in the Country Programme Results Framework.</p> |
| <p>Country context statement may benefit from updating, including referencing more recent successful elections in first paragraph, but reference to significant issue of high stunting rates for children.</p> | <p>The paragraph mentions the elections in 2012, 2017 and 2018. There has not been any since then.</p> <p>Stunting among children is a priority for the UN system and is one of the key focus areas of the UNICEF programme. UNFPA only does</p> |

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| | limited and indirect work on this i.e. through updating of antenatal care protocols. |
| Under the assessments made in output 4, it would be useful to include background on Australian-funded activities through Nabilan that contribute to progress on National Action Plan – Gender Based Violence (NAP-GBV) implementation. | UNFPA has worked closely with Nabilan throughout the years. This collaboration has become more important as the UN in Timor Leste is implementing Spotlight and potentially other joint programmes on GBV which takes into account important lessons learned through the work of Nabilan. The CPD has been updated to include Nabilan under Partner Contributions in the Country Programme Results Framework. |

| Comments by New Zealand | UNFPA country/regional office response |
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| The document could be further strengthened through a greater focus on how youth and women representatives can play a role throughout the implementation process – acting as role models and advocates. | Youth and gender civil society organizations (CSOs) are a part of the work under Output 1.1, to increase demand for services; under Output 1.3 on HIV prevention and under Output 2.1 working with and through youth organizations and other civil society organizations. These interventions focus on community advocacy and outreach, and in the case of the youth component, will include youth acting as role models. The indicators specify collaboration with CSOs. |
| Given the challenge of sexual and reproductive health (SRH) in Timor-Leste, it would be useful to reflect on the scope for collaboration with other actors in SRH, especially local organisations (e.g. Marie Stopes and Cooperative Café Timor rural clinics), as well as other UN agencies. | UNFPA provides all contraceptive supplies to Marie Stopes Timor Leste, along with 100% of the supplies to the Government which has been agreed to gradually be taken up by the Ministry of Health. Also, the nationally approved clinical protocols developed with UNFPA support are used by all international NGOs at the request of the Ministry of Health. UNFPA will continue to regularly organize and convene meetings of development partners working in the area of sexual and reproductive health, which includes UN agencies and civil society organizations. |
| Under risk management, we think it would be helpful if UNFPA could consider (i) how it can advocate for the government to allocate sufficient resources to cover agencies’ operational budgets | The UN Country Team is actively engaged with the Ministry of Finance and the Ministry of Health to advocate for increased budget support to the social sectors. This is a system-wide approach, and is |

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| <p>as well as staff salaries, to ensure that they can operate effectively; and (ii) the risk that key government agencies are unable to utilise even the limited funding they are allocated due to ineffective systems.</p> | <p>covered as part of the United Nations Sustainable Development Cooperation Framework (UNSDCF). Good governance and systems strengthening are also addressed as part of priority area five (Accountable, Inclusive and Participatory Governance and Quality Public Services) of the UNSDCF.</p> |
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| <p style="text-align: center;">Comments by USA</p> | <p style="text-align: center;">UNFPA country/regional office response</p> |
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| <ul style="list-style-type: none"> • The United States would like to thank UNFPA for sharing its draft country programme document for Timor-Leste, and recognizes that the program focus, key program components, and proposed outputs fit well with Timor-Leste’s demographic, health, and reproductive health needs. | <p>Noted with appreciation.</p> |
| <ul style="list-style-type: none"> • Below are some recommendations and comments, which the authors may wish to consider while finalizing the draft. | <p>Noted.</p> |
| <p>1. Regarding the Results and Resources Framework</p> <p>a. Related to Output 1.1 and Output 1.3 of the Results and Resources Framework, the Programme Document references building the capacity of the national health system to provide high-quality integrated sexual and reproductive health and HIV services along with other HIV-sensitization programs. We encourage UNFPA to additionally consider the specific and unique reproductive health needs of women and their children who are malnourished. Malnutrition is a significant public health issue in Timor-Leste, especially in humanitarian settings, and should factor into comprehensive health programs and integrated reproductive health programs.</p> | <p>The unique challenge related to malnutrition in Timor Leste is fully recognized, and UNFPA agrees that it is an important component of care. To address this issue, UNFPA worked with WHO, UNICEF and WFP to ensure that it was included in the standard antenatal care protocols of the country. Given that these protocols are in use, malnutrition has not been incorporated into the Country Programme as an activity. However, the antenatal care protocols are to be reviewed in 2020, and UNFPA will continue to work with partners, particularly WHO and UNICEF, to ensure that malnutrition in relation to pregnancy is fully covered.</p> <p>UNFPA emphasizes Emergency Obstetric Care in the Country Programme. The training and follow up programme emphasizes the</p> |

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| | most common causes of emergency, which includes those that result from anaemia due to malnutrition. |
| b. Related to UNSDCF Outcome indicator 1, given that only 50% of women give birth in health facilities, we applaud the inclusion of interventions to increase the number of births attended by skilled birth attendants. Similarly, we laud UNFPA for including interventions related to reducing and addressing gender-based violence and intimate partner violence. | Noted with appreciation. |
| <p>2. Regarding the Programme Priorities and Partnerships</p> <p>a. Related to Item 18 of the Program Priorities and throughout the Document, the discussion related to mobilizing health resources and strengthening health services does not mention commodities, commodity security, supply chain, or stockouts. We encourage UNFPA to leverage existing networks and programs to provide this type of support in Timor-Leste. It would serve UNFPA well to include interventions and outcomes related to strengthening the supply chain and the availability of health commodities.</p> | <p>UNFPA will continue its work on supporting the National Reproductive Health Commodity Security strategy. These activities rest under Country Programme Outcome 1, output 1 and key intervention (a) support implementation of the National Reproductive Health Commodity Security Strategy.</p> <p>The support for the comprehensive strategy is mentioned in paragraph 23 and at the moment UNFPA still provides 100% of the contraceptives to the country. Timor Leste is one of the UNFPA Supplies countries and this includes significant support to supply chain activities. A target of 100% of facilities not experiencing stock-outs is one of the Output 1.1. indicators.</p> |
| b. Related to Item B of the Programme Priorities, the main challenge facing youth and adolescents is the poor quality of education at all levels, from preschool to university. To effectively reach youth and adolescents with interventions, we encourage UNFPA to evaluate the full breadth of existing partners who are currently engaging with youth and education. We encourage UNFPA to coordinate with stakeholders such as UNICEF and the Government of Timor-Leste to address issues in education to reach young populations more effectively. | UNFPA is working closely with UNICEF under the Spotlight Initiative to increase its reach of young people with Comprehensive Sexuality Education (CSE) following the national curriculum. Furthermore, UNFPA works with out-of-school youth through its collaboration with the State Secretary of Youth and Sports. |

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| <p>3. Regarding the Programme Priorities and Partnerships and the Results Framework</p> <p>a. Related to Item C of the Program Priorities and the UNSDCF indicators in the Results and Resources Framework, there is no mention of how programs will engage communities and men in changing behavior related to gender-based violence and intimate partner violence. As engaging men and boys to address harmful social norms is critical to reducing incidence of GBV, we encourage UNFPA to consider programs and indicators related to social and behavior change activities.</p> | <p>UNFPA is engaging both boys and girls, through the support to the Ministry of Education for Comprehensive Sexuality Education, which includes components on GBV and also through the Boys’ and Girls’ Circles activities for extra-curricular activities in schools as referenced in paras. 31-32 of the CPD. The latter is supported by the Spotlight Initiative, which is included under CPD outputs 1 and 3, and is expected to be a part of planned future projects in advanced discussions with a donor. These activities will also be supported and adjusted by a 2020 research activity related to gender equality and norms.</p> <p>Behaviour change indicators are included in the UNFPA component of the Spotlight Initiative under programme area three, prevention. (Indicators 3.1 on changing attitudes and 3.1.1 related to received CSE).</p> |