

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR CÔTE D'IVOIRE

First regular session 2021

Comments by USA	UNFPA country/regional office response
<p>The United States would like to thank UNFPA for sharing its draft country programme document for Côte d'Ivoire, and recognizes that the programme focus, key programme components, and proposed outputs fit well with Côte d'Ivoire's demographic, health, and reproductive health needs. The country programme document also highlighted several areas of shared priority for the United States, including maternal and child health, family planning, and the focus on key populations.</p>	<p>Noted, with appreciation.</p>
<p><i>Regarding the Programme Rationale</i></p> <p>Item 1 of the Programme Rationale states that Côte d'Ivoire is experiencing continued rapid population growth, with fertility rates that are markedly higher in rural as opposed to urban areas. However, the Results Framework lacks outcome and output indicators directly tied to increased availability of and access to family planning in rural areas. We applaud UNFPA's commitment to focusing on regions with the greatest disparities and worst socio-demographic indicators and encourage UNFPA to continue thinking about how, specifically, it plans to reach hard-to-reach populations and appropriate indicators that can be integrated into the Results Framework to capture progress in this area.</p>	<p>In the Results Framework, two indicators are included to measure the access to family planning services in rural areas:</p> <ul style="list-style-type: none"> ● <i>Outcome 1 Indicator 1: Modern contraceptive prevalence rate.</i> This indicator will be further disaggregated by rural/urban differentials during data collection. ● <i>Output 2 Indicator 2: Number and percentage of women and girls benefiting from community-based strategies for information and use of SRHR and FP services.</i> This indicator relates to women and girls living in rural areas where community-based strategies will be implemented, as indicated in the strategic interventions concerning output 2. <p>While only a limited number of high-level indicators are provided in the Results Framework, actual data collection throughout the programme cycle will seek to monitor progress for a number of hitherto hard-to-reach populations, including people living with disabilities and women suffering from obstetric fistula.</p>
<p><i>Regarding the Programme Priorities and Partnerships</i></p> <p>Related to Item 12 of the Programme Priorities and Partnerships, the Programme Document identifies disaster preparedness as a priority for UNFPA programming, with a focus on nimble, decentralized and people-driven initiatives rather than those that are centrally-driven, top-heavy and slow-to-start. Yet, Output 1 relates almost entirely to national capacities. We</p>	<p>Output 1 effectively relates to the strengthening of national capacities at the central level but also sub-national levels. Operationally, areas for capacity development – as identified in the situation analysis such as EmONC, Fistula, and maternal deaths reviews – will be specific to the regions with the worst indicators. In terms of disaster preparedness, the same mechanisms being strengthened for the prevention and management of gender-based violence – or the management of reproductive health</p>

encourage UNFPA to assess and identify areas throughout the Document where its programming could be more localized or decentralized in nature.	commodities management, among others – will serve as the basis for disaster preparedness.
<p><i>Regarding the Programme and Risk Management and Monitoring and Evaluation</i></p> <p>Item 33 of the Programme and Risk Management recognizes that the country programme will start amidst the ongoing COVID-19 crisis and that the possibility of a new pandemic cannot be excluded. We acknowledge UNFPA’s implementation of a minimum preparedness action plan and integration of technological and remote innovations in response to the pandemic. We encourage UNFPA to keep these considerations in mind when thinking about its role in supporting the Government of Côte d’Ivoire with national data collection and analysis, as the ability to produce high-quality socio-demographic data as planned may be constrained.</p>	<p>The recommendation is well noted. The UNCT has planned in the UNSDCF to provide support to strengthen the capacity of national institutions to collect, analyse, disseminate and use quality disaggregated data for decision-making and accountability. In the event of a crisis, the UNCT – and UNFPA in particular – will continue its technical support in order to ensure the quality of the data collection and analysis processes, including through the Population Census planned for 2021, the Observatory for Solidarity and Social Cohesion, and other avenues.</p>
<p><i>Regarding the Results and Resources Framework</i></p> <p>A number of Output indicators across the different outcomes (related to family planning, STI/HIV prevention and care, gender-based violence survivors receiving assistance (social services, health, police or justice)) have baseline numbers of zero (Number (and %)) of women and girls benefiting from community-based strategies for information and assistance. We encourage UNFPA to review these numbers, as some of these services may already be offered. Up-to-date numbers will enable UNFPA to more accurately forecast targets for the programming cycle.</p>	<p>These indicators are ‘service delivery indicators’ that measure beneficiaries of services delivered. UNFPA RBM guidelines state that the expected increase attributable to the programme must be listed, not the national end-value at the conclusion of the programme. By way of example:</p> <ul style="list-style-type: none"> ● Number (<i>and %</i>) of adolescents and youth who received SRHR services, including FP and STI/HIV prevention and care <i>Baseline: 318,411; Target: 818,411</i> ● Number of adolescents and youth whose capacities are strengthened in life skills or comprehensive sexuality education <i>Baseline: 3,683,233; Target: 8,183,233</i> <p>Surveys and impact evaluations, such as DHS and MICS are scheduled for 2021, and will allow for accurate measurement of current baseline data.</p>
Comments by Canada	UNFPA country/regional office response
UNFPA is a key partner of GAC bilateral program in Côte d’Ivoire.	Noted, with appreciation.
Canada appreciates having had the opportunity to attend the September 9, 2020, validation workshop of UNFPA’s Country Programmed for 2021-2025.	The UNFPA country office acknowledges Canada’s commitment to empower women and girls in the country and highly appreciates its participation in the CPD validation workshop.

The CPD is well aligned with the proposed UNSDCF and that the expected results are clearly stated.	Noted, with appreciation.
Of particular interest to Canada is the intent to do joint work with UNICEF and UN Women on data collection and on SGBV prevention.	Well noted. This will be further developed as the UNSDCF is rolled out. UNFPA is committed to continuing its collaboration with UNICEF and UN-Women on gender equality and women's and girls' empowerment, including ending harmful practices, data collection and analysis on SGBV.
The geographic focus (paragraph 16) is relevant and Canada appreciates that UNFPA targets areas where development needs are important.	Noted, with appreciation.
It would have been useful to have information on UNFPA interactions outside of the UN system, such as the Ouagadougou Partnership on family planning and the Global Financing Facility (GFF), of which both UNFPA and Canada are core partners. What are UNFPA specific plans in supporting these and other initiatives? Have they been integrated to the UNSDCF and UNFPA five-year programme?	In the framework of FP2020 and the Ouagadougou partnership, the UNFPA country office functions as the Cote d'Ivoire focal point for technical and financial partners. The country office is a member of the GFF technical working group and has contributed to the development of its resource mobilization plan. UNFPA intends to be part of broad-based partnerships and alliances seeking to achieve higher political, social and financial commitments to reproductive health from national Government counterparts.
In addition, there may be other donors' initiatives that contribute to results similar to those identified by UNFPA. Although UNSDCF mentions strategic partnerships (section 3.1), the UNFPA document could have expanded on how UNFPA will work and coordinate with multilateral donors and funds as well as bilateral donors. For example, mention could also have been made of UNFPA current and planned participation in donors' working group in Côte d'Ivoire.	Well noted. Details concerning the intended work with multilateral and bilateral donors as well as the private sector and social actors are captured in the resource and partnership strategy and initiatives which the country office has developed to support implementation of this CPD.
Comments by Germany	UNFPA country/regional office response
General observation (but this might be explained by the nature of CPDs): less programming in terms of concrete content but well documented intentions	Well noted. The CPD is indeed a medium-term document outlining higher-level deliverables and strategic modes of engagement. However, we consider the deliverables to be for the most part concrete and measurable.
General observation: A lot of emphasis on actions and priorities revolving around women (e.g., n° 10a, n° 17, section II C) without elaborating on necessary coordination with UN-Women	As mentioned in paragraph 16, UNFPA plans to <i>advocate for advancing gender mainstreaming in partnership with UN-Women</i> . The UNSDCF indicates a number of joint outputs where UNFPA and UN-Women seek to collaborate, such as gender-based violence, whereas an issue such as sexual

	and reproductive health, which mostly concerns women, is firmly within the comparative advantage of UNFPA. Conversely, UNFPA will not seek to become active in income-generating activities, where UN-Women has a comparative advantage, together with UNDP, UNODC and WFP. In yet other areas concerning women and girls, such as girls' education, UNFPA expects to continue its good collaboration with UNICEF, while not expecting UN-Women to enter this operational area of work. The exact nature of coordination with UN-Women will be worked out in the early stages of the UNSDCF, based on in-country comparative advantages.
p. 2 n°2: language ("MMR remains stubbornly high") is considered to be justified	Well noted.
p. 4 n° 11: NDP 2021-2025 has not been validated yet but integrating UNFPA's agenda into the new NPD remains crucial	Well noted. UNFPA has contributed to the situation analysis, the definition of the strategic orientations and the results framework of the draft NPD.
p. 5: In the chapter on "Sexual and reproductive health", there is no reference to other development partners (such as German Cooperation) active in this sector.	Well noted. The CPD is necessarily limited in terms of listing all actors active in specific sectors. The partnerships and resource mobilization strategy, which the country office has developed to support implementation of this CPD, lays out plans to partner with a range of development actors, including the German cooperation.
Comments by European Union	UNFPA country/regional office response
Overall a very good programme rationale. Perhaps the explanation for high MMR and low CPR could be more complex than that stated in para 2 and no doubt include women's equality, empowerment, education and access to the economy along with many other factors a large number of which are highlighted in other paragraphs (high rate of teenage pregnancy, high fertility rate and others). It would be helpful to read more about UNFPA's approach to maternal mortality - which is clearly an urgent priority – and how this approach complements that of others	Noted, with appreciation. The interventions under way to significantly reduce maternal mortality in the country are undertaken by a coalition of development partners, including UNFPA, WHO, UNICEF, the World Bank, France, Canada, Republic of Korea, UK, and many others. The approach includes aspects of prevention through increased use of family planning, keeping girls in school, and increasing women's social and economic decision-making power. It also includes the EmONC approach, for which UNFPA plays a lead role, and which seeks to ensure that all high-risk deliveries take place in a limited number of well-equipped, well-staffed, and quality-controlled health facilities.
Despite a sound analysis, it is difficult to understand exactly how UNFPA will work, what it will actually do in terms of activities and approaches to start achieving results thus connecting the rationale to the activities; the	Specific strategies and related activities are listed under each programme outcome and output. Details concerning the intended work with multilateral and bilateral donors as well as the private sector and social actors are listed in the resource and partnership strategy, which the country office has

<p>strategy seems more about the priority areas to focus on but not actually what approach will be adopted and with what partnerships.</p>	<p>developed to support implementation of this CPD, , while further activities will be identified as part of the UNSDCF action plans as well as UNFPA annual workplans.</p>
<p>Overall a very strategic programme approach and four outcomes. However, in Output 1, despite a very strategic framing of the outcome (Strengthened national capacities to ensure continuous inclusive quality integrated services on SRHR to women, adolescents and youth, especially the most vulnerable) the indicators are highly process and output focused based on the supply of services and it is difficult to see the relationship: how will the delivery of these results contribute directly to the outcome identified?</p>	<p>Outcome 1 relates to the increased use of high-quality basic social services by the most vulnerable populations. The specific milestones that are planned provide more detail: "... strengthened national capacities to ensure continuous inclusive quality integrated services on SRHR to women, adolescents and youth, especially the most vulnerable" The central tenets here are increasing both supply and quality of services as well as stimulating demand at community level: (a) training and coaching of health workers; (b) equipment of health facilities; (c) establishment of an EmOC network to reduce maternal mortality; (d) support availability of modern contraceptives avoiding stock-outs; (e) community engagement to increase demand; and (f) community-based distribution. Thus, two products were defined in CP8 – one related to the supply of services (product 1), the second to the generation of demand (product 2). Achieving these products will directly contribute to an increase in the use of health services. Product indicators measure the continuous availability of SR/PF services (integrated services SR/PF, SONU, PF) and the quality of these services (obstetric mortality rate), whereas outcome indicators are proposed to measure the use of so-called services (Health Service Use Rate; Assisted birth rate, Contraceptive prevalence rate).</p>
<p>How will Côte d'Ivoire engage with Phase 3 of the Supplies Partnership which is also shifting to a more strategic level to reposition reproductive health as a central strategy for national development?</p>	<p>As part of its drive to position the demographic dividend as a potential game changer for national development, UNFPA will continue to advocate for a gradual increase of national budgets for reproductive health supplies and services, especially through actions stated in para 17 (a) and using evidence of the investment case and economic arguments to position reproductive health as a national development priority. In addition, UNFPA is undertaking a major change process to strengthen its supply chain. As part of this process, key supply chain functions will be revised and a new unit, responsible for providing coordination and oversight to the entire supply chain at country, regional and global level, will be established. It is expected that the process will result in strengthened systems at country level and more effective last-mile capabilities.</p>