COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR MADAGASCAR

Second regular session 2021

Comments by Canada	UNFPA country/regional office response
We are pleased to see that UNFPA has developed a resource mobilization plan geared towards strengthening relationships with existing partners, identifying opportunities for innovative financing, expanding partnership with the private sector and new donors and enhancing the H6 partnership for health. We would welcome further information on the specific innovative financing opportunities to be explored, including any related partnerships.	In the context of this programme, UNFPA will explore innovative financing opportunities such as taxes and levies, insurance to address sexual and reproductive health and reproductive rights, family planning and GBV, targeting non-traditional partners, including private-sector entities across the country. Additional information on partnerships will be made available once the due diligence process has been completed.
	A comprehensive financial landscaping analysis will be undertaken with support from the Regional Office to strengthen this effort.
We are also pleased that UNFPA will conduct regular operational risk assessments, and programme criticality assessments in collaboration with United Nations agencies. We note that, to mitigate these risks, UNFPA will promote an integrated nexus approach that takes into account climate and environmental changes and will coordinate with other UN agencies to conduct regular environmental scans and assessments for managing risks and contingency plans for business continuity. Has political instability been considered among potential risks? We would also welcome more information on the "integrated nexus approach" and how it will improve the mitigation of risks compared to the previous approach adopted by the programme.	Political instability has been considered among the potential risks to the programme. Continuous dialogue among different stakeholders to achieve durable solutions is among the key actions to better anticipate and prepare accordingly. Through the integrated nexus approach, UNFPA will ensure that programme interventions focus on effectively addressing the vulnerability of individuals and systems before, during and after a crisis. In this regard, there is a continuum approach to strengthening resilience at community and system levels, with a strong focus on preparedness and response to better withstand shocks and emergencies. The COVID-19 pandemic has underscored the need for resilience-building, which is strengthened in the new country programme.
Comments by the United States of America	UNFPA country/regional office response
Related to Item 16, we encourage UNFPA to clarify, in addition to the geographic coverage, their level of intervention for "administrative unit": does this refer to the regional, district, commune or other level?	UNFPA intervention will be at the regional level. However, within the region, priority will be given to districts and communities where indicators show limited progress.

Item 22 details UNFPA's main interventions for sexual and reproductive health.	
Regarding (a) advocacy for sustainable financing and financial protection to support UHC, given the level of priority the current government has regarding UHC and National Health Solidarity Fund, will UNFPA be able to maintain this activity?	UNFPA will be able to maintain this activity. Advocacy has already commenced at the level of parliament and will continue, especially with the Parliamentary Commission for Finance and Budget, in collaboration with partner UN agencies.
Regarding (b) securing reproductive health commodities to 'the last mile', including prepositioning commodities and (f) improving community-based high-quality family planning services, including through distribution of reproductive health commodities, we encourage UNFPA to consider including additional information regarding allocations for commodities, including a comparison with the previous year's contribution in light of the unexpected reduction in contributions. We are also interested to learn more about the planned community-based activity.	The recommendation to include additional information on allocations for commodities, including a comparison with the previous year, is well received and will be actioned. The planned community-based activity will utilize mobile clinics to improve access for hard-to-reach communities with sexual and reproductive health and GBV services. It will be implemented in collaboration with community-based organizations with qualified personnel.
Regarding (i) accreditation of all midwifery training institutions, we appreciate UNFPA's commitment to midwives and the recognition of the vital role they play in maternal health and providing high quality integrated SRHR services. Given the expansion of private institutions that produced variable-qualified health workers, UNFPA clarify if this activity will target both the private and public sector.	The activity will indeed target both private and public midwifery training institutions, with an emphasis on improving quality standards and monitoring human resource capacity, to enable improved delivery of high-quality, people-centred SRHR services.
Regarding (k) enhancement of the capacity of the national health information system, including maternal and perinatal death surveillance and response, as well as the mechanism for monitoring quality of care at all levels, we encourage UNFPA to consider how it will ensure that this activity would be in complementarity with the support from other donors/partners.	UNFPA places a strong emphasis on coordination, collaboration and complementarity of efforts with partners to effectively support the attainment of national priorities, particularly in health. For this specific activity, UNFPA will ensure that the intervention is undertaken in a coordinated manner, including through collaboration with USAID, World Bank, WHO and UNICEF.