



**Executive Board
of the
United Nations
Development Programme
and of the
United Nations
Population Fund**

Distr.
GENERAL

DP/FPA/CAF/5
2 May 2002

ORIGINAL: ENGLISH

Annual session 2002
17 to 28 June 2002, Geneva
Item 6 of the provisional agenda
UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of the Central African Republic*

Proposed UNFPA assistance: \$7 million, \$4.5 million from regular resources and \$2.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2002-2006)

Cycle of assistance: Fifth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	3.00	1.00	4.00
Population and development strategies	1.00	1.25	2.25
Programme coordination and assistance	0.50	0.25	0.75
Total	4.50	2.50	7.00

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

CENTRAL AFRICAN REPUBLIC

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%) ^{1/}	46	≥60
Contraceptive prevalence rate (%) ^{2/}	15	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%) ^{3/}	10.49	≤10
Adolescent fertility rate (per 1,000 women aged 15-19) ^{4/}	142.2	≤65
Infant mortality rate (per 1,000 live births) ^{5/}	98	≤50
Maternal mortality ratio (per 100,000 live births) ^{6/}	1100	≤100
Adult female literacy rate (%) ^{7/}	27	≥50
Secondary net enrolment ratio (%) ^{8/}	50	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

^{1/} Electronic database, World Health Organization, December, 1999.

^{2/} United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).

^{3/} UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.

^{4/} United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.

^{5/} United Nations Population Division, *World Population Prospects: The 1998 Revision*.

^{6/} The World Bank, *World Development Indicators, 2000*.

^{7/} UNESCO, *Education for All: Status and Trends series* (1997, 1998, 1999 editions).

^{8/} UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	3,782	Annual population growth rate (%)	1.64
Population in year 2015 (000)	4,877	Total fertility rate (/woman).....	4.92
Sex ratio (/100 females).....	95	Life expectancy at birth (years)	
Age distribution (%)		Males.....	42.7
Ages 0-14.....	43.0	Females.....	46.0
Youth (15-24)	19.8	Both sexes.....	44.3
Ages 60+.....	6.1	GNP per capita (U.S. dollars, 1998)	300

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. UNFPA proposes to support a programme over the period 2002-2006 to assist the Government of the Central African Republic in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$7 million, of which \$4.5 million will be programmed from UNFPA regular resources. UNFPA will seek an additional \$2.5 million through co-financing modalities and/or other, including regular, resources. This will be the fifth programme of assistance to the Central African Republic, a category "A" country under the resource allocation system of the Fund.

2. The fifth country programme comes at a period of development characterized by national reconstruction following several years of socio-political unrest, democratic reconstruction, and economic and social revival. Despite the recent political upheaval, UNFPA believes it can work closely with the Government for the well-being of the population. The present proposal is consistent with the major conclusions of the United Nations Development Assistance Framework (UNDAF), the country population assessment and the common country assessment. It also takes into account the strategic framework of the country for poverty reduction, the national population policy, the intermediate health plan for 2000-2002, the national women's promotion policy, the family code, the national environment plan and the national development plan for education.

3. The overall population and development goals of the Government are to improve the quality of life and raise the standard of living of the population; reduce economic and social inequalities; reduce morbidity and infant and maternal mortality rates; reduce fertility and population growth rates; promote the status of women and eradicate all forms of discrimination, violence and harmful practices against women and girls; and ensure quick intervention for displaced populations by providing for their emergency needs. UNFPA proposes to assist the Government in the areas of reproductive health and population and development strategies.

4. The proposed programme was developed within a human-rights approach. All activities under the proposed programme of assistance, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Central African Republic, along with most of the neighbouring countries, has been experiencing external and internal conflicts for many years. This situation has had serious repercussions on the economic and social development of the country. A democratization process began in 1990, but the establishment of institutions and democratic life has been hampered by a scarcity of budgetary resources, and the country has been unable to achieve political, social or economic stability.

6. The per capita gross domestic product has declined in recent years, with a level of \$341 in 1998. Forty-nine per cent of the population lives below the poverty threshold. The Central African Republic has been receiving international support to reduce poverty by strengthening national capacities and by adopting a five-year development plan which aims to reduce poverty and social inequalities and provide universal access to basic social services.

7. The population of the Central African Republic was estimated at 3.78 million in 1999, up from the 1988 census figure of 2.69 million. The population growth rate is 2.5 per cent. The gross mortality rate is 16.7 per cent, and the decline in the mortality rate is one of the slowest in the Central African region. Life expectancy at birth was estimated at 49.5 years in 1998: 47 years for men and 52 years for women. After increasing by 0.37 per year over the past 40 years, the progression of life expectancy at birth has now slowed because of the impact of HIV/AIDS. The 2000 report of the Joint United Nations Programme on HIV/AIDS estimates HIV prevalence in the 15-49 age group at almost 14 per cent and the number of persons living with HIV/AIDS at 240,000. The infant mortality rate (97 per 1,000 in 1995) and the maternal mortality ratio (948 per 100,000 live births) are major health concerns.

8. Another characteristic of the population of the Central African Republic is its relatively young age. The population of the under-15 age group was estimated in 1999 to be 43.2 per cent, and 56.4 per cent of the population is under 20 years old. Since 1975, the fertility rate has been stable at 6 children per woman. The share of the economically active population has been reduced in recent years, making it more difficult to meet basic social needs.

9. Approximately 45 per cent of the population has access to a health facility located less than 5 kilometres from home. In urban zones the percentage reaches 91; in rural areas, however, it is only 23 per cent. Similarly, reproductive health service coverage is geographically unequal, varying greatly in the quality of health personnel, level of training, equipment and drug supplies. By 2010, the Ministry of Health aims to increase access to health facilities and to reduce the infant mortality rate to 87 per 1,000 and the maternal mortality ratio to less than 500 per 100,000.

10. Although most modern contraceptive methods are available in the Central African Republic and are provided free of charge through family planning centres, their distribution and utilization are hampered by several problems. Poor roads and the high cost of transportation limit access to rural areas. In addition, lack of knowledge of the services provided by family planning centres, traditional cultural practices and insufficient information, education and communication (IEC) activities contribute to low utilization of contraception. Furthermore, the reproductive health of men and adolescents is often overlooked.

11. The health information system faces serious problems in collecting data, which hampers the implementation and monitoring of actions that target specific groups and programmes. A more reliable data system at the national level and the upcoming census can help to address these problems.

12. Women's status in the Central African Republic remains poor. There is strong discrimination against girls and women, including unequal access to education, high illiteracy, widespread prevalence of female genital cutting (FGC), physical violence after the death of the husband, forced marriage of widows, weak representation in decision structures and extremely low social status. Poverty has aggravated this situation, leading to greater instability among couples and precariousness in the status of young girls and women.

13. The women are largely illiterate (66.5 per cent of women aged 15 to 49 versus 33 per cent of men of the same age) and are underrepresented in all administrative and formal sectors. Women account for only 17 per cent of civil servants. Their importance in economic life, and especially in subsistence agriculture, is not acknowledged. The age of first marriage is very early -- 40 per cent of girls between 15 and 19 are married. Early pregnancies are common. The Government has strengthened the women's promotion department by

/...

improving its capacity to respond to the needs of governmental entities and non-governmental organizations (NGOs). The adoption of the family code and the national women's promotion policy; the elaboration of action plans against harmful practices and violence directed towards girls and women; and the promotion of NGOs concerned with women's rights are other good examples of progress on gender issues at the national level.

14. In 1998, the Government issued a national population policy whose main objectives were to: (a) ensure that demographic variables were taken into account in development plans; (b) increase life expectancy at birth and promote responsible parenthood; (c) fight obstacles to women's promotion and increase women's capacity to exercise their rights and participate fully in economic, social and cultural development; (d) ensure qualitative learning by giving priority to vocational and technical training and eliminating all forms of discrimination; (e) improve the conditions of life for disabled people and unemployed young people; (f) ensure a sustained, balanced development of the population; (g) ensure a healthy environment and integrate the protection of the environment into the development process; (h) give all users access to basic data on population and socio-economic and environmental variables; and (i) develop a clear understanding of the relationship between population and development in order to promote the behavioural changes needed for the implementation of the policy.

Previous UNFPA assistance

15. The first three programmes of UNFPA assistance consisted of promoting political and opinion leaders' awareness of population issues and in implementing activities for birth spacing, safe motherhood and the prevention, tracking and treatment of sexually transmitted infections (STIs). Other activities included the introduction and the design of family life education and reproductive health training.

16. The objectives of the fourth programme were to contribute to the improvement of the reproductive health of the Central African people by integrating basic reproductive health services into more than 100 urban health facilities and by incorporating the promotion of mother and child health and family planning services into 300 rural health centres. The programme also contributed to the ability of the country to take into account relationships among population issues, the socio-economic status of women, the environment and development. UNFPA helped to develop an IEC strategy aimed at promoting reproductive health, the empowerment of women and the elimination of FGC. As noted in the midterm review of March 2000, the implementation of the fourth programme faced serious problems linked to the mutinies in 1996 and 1997, resulting in financial limits much lower than the ones originally approved. Despite this difficult context, the fourth country programme was partially implemented and achieved some progress in meeting its goals.

Lessons learned

17. Key lessons learned from the previous programme were: (a) the active involvement of national NGOs was necessary to complement government efforts; (b) greater decentralization would increase national absorptive capacity and make activities more relevant to the population's needs; (c) the development of a core group of national experts and advisers would address the problem of high turnover in government institutions, ensuring sustainable programme implementation and decreasing reliance on external expertise; (d) activities aimed at preventing gender-based violence and the spread of HIV/AIDS should be mainstreamed into all programme interventions; (e) when mainstreaming advocacy into UNFPA programmes, specific outputs

/...

should be defined; (f) the use of process indicators would facilitate more efficient, results-based management; (g) priority should be given to human resource development through pre-service training; (h) integrating communications to promote behavioural change into existing youth programmes on reproductive health proved highly effective; (i) reproductive health materials for youth should take sociocultural determinants into account; and (j) UNFPA regular resources could be used productively as seed money for initiating projects and publicizing results that could attract additional funding.

Other external assistance

18. Besides UNFPA, other sources of assistance in the area of population include French Cooperation, the World Bank, UNESCO, the African Development Bank, and the Kuwait Fund for National Education. Specific assistance for reproductive health comes from Germany, Japan, UNICEF and WHO, while UNDP, UNAIDS, France and the European Union contribute to the social sectors. It is estimated that 80 per cent of programmes in population and reproductive health in the country are being financed by foreign assistance.

19. Since 1987, a number of NGOs have supported government efforts in family planning, targeting women of reproductive age as well as young people in reproductive health and gender-related programmes. The Central African Red Cross, Médecins Sans Frontières (Doctors Without Borders) and Oxfam care for populations facing difficult situations. The Association of African Women Facing AIDS and the Central African Association of Persons Living with HIV conduct activities aimed at improving awareness of HIV/AIDS and provide counselling for persons with HIV and for others affected by it. The contribution of religious groups to the health and education sectors, through schools and private health facilities, is significant. International NGOs also provide significant contributions in social areas.

Proposed programme

20. The goal of the proposed programme is to contribute to the improvement of living standards of the population with particular emphasis on meeting the reproductive health needs of women, men and adolescents and achieving a balance between population and economic development. The fifth programme of assistance will be implemented through subprogrammes in reproductive health and population and development strategies. The reproductive health subprogramme seeks to achieve the adoption of responsible behaviour and an increased use of high-quality reproductive health services by the Central African people. The population and development subprogramme will contribute to a systematic integration of population, gender and reproductive health issues into the formulation, management, monitoring and evaluation of development policies, plans and programmes at all levels. The subprogrammes will contribute to the reduction of poverty and to the promotion of equality and equity between men and women. Gender and advocacy are cross-cutting issues and will be integrated into the two subprogrammes.

21. Reproductive health. The objectives of the proposed reproductive health subprogramme are to contribute to the adoption of responsible sexual behaviour and increase the utilization of high-quality reproductive health services by men, women and adolescents. This output will be achieved through several intermediate results, especially the delivery of a minimum reproductive health package with a particular focus on the detection of HIV and the prevention of mother-to-child transmission of HIV. Other results include the integration of reproductive health services into youth centres; an operational referral system; the promotion of reproductive health service centres; integration of family life education into the curricula of teacher training

schools and educational systems; improved knowledge and awareness of STIs and HIV/AIDS, infertility and harmful practices; strengthening institutional and technical capacities concerning reproductive health logistics; a national health information system; and strengthened reproductive health services.

22. The two principal strategies proposed in reproductive health are the strengthening of technical capacities to ensure high-quality reproductive health services and the provision of a minimum package of reproductive health services for primary health care, including safe motherhood. The introduction of family life education in teacher training schools and in the formal education system will lead to increased IEC activities to obtain community and leader support for reproductive health, HIV/AIDS, harmful practices, and will strengthen coordination efforts. The main activities in the subprogramme will include increased reproductive health services in hospitals and clinics; preventive measures to curb STI transmission; advocacy efforts; and research.

23. The first activity aims to increase the availability of basic reproductive health services in four central and four regional hospitals, 11 provincial hospitals, in all primary health care centres and in 86 private clinics through the provision of appropriate equipment and contraceptives. UNFPA will also assist in gradually increasing the number of facilities caring for pregnant women in the capital city, Bangui, where the number of beds is limited.

24. The second activity, prevention services for the reduction of STIs and HIV/AIDS, aims to: (a) develop mechanisms for certain segments of the population, particularly youth and women; (b) manage mother-to-child transmission by integrating STI and HIV detection and prevention in all family planning and infant and maternal protection services; (c) train health agents in STI and HIV prevention; and (d) provide medical equipment, reagents for screening tests, counselling and medicine to treat STIs in all family planning and infant and maternal protection services. UNFPA will also assist in logistics to provide women and men with improved access to condoms.

25. Awareness programmes that integrate information on reproductive health, counselling and services will be developed. NGOs will be strengthened and trained to make interventions designed to give young people the ability to develop life skills that promote behaviour change. Particular emphasis will be placed on the training of teachers to ensure their collaboration and the involvement of parents in encouraging behaviour change. Prevention services for youth not attending school include developing mechanisms for youth empowerment, strengthening prevention activities in 12 youth centres, and establishing information kiosks managed by young people. Particular emphasis will be placed on patient referral and follow-up of partners.

26. Prevention services also include ensuring a regular supply of condoms and equipment for family planning and HIV/AIDS prevention. The country is often confronted with condom shortages, and it is often necessary to provide emergency reproductive health kits for large numbers of displaced persons. Part of the funds in the reproductive health subprogramme will therefore be used to purchase contraceptives.

27. Regarding advocacy, the involvement of political and community leaders, traditional and religious leaders, associations of pupils and parents, and women's associations must be increased. UNFPA will assist in strengthening and expanding services in all public and private national health structures, including schools, and will provide the equipment and necessary supplies for the management of selected facilities.

28. Finally, there is a lack of basic information in the Central African Republic to monitor UNFPA interventions. A study on STIs and their impact on reproductive health; a study on the status and acceptability of male and female contraceptives; a fertility study; and a study on the role of traditional midwives are necessary. These studies will be conducted in close collaboration with national universities.

29. Population and development strategies. The poverty reduction strategy of the Central African Republic places particular emphasis on two important questions that the population and development strategy subprogramme proposes to address. The first is the need for updated socio-economic data in order to develop relevant indicators for follow-up and evaluation. The second is to coordinate internal as well as external interventions to optimize limited resources.

30. The first output of the subprogramme will be to strengthen the technical and institutional capacities for collection, processing, analysis and dissemination of population data. This will be achieved by operationalizing the National Council on Population (CONAPO) and by promoting collaboration among sectoral ministries and entities responsible for resource mobilization.

31. The second output will be an updated set of accessible and disaggregated population-related data. This will consist of results provided by data collection activities, the establishment of information systems to house and integrate functional population databases, the promotion of research, and the development and use of technologies for information and communication. The subprogramme will support activities related to processing, analysing and disseminating data. The databases will be multisectoral, with rapid and easy access by potential users. They will also assist in generating management, follow-up and evaluation indicators for the proposed UNFPA programme.

32. The third output will consist of promoting effective support for population and development initiatives from decision makers and opinion leaders. Strategies to achieve this output will include the improvement of knowledge on gender issues by making relevant information more readily available; the implementation of established institutional and legal mechanisms; the training of health agents in population and development; the dissemination and popularization of the family code and other texts concerning women; and multi-media presentations in different regions of the country.

33. The proposed programme does not include a specific advocacy subprogramme, but various advocacy interventions will be undertaken under the population and development strategies subprogramme. The strengthening of advocacy and IEC on population and development will focus on operationalizing the institutional frameworks for the national population policy and the national women's promotion policy; the effective application of the family code; greater enrolment of girls in school; the elimination of harmful practices against women; the increase of resources allocated to population activities; and a better integration of gender and other population and reproductive health issues into development policies, plans, programmes and projects. In addition, advocacy will be geared towards creating an enabling environment to implement the reproductive health and population and development strategies subprogrammes.

34. The Ministries of Planning and Communication will monitor the population and development strategies subprogramme in order to ensure appropriate coordination, improve results and better disseminate the results. The Ministry of the Interior will play a lead role in the planned census. In the area of gender, the Ministry of Social Affairs, Promotion of the Family and the Handicapped will monitor the dissemination of

/...

the family code, the training of women and the strengthening of microprojects for women's groups. The Ministry of Education will introduce and develop the curriculum on population issues. Given their extensive experience, NGOs will also figure prominently in the programme.

35. The population census will provide increased data on population, disaggregated by sex, which will aid in the development of follow-up tools and in the planning of future programmes. The census will also allow other partners to benefit from reliable programming tools and, through sectoral studies, to improve the quality of interventions.

36. In order to improve the management and coordination of population issues at the national and district levels, CONAPO will be supported with appropriate materials, seminars and workshops in order to build the capacity of its staff.

37. The reduction of harmful practices against women will be the subject of awareness-raising seminars for political and religious leaders, women, NGOs and community associations. In order to reach the greatest number of persons, activities will be developed in conjunction with the national media. UNFPA will cooperate with local groups in advocating a revision of the family code to integrate political decisions on the application of regulations on FGC.

Programme implementation, coordination, monitoring and evaluation

38. UNFPA will implement the proposed programme with \$4.5 million from its regular resources. Additional co-financing resources will be sought from various partners (the World Bank, the European Union and the Governments of China, France, Germany, Japan and Morocco) for specific activities such as the population census, prevention of HIV/AIDS, income-generating activities for women, education of girls, the improvement of women's sociocultural situation and the access of adolescents to reproductive health information and services.

39. The Government and UNFPA will work together for the planning, follow-up and evaluation of the proposed programme within the context of the country's strategic framework for poverty reduction and the UNDAF. The UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, will provide technical support. This technical assistance will include the training of national staff on UNFPA financial procedures, monitoring and regulatory systems.

40. Although human resources are limited, UNFPA will continue to encourage national implementation of the programme as a strategy for capacity-building. The Ministry of Economy, Planning and International Cooperation; the Ministry of Health and Population; the Ministry of Social Affairs, Promotion of the Family and the Handicapped; the Ministry of Youth and Sports; the Ministry of National Education; and the Ministry of Communication will execute the programme. The Ministry of Economy, Plan and International Cooperation and CONAPO will be responsible for overall coordination. NGOs will play an important role in implementing the reproductive health and gender portions of the programme and will participate in the national coordinating committee that will be established at the beginning of the programme. Coordination meetings with other agencies of the United Nations system will ensure a regular exchange of information.

41. The UNFPA office is composed of a Representative, an Assistant Representative, a programme assistant and support staff. National project personnel will be recruited to manage the subprogrammes. The Government will provide several national consultants and experts to help conduct operational activities.

42. The follow-up and evaluation of the programme will be done through quarterly and annual activity reports, the annual project review, annual subprogramme reviews, the midterm programme review, field visit reports and supervision visits, and an external evaluation at the end of the programme. Immediately after the formulation of the subprogrammes, a performance, monitoring and evaluation plan will be developed on the basis of selected indicators.

Recommendation

43. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Central African Republic, as presented above, in the amount of \$7 million for the period 2002-2006, \$4.5 million of which will be programmed from UNFPA regular resources to the extent such resources are available, with the balance to be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

* * * * *