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**DRAFT**

**United Nations Population Fund**

**Country programme document for Togo**

Proposed indicative UNFPA assistance:	\$22 million: \$6 million from regular resources and \$16 million through co-financing modalities or other resources
Programme period:	Three years (2024–2026)
Cycle of assistance:	Eight
Category:	Tier I
Alignment with the UNSDCF Cycle:	United Nations Sustainable Development Cooperation Framework, 2023–2026

## I. Programme rationale

1. The population of Togo totals 8.1 million and is growing at an annual rate of 2.3 per cent (2022 census); 32 per cent of the population are adolescents and young people aged 10-24 years. The population is mostly rural (57.1 per cent), and over half is female (51.3 per cent). Women of childbearing age (15-49 years) account for 21.1 per cent of the population, while those aged 60 years and above make up 5 per cent.<sup>1</sup>

2. Togo is experiencing steady economic growth: the gross domestic product increased (from 4.8 per cent in 2018 to 5.3 per cent in 2019) as a result of accelerated government investment and the expansion of the industrial and agricultural sectors. The economy has proven resilient to the COVID-19 pandemic, showing positive growth of 1.8 per cent in 2020 thanks to government measures, including a successful response to the pandemic, support for deprived households and businesses, and investment in infrastructure. While poverty has decreased overall in the country (from 58.7 per cent in 2011<sup>2</sup> to 55.1 per cent in 2015),<sup>3</sup> it remains a tangible reality, especially among women and young people, with an incidence of 45.5 per cent (26.5 per cent in urban areas and 58.8 per cent in rural areas). The Human Development Index was 0.539 in 2021. Several programmes were launched aimed at improving the living conditions of the most vulnerable, particularly women and young people. With a dependency ratio of 75 members of the population for every 100 working members in 2018, there is a clear path to harnessing the demographic dividend to accelerate economic growth and social inclusion. Togo adopted a new National Population Policy in 2018 and joined the Sahel Women's Empowerment and Demographic Dividend (SWEDD) regional initiative in 2022.

3. For the past 15 years, the Togo has enjoyed consistent socio-political stability, which has been conducive to development. However, the security situation deteriorated recently in the Savannah region bordering Burkina Faso, impacted by the Sahel crisis and climate change. The current level of risk is high, with no signs of decreasing; the number of refugees and asylum seekers is expected to double, from 13,914 refugees in February to 27,000 refugees in April 2023.<sup>4</sup> In addition, Togo is facing climate change effects, with recurrent floods along the basins of its major rivers (Oti and Mono), strong winds and seasonal fires.

4. The political and institutional environment is favourable to the exercise of sexual and reproductive health and reproductive rights (SRHRR) and the promotion of gender equality and women's rights. The new Togolese Criminal Code grants increased protection for girls and women, including females with disabilities, against mobbing, physical and economic harassment. It also criminalizes gender-based violence (GBV), including child marriage and female genital mutilation (FGM). Despite this conducive legal environment, GBV, child marriage (24.8 per cent of girls aged 20-24 years) and FGM (5.5 per cent of girls aged 9-18 years)<sup>5</sup> persist due to social and cultural norms. The intensification of combined interventions by the Government and civil society organizations against FGM suggest a significant decrease in the phenomenon, although the practice persists in some communities. A national study on gender-based violence including FGM is planned at the beginning of the programme. The spillover of the Sahel security crisis in northern Togo, with the influx of immigrants from Sahel countries and internally displaced persons, may exacerbate the practice of FGM. In 2020, the gender inequality index stood at 0.573, which is indicative of persistent disparities in the country, where girls have limited access to secondary and higher education, health, means of production and resources. Most women have little decision-making power, including over their own health. While 27.4 per cent of households in the country are headed by women,<sup>6</sup> the decision to seek health services is made by men in 34.2 per cent of cases. Just 30.2 per cent of women pay for their own health care. In the absence of recent studies, it is difficult to pinpoint a trend regarding the prevalence of GBV in Togolese society. Nevertheless, it has been established that the COVID-19 pandemic exacerbated domestic violence, with the outreach centres in the country seeing an upsurge in cases. There has also been a substantial increase in the number of pregnancies in schools. In this context, the challenge lies in the

<sup>1</sup> National Institute of Statistics and Economic and Demographic Studies population projections.

<sup>2</sup> Questionnaire of the Unified Welfare, Indicators Survey (QUIBB), 2011.

<sup>3</sup> QUIBB, 2015.

<sup>4</sup> UNHCR quarterly report, Feb2023.

<sup>5</sup> MICS 2017.

<sup>6</sup> Togo MICS6, 2017.

limited availability of services for survivors of GBV: the country has only one holistic care centre for GBV survivors and around 15 outreach centres.

5. The unmet need for family planning remains high despite a slight decrease (from 34.5 per cent in 2018 to 32.2 per cent in 2022);<sup>7</sup> but it is much higher for adolescent girls (48.8 per cent).<sup>8</sup> The total fertility rate was 4.6 children per woman (5.4 in rural areas) in 2017.<sup>9</sup> The modern contraceptive prevalence is estimated at 21.4 per cent among women aged 15-49 years and 16.5 per cent among adolescent girls aged 15-19 years. Despite efforts for better access to sexual and reproductive health services and comprehensive sexuality education (CSE), teenage pregnancy has changed little in recent years and remains high, at 17 per cent. There are more than 3,000 cases of pregnancy in schools annually,<sup>10</sup> causing over 1,000 girls to drop out each year.<sup>11</sup> Togo has opted for an integrated approach to CSE; however, some educational materials have still not incorporated the CSE content, thus limiting the possibility of scaling-up.

6. Maternal mortality remains a concern, with a ratio of 401 per 100,000 live births in 2014 (only slightly down from 478 per 100,000 live births in 1998).<sup>12</sup> Neonatal mortality stagnated at 27 per 1,000 live births between 2014 and 2017. The DHS 2013 estimated the prevalence of obstetric fistula at 1 per cent, indicating the vulnerability of approximately 20,000 women annually. This is due to: (a) low rates of skilled birth attendance (69.4 per cent); (b) limited availability of emergency obstetric and neonatal care; (c) limited access to high-quality emergency obstetric and neonatal care and poor management of obstetric complications; and (d) limited availability of life-saving drugs, such as blood products, in health care facilities. Furthermore, financial obstacles are still curtailing demand for sexual and reproductive health services. For example, in the Savanna region, only 29 per cent of the expected complications of pregnancies and childbirths are actually treated in emergency obstetric and neonatal care facilities.

7. Togo successfully conducted a census in 2022 as a sequel to the previous one conducted in 2010. Additional resources are required to publish, disseminate and conduct in-depth thematic analyses. Moreover, insufficient funding of the national statistical offices hinders the use of regular surveys and studies for the provision of evidence-based knowledge and the disaggregated data needed at all levels to adequately plan, monitor and evaluate development programmes, including the International Conference on Population and Development (ICPD) and Sustainable Development Goals (SDGs) agendas, and to target the most vulnerable populations. In addition, the civil registration and vital statistics system needs to be strengthened, together with the scaling-up of its digitalization process.

8. The evaluation of the previous country programme noted the following significant results: (a) the maternal mortality reduction strategy was adopted, with emergency obstetric and neonatal care as its main focus, and technical facilities available to emergency obstetric and neonatal care maternity centres were strengthened; (b) increased institutional capacity to provide integrated sexual and reproductive health (SRH) services, including for adolescents; (c) 126 service providers at emergency obstetric and neonatal care facilities were trained in high-quality services and care; (d) 115 health care facilities were equipped with emergency obstetric and neonatal care materials; (e) CSE was integrated into teacher training curricula for primary and secondary schools, while programmatic interventions reached 116,944 adolescents and young people with appropriate SRH services; (f) 61 women with obstetric fistula received medical care, while 77 women who had undergone fistula repair received support for income-generating activities; (g) contraceptive products available in stores across the six regions and 39 health districts in the country, which has helped increase contraceptive prevalence (from 17 per cent in 2014 to 24 per cent in 2021); (h) 197,281 new users of modern contraceptive methods have been recruited via 'open days' offering free family planning services in health care facilities, along with advanced strategies and mobile clinics; (i) 8,200 survivors of GBV received psychological care through 17 outreach and counselling centres supported by UNFPA; (j) the first holistic one-stop GBV care centre for GBV survivors, established in November 2021 at the Adidogomé medical-social centre in Lomé, has treated 126 survivors in one year; and (k) census enumeration has been completed, along with publication of the first preliminary results.

<sup>7</sup> MICS6, 2017.

<sup>8</sup> MICS6, 2017.

<sup>9</sup> MICS6, 2017.

<sup>10</sup> Problématique des grossesses en milieu scolaire au Togo, 2019.

<sup>11</sup> Tableau de bord de l'éducation au Togo (2021-2022), MEPSTA 2022.

<sup>12</sup> DHS II.

9. Partnerships were strengthened during the programme cycle, resulting in support to co-financing schemes of the fifth census and policy briefs, from the German Agency for International Cooperation (GIZ), on the integration of the demographic dividend into the national development plan. During the COVID-19 pandemic, a new partnership established with the Japanese Takeda Pharmaceutical Company helped ensure continuity of maternal health services. Collaboration with the Ministry of Women has strengthened the capacities of a group of civil society organizations and social and medical actors to combat gender-based violence. UNFPA advocacy, in collaboration with the Ministry of Health, resulted in the Government funding the purchase of contraceptive commodities. The UNFPA partnership with UNDP and UNICEF enabled the joint mobilization of funds from the United Nations Peacebuilding Fund to promote youth participation in conflict prevention and strengthening social cohesion.

10. The lessons learned from the country programme are the following: (a) strengthening the skills of midwives in mobile ultrasound clinics increases women's access to sexual and reproductive health, HIV prevention and family planning services, especially in rural areas; (b) free family planning services is an innovative strategy for women and couples to adopt contraceptive methods; (c) the establishment of a one-stop centre on GBV has enabled holistic GBV services and care; (d) advocacy with national authorities has made it possible to place harnessing the demographic dividend on the national agenda; this allowed the country to be eligible for the SWEDD initiative.

11. The main challenges encountered during the programme were the following: (a) the modern contraceptive prevalence increased slightly; (b) the persistence of cultural and social norms as barriers to family planning and GBV services; (c) irregularity of national surveys and studies to inform the progress of ICPD and the three transformative results of UNFPA; and (d) weak presence of donors in the country and weak fiscal space for the Government to provide commodities for maternal health and family planning.

12. UNFPA actively supported the elaboration of the United Nations Sustainable Development Cooperation Framework (UNSDCF) and the common country analysis. UNFPA will exercise its comparative advantages in: (a) sexual and reproductive health and reproductive rights, and maternal health and family planning; (b) adolescent sexual and reproductive health and reproductive rights; (c) bodily autonomy; (d) human rights-based approaches; (e) leaving no one behind, including persons with disabilities; (f) the demographic dividend; (g) gender-based violence response for populations affected by climate change and humanitarian situations and provision of continued sexual and reproductive health services; and (h) socio-demographic disaggregated data and strengthening statistical systems to support the delivery of joint results.

## II. Programme priorities and partnerships

13. The new country programme, anchored in the UNSDCF, 2023-2026 (particularly outcomes 3, 4 and 5), contributes towards achieving SDGs 1, 3, 5, 10, 13, 16 and 17. The four interconnected outputs will contribute to accelerating achievement of the three transformative results of the UNFPA Strategic Plan, 2022-2025. It will also speed up the implementation of the national voluntary ICPD25 commitments, and the ICPD Programme of Action and the African Union Agenda 2063. The programme builds on the challenges, lessons learned and good practices identified in the evaluation of the previous country programme, and will leverage the opportunities currently available to Togo, including its imminent accession to the SWEDD, the Muskoka Fund and the Takeda maternal health project. Based on current successes in implementing funding from financing mechanisms, local resources mobilization advocacy will be privileged to engage all municipalities, the private sector, as well as national, international and regional financial institutions, to increase sexual and reproductive health resources. UNFPA will use upcoming opportunities, including with the Global Fragility Act, the Central Emergency Response Fund, the Directorate-General for European Civil Protection and Humanitarian Aid Operations (formerly known as European Community Humanitarian Aid Office – ECHO), to focus on the Sahel spillover crisis.

14. Due to the deteriorating security situation in the northern Togo, the programme will encompass a humanitarian dimension and may benefit from a range of humanitarian funds, to respond to the needs there, and the Peacebuilding Fund to build the humanitarian, development continuum, depending on how the situation evolves. Since the declaration of the state of emergency in the country in June 2022, the security situation has continued to deteriorate, forcing 27,000 refugees to enter Togo (Savannas region) and 32 000

inhabitants to flee their homes (World Food Programme (WFP) report). UNFPA has already pre-positioned dignity kits.

15. The vision of the country programme is that by 2026, women, adolescents and young people, particularly those left furthest behind and the most vulnerable, will benefit from better access and universal coverage to high-quality sexual and reproductive health and reproductive rights, family planning information and services, and integrated responses to gender-based violence. The programme will contribute to reducing maternal mortality by 15 per cent; increase the modern contraceptive prevalence rate by 48 per cent; scale up the presence of ‘one-stop centres’ to respond GBV; and improve the generation of disaggregated data and evidence for programming.

16. The programme is based on the principles of human rights, gender equality and ‘leaving no one behind.’ It was developed under the leadership of the Government using a participatory approach, which involved sectoral ministries, United Nations organizations, youth and women-led civil society organizations and disabled people organizations. The beneficiaries of programme are primarily vulnerable populations and those left furthest behind: women, young people and adolescents in rural and hard-to-reach areas, people living with disabilities or with HIV, sex workers, survivors of GBV and populations affected by humanitarian crises. Programme interventions will reach all six health regions in the country but be more concentrated in the maritime region, due to its high population density, and in the Savannas region, which is marked by a high level of poverty and the effects of climate change and plagued by violent extremism spilling over from the Sahel.

17. UNFPA will strengthen existing partnerships and work with governmental entities (both at the national level and in municipalities), parliamentarians, universities and United Nations organizations. An effort will be made to develop new strategic partnerships with the private sector, communities, women’s movements and associations, and young leaders. UNFPA will collaborate with United Nations organizations – WHO, the Food and Agriculture Organization (FAO), UNICEF and WFP – and the World Bank in the spirit of ‘delivering as one’ to implement a common resource mobilization strategy, as outlined by the UNSDCF. The programme will implement innovative resource mobilization approaches based on a communication strategy designed to capture the national, private-sector and non-traditional donor resources needed to accelerate the achievement of the three transformative results. In addition, South-South and triangular cooperation will be an important lever to boost the programme. Under this partnership, UNFPA will build on its comparative advantage and mobilize its technical expertise in active policy dialogue, advocacy and capacity-building to realize the ICPD Programme of Action and the three transformative results. Conditions are conducive to the effective implementation of this programme due to the commitment of the Government, through the compact signed by the Ministry of Health, to guarantee the procurement of contraceptive products with public funds, the country’s imminent membership of the SWEDD initiative and the emerging enthusiasm of local authorities for maternal health and the fight against GBV.

18. Three accelerators were identified to achieve the strategic priorities of the country programme: (a) ‘leave no one behind’ by expanding the programme targets to include rural and suburban populations, disadvantaged young people and adolescents, people living with disabilities, populations affected by humanitarian crises and victims of GBV; these marginalized groups will be involved in the planning, implementation, monitoring and evaluation of interventions for their benefit; (b) expand and strengthen partnerships with the media, women and youth-led organizations and parliamentarians (especially the women’s caucus in advocacy) to strengthen the enforcement of laws and policies to end harmful practices and develop and implement joint projects and programmes with neighbouring countries; (c) use innovation and digitalization to scale up high-impact strategies and interventions (mobile clinics, one-stop centres); use mobile applications to improve the provision of SRH, family planning and GBV services accessible to adolescents, young people and women and to disseminate information and services that create demand for family planning in communities; and use information and communication technologies to train service providers.

19. The country programme will combine all modes of engagement with the accelerators – (a) more emphasis on advocacy and policy dialogue to meet financial and normative needs regarding SRH and gender equality; (b) service delivery; (c) capacity-building; (d) knowledge management; and (e) coordination, partnerships and South-South and triangular cooperation – to implement innovative strategies to accelerate the achievement of the three transformative results. Policy dialogue and advocacy will focus on supporting health care (family planning, transportation in obstetrical emergencies), community-based approaches,

integrated and holistic services, and data and monitoring mechanisms for fighting GBV. To address the emerging humanitarian and security challenges, particularly in the north of the country, the programme will involve humanitarian action, prioritizing life-saving interventions and ensuring the continuity of the minimum emergency response, such as psychological care of the most vulnerable populations (pregnant women, survivors of violence, people living with disabilities). The programme will work to engage young people and women in conflict prevention, sustainable peacebuilding and development initiatives following a humanitarian-development continuum approach. Humanitarian action will also aim to address the possible consequences of climate change that disrupt the availability of and access to SRH services, including family planning, mental health services and care for survivors of GBV.

20. The priorities of the country programme are based on four interconnected outputs, which will be achieved through priority interventions aimed at: (a) integrating SRH, family planning and GBV services and providing family planning services to the most vulnerable, based on a human rights-based and gender-equality approach, including in humanitarian situations; (b) providing high-quality essential and emergency obstetric and neonatal care for women, adolescents, young people and other vulnerable groups, including in humanitarian contexts; (c) preventing GBV, providing holistic care for survivors and promoting women's empowerment to enable them to fully exercise their sexual and reproductive rights and; (d) producing and using high-quality data, including the common data set on population and statistics, for national development planning and humanitarian action.

**A. Output 1. By 2026, strengthened national capacity to accelerate the provision of right-based, integrated, high-quality SRHRR, family planning and GBV services to women, adolescents, young people and vulnerable groups, particularly in rural areas, including in humanitarian contexts**

21. This output contributes directly to the UNSDCF outcome 4 and will be achieved by: (a) leading the advocacy for free and reproductive rights-based family planning, within the context of universal health coverage; (b) contributing to mobilizing domestic funding for family planning by fostering new partnerships; (c) encouraging innovation and communication (e-health platforms) adapted to accelerate access to rights-based, high-quality, integrated SRHRR, family planning and GBV counselling, information and education services for women, adolescents, young people and people living with disabilities; (d) strengthening the capacity of providers to offer high-quality SRHRR, family planning and GBV services to women and young people, based on a human rights-based approach, including in humanitarian contexts, while using digital tools for continuous learning and demand creation; (e) strengthening supply-chain management to ensure 'last-mile' availability of SRH and family planning commodities, implementing electronic logistics management information systems at 'the last mile' (integrating holistic care and support for GBV survivors into health care facilities; and (f) supporting the treatment of obstetric fistula. Interventions will be expanded in crises to meet the need of refugees and the internally displaced populations for maternal, sexual and reproductive health.

22. The programme will support (a) the Government in adopting measures to promote access to integrated SRH, family planning and GBV services for the most vulnerable populations; (b) recruiting essential personnel (midwives, anaesthetists and obstetricians, social workers and psychologists) to ensure that emergency care is available in emergency obstetric and neonatal care maternity units, including for GBV care, and integrating mentoring into ongoing training; (c) implementation and equipping of new one-stop centres and stakeholder training to strengthen the national capacity for holistic care for survivors of GBV; (d) providing family planning services at community levels using human rights-based approaches; (e) strengthening the capacity of health workers to provide SRH, family planning and GBV services, including referrals, with community participation and using digitization; (f) strengthening midwives basic training with e-learning and practical training, mentoring and accredited training schools and redesigning curricula to integrate innovations in maternal health, in line with the standards of WHO and the International Confederation of Midwives.

**B. Output 2. By 2026, the capacities of adolescents and young people are strengthened to enable them to enjoy their sexual and reproductive rights and to maximize their leadership and civic participation**

23. This output, linked to UNSDCF Outcome 3, will be achieved by: (a) strengthening the capacity of the education and vocational training system to integrate and scale up age-appropriate CSE; (b) supporting

youth organizations and networks, particularly those of young girls, to promote their leadership and participation in development and public life, peacebuilding and social cohesion; (c) developing the employability of young graduates through internship and skills building programmes based on public-private partnerships, strengthening the mechanisms for the economic empowerment of young people in the informal sector through support for youth-led income-generating activities initiatives while guaranteeing them access to SRHRR; and (d) developing partnerships to support local, regional and cross-border initiatives to promote sexual health, youth empowerment and resilience in crisis situations.

24. The programme will support: (a) girls and women in humanitarian settings to ensure they are empowered to handle and recover from crises in dignity and recognizing their rights and choices related to sexual and reproductive health, family planning and gender-based violence; (b) digital initiatives led by youth platforms and organizations to promote access to high-quality information on SRHRR, HIV prevention and GBV and to SRH services adapted for adolescents and young people, including from the most marginalized groups; and (c) develop the capacity of community stakeholders to promote CSE and GBV prevention in out-of-school settings, targeting adolescent mothers, domestic workers, porters and underage sex workers.

**C. Output 3. By 2026, the capacities of grass-roots institutions and communities are strengthened to accelerate the prevention of GBV and harmful practices, the empowerment of women and girls and the protection of their rights, including in humanitarian contexts**

25. This output, linked to UNSDCF Outcome 3, will be achieved by: (a) developing partnerships with local community, religious and traditional authorities and media to strengthen community knowledge on GBV early marriage, prevention and care mechanisms for survivors, helping to influence social norms; (b) capacity-building for women-led organizations, including in rural areas, to promote their empowerment; (c) developing partnerships to support regional and cross-border initiatives to tackle GBV and build resilience in crisis situations; and (d) sustaining advocacy to decision-makers and community leaders, to ensure the Minimum Initial Service Package for SRH in crisis situations is covered and interventions are well coordinated.

26. The programme will support (a) the sensitization of communities to increase awareness and use of available services; (b) innovative strategies (developing and disseminating messages via digital media and the toll-free lines to improve access to information about SRH services and GBV prevention and care; and (c) strengthening community capacities through peers to increase alliances at the community level.

**D. Output 4. By 2026, strengthened national capacity to accelerate the generation and use of data to promote the demographic dividend, development planning and response to the needs of marginalized groups**

27. This output, linked to UNSDCF outcome 5, will be achieved by: (a) producing and disseminating disaggregated indicators as well as thematic analysis reports related to the three transformative results; (b) continuing advocacy to strengthen the national civil registration system using the iCivil platform; and (c) supporting the analysis of population dynamics and its integration into the national development plan.

28. The programme will support (a) thematic analysis and dissemination of census data; (b) implementation of a range of national intercensal surveys (fourth Demographic and Health Survey; survey on the extent of GBV, including female genital mutilation; seventh Multiple Indicator Cluster Survey (MICS); harmonized survey on household living conditions; and national time-use survey as part of the national time transfer accounts analysis); (c) data health information software for country programme monitoring; and (d) a common operational data set on population and statistics to inform humanitarian action.

29. Data availability is critical for decision-making in planning, monitoring and evaluation of the programme interventions in the field. In this regard, the country programme will support the dissemination and use of the data resulting from the fifth General Population and Housing Census.

### III. Programme and risk management

30. The country programme will be coordinated by the Ministry of Development, Planning and Cooperation, through its Directorate General of Aid Mobilization and Partnership, in accordance with the principles of national ownership and accountability. The technical directorates of the sectoral ministries, as well as women's organizations and youth-led organizations, including organizations led by people living with disabilities, will implement the activities. UNFPA will conduct, together with UNICEF and UNDP, a micro-evaluation to assess the level of risk of potential implementing partners and put mitigation plans in place, where necessary. Spot checks will be conducted during programme implementation to verify whether financial control mechanisms are effective and if the accounting documents of implementing partners are of high quality. At the end of each fiscal year, implementing partners that have reached the funds threshold (and therefore require auditing) or present clear risk will be audited by an international audit firm.

31. The programme will be implemented in synergy with other United Nations organizations in the spirit of 'delivering as one' and in line with the UNSDCF. Joint projects are planned for statistical analysis and to monitor the implementation of Universal Periodic Review recommendations. A joint project is being planned with UNICEF and UNDP to increase young people's participation in peacebuilding and maintaining social cohesion. Joint resource mobilization initiatives will be conducted with financial institutions based in Lomé and with the private sector. The partnership and resource mobilization plan will address the challenges related to the transition from funding to financing by establishing partnerships with multilateral and bilateral donors, foundations and other philanthropic donors and will leverage additional resources through the new opportunities arising in the country, such as the SWEDD initiative, the Ouagadougou Partnership, and the new coalition against obstetric fistula. The partnership and resource mobilization plan underpinning the country programme will be periodically reviewed and updated throughout the life cycle of the programme. The harmonized approach to cash transfers will continue to be applied, leveraging inter-agency cooperation for risk mitigation and cost-effectiveness. Country office staff will be updated to meet the competencies needed for effective programme delivery.

32. Programme risks include: (a) growing insecurity in the northern part of Togo and possible spillover into other regions of the country; (b) resurgence of the COVID-19 pandemic or other epidemics, and recurrent flooding, particularly in the south; (c) the persistence of social norms that undermine gender inequality and hinder change; (d) the COVID-19 pandemic recovery and external shocks negatively impact resource mobilization. To mitigate these risks and ensure the continuity of SRH services to the population, including in humanitarian contexts, the country office, in consultation with the Government and the United Nations system, may reorient its interventions on the basis of an objective assessment. Security and risk management issues will be integrated into the programme implementation process and a humanitarian management fund will be allocated. In consultation with the Government, the country office will, if necessary, completely reprogramme activities to effectively assist the country in the event of a major humanitarian crisis. To address the challenges of mobilizing external resources, UNFPA will continue to advocate for increased domestic contributions for programme implementation, with a priority focus on joint projects with United Nation organizations and other partners.

33. This programme document outlines the UNFPA contributions to national outcomes and serves as the primary unit of accountability to the Executive Board for the alignment of results and programme resources at the country level. The responsibilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed by the UNFPA programme and operations policies and procedures, and the internal control framework.

### IV. Monitoring and evaluation

34. A budgeted monitoring and evaluation plan, along with appropriate organizational tools, will be put in place for regular monitoring and progress reporting of programme results. This plan will not only include field visits and quarterly, semi-annual and annual reviews, but also thematic evaluations. In collaboration with the Government and other stakeholders, programme implementation will be subject to regular joint monitoring to improve accountability and performance. This will ensure transparency, create greater ownership and ensure that interventions are sustainable. Specific studies will be conducted during



programme implementation to inform, guide and, if necessary, adapt the programme direction, strategies and arrangements. Donor-funded projects will also be evaluated, in accordance with the agreement.

35. A monitoring and evaluation mechanism based on the principle of results-based management will be developed in collaboration with national partners to monitor progress and report periodically on the results achieved. These partners will be trained in results-based management and policies and procedures to improve the quality of programme results. This mechanism will be aligned with national monitoring and evaluation systems and the UNSDCF. As part of the ‘delivering as one,’ UNFPA will collaborate with other agencies to provide annual reports on the implementation of the UNSDCF using UNInfo. The programme will also support the country in preparing voluntary national reports on progress towards the SDGs.

36. Learning from the impact of the COVID-19 pandemic and the emerging humanitarian and security challenges, the country programme will continue to digitize data-collection tools and establish appropriate platforms to ensure real-time monitoring of interventions, including in humanitarian contexts. In addition, the programme will focus on capacity building of partners in using these digital tools and platforms as well as data analysis in order to generate high-quality data for decision-making.

37. UNFPA will support joint evaluations as part of the UNSDCF implementation and will evaluate its interventions to strengthen accountability.

38. To strengthen the strategic positioning of UNFPA in the country and to increase the visibility of its mandate, there will be strong emphasis on programme and institutional communication, with increased use of social media to communicate more effectively with young people, who constitute the largest proportion of the population.

## RESULTS AND RESOURCES FRAMEWORK FOR TOGO (2024-2026)

<b>NATIONAL PRIORITY:</b> Strategic focus 1 of the Togo 2025 road map: Strengthen social inclusion and harmony and consolidate peace to achieve three ambitions (access to basic social services; accessible education for all; security, peace and justice for all).				
<b>UNSDCF OUTCOME:</b> 3: By 2026, people living in Togo, especially the most vulnerable, have better access to high-quality basic social services and more inclusive social protection.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Contraceptive prevalence (modern methods) <i>Baseline: 24% (2021); Target: 31.5% (2026)</i></li> <li>Unmet need for family planning <i>Baseline: 34% (2021); Target: 34% (2026)</i></li> <li>Emergency obstetric and neonatal care coverage <i>Baseline: 36.1% (2022); Target: 60% (2026)</i></li> <li>Proportion of births attended by skilled health personnel <i>Baseline: 69.4% (2021); Target: 72% (2026)</i></li> <li>Adolescent birth rate <i>Baseline: 79 per 1,000 aged 15-19 years; Target: 70 per 1,000 aged 15-19 years (2026)</i></li> </ul>	<p>Output 1. By 2026, strengthened national capacity to accelerate the provision of right-based, integrated, high-quality SRHRR, family planning and GBV services to women, adolescents, young people and vulnerable groups, particularly in rural areas.</p>	<ul style="list-style-type: none"> <li>Proportion of health care facilities in the programme implementation area that have not experienced a contraceptive stockouts in the last three months <i>Baseline: 40% (2021); Target: 60% (2026)</i></li> <li>Proportion of obstetric complications managed in emergency obstetric and neonatal care <i>Baseline: 39% (2022); Target: 50% (2026)</i></li> <li>Number of women, adolescents and youth who received high-quality SRH, family planning, HIV and GBV services <i>Baseline: 0 (2023); Target: 450,000 (2026)</i></li> <li>Number of women treated for obstetric fistula <i>Baseline: 0 (2023); Target: 300 (2026)</i></li> </ul>	Ministry of National Education; Ministry of Health; Ministry of Youth; Permanent Secretariat of the National AIDS Control Council; non-governmental organizations; embassies; other United Nations agencies	\$9.8 million (\$1.8 million from regular resources and \$8.0 million from other resources)
	<p>Output 2. By 2026, the capacities of adolescents and young people are strengthened to enable them to enjoy their sexual and reproductive rights and to maximize their leadership and civic participation.</p>	<ul style="list-style-type: none"> <li>CSE is integrated into the teacher training curricula for primary and secondary school teachers, in accordance with international standards <i>Baseline: No (2021); Target: Yes (2026)</i></li> <li>Number of in-school and out-of-school adolescents and youth aged 10-24 years reached by CSE programme <i>Baseline: 0; Target: 5000 (2026)</i></li> <li>Number of youths who received support or skills and leadership empowerment to improve their employability <i>Baseline: 0; Target: 1000 (2026)</i></li> <li>Number of UNFPA-supported innovative youth-led initiatives, including digital solutions, to accelerate achievement of the transformative results <i>Baseline: 0 (2022); Target: 4 (2026)</i></li> </ul>		\$3.6 million (\$0.6 million from regular resources and \$3.0 million from other resources)
<b>NATIONAL PRIORITY:</b> Strategic focus 1 of the Togo 2025 road map: Strengthen social inclusion and harmony and consolidate peace to achieve three ambitions (access to basic social services; accessible education for all; security, peace and justice for all)				
<b>UNSDCF OUTCOME:</b> 4: By 2026, people living in Togo, especially the most vulnerable, enjoy their rights and have access to equitable and high-quality public services on all geographical scales.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF Outcome indicators:</u> <ul style="list-style-type: none"> <li>Proportion of ever-partnered women and girls aged 15 years and older subjected to physical,</li> </ul>	<p>Output 3. By 2026, the capacities of grass-roots institutions and communities are</p>	<ul style="list-style-type: none"> <li>Country has national or subnational mechanisms to address discriminatory gender and social norms, stereotypes, practices and power relations at the individual, social and institutional levels related</li> </ul>	Ministry of Family; Ministry of National Education; Ministry of Health; Ministry of	\$5.2 million (\$1.2 million from regular resources and

<p>sexual or psychological violence in the previous 12 months <i>Baseline: 29%; Target: 25%</i></p> <ul style="list-style-type: none"> <li>● Proportion of women aged 20-24 years who were married or in a couple before the age of 18 <i>Baseline: 25% (2021); Target: 23% (2026)</i></li> <li>● Proportion of women aged 15-19 years married or in a union <i>Baseline: 11.2% (2021); Target: 10% (2026)</i></li> </ul>	<p>strengthened to accelerate the prevention of GBV and harmful practices, the empowerment of women and girls and the protection of their rights, including in humanitarian contexts.</p>	<p>to three transformative results <i>Baseline: No; Target: Yes (2026)</i></p> <ul style="list-style-type: none"> <li>● The country has a strong social movement advocating for tackling harmful social and gender norms, stereotypes and discriminatory practices that support the achievement of the transformative results <i>Baseline: No; Target: Yes (2026)</i></li> <li>● The country has a functional diversity inclusive community platform, including on promoting positive masculinities in reflective dialogue towards eliminating discriminatory social and gender norms, stereotypes, as well as GBV and harmful practices affecting girls and women, and to promote access to SRH, family planning, HIV and GBV services <i>Baseline: No; Target: Yes (2026)</i></li> <li>● 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 <i>Baseline: 0; Target: 25,000 (2026)</i></li> </ul>	<p>Youth; Permanent Secretariat of the National AIDS Control Council; non-governmental organizations; embassies; other United Nations agencies</p>	<p>\$4.0 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Strategic focus 1 of the Togo 2025 road map: Strengthen social inclusion and harmony and consolidate peace to achieve three ambitions (access to basic social services; accessible education for all; security, peace and justice for all)</p>				
<p><b>UNSDCF OUTCOME:</b> 5: By 2026, national and local institutions contribute to more effective governance, the development of partnerships and social cohesion to strengthen security, peace and resilience of populations.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>● Disaggregated data from the fifth General Population and Housing Census are available <i>Baseline: No (2022); Target: Yes (2026)</i></li> </ul>	<p>Output 4. By 2026, strengthened national capacity to accelerate the generation and use of data to promote the demographic dividend, development planning and response to the needs of marginalized groups.</p>	<ul style="list-style-type: none"> <li>● 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></li> <li>● Number of national reference documents developed that include population dynamics and the demographic dividend <i>Baseline: 0; Target: 5 (2026)</i></li> <li>● Number of structures strengthened for the collection and analysis of disaggregated data to monitor country programme indicators and the SDGs prioritized by UNFPA <i>Baseline: 11(2022); Target: 20 (2026)</i></li> </ul>	<p>Ministry of Planning; Ministry of Youth; European Union; African Development Bank; World Bank; other United Nations agencies</p>	<p>\$2.2 million (\$1.2 million from regular resources and \$1.0 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>\$1.2 million from regular resources</p>