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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Togo

Proposed indicative UNFPA assistance: \$13.5 million: \$6.5 million from regular resources and \$7 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2014-2018)

Cycle of assistance: Sixth

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

| Strategic plan outcome area | Regular resources | Other | Total |
|---|-------------------|-------------|-------------|
| Maternal and newborn health | 1.5 | 3.0 | 4.5 |
| Family planning | 1.0 | 1.5 | 2.5 |
| Young people's sexual and reproductive health and sexuality education | 1.0 | 1.5 | 2.5 |
| Gender equality and reproductive rights | 1.0 | 0.5 | 1.5 |
| Data availability and analysis | 1.0 | 0.5 | 1.5 |
| Programme coordination and assistance | 1.0 | - | 1.0 |
| Total | 6.5 | 7.00 | 13.5 |

I. Situation analysis

1. Togo had a population of 6.1 million in 2010, 51.4 per cent of whom were women. With an annual growth rate of 2.8 per cent, the population is projected to double every 25 years. Sixty per cent of the population is younger than 25, and 18.6 per cent are aged 15-24. More than 60 per cent (62.3) of the people reside in rural areas. The rural population is unevenly distributed throughout the country.

2. Despite an increase in the economic growth rate from 4.9 per cent in 2011 to 5.6 per cent in 2012, poverty persists. Poverty affects 58.7 per cent of the population, 73.4 per cent of whom live in rural areas. Poverty, illiteracy and low social status prevent women from achieving reproductive health and exercising their reproductive rights. Togo, with a UNDP human development index of 0.459 in 2012, ranks 159 of 187 countries, compared to 0.408 in 2010.

3. The total fertility rate is high at 4.8 children per woman. Ninety-nine of 1,000 births occur among teenagers. Maternal mortality is high at 350 maternal deaths per 100,000 live births in 2010, a decrease from 478 maternal deaths per 100,000 live births in 1998. Infant mortality is also high (78 deaths per 1,000 infants in 2010).

4. Obstetric fistula is a challenge in a country without a single fistula specialist. The prevalence of obstetric fistula is estimated at 0.03 per cent, or 150 to 300 new cases per year.

5. The contraceptive prevalence rate is low at 13.2 per cent in 2010 (11 per cent in 2006). The unmet need for family planning is high at 37.2 per cent.

6. Contributing to these health indicators are: (a) the limited access to high-quality maternal, reproductive and neonatal health services, including family planning; (b) high poverty in rural areas; and (c) the persistence of gender inequality.

7. Other factors that negatively impact reproductive health indicators are: (a) the inadequate health-care infrastructure; and (b) the lack of qualified human resources, especially in rural areas, where there are 0.8 midwives per 10,000 people. Nationwide, qualified health personnel assist 59.4 per cent of deliveries; the figure is lower in rural areas (43.6 per cent). Access to emergency obstetric care is poor because of limited geographical and financial accessibility, especially among rural women.

8. The HIV prevalence rate has stabilized since 2006 at approximately 3.4 per cent (2011). Among women receiving prenatal consultations, the HIV prevalence rate dropped from 4.8 per cent in 2003 to 3.5 per cent in 2010. The prevalence rate among sex workers is high, despite decreasing from 44.5 per cent in 2005 to 13 per cent (2011). Intensified prevention and sensitization efforts and improved utilization of condoms among young people aged 15-24 contributed to this decline.

9. Young people aged 15-25 are increasingly affected by poverty. The unemployment rate (8.1 per cent in 2011) and underemployment rate (20.5 per cent in the same year) in this age group limit young people's ability to afford sexual and reproductive health services.

10. Economic, biological and sociocultural factors increase the vulnerability of young people to HIV infection. HIV prevalence is higher among young females (aged 15-25) (2.4 per cent) than among young males in the same age group (0.6 per cent). These same factors expose young women to the risks of early pregnancies (17.3 per cent), sexual violence (5.5 per cent), and unsafe abortion. The next programme will pay particular attention to the needs of vulnerable groups, including young people, through targeted and results-oriented interventions.

II. Past cooperation and lessons learned

11. UNFPA assistance to Togo began in 1972. The fifth country programme contributed to improving access to high-quality reproductive health-care services, taking into account issues relating to population and gender equality in

development policies and programmes. The final programme evaluation showed significant achievements in all three components.

12. The sexual and reproductive health component has contributed to improving access to high-quality services, particularly in the areas targeted by the programme. The programme increased access to obstetric care services. In one programme area, births attended by medical staff increased from 27 per cent in 2007 to 51.8 per cent in 2012. The rate of Caesarean births also rose during the same period, from 1.6 per cent to 3.2 per cent.

13. The sexual and reproductive health component increased access to family planning. Health structures offering at least three contraceptive methods increased from 73 per cent in 2006 to 89 per cent in 2012. The ‘couple years of protection’ (the estimated protection provided by family planning services during a one-year period) at the end of 2012 amounted to 140,000, compared to 46,041 in 2007. The national contraceptive prevalence rate increased from 11 per cent in 2006 to 13.2 per cent in 2010.

14. The sexual and reproductive health component also contributed to: (a) the repair of 183 obstetric fistulas through a joint effort supported by UNFPA and several partners; and (b) support for the development of national policies and strategies, including the document on policy and standards in reproductive health, commodity management, Millennium Development Goals 4 and 5, national action plans, the HIV/AIDS strategic plan, and the national strategy on obstetrical fistula.

15. UNFPA provided technical and financial support for the fourth general housing and population census in 2010. This support led to: (a) increased availability of reliable disaggregated data on key indicators; (b) the integration of population-related issues and indicators into the 2013-2017 national strategy for economic growth and employment promotion; (c) the availability of basic information and indicators on the well-being of women and children; and (d) strengthened

logistics and technical capacity of national statistics office to enable it to carry out studies and surveys.

16. In the area of gender equality, the programme contributed to: (a) the adoption of the national policy on gender equity and equality and the new family code; (b) increased capacity for national partners to take into account gender-related issues when programming; (c) an improved understanding of gender-based violence at the national level, with the involvement of community and religious leaders in efforts to combat gender-based violence; and (d) women’s empowerment, through support to women’s associations for income-generating activities.

17. Lessons learned from the final programme evaluation revealed that: (a) the programme’s sustained advocacy efforts ensured the strategic positioning of the Programme of Action of the International Conference on Population in national development policies, plans and programmes; (b) the programme successfully adhered to the UNFPA strategic plan and the United Nations Development Assistance Framework (UNDAF) for Togo; and (c) UNFPA was able to maintain its leading role in the population census process, despite limited resources.

18. The evaluation indicated that the past programme targeted young people in urban areas, even though the majority of young people live in rural areas. The evaluation also suggested that tangible results were difficult to achieve through scattered interventions. In addition, it pointed to the need for an adequate monitoring and evaluation system and for efforts to increase the capacity of national partners to enable them to take ownership of the programme. UNFPA and the Government took these lessons into account when developing the proposed draft country programme document.

III. Proposed programme

19. The proposed programme, 2014-2018, is aligned with national priorities, the UNDAF for Togo, the revised UNFPA strategic plan, the national health-care development plan, and the

Programme of Action of the International Conference on Population and Development. The programme builds on lessons learned from the final evaluation of the fifth country programme and priority areas identified in the situation analysis.

20. The programme focuses on two regions (Savane and Maritime), which are characterized by high levels of poverty (an average of 73 per cent for both regions), compared to a national average of 58.7 per cent, a high fertility rate (6.4 children per woman) and a high annual population growth rate (3.36 per cent). With 0.3 doctors and 0.01 midwives per 10,000 inhabitants, only 22.1 per cent of births are assisted by trained personnel in the Savane region, compared to a national average of 60.1 per cent. A 2011 study revealed that 78 per cent of girls aged 9-18 years had been abused in the Savane region, and 44 per cent of women had been sexually abused in the Maritime region.

21. The proposed programme seeks to: (a) increase universal access to sexual and reproductive health services, especially for youth and women; and (b) promote reproductive rights, the reduction of maternal mortality and accelerated progress in respect to the Programme of Action of the International Programme for Population and Development and the Millennium Development Goals. Through its five outputs, the programme will contribute to five outcomes of the revised UNFPA strategic plan. It is based on strategic partnerships and the UNFPA strategies on communication, adolescents and family planning. The programme takes a human rights-based approach and will employ results-oriented management techniques.

Maternal and newborn health

22. The programme will invest in efforts to ensure equal access to high-quality health-care services to women and young people living in rural areas. To that end, it will support sustained strategic partnerships with all stakeholders and will continue support for the programme of the Campaign on Accelerated Reduction of Maternal Mortality in Africa. The programme will build on and pursue

initiatives supported by thematic funds such as the thematic fund for reproductive health commodity security and the Muskoka Initiative. One output will be developed under this component, in synergy with other technical and financial partners, associations and the private sector.

23. Output: The national capacity for emergency obstetric care and newborn care, including the prevention and treatment of obstetric fistula, is strengthened. This output will be achieved by: (a) building national capacity in basic emergency obstetric care and newborn care, providing equipment and essential drugs and reorganizing health facilities to increase availability of services; (b) strengthening the capacity of the national midwives' school to provide high-quality training and supporting the capacity of the midwives' association to offer improved services; and (c) strengthening community action to prevent obstetric fistula and integrate fistula treatment into health-care delivery.

Family planning

24. Output: National systems for reproductive health commodity security and community-based interventions for family planning are strengthened. This output will be achieved by: (a) strengthening the national planning and management mechanism for commodities to avoid shortages at service delivery points; (b) enhancing the availability of information and family planning services at the community level; and (c) supporting the implementation of the national plan on integrating HIV/AIDS and reproductive health.

Young people's sexual and reproductive health and sexuality education

25. Output: The national capacity to meet the needs of youth and sex workers to combat HIV and access sexual and reproductive health services through community-based organizations and networks is strengthened. This output will be achieved by: (a) building the capacity of civil society organizations to provide integrated services, including the provision of condoms, to

target groups; (b) building the capacity of youth health units to provide services for adolescents and youth who are in school as well as those who are out of school; and (c) strengthening the integration of HIV and sexual and reproductive health components into educational programmes and in vocational training institutions.

Gender equality and reproductive rights

26. Output: The national capacity to prevent gender-based violence and to provide high-quality services, including in humanitarian settings, is strengthened. This output will seek to help women and young girls exercise their reproductive rights, including in humanitarian settings. This will be achieved by: (a) preventing early marriages and combating all forms of violence through community actions involving men; (b) supporting schools to integrate mechanisms addressing gender-based violence; and (c) ensuring the provision of sexual and reproductive health services in humanitarian settings.

Data availability and analysis

27. Output: The national capacity to produce, utilize and disseminate high-quality statistical data on population dynamics, youth, gender equality and reproductive health is strengthened. This will be achieved by: (a) providing expertise to analyse data from the general population census; (b) supporting the publishing and dissemination of data analysis; (c) reorganizing the national registration system for births and deaths; (d) operationalizing a national research plan and national thematic studies; and (e) building the capacity of national institutions in charge of collecting, analysing and disseminating social and demographic data for planning purposes.

IV. Programme management, monitoring and evaluation

28. The Ministry of Planning will coordinate the programme. Public partners and civil society organizations will implement the programme. UNFPA will develop and implement a capacity-

building plan to strengthen the capacity of the key implementation partners. National execution will be the preferred implementation modality, using the harmonized approach to cash transfers. UNFPA will put into place a monitoring and evaluation mechanism using an evidence-based approach. UNFPA will ensure that gender will be a cross-cutting issue in programme components.

29. Given the limited budget allocated to the health sector and the persistence of gender inequality, UNFPA will advocate increased funding and the stationing of qualified health workers in rural areas. The programme will strengthen existing partnerships with the United Nations Children's Fund and the World Health Organization in the programme areas, through the Muskoka Initiative. UNFPA will develop and implement a resource mobilization plan to expand the funding base.

30. The country office will participate in the 'delivering as one' initiative and in joint programmes with partner organizations. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, including life-saving measures, to better respond to emerging issues.

31. The country office consists of a representative, an assistant representative, an operations manager, four programme officers and support staff. UNFPA will recruit an international programme specialist, two national officers (for family planning and for monitoring and evaluation), a programme assistant and two national programme staff in order to strengthen the implementation of the programme. The UNFPA West and Central Africa regional office, technical units at UNFPA headquarters, and national and international consultants will provide technical support.

32. The Government is responsible for the safety and the protection of the staff and property of UNFPA. UNFPA will include security- and risk management-related issues in the programme implementation process.

RESULTS AND RESOURCES FRAMEWORK FOR TOGO

| National priority: Human capital development, social protection and employment UNDAF outcome: By 2018, people, especially the most vulnerable, will have more equitable access to quality basic social services | | | | |
|--|---|---|---|---|
| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
| Maternal and newborn health <u>Outcome indicators:</u> <ul style="list-style-type: none"> Maternal mortality ratio Baseline: 350 maternal deaths per 100,000 live births; Target: 236 maternal deaths per 100,000 live births Births attended by skilled health personnel Baseline: 59.4%; Target: 78% Percentage of Caesarean sections Baseline: 8.8%; Target: 12% | <u>Output:</u> The national capacity for emergency obstetric care and newborn care, including the prevention and treatment of obstetric fistula, is strengthened | <u>Output indicators:</u> <ul style="list-style-type: none"> Number of district hospitals reinforced in the areas of emergency obstetric and newborn care in the programme area Baseline: 3; Target: 7 Number of midwives trained in emergency obstetric care and newborn care Baseline: 60; Target: 260 Number of neighbourhood health facilities undertaking the seven key functions of emergency obstetric care and newborn care Baseline: 12; Target: 22 Number of cases of obstetric fistula treated with the assistance of UNFPA Baseline: 183; Target: 443 | Ministry of Health World Health Organization Action for West Africa Region (AWARE) | \$4.5 million (\$1.5 million from regular resources and \$3 million from other resources) |
| Family planning <u>Outcome indicators:</u> <ul style="list-style-type: none"> Contraceptive prevalence rate (modern methods) Baseline: 13.2%; Target: 24.6% Unmet need for family planning Baseline: 37.2%; Target: 25% Percentage of health-care facilities offering at least three modern contraceptive methods Baseline: 89%; Target: 95% | <u>Output:</u> National systems for reproductive health commodity security and community-based interventions for family planning strengthened | <u>Output indicators:</u> <ul style="list-style-type: none"> Percentage of districts that had no stock-outs of contraceptives during the last six months Baseline: 50%; Target: 90% Number of regional and district health workers trained to manage reproductive health commodities provided by UNFPA Baseline: 0; Target: 100 Number of couple years of protection in the programme concentration area Baseline: 53,297; Target: 153,297 | Ministry of Health World Health Organization AWARE; civil society organizations | \$2.5 million (\$1 million from regular resources and \$1.5 million from other resources) |
| Young people's sexual and reproductive health and sexuality education <u>Outcome indicators:</u> <ul style="list-style-type: none"> Percentage of young people (girls and boys) aged 15-24 years who have had high-risk sexual intercourse during the past 12 months and used a means of protection against HIV Baseline: 47%; Target: 70% Prevalence of HIV among those | <u>Output:</u> The national capacity to meet the needs of youth and sex workers to combat HIV and access sexual and reproductive health services through community-based organizations and networks is strengthened | <u>Output indicators:</u> <ul style="list-style-type: none"> Percentage of young people aged 15- 24 in the programme area who have undergone an HIV test and know the results Baseline: 26%; Target: 50% Percentage of sex workers who have undergone an HIV test during the past 12 months and know the results Baseline: 58%; Target: 70% Number of organizations and networks assisted by the programme that are involved in prevention activities for youth and sex workers in the areas of | Ministries of: Education, Health, and Youth; Permanent Secretariat/ National Commission for HIV/AIDS; Civil society organizations | \$2.5 million (\$1 million from regular resources and \$1.5 million from other resources) |

| | | | | |
|--|--|---|---|---|
| <p>aged 15-24 Baseline: 1.5%; Target: 1%</p> <ul style="list-style-type: none"> Percentage of young people aged 15-24 who have rejected inaccurate information about the transmission of HIV and can accurately identify how to prevent HIV Baseline: 43%; Target: 80% | | <p>sexual and reproductive health and HIV Baseline: 13; Target: 20</p> <ul style="list-style-type: none"> Percentage of secondary schools in the core area that have included education on HIV and sexuality in their syllabuses Baseline: 88%; Target: 95% | ; United Nations organizations | |
| <p>Gender equality and reproductive rights <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of women aged 20-24 who were married or living as a couple before the age of 18 Baseline: 27%; Target: 17% Percentage of women aged 15-19 who are married or living as a couple Baseline: 12%; Target: 6% | <p><u>Output:</u> The national capacity to prevent gender-based violence and provide high-quality services, including in humanitarian settings, is strengthened</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of civil society organizations and school organizations strengthened to combat gender-based violence and prevent early marriage Baseline: 16; Target: 72 Number of civil society organizations strengthened at the community level to promote reproductive health and prevent gender-based violence and HIV/AIDS, including in humanitarian settings Baseline: 47; Target: 70 | <p>Ministries of: Education, Health, and Women's Affairs</p> <p>United Nations organizations</p> | <p>\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)</p> |
| <p>National priority: Promoting participatory, balanced and sustainable development UNDAF outcome: From 2014 to 2018, national and local capacity has been improved to reduce inequalities, speed up growth, consolidate peace and democracy and promote human rights</p> | | | | |
| <p>Data availability and analysis Outcome indicator:</p> <ul style="list-style-type: none"> Number of household surveys carried out on Millennium Development Goal Target 5B Baseline: 3; Target: 7 | <p><u>Output:</u> The national capacity to produce, utilize and disseminate high-quality statistical data on population dynamics, youth, gender equality and reproductive health is strengthened</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Number of reports analysing the results of the intercensal demographic surveys (demographic health survey, multiple indicators survey, financial flows) and thematic studies carried out and disseminated to users Baseline: 8; Target: 19 Number of people trained with UNFPA assistance to produce and analyse census data and statistical surveys and to disseminate the results Baseline: 10; Target: 18 Number of districts with reinforced capacity to collect reproductive health data in the programme area Baseline: 0; Target: 7 | <p>Ministry of Health; Ministry of Planning</p> <p>European Union; United Nations organizations</p> | <p>\$1.5 million (\$1 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p> |