

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR EGYPT

First regular session 2023

Comments by Germany	UNFPA country/regional office response to comments
<p>The 3rd Output includes both SRHR services and GBV protection and response services. The indicators are also shared for these two types of services. It may be better to separate and ensure an adequate focus on both important fields.</p>	<p>UNFPA appreciates the comments of Germany and is indeed committed to ensuring an adequate focus on both areas. The Government of Egypt is aiming for an integrated approach at the primary health level, which is in line with the Presidential initiative “Haya Karima” programme and “the National Programme for the Development of the Egyptian Family.” UNFPA is supporting this integrated approach in service delivery in line with these national initiatives.</p> <p>With regard to the indicator below, it focuses on the partnerships established to improve integrated services and strengthen systems resiliency and sustainability and continuity of SRH/GBV integrated services. The workplans will further delineate interventions by services offered:</p> <ul style="list-style-type: none"> ● Number of public-private and/or CSO partnerships established to enhance services, including maternal, reproductive health, protection and response gender-based violence against women and girls and harmful practices services <p><i>Baseline: 0 (2021); Target: 100 (2027)</i></p>
<p>It remains unclear what aspects are covered by the wording “protection and response services for GBV”. We suggest to explicitly use the wording Essential Service Package for GBV, since this formulation is understood to include all pillars of intervention according to international standards.</p>	<p>Since the term “Essential Services Package” may not be widely known beyond the entities working on GBV, the CPD emphasises the types of services to be supported. Hence, the country office has developed SOPs for the referral pathways that define the types of services that are congruent with the Essential Services Package guidance tool.</p>

<p>In the text LNOB relates broadly to poverty and women and girls aged 10-24 years. There are other at-risk groups (e.g. people with disabilities, LGBTQ+, migrants). Consider more explicitly mentioning these, and how to address their needs.</p>	<p>UNFPA is committed to ensuring that no one is left behind. The CPD is fully aligned with and mirrors the LNOB groups explicitly referenced in the UNSDCF. In Paragraph 3 of the CPD, persons with disabilities, refugees and migrants are explicitly mentioned as key LNOB groups.</p> <p>Also, in paragraph 22 of the CPD, the first strategy under Output 3 emphasizes enhancing the capacities of service providers to address the SRH and GBV needs of persons with disabilities, as well as refugees.</p>
<p>CSE is not mentioned in the CPD. Consider including advocacy for or work towards CSE in schools.</p>	<p>Although CSE is not explicitly referenced, through earlier advocacy work, a new framework for Population and Reproductive Health Education in Formal and Informal Education was adopted on 30 Nov 2022 by the Ministry of Education and Technical Education and includes many aspects of the CSE package. UNFPA will continue with that advocacy work.</p>
<p>The CPD expects a heavy increase of pressure on service provision related to a strong population growth (2 million per year). However, it does not sufficiently mention how to respond to this development. The CPD should consider strategies towards meeting the future need for health personnel, especially within SRH. This could include advocating or working towards strengthening midwifery and allied professions.</p>	<p>The CPD includes several strategies geared to expand the number of trained service providers, including midwives and increase service provision locally, so as to ensure improved access to services. Strategies include public-private partnerships as well as catalysing innovation and digitalization by providing remote capacity-building to strengthen outreach, expand digital access and ensure sustainable learning platforms targeting service providers. These strategies are elaborated on in paragraph 22 under output 3 of the CPD, and are highlighted below:</p> <p>“In collaboration with the Government, this output will focus on: (a) building the capacities of service providers (public, private, CSOs), at national and local levels, for enhanced counselling services, coordination and referral to existing maternal health, sexual and reproductive health, family planning, gender-based violence and harmful practices services, while addressing regional disparities and the needs of refugees and people with disabilities;</p>

	<p>(c) improving human, technical and institutional capacity of the family planning national supply chain;</p> <p>(d) supporting the digitalization of learning modules to expand the pool of capacitated service providers;</p> <p>(e) strengthening and expanding adolescents and youth-friendly health-care services;</p> <p>(f) improving locally provided specialized and coordinated protection and response services on gender-based violence against women and girls and harmful practices, including referral pathways between them...”</p>
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Comments by Finland	UNFPA country/regional office response to comments
<p>Finland thanks and appreciates that in the CPD:</p> <ul style="list-style-type: none"> • Youth and adolescents are well included in the country program • Capacity building of men and boys on discriminatory gender and social norms is an important path for change. We are happy to see this included in the CPD and hope that it will be realized in as many interventions as possible. • Inclusion of refugees/migrants and people with disabilities has been better realized in this country program and that working with these specific groups will be strengthened during this programmatic period (Output 3). 	<p>These comments are well noted and highly appreciated.</p>
<p>Finland would appreciate stronger emphasis on the following:</p> <ul style="list-style-type: none"> • Climate change not strongly enough included in the program despite. "Developing the adaptive capacities of services and infrastructure to respond to the impact of climate change as well as the increased influx of refugees." is too vague and weak. • Addressing the needs of persons with disabilities could be more embedded, now mentioned only in the indicators of output 1. • Data collection is disaggregated per age and sex. We encourage further disaggregation including based on vulnerability e.g. refugee and disability status, rural vs urban etc. • One of Finland's MENA strategy's primary target is to foster a more gender responsive and decent working life. This is only vaguely mentioned in the CPD, although it is recognized as an important factor contributing to women's ownership and family planning. • Improved cooperation between UN actors is needed in the country, as several UN agencies work with the same target groups in Egypt. With better cooperation, accessibility, reach and results would be much wider and stronger. 	<p>-Specific evidence pertaining to the impact of climate change on SRH, GBV and women's health and wellbeing in Egypt is currently being researched in Egypt. UNFPA initiated a study with Ministry of Health and Population on the above in 2022 and specific interventions will be adopted on the basis of the findings of this study. An indicator under outcome 4 of the CPD elaborates: "Number of key interventions supporting implementation of national development plans addressing reproductive health and gender equality that explicitly integrate population changes, including changing age structures, population distribution and impact of climate change</p> <p>-Addressing the needs of persons with disabilities is a priority of the CPD. It is embedded in output 3, Paragraph 22, emphasizing efforts to enhance the capacities of service providers to address the needs of persons with disabilities, as well as refugees,: "(a) building the capacities of service providers (public, private, CSOs), at national and local levels, for enhanced counselling services, coordination and referral to existing maternal health, sexual and reproductive health, family planning, gender-based violence and harmful practices</p>

services, while addressing regional disparities and the needs of refugees and people with disabilities;”

- This comment is well noted. UNFPA will work on data collection to be further disaggregated based on vulnerability e.g. refugee and disability status, rural vs urban etc. This will be adjusted in the workplans with partners during the implementation phase of the CPD.

-On gender responsive and decent working life, this important issue is addressed in output 1, through building the capacity, assets (health, social and economic assets) and agency of adolescents and young girls to prepare them for future opportunities. The CPD also addresses in output 2 and output 3 safeguarding public spaces, including educational institutions and workplaces, to ensure women and girls thrive in an environment with zero tolerance for all forms of GBV, and in which GBV protection mechanisms and response services are in place to support survivors. Finally, within “Haya Karima” initiative and “the National Programme on the Development” women's economic empowerment is addressed and UNFPA supports the Government accordingly under these two national initiatives.

-UNFPA agrees that enhanced cooperation with other UN and indeed non-UN actors can yield more impact. The CPD is closely aligned with the UNSDCF and UNFPA, an active member of the UNCT, will work together with other UN agencies to deliver on the goals of the UNSDCF.

One example is specifically mentioned in paragraph 18 under output 1 “(c) **integrating age-appropriate knowledge, attitudes and practices** about maternal health, reproductive health and family planning, gender-based violence against women and girls and harmful practices **into economic empowerment programmes to**

	develop a comprehensive approach to youth empowerment, in partnership with Government and other United Nations entities...”
We thank UNFPA for prioritizing investment for rural girls aged 10-24 years – particularly in the nine priority governorates targeted in the first phase of the National Project for Development of the Egyptian Family (including Assiut, Sohag, Qena, Menya and Beni Suef). This however leaves out some highly underserved areas that are no-go areas for most international agencies due to national security reasons (including e.g. Northern Sinai mentioned in the strategy). Due to a very fragile security environment, low service provision and limited income opportunities, the women in these areas would be in high demand of UNFPA services. Finland encourages UNFPA to expand their work focused on rural girls to these highly underserved areas, if possible.	-This comment is well noted. UNFPA has deliberately chosen these priority governorates given the need to ensure effective results with the resources on hand. It is also important to note that UNFPA’s efforts to strengthen national capacity of service providers at the central-level cover all governorates, including frontier governorates. That said, UNFPA will explore possibilities for partnerships, including with the Red Crescent, to expand services, particularly to rural women in North Sinai.
Comments by Spain	UNFPA country/regional office response to comments
Output 1. Page 5: UNFPA’s focus on this program seems to be “ <i>strengthening human capital to enable them to make informed choices</i> ”. This would be done through empowerment, mentorship and promoting entrepreneurship. We merely wonder whether this strategy aligns the best with UNFPA’s mandate; and whether it might overlap with other UN agendas.	Adolescents and youth empowerment is a key component of the UNFPA mandate. In addition, sexual and reproductive health knowledge and awareness, as well as addressing the risks of gender-based violence and harmful practices against women and girls, are all instrumental to ensuring young women and men have access to information and services as well as the agency to exercise their rights and make informed choices to reach their full potential.
Output 1. Paragraph 18, page 5: UNFPA expresses interest in supporting the Empowerment National Program in Egypt and outlines the role of the “ <i>First Lady</i> ” in it. Considering this choice of term, the Spanish Cooperation kindly draws attention to the importance of a conscious use of language in this matter, and recommends avoiding, to the extent possible, the use of titles that are gender sensitive.	This comment is noted.
Output 1. Budget: we have observed a disproportionate distribution of the budget between the different outputs, being output 1 the biggest beneficiary. Is there a particular justification supporting this decision?	Budgeting the largest amount to output 1 is rooted in the size and potential of the youth population in Egypt. Around 61 per cent of the population is below the age of 29, providing a demographic dividend opportunity that has not been realized due to continued

	<p>multidimensional poverty, especially among young women, along with existing gender disparities. Around 3 million girls (aged 10-19 years) in rural Egypt are at risk of female genital mutilation (FGM), child marriage, early childbearing and repeated unintended pregnancies. Reaching young people in Egypt is key to achieving all other targets.</p>
<p>Output 2. Paragraph 19, page 5: for the purpose of strengthening capacities of actors and institutions to promote gender equality and zero-tolerance to violence against women, UNFPA mentions an approach based on “<i>applicable human rights law</i>”. Please clarify whether this alludes to national or international law, and whether its application is intended for the legal framework of action, or as a working approach.</p>	<p>This refers to the international conventions that have been adopted by Egypt (such as ICPD) and further support the implementation of the “National Human Rights Strategy of Egypt” launched in September 2021.</p>
<p>Output 3. Paragraph 21, page 6: in an effort to strengthen the capacities of national systems and local institutions to provide quality, comprehensive and inclusive reproductive healthcare services, and information, UNFPA highlights the role of “<i>South-South and triangular cooperation</i>”. Since South-South cooperation has a wide scope, we would appreciate a more detailed definition: are we envisioning a cooperation limited to North Africa, to the totality of the African continent, or taking into consideration the Middle East as well?</p>	<p>South-South and triangular cooperation is not limited to a specific region, it can be from any country in the Global South that can transfer knowledge and experiences that are deemed beneficial and were implemented successfully in similar contexts and were impactful.</p> <p>For example, the UNFPA country office in Egypt has adopted and is working with the Government to implement the “Girls Assets Framework” which was implemented successfully in India and Lao PDR. It is also currently looking into a number of country experiences that rolled-out successful models for the family planning social marketing approach to encourage demand for family planning services and to learn and adapt the most suitable to the context in Egypt; these included countries in Africa and beyond such as Bangladesh and Brazil. Finally, UNFPA also supports the exchange of knowledge on digitising the census with CAPMAS, the Egyptian statistical body, where other countries benefit from their expertise and knowledge.</p>
<p>Output 4. Paragraph 24, page 7: to improve coordination between Ministries, statistical capacities, monitoring and evaluation systems, and digital transformation, UNFPA states the focus on “digitalizing service delivery</p>	<p>This comment is well noted.</p> <p>Developing Logistics Management Information System (LMIS) has been a goal the government is working towards with the support of</p>

<p>outlets to assess and respond to emerging needs”. Would it be possible to delve into the current reach of digitalization in the sector in Egypt, as well as the niches available for potential international donors interested in supporting the initiative?</p>	<p>number of actors. However, the comprehensive LMIS has been launched only in the governorates where the Universal Health Coverage Programme has been rolled-out.</p> <p>UNFPA, in its own interventions in support of the enhancement of family planning service provision and youth friendly health clinics and others, has been keen on supporting the development of electronic databases that capture the status of each clinic in terms of HR, equipment, furniture, proximity to youth centers, etc.</p> <p>Supporting the Ministry of Health & Population in establishing the digitized family planning clinics' quality assurance system was the key area UNFPA has been heavily engaged on to monitor and assess the capacities and gaps on a timely manner.</p> <p>UNFPA developed a prototype to link a local hospital in Siwa with the Specialized OBGYN clinic in the capital of the governorate "Matrouh" to remotely guide physicians in cases of complicated labour, to either effectively manage cases or stabilize the situation until it reaches the hospital in Matrouh (which is more than 3 hours away). UNFPA looks forward to being able to scale up the model; this is one area, for example, where UNFPA would welcome the engagement of donors and stands ready to discuss such potential collaboration with Spain.</p>
<p>Output 4. Budget: given the fact that this output depends strongly on technology, our advice is to increase the budgetary resources destined to implement this chapter of the strategy.</p>	<p>UNFPA funds will be complementary to the GOE funds which started the National Digitization Programme. UNFPA interventions will be primarily geared to provide technical assistance to enhance the digitalization and data use in regards to UNFPA relevant mandate areas.</p>
<p>Program and risk management: UNFPA refers to climate change and its effect on sexual and reproductive health, as well as on gender-based violence. Could you please elaborate on the nexus between climate change and UNFPA mandate in this context, giving a more detailed justification of this transversality?</p>	<p>In scientific literature, there is an evident linkage between climate change and women’s reproductive health; for example heat worsens maternal and neonatal health outcomes, with evidence suggesting that an increase of one degree Celsius in the week before delivery corresponds with a 6% greater likelihood of stillbirth.</p>

	<p>Also, climate-related emergencies cause major disruptions in access to health services, including maternal health care, and life-saving medicines, including contraception and maternal health medicines. Estimates suggest that approximately 507 women and girls die every day as a result of complications from pregnancy and childbirth in regions affected by conflict, displacement and natural disasters.</p> <p>Finally, gender-based violence and harmful practices, including child marriage and female genital mutilation, can increase among climate-affected populations. The Tanna Women’s Counselling Centre, for instance, reported a 300 per cent increase in domestic violence cases after two tropical cyclones hit Tafe Province in Vanuatu in 2011.</p> <p>Currently, there is no Egypt-specific evidence; therefore, UNFPA initiated a study in 2022 jointly with the Ministry of Health & Population, to assess the impact of climate change on women’s maternal and reproductive health outcomes and the risks it poses. The findings are to be launched in 2023.</p>
<p>Finally, we have perceived an interest in law revision through the different parts of the strategy. As a general remark, we advise an approach leaning towards the application of the existing laws, since several revisions have been already accomplished on a national level. Should the UNFPA refer to laws different from the national ones, please provide clarification.</p>	<p>The primary legislative reform specified in the CPD is in relation to supporting national efforts to adopt legislation to address domestic violence, as this remains a legislative gap. Given that this form of violence requires very specific legislation, inclusive of special procedures to ensure women and girls are protected after the reporting of cases, comprehensive legislation is needed.</p> <p>All other policy reforms highlighted in the CPD are more geared to further put existing legislation into implementation and to promote further accountability to conform to governing laws and legislation.</p>