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UNITED NATIONS POPULATION FUND

Draft country programme document for the Democratic Republic of the Congo

Proposed indicative UNFPA assistance:	$125.5 million: $32.3 million from regular resources and $93.2 million through co-financing modalities and/or other, including regular resources
Programme period:	Five years (2013-2017)
Cycle of assistance:	Fourth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	7.5	13.5	21.0
Family planning	6.5	30.6	37.1
Prevention services for HIV and sexually transmitted infections	1.8	4.8	6.6
Gender equality and reproductive rights	5.0	17.9	22.9
Data availability and analysis	10.0	26.4	36.4
Programme coordination and assistance	1.5	-	1.5
Total	32.3	93.2	125.5

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I. Situation analysis

1. The Democratic Republic of the Congo has an area of 2,345,000 square kilometres. The most recent population and housing census was in 1984. In 2011, the population was estimated at 71 million, with an annual population growth rate of 3.1 per cent.

2. The population is very young. Sixty-eight per cent of the population is under the age of 25. The median age of the population fell from 21 in 1984 to 15 in 2009.

3. A fragile, post-conflict country, the Democratic Republic of the Congo is undergoing a period of reconstruction and peacebuilding. The population is predominantly poor, with 70 per cent living on less than $1 a day. The 2011-2015 poverty reduction strategy identified the demographic challenge as a national priority.

4. The total fertility rate is high (6.3 children per woman), according to the 2007 demographic and health survey. One in four adolescent girls aged 15-19 has already given birth or been pregnant. Approximately 26 per cent of pregnancies occur at intervals of less than 24 months.

5. The modern contraceptive prevalence rate is low at 5.4 per cent (2010 multiple indicators cluster survey), due to the inadequate provision of family planning services. The weak demand for family planning services is a result of the lack of information on, and the limited involvement of men in, family planning. It also is a result of the low status of women, which is reflected in women's low educational levels. Reproductive rights are not fully integrated into the legal framework. Act 178 of the penal code bans contraceptive advertising.

6. The maternal mortality ratio was 670 maternal deaths per 100,000 live births in 2010. The number of women with obstetric fistula was nearly 40,000 in 2011. Access to emergency obstetric and neonatal care is limited: only 7 per cent of health centres and 6 per cent of general referral hospitals in the provinces of Bas-Congo, Bandundu and Kinshasa offer a comprehensive package of emergency maternal and neonatal care.

7. More than a third of health facilities experience a shortage of skilled birth-attendance personnel. The supply-chain management system for essential medicines has a low storage capacity, and there is a lack of human resources.

8. The HIV prevalence rate was estimated at 3.2 per cent in 2009. Among pregnant women who received prenatal care, the HIV prevalence rate was 3.7 per cent. Condom use at last high-risk sex is low (24 per cent among women aged 15-49, and 6 per cent among those aged 15-24), according to the 2010 multiple indicators cluster survey. The level of knowledge of HIV prevention is inadequate. Women and girls do not have the ability to negotiate safe sex.

9. The 2009 national gender policy and the 2010 national strategy on gender-based violence illustrated the commitment of the Government to promote gender parity. However, early marriage is still common, with 44 per cent of women married before age 18. Sexual violence against girls and women persists, particularly in the eastern provinces, where it is exacerbated by armed conflict.

10. Based on this situation analysis and in consultation with national partners, UNFPA and the Government identified five priority issues: (a) the persistence of maternal and neonatal mortality; (b) declining demand for family planning; (c) the limited knowledge regarding HIV and methods to prevent it; (d) gender inequalities and the lack of awareness of reproductive rights; and (e) the weak capacity of the national statistical system to organize the second population and housing census.

II. Past cooperation and lessons learned

11. During the third country programme, the country office ensured the integration of the objectives of the International Conference on

Population and Development into the national development agenda. The second poverty reduction strategy paper highlights: (a) the demographic challenge facing the country; (b) the repositioning of family planning on the national development agenda; (c) the improvement of maternal health; and (d) HIV prevention. The national health development plan, 2011-2015, seeks to reduce maternal mortality, improve prenatal services and increase the percentage of births attended by skilled personnel.

12. In the targeted intervention areas, the percentage of deliveries assisted by skilled personnel increased from 55 per cent before the third country programme to 86 per cent currently. Strengthening emergency obstetric and neonatal care has improved the management of obstetric complications and increased the percentage of women receiving prenatal care from 7 to 28 per cent.

13. In 2011, UNFPA, the United Nations Children's Fund (UNICEF), the United Nations Joint Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), and the World Bank formed a partnership known as H4+1 to support maternal and newborn health.

14. In the area of HIV prevention, UNFPA has become the country's major partner for condom programming following the closure of the multi-country AIDS programme funded by the World Bank. Regarding data for development, the country office contributed to the fourth multiple indicators cluster survey. The Ministry of Gender, Family and Children Welfare established a database on gender-based violence.

15. Difficulties in mobilizing additional resources for emergency obstetric and neonatal care hampered humanitarian interventions, Advocacy efforts by the country office led to the integration of measures to improve maternal health into the 2012 humanitarian action plan.

16. The restructuring of the country programme that took place in 2011, following a 'business case' exercise that reduced the number of sub-offices from 11 to three**,** covering 17 of the country's 515 health zones. This exercise minimized the risks associated with having a large number of implementing partners and cash transfers, and shifted the programme focus to maternal and neonatal health and the preparation of the second population and housing census.

17. The national ownership of the country programme is most apparent at the provincial level. It is demonstrated by the financial commitment of the provincial governments to reducing maternal mortality and strengthening statistical capacity for the preparation of the second population and housing census.

18. The elaboration of family planning, HIV/AIDS and the sexual and gender-based violence mappings and interventions provided an opportunity to better negotiate complementarities and synergies with partners, including the United States Agency for International Development (USAID).

19. These mappings**,** combined with studies and basic surveys undertaken in 2010 and 2011, facilitated evidence-based and focused programming for the fourth country programme.

III. Proposed programme

20. The fourth country programme is aligned with: (a) the priorities of the United Nations Development Assistance Framework (UNDAF), 2013-2017; (b) the second poverty reduction strategy paper, 2011-2015; and (c) the UNFPA revised strategic plan, 2012-2013. The goal of the programme is to contribute to universal access to maternal and newborn health.

21. The country programme contributes to the achievement of five outcomes of the UNFPA strategic plan, concerning**:** (a) maternal and newborn health; (b) family planning; (c) services to prevent HIV and sexually transmitted infections; (d) gender equality and reproductive rights; and (e) data availability and analysis. Youth concerns are cross-cutting issues and are integrated into all the defined outputs,

which will be operationalized through the cluster approach.

Maternal and newborn heath

22. Output 1: By 2017, skilled attendance at deliveries, and emergency obstetric and neonatal care in target zones, including in areas of humanitarian settings, have improved. This will be achieved by: (a) building the capacity of health-service providers in reproductive health, including early deliveries among adolescents; (b) supporting schools of higher education for the training of midwives; (c) strengthening community participation; (d) supporting the campaign to eradicate urogenital fistula; (e) assisting survivors of sexual violence; and (f) strengthening national structures to implement the minimum initial service package.

Family planning

23. Output 1: By 2017, the technical and operational capacity of national partners, including community-based organizations, has been strengthened to provide high-quality family planning services. This output will be achieved by: (a) integrating family planning services into maternal, newborn health and HIV-prevention services; (b) strengthening the community-based distribution of contraceptives; (c) building the capacity of health-service providers and community workers; (d) supporting social mobilization campaigns; (e) strengthening behaviour change communication in family planning interventions targeting youth and women; (f) providing contraceptives to health structures; and (g) developing life skills-based education to prevent early pregnancies among adolescents.

24. Output 2: By 2017, the technical and institutional capacity of the national supply-chain management system for essential medicines has been strengthened in order to ensure reproductive health commodity security. In order to achieve this output, the following strategies have been identified: (a) building the capacity of officials and managers in forecasting, and in managing the supply chain; (b) strengthening the institutional capacity of the national medicine-supply programme and provincial health departments; (c) providing family planning commodities, maternal health products and emergency kits; and (d) strengthening the national logistics management information system.

Prevention services for HIV and sexually transmitted infections

25. Output 1: By 2017, the capacity of institutions and community-based organizations have been strengthened in HIV prevention, particularly among pregnant women, young people, sex workers, uniformed services, truck drivers and internally displaced people. To achieve this output, the country programme will support: (a) the promotion of male and female condoms; (b) the integration of primary prevention efforts and family planning into the strategy to prevent the mother-to-child transmission of HIV; (c) the provision of community-based services to prevent HIV among populations that are most at risk, especially young people; (d) the provision of commodities to combat HIV/AIDS; (e) the management of sexually transmitted infections, including in humanitarian settings; and (f) the strengthening of behaviour change communication efforts that seek to prevent HIV and sexually transmitted infections.

Gender equality and reproductive rights

26. Output 1: By 2017, the capacity of institutions, community-based organizations and networks to implement gender equality and reproductive rights policies has been strengthened. This will be achieved by supporting: (a) communication efforts promoting behaviour change to prevent gender-based violence; (b) advocacy promoting the removal of legal barriers; (c) the involvement of men in efforts to accelerate the reduction of maternal mortality; (d) advocacy efforts, targeting opinion leaders and uniformed services, that seek to protect women in areas

affected by conflict; (e) the involvement of traditional and religious leaders in the promotion of maternal health; (f) the reintegration into society of victims of gender-based violence; and (g) campaigns to end early marriages.

Data availability and analysis

27. Output 1: The capacity of the national statistical system is strengthened to analyse, disseminate and utilize high-quality, disaggregated population data for evidence-informed planning and monitoring. This will be achieved by: (a) building the capacity of the national statistical system at central and provincial levels; (b) providing technical support for the second population and housing census; (c) strengthening the capacity of training institutions in data collection, analysis, dissemination, utilization and archiving; (d) providing technical support to integrate population and development issues into the national development agenda; (e) building the capacity of the Ministry of Gender to coordinate data collection on sexual and gender-based violence; (f) supporting committees to monitor the goals of the International Conference on Population and Development and Millennium Development; (g) supporting data collection in humanitarian settings; and (h) supporting policy dialogues on youth issues.

IV. Programme management, monitoring and evaluation

28. The United Nations system in the Democratic Republic of the Congo agreed on a single coordination structure for monitoring and evaluating UNDAF and country programmes, under the leadership of the Government.

29. The current typology, put into place in January 2011 following a ‘business case’ exercise that led to the restructuring of the third country programme, is also relevant for the fourth country programme. However, UNFPA will review this typology in line with the cluster approach. There is a need to upgrade some posts in order to maintain well-performing and motivated staff.

30. National execution continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select implementing partners based on their ability to deliver high-quality programmes. UNFPA will continuously monitor the performance of its partners and periodically adjust implementation arrangements, as necessary.

31. The country office in the Democratic Republic of the Congo will ensure that the appropriate risk analysis is performed in conformity with the harmonized approach to cash transfers. UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

RESULTS AND RESOURCES FRAMEWORK FOR THE DEMOCRATIC REPUBLIC OF THE CONGO

National priority: improve access to basic social services and improve human capital
UNDAF outcomes: (a) Congolese populations, and vulnerable groups in particular, have increased access to essential health interventions, with a focus on maternal and infant health and nutrition. Indicators: (i) percentage of health structures offering emergency basic obstetric and neonatal care (Baseline: 7%; Target: 30%); and (ii) number of new adherents of family planning methods (Baseline: 0; Target: 5 million); and
(b) public, private and community-based organizations and faith-based groups have scaled up the programme to eradicate the parent-to-child transmission of HIV as well as the care, treatment and support for people living with HIV. Indicators: (i) rate of condom use during at last high-risk sex (Baseline: 16%; Target: 30%); and (ii) the percentage of young women and men aged 15-24 infected with HIV (Baseline: 4%; Target: 2%)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Maternal and newborn health Outcome indicators: • Percentage of births attended by skilled health personnel Baseline: 74%; Target: 93% • Percentage of Caesarean sections Baseline: 7%; Target: 5%	Output 1: By 2017, skilled attendance at deliveries**,** and emergency obstetric and neonatal care in target zones, including in areas of humanitarian settings, have improved	Output indicators: • Percentage of referral health structures offering comprehensive emergency obstetric and newborn care in the 17 target zones Baseline: 2%; Target: 100% • Percentage of health centres offering basic emergency obstetric and newborn care Baseline: 0%; Target: 30% • Number of trained midwives in targeted zones Baseline: 1,540; Target: 4,000	Ministries of: Health; and Higher Education Finland; Japanese and Canadian international cooperation agencies; UNAIDS; UNICEF; USAID; World Bank; WHO	$21 million ($7.5 million from regular resources and $13.5 million from other resources)
Family planning Outcome indicators: • Contraceptive prevalence rate (modern methods) Baseline: 5.4%; Target: 15% • Unmet need for family planning Baseline: 24%; Target: 10% • Percentage of service delivery points offering at least three modern methods of contraception Baseline: 25%; Target: 50%	Output 1: By 2017, the technical and operational capacity of national partners, including community-based organizations, has been strengthened to provide high-quality family planning services	Output indicators: • Number of new family planning adherents Baseline: 3,553,137; Target: 8,553,137 • Percentage of health structures offering at least three modern contraceptive methods Baseline: 25%; Target: 80% • Percentage of health structures offering family planning Baseline: 38%; Target: 100%	Ministry of Gender; Ministry of Health Canadian International Development Agency; USAID; WHO Congolese Association for Family Well-being	$37.1 million ($6.5 million from regular resources and $30.6 million from other resources)
	Output 2: By 2017, the technical and institutional capacity of the national supply-chain management system for essential medicines has been strengthened in order to ensure reproductive health commodity security	Output indicators: • Percentage of service-distribution points that have had no stock-outs of contraceptives within the last six months. Baseline: 19%; Target: 100% • Percentage of service-delivery points where five life-saving maternal reproductive health medicines from UNFPA list are available Baseline: 50%; Target: 70%	Ministry of Health	

Prevention services for HIV and sexually transmitted infections Outcome indicators: • HIV prevalence in youth (15-24 years). Baseline: 4%; Target: 2% • Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse Baseline: 16%; Target: 30%	Output 1: By 2017, the capacity of institutions and community-based organizations have been strengthened in HIV prevention, particularly among pregnant women, young people, sex workers, uniformed services, truck drivers and internally displaced people	Output indicators: • Number of condoms distributed Baseline: 126,475,968; Target: 300,000,000 • Number of sexually transmitted infections treated Baseline: 24,547; Target: 36,000	Ministry of Health; National Multisectoral Programme against HIV/AIDS UNAIDS; UNDP; UNICEF; World Food Programme; WHO	$6.6 million ($1.8 million from regular resources and $4.8 million from other resources)
Gender equality and reproductive rights Outcome indicators: • Percentage of women aged 20-24 who were married or in union before age 18. Baseline: 39%; Target: 25% • Number of mechanisms put in place for the application of laws and policies related to reproductive rights. Baseline: 1; Target: 3 • Percentage of couples that jointly decide on the use of modern contraceptive methods. Baseline: 47%; Target: 60%	Output 1: By 2017, the capacity of institutions, community-based organizations and networks to implement gender equality and reproductive rights policies has been strengthened	Output indicators: • Number of institutions, community-based organizations and networks trained in social mobilization to reduce maternal mortality and the number of early marriages Baseline: 0; Target: 75 • Number of persons sensitized by institutions, community-based organizations and networks trained on strategies to reduce maternal mortality and end early marriages Baseline: 0; Target: 3 million	Ministry of Gender: Ministry of Health	$22.9 million ($5 million from regular resources and $17.9 million from other resources)
National priority: strengthen governance and peace **UNDAF outcome**: the capacity of the national statistical system is strengthened for democratic governance. Indicators: (a) number of provincial departments of the National Statistical Institute with statistical production units (Baseline: 3; Target: 11); and (b) the availability of high-quality data from the second population and housing census (Baseline: not available; Target: available)				
Data availability and analysis Outcome indicators: • Availability of census data Baseline: not available; Target: available • Number of surveys that facilitate the monitoring of Millennium Development Goal 5 Baseline: 2; Target: 4	Output 1: The capacity of the national statistical system is strengthened to analyse, disseminate and utilize high-quality disaggregated population data for evidence-informed planning and monitoring	Output indicators: • Number of functional statistical production centres at central and provincial levels Baseline: 3; Target: 11 • Existence of an up-to-date sociodemograhic database Baseline: database not up to date; Target: up-to-date database exists • Number of publications on population and development issues Baseline: 0; Target: 50	Ministry of Planning; National Statistical Institute African Development Bank; UNDP; UNICEF; United Nations Human Settlements Programme; World Bank	$36.4 million ($10 million from regular resources and $26.4 million from other resources) Total for programme coordination and assistance: $1.5 million from regular resources