



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
7 November 2022

Original: English

First regular session 2023

30 January to 3 February 2023, New York

Item 10 of the provisional agenda

UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Central African Republic

Proposed indicative UNFPA assistance:	\$42.8 million: \$7.3 million from regular resources and \$35.5 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

I. Programme rationale

1. The Central African Republic is a landlocked country marked by long-standing political and humanitarian crises due to recurrent inter-community tensions, frequently armed insurgencies and natural disasters. It has one of the lowest human development indexes (188 out of 191 countries)¹ and its fragility is exacerbated by recurrent armed conflicts. This situation has worsened since the post-electoral crisis of December 2020, despite the efforts toward peace, including the signature of the Political Agreement for Peace and Reconciliation.

2. With an average annual population growth rate of 2.5 per cent, the country's population is estimated at 5.7 million inhabitants in 2022 and will reach 6,3 million by 2028, based on the latest (2003) census projections. The population is young – 73 per cent are below 35 years of age – and 51 per cent of the population are women.

3. Conflicts, transhumance and seasonal floods have led to large internal and external displacements of people and deepened the vulnerability of adolescents, women, youth, people with disabilities, and those belonging to minority groups. More than half of the population (3.1 million) needs humanitarian assistance,² including 12,000 refugees and 580,000 internally displaced persons,³ with nearly 775,000 women of reproductive age who need critical life-saving sexual and reproductive health and gender-based violence-related services.

4. The absence of up-to-date, disaggregated sociodemographic data for evidence-based decision-making constitutes a challenge. The latest population census (the third) was conducted in 2003. The fourth census has been in preparation but never materialized. Current population data is generated through projections from the 2003 census for development programming and from joint needs assessments for humanitarian programming. Moreover, the weak civil registration and vital statistics system and its low coverage do not allow for the generation of reliable population data.

5. As reflected in the common country analysis, gender equality remains elusive in the Central African Republic, which is ranked 159 out of 162 countries with a gender inequality index of 0.680 in 2021. Women are underrepresented in decision-making bodies, including in the process of restoring peace, security and social cohesion. Existing legal frameworks to protect different vulnerable groups from human rights abuses are inadequately coordinated, implemented and monitored. Gender-based violence has increased in alarming proportions during the conflict which led to various human rights violations, including sexual exploitation and abuse. These constitute a significant part of the violations recorded, although they are underreported.

6. Progress on the three transformative results has been minimal. Despite the reduction of the maternal mortality ratio from 888 (2018) to 829 maternal deaths per 100,000 live births (2021), it remains among the highest in the world.⁴ Contributing factors include, inter-alia, lack of access and quality of services, which is linked to limited coverage, particularly in areas affected by the crisis. There are only 17 basic obstetrical and neonatal care facilities out of 53 needed,⁵ and almost all specialized doctors, obstetricians and surgeons who work in the field of reproductive health and 72 per cent of available midwives are concentrated in the capital, Bangui.⁶ This shortage became more drastic given the task-shifting for midwives to perform non-midwifery tasks in response to the COVID-19 pandemic. Skilled birth attendance is at 42.9 per cent, antenatal care at 52 per cent, postnatal consultations 58.6 per cent,⁷ and Caesarean section rates are at 1-2 per cent depending on districts.⁸ Low quality of care has led to fistula being a major concern and limited efforts have been exerted to address the problem. The maternal death surveillance and response system is weak and unable to provide timely reporting and response. Unsafe abortions are high (31.5 per cent), which contributes to maternal deaths, in particular among adolescent

¹ Human Development Report, 2021.

² Humanitarian response plan, 2022.

³ United Nations High Commissioner for Refugees, 2022.

⁴ Plan National de Développement Sanitaire (PNDS) III, 2022-2026.

⁵ Emergency obstetric and neonatal care survey, 2020.

⁶ Health resources and services availability monitoring system, and Service availability and readiness assessment, 2019 survey.

⁷ Multiple indicator cluster survey 6.

⁸ Emergency obstetric and neonatal care survey, 2020.

girls. Among girls ages 15-19, 31.5 per cent have already begun childbearing, despite the slight decrease in adolescent fertility (229 per 1,000 women ages 15-19 in 2010 to 184 in 2019).⁹

7. Access to family planning is challenging and contributes to an increased fertility rate and unintended pregnancies. The fertility rate increased from 5.1 children per woman in 2003 to 6.4 in 2019. Unmet need is 37.6 per cent for all women and 17.8 per cent among married women or in union. Modern contraceptive prevalence rate is 14.4 per cent while only 23.1 per cent of unmarried women or not in union have access to modern family planning methods.¹⁰ Concerning adolescents (ages 15-19), only 7.6 per cent have access to modern family planning, and unmet need is 44.7 per cent; 29.7 per cent of women ages 15-24 reported starting sexual intercourse before the age of 15, against 10.6 per cent of men. The lack of comprehensive sexuality education, social norms and the low level of education among women and girls affect the low demand on family planning services, while the gap in service delivery and frequent stock-outs of commodities impact negatively on access to family planning and ‘last mile’ delivery. This has been exacerbated by the COVID-19 crisis, when supply chains faced critical problems due to border closings, difficulties making required shipping, and a prolonged lead time owing to global stock-outs and logistics challenges.

8. Gender-based violence has increased to alarming proportions, with evidence from the gender-based violence information management system indicating that 11,717 gender-based violence cases were recorded in the second trimester of 2022, which is already more than the total reported in 2021 (11,592). The conflict-related sexual violence monitoring, analysis and reporting working group documented 587 cases of conflict-related sexual violence in 2021 – an increase of 235 per cent since 2020. Child marriage before the age of 15 is at 23.6 per cent for women and 5.2 per cent for men, and the female genital mutilation rate is 21.6 per cent.¹¹ Sexual exploitation and abuse rates are alarming; 55 per cent of survivors are women and 45 per cent children, of which 43 per cent are internally displaced persons. Gender-based violence is often a tolerated phenomenon fostered by persistent discriminatory sociocultural patterns: 38 per cent of women and 64 per cent of men ages 15-49 think it is justified for a husband to beat his wife.¹² Gender-based violence and harmful practices are rooted in existing social norms, reinforcing the patriarchy, undermining women’s role, and perpetuating the weak implementation of existing laws on women and girls’ protection.

9. In addition to adolescents and young people vulnerability to child marriage, early pregnancies and sexual violence, exposure to HIV/AIDS is also of major concern. HIV prevalence among young people (ages 15-24) is at 1.2 per cent (1.5 per cent among women against 1 per cent for men). Early sexuality and limited access to quality adolescent-friendly sexual and reproductive health information, commodities and services are the main contributing factors.

10. The country programme evaluation, 2021-2022, showed that the eighth country programme, 2018-2022, was aligned with national priorities, the Sustainable Development Goals (hereafter, the Goals), the International Conference on Population and Development (ICPD), the UNFPA strategic plan, 2022-2025, and the United Nations Development Assistance Framework (UNDAF). Key achievements include the contribution to the reduction of maternal mortality (the maternal mortality ratio decreased from 888 in 2018 to 829 in 2021), the increase in the number of new family planning users (8,712 in 2018 to 177,963 in 2021) and the effective gender-based violence programme, including adoption of the national gender-based violence strategy, the gender-based violence information management system, and the provision of psychosocial support to 80 per cent of gender-based violence survivors. Comprehensive sexually education recommends that the new country programme should focus on: (a) establishing sub-offices to reach those furthest behind; (b) improving coordinating of interventions and raising their visibility within the country; (c) focusing more on a resilience-building perspective in addition to delivering a humanitarian response through implementation of the humanitarian-development-peace continuum; (d) reducing the number of geographic areas of intervention based on high

⁹ Multiple indicator cluster survey 6.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

sexual and reproductive health needs to ensure effective outcomes and impact; (e) strengthening the national system to provide quality sexual and reproductive health and gender-based violence services; (f) collecting sociodemographic disaggregated data; (g) providing a holistic response to gender-based violence; and (8) increasing efforts for resource mobilization.

11. The key challenges of the programme include: (a) low technical and managerial capacities among governmental institutions and national non-governmental organizations (NGOs); (b) limited access to many geographical areas due to accessibility and security concerns; and (c) challenging domestic financing landscape, including low interest of donors in the country.

12. The key lessons learned from eighth country programme show that: (a) strong coordination of the gender-based violence subcluster and the gender-based violence information management system has strengthened UNFPA visibility; (b) systematic and regular spot-checks, including commodities, improved the achievement of programme results; (c) addressing the drivers of the three transformative results catalysed their improvement; (d) combining community and health facility-level interventions in a fragile context and applying the humanitarian-development-peace continuum approach is recommended; and (e) community-based components, leadership role and strategic priority-setting should create enhanced opportunities for partnerships with United Nations organizations and the United Nations Multidimensional Integrated Stabilization Mission in the Central Africa Republic (MINUSCA) in the areas of the three transformative results.

II. Programme priorities and partnerships

13. The development of this ninth country programme, 2023-2027, was consultative. It was developed in coordination with the Government and is aligned to the national priorities and the Government's vision. It is linked to the four strategic priorities of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027: peace (pillar 1), population (pillar 2), prosperity (pillar 3) and planet (pillar 4). It is fully aligned with UNFPA strategic plan, 2022-2025, and the three transformative results – ending preventable maternal deaths, ending unmet need for family planning, and ending gender-based violence and harmful practices – and it will contribute to the achievement of Goals 3, 5, 10, 13, 16 and 17, the ICPD Programme of Action, and ICPD+25 voluntary commitments.

14. The target population, key stakeholders and partners, including the Government, NGOs, youth, women and vulnerable populations, in addition to United Nations organizations, were consulted and engaged in the programme design to ensure national ownership and buy-in from the target populations and partners. These stakeholders will be involved at different stages of programme implementation, monitoring and evaluation to account for progress.

15. The overall goal of this new country programme is to improve the health, protection and resilience of women and youth in humanitarian, development and peacebuilding, particularly focused on those left behind and their inclusion in peacebuilding-related initiatives. The programme therefore aims to create an enabling policy environment that allows for women, youth, adolescent girls and those left behind to fulfil their sexual and reproductive health and rights in both development and humanitarian contexts.

16. The country programme will focus on supporting the Government to deliver four interconnected outputs aligned with the UNFPA strategic plan outcomes: policy and accountability; quality of care and services; gender and social norms; and population change and data. Since the population is young and the country is undergoing recurrent humanitarian crises, youth and humanitarian issues will be mainstreamed across the four outputs. Priority interventions to achieve these outputs are determined from selected acceleration pathways.

17. Based on the principles of universality, disability inclusion, human rights, gender equity, leaving no one behind and the resilience, adaptation and humanitarian-development-peace continuum, the new programme's interventions will focus on using humanitarian assistance as an entry point to strengthen progressively the national protection and health systems and the capacity of relevant stakeholders for an adequate and timely response to sexual and reproductive health and rights and gender-based violence needs, including conflict resilience.

18. To accelerate the achievement of the three transformative results and contribute to the acceleration of the 2030 Agenda for Sustainable Development, using a human rights-based approach and peacebuilding, the country programme will prioritise those furthest behind, particularly focusing on women, girls and youth in extreme poverty and insecurity, in humanitarian challenged areas, and by ensuring disability inclusion to ensure no one is left behind. The programme will support the engagement of youth and women for sustainable peace, security, stability and development to facilitate the disarmament, demobilization and reintegration process and implementation of the Security Council resolution 2250 on youth, peace and security and resolution 1325 on women, peace and security. Innovation and digitalization will be used to leverage technological advances in delivering sexual and reproductive health information and services; partnerships and South-South cooperation will enhance knowledge transfer and leverage skills and expertise for the attainment of the outputs; data and evidence will be used to inform sexual and reproductive health and gender-based violence programming; and resilience-building and the humanitarian-development-peace continuum will help to strengthen community resilience while investing in women's and youth empowerment. All five modes of engagement will be used: (a) advocacy and policy dialogue; (b) knowledge management; (c) South-South and triangular cooperation and partnerships; and (d) capacity-building and service delivery. To scale up and expand progress, the programme will continue to implement the African Union roadmap on harnessing the demographic dividend by investing in adolescent girls' education, economic empowerment, life skills, social protection, provision of maternal health care, family planning, HIV-prevention and gender-based violence prevention.

19. The programme will adopt a communication strategy using digital technology, including mobile apps and online platforms to promote social and behavioural change to increase demand for, access to, and use of services and information on maternal health (including obstetric fistula), family, gender-based violence, child marriage and harmful practices.

20. The programme will cover the central and regional levels, focusing on the capital, Bangui, and progressively covering five other prefectures (Nana-Mambéré, Ouaka, Ouham, Mbomou and Haute Kotto) with the worst sociodemographic indicators for maternal health, gender-based violence and family planning, on the one hand, and displaced populations, on the other hand. Over 50 per cent of the total population are targeted. The rest of the geographical areas will be covered from these six areas to address emerging humanitarian needs.

21. The programme will be implemented in collaboration with the Government, academia, the United Nations, the private sector and donors to strengthen access to social services, particularly for women and girls and their involvement in peacebuilding processes. UNFPA has been a trusted humanitarian and development partner in the country for 50 years. This close relationship with various stakeholders is seen as an important UNFPA comparative advantage that can be used to bridge the humanitarian and development divide and for strategic positioning within and outside the United Nations system through integrated interventions and joint programming with MINUSCA, UNDP, the United Nations Children's Fund (UNICEF), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP) for women's empowerment, prevention and response to gender-based violence and harmful practices; with UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank and the World Health Organization (WHO) to strengthen the health system and resilience to epidemics and to improve access to integrated sexual and reproductive health and gender-based violence in the context of universal health coverage; and with the International Organization for Migration (IOM), UNHCR and WFP for assistance to internally displaced persons, logistics support, refugees and returnees, especially women and youth. The partnership with NGOs will be strengthened for the promotion of family planning and strengthening the leadership and civic participation of youth. Partnerships with national stakeholders, including government and national human rights institutions, the World Bank, the African Development Bank and the United Nations Economic Commission for Africa to support the national statistics systems in producing, analysing and using disaggregated data for evidence-based planning and decision-making.

A. Output 1. By the end of 2027, sexual and reproductive health and rights, prevention and response to gender-based violence and harmful practices as well as youth participation and leadership in peace and social cohesion are integrated into relevant national laws, policies, development and accountability frameworks

22. The country programme will achieve this output by: (a) advocating for the integration of sexual and reproductive health, gender-based violence and youth issues in national policies and strategies, including for peace and social cohesion and emergency preparedness and response plans; (b) engaging human rights mechanisms to create an enabling rights-based legal and policy environment for women and girls' leadership and self-determination; (c) developing a strategic policy document on comprehensive sexuality education for in and out-of-school; (d) supporting effective implementation, monitoring and coordination of laws, policies and frameworks that promote gender equality and women's participation and empowerment; (e) advocating with the Government to increase domestic resources for sexual and reproductive health and rights, including family planning; (f) pursuing strategic partnership and financing arrangements through multisectoral collaboration, including with the private sector and through South-South and triangular cooperation; (g) advocating for the inclusion of comprehensive sexual and reproductive health and rights and gender-based violence in universal health coverage-related policies; (h) costing sexual and reproductive health, family planning and gender-based violence essential services package and designing cost-effective models of service delivery.

B. Output 2. The capacities of national institutions, communities and stakeholders are strengthened to provide high quality integrated sexual and reproductive health services and prevention and response to gender-based violence, including harmful practices, in particular for women and young people, including in the humanitarian context

23. The country programme will achieve this output by focusing on strengthening health and mobile support to reach other populations, particularly by: (a) establishing a network of priority maternity units to provide quality emergency obstetric and neonatal care and family planning services; (b) reviewing standard operating procedures and guidelines for sexual and reproductive health and gender-based violence to align them with international standards; (c) supporting capacity-building and deployment of midwives in priority maternity facilities to provide inclusive and quality integrated sexual and reproductive health care for all, particularly youth, adolescent girls and people with disabilities; (d) strengthening the maternal death surveillance and response system; (e) supporting the delivery of voluntary family planning services to the 'last mile' and strengthening resilient supply chains; (f) supporting sexual and reproductive health and rights and gender-based violence youth-friendly services, and promoting women and youth engagement in peace and security, including through the disarmament, demobilization and reintegration processes; (g) strengthening the promotion of alternative service delivery, such as mobile clinics and outreach interventions; (h) setting up one-stop centres to provide holistic and ethical quality response services to gender-based violence and harmful practices, as well as information on maternal health, voluntary family planning services and women's rights; (i) strengthening capacity of key stakeholders in sexual and gender-based violence prevention and response, including referrals to appropriate high-quality services; (j) strengthening the delivery of essential gender-based violence services, including in hard-to-reach areas, using innovative means such as safe spaces, a toll free line, and a community monitoring and early warning system; (k) strengthening the coordinated humanitarian response to increase prevention and response to sexual and gender-based violence and increase access to lifesaving sexual and reproductive health and rights services through women comprehensive spaces; (l) supporting the capacity of the Government and partners for contingency planning and humanitarian response and effective forecasting, procurement and delivery of sexual and reproductive health commodities (including last mile assurance) in line with the partnership and accountability compact signed in 2021 between the government and UNFPA; (m) supporting health facilities to provide comprehensive integrated sexual and reproductive health, HIV and gender-based violence services tailored to young people, including during crises; (n) supporting community-based interventions to provide family planning services, and the continuity of sexual and reproductive health during

humanitarian situations, including the use of cash programming and assistance to allow supplies to reach affected people in remote areas; (o) integrating the minimum initial service package for sexual and reproductive health during crises into the service delivery system of the Ministry of Health; (p) building the capacity of young people to participate in decision-making on sexual and reproductive health and rights, disarmament, demobilization and reintegration processes, conflict prevention and resolution, peace consolidation and strengthening social cohesion.

C. Output 3. National and community-based capacities are strengthened to address discriminatory social norms towards women and girls' empowerment and the prevention and response to gender-based violence and harmful traditional practices

24. The country programme will achieve this output by: (a) improving women's and girls' knowledge of life skills, attitudes and behaviours consistent with human rights and gender equality norms, including sexuality and reproduction, self-confidence and esteem to enhance their ability to adequately make informed decisions on sexual and reproductive health and gender-based violence issues, including during crises; (b) promoting men's engagement in system-wide community actions to promote positive roles; (c) building the capacity of gender-based violence survivors, women-led organizations, and men and youth platforms for the elimination of discriminatory sociocultural norms affecting the empowerment of women and girls; (d) integrating sexual and gender-based violence and gender equality principles into school and out-of-school programmes; (e) strengthening partnerships with academic and research institutions to collect evidence and analyse the root causes of existing negative social norms leading to gender-based violence and harmful practices, including child marriage; (f) promoting social and behaviour change strategic interventions with the involvement of relevant ministries, the media, influencers and artists to address harmful norms and practices and patriarchal culture; (g) strengthening national civil society organizations (CSOs) and government capacity to transform social and gender norms that impede decision-making for women and adolescent girls free of gender-based violence; (h) strengthening coordination and cooperation with the Government, United Nations organizations, other technical and financial partners involved in the fight against gender-based violence and harmful practices to address negative social norms in a holistic manner; and (i) improving the coordination of the gender-based violence subcluster in its core functions and its participation in the health and sexual and reproductive health cluster working group, in partnership with government counterparts and the humanitarian team.

D. Output 4. National and regional capacities are strengthened to produce, disseminate and use disaggregated sociodemographic data for developing, monitoring and evaluating policies and programmes, especially those related to sexual and reproductive health and reproductive rights, considering population dynamics, including in the humanitarian context.

25. The country programme will achieve this output by strengthening data systems and its resilience, particularly by: (a) supporting the Government in conducting the fourth general population and housing census and building the capacity of the national data system for the production, analysis and dissemination of disaggregated population data; (b) enhancing the civil registration and vital statistics system and advocating for the use of data and research for evidence-based programming and decision-making; (c) supporting national reviews, such as universal periodic reviews and voluntary national reviews, for monitoring and reporting on the Goals, and ICPD and other global commitments, and their use for policy dialogue; (c) supporting surveys and integrated data systems, and performing in-depth analyses on thematic issues related to sexual and reproductive health, gender-based violence, youth and vulnerability to identify population groups most left behind; (d) promoting the development and use of innovative integrated data management information systems, including digital systems, that address sexual and reproductive health, youth, gender-based violence and harmful practices; (e) strengthening the national capacity to set up an integrated database for evidence-based decision-making; (f) supporting rapid assessment, analyses of humanitarian needs, and common operational data on population dynamics.

III. Programme and risk management

26. The programme will be coordinated by the Ministry of Economy, Planning and International Cooperation in collaboration with the technical ministries that ensure sectoral coordination of the identified outputs, notably the Ministry of Health and Population, the Ministry of Family Promotion, Women's and Children's Protection, and the Ministry of Youth, Sports and Civil Education. The Government and UNFPA will ensure compliance with the results-based management approach, transparency and mutual accountability, security and protection of staff and the most vulnerable populations, including people with disabilities, particularly in conflict areas and in the face of the effects of the COVID-19 pandemic and global crises.

27. The organizational structure of the country office will be strengthened to ensure a link between advocacy and national capacity-building for the achievement of the ICPD Programme of Action and the three transformative results and to accelerate progress towards the 2030 Agenda and the Goals. To ensure monitoring and quality of implementation at the country level, UNFPA envisages redeployment of staff and/or UN-Volunteers in synergy with other United Nations organizations in the priority intervention areas. The programme will be implemented through its main office in Bangui and the advanced/decentralized posts foreseen in the framework of inter-agency collaboration. In addition, collaboration with the Ministry of Health and Population will be implemented to deploy midwives as mentors in critical areas of maternal mortality.

28. UNFPA will build on innovative models of experience-sharing and South-South cooperation and seek national and international technical expertise for programme implementation and support from the regional office. There was extensive analysis of resources required for the programme at the output level and the gap will be factored into resource mobilization efforts. In this perspective, resource mobilization will be emphasized to raise domestic funds, bilateral and multilateral partnership funding, as well as humanitarian funds for the realization of the national voluntary commitments of the ICPD, the three transformative results and its contributions within the framework of the UNSDCF.

29. The achievement of the programme's priority objectives could be compromised by four priority risk categories the United Nations country team has identified: (a) political and security instability linked to long-term socio-political conflicts and community violence, particularly those linked to gender-based violence and sexual violence, with extreme fragility due to the activities of armed groups; (b) extreme poverty due to the economic slowdown and external shocks marked by the COVID-19 pandemic; (c) the impact of the global financial crisis and the disengagement of some partners due to the adoption of Bitcoin as a currency in international trade; and (d) shocks related to climate change and adaptive and resilience capacities of communities. A risk management and mitigation plan for programme implementation includes: (a) improving national implementation by implementing partners and community-based organizations (CBOs) in hard-to-reach areas to ensure no one is left behind; (ii) effective risk anticipation through advanced positioning of midwives and the signing of long-term agreements and action plans with humanitarian NGOs to accelerate the response and continuity of the programme and their accountability; (c) direct strengthening of communities in the context of recovery and resilience; (d) greater synergy and collaboration/inter-agency complementarity; and (e) focus on resource mobilization and partnerships.

30. Considering the long-standing humanitarian situation in the country, the humanitarian-development-peace continuum will be developed to effectively support recovery conditions and ensure the resilience of communities, especially women, adolescent girls and youth, to ensure a sustainable recovery.

31. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

32. The country office will put in place, in collaboration with key national partners, an effective monitoring and evaluation mechanism in line with results-based management principles and the UNSDCF global monitoring and development system, 2023-2027. UNFPA will therefore contribute, with other United Nations organizations, to joint planning, resource mobilization and results monitoring activities of the UNSDCF and the humanitarian response, including the development of action plans, joint work, conduct of surveys and studies, including the strengthening of the national statistical system, the production of progress reports, the organization of joint monitoring missions and annual reviews, to assess the advancement of United Nations system commitments to the Government.

33. With regard to the harmonized approach to cash transfers (HACT), the country office will pool efforts with the other United Nations organizations to ensure quality assurance (audits, spot checks, etc.) within the framework of collaboration with implementing partners. This will take place with a view to minimizing the programmatic and operational risks identified during the micro-assessments through accompanying measures such as strengthening capacities in financial management and defining appropriate payment methods (depending on the case).

34. In terms of zero tolerance against sexual abuse and exploitation, the country office, through the leadership and the protection against sexual abuse and exploitation focal point, will ensure the commitment of all personnel, including implementing partners, to respect this rule of ethics.

35. The country office will develop a budgeted programme monitoring and evaluation plan to be implemented with implementing partners, under the coordination of the Ministry of Planning and Economy. This monitoring plan will include semi-annual and annual reviews, periodic joint monitoring missions, and collection of data in the field to inform progress towards the achievement of the targets and indicators, and feed the situation reports of the humanitarian response interventions.

36. This plan will be supported by a computerized system for monitoring programme indicators, considering any disaggregation, and will be fed by government partners, civil society and the various components of the programme.

37. The capacities of these different actors will be strengthened on UNFPA monitoring policies and procedures, as well as results-based management. A metadata notebook for the calculation of the indicators will also be appended to the plan. As the recommendations of the previous country programme evaluation contributed to setting the priorities of this programme, lessons drawn from a final evaluation will shed light on the next country programme.

38. Quality assurance of reports on funds received and the accountability to various donors will be a high priority in order to maintain a climate of trust necessary for strong the mobilization of financial resources.

RESULTS AND RESOURCES FRAMEWORK FOR CENTRAL AFRICAN REPUBLIC (2023-2027)

NATIONAL PRIORITY: Restore peace, security and reconciliation. Renew the social contract between the State and the population. Promote economic recovery and the revival of productive sector.				
UNSDCF OUTCOME(S): 1.1. By 2027, people in the Central African Republic live in an environment where mechanisms of peace consolidation, national reconciliation and governance are inclusive, accountable and effective. 4.2. By 2027, the resilience of the State and populations, especially women and girls, is strengthened through sustainable governance natural resources and the environment.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicators:</u> <ul style="list-style-type: none"> • Percentage of people who perceive that security has improved over the past 12 months <i>Baseline: 70.54% (2020); Target: 90 (2027)</i> • Existence of a national platform for disaster risk reduction and adaptation to climate change (PNRRC/ACC) <i>Baseline: 0 (2020); Target: 1 (2027)</i> • Availability of a national risk and disaster response strategy <i>Baseline: 0 (2020); Target: 1 (2027)</i> 	<u>Output 1:</u> Sexual and reproductive health and rights, prevention and response to gender-based violence and harmful practices as well as youth participation and leadership in peace and social cohesion are integrated into relevant national laws, policies, and development and accountability frameworks	<ul style="list-style-type: none"> • Number of national laws, policies, strategic documents and standards developed and endorsed with UNFPA support <i>Baseline: 5 (2022); Target: 15 (2027)</i> • Availability of an annual government budget line for the purchase of sexual and reproductive health products <i>Baseline: No (2022); Target: Yes (2027)</i> • National youth policy monitoring and evaluation and communication plan developed with UNFPA support <i>Baseline: No (2022); Target: Yes (2027)</i> • Number of reports with strategic recommendations on combating sexual and gender-based violence and harmful practices submitted to the head of state with UNFPA support <i>Baseline: 0 (2022); Target: 5 (2027)</i> 	Office of the President; National Assembly; Ministry of Women's Promotion; Ministry of Justice; Ministry of Health and Ministry of Population; Ministry of Youth; Ministry of Humanitarian Action; Ministry of Finance; Ministry of Planning and International Cooperation; United Nations organizations; MINUSCA; the World Bank, technical and financial partners; Faculty of Public Health, NGOs (International Medical Corps, International Rescue Committee, Médecins Sans Frontières, Doctors of the World, Africa Relief and Assistance, CORDAID, Alliance for International Medical Action, Première Urgence Internationale, Handicap International, Medecins d'Afrique)	\$3.9 million (\$0.6 million from regular resources and \$3.3 million from other resources)
NATIONAL PRIORITY: 2. Renew the social contract between the State and the population; 3. Promote economic recovery and the revival of productive sectors.				
UNSDCF OUTCOME: 2.1. By 2027, people in the Central African Republic, including women, children, youth and other vulnerable groups, have inclusive, equal, equitable and sustainable access to and use of quality and affordable education, health, nutrition, food security, water, sanitation and hygiene (WASH) and social protection services. 4.2. By 2027, the resilience of the State and populations, especially women/girls, is strengthened through the sustainable governance of natural resources and the environment.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF/UNFPA strategic plan outcome indicators:</u> <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline: 829 (2022); Target: 617 (2027)</i> 	<u>Output 2:</u> The capacities of national institutions, communities and stakeholders are strengthened to provide	<ul style="list-style-type: none"> • Percentage of health partners with the capacity to implement the minimum initial service package <i>Baseline: 35% (2021); Target: 100% (2027)</i> • Number of women and girls that benefitted from obstetric fistula repair <i>Baseline: 512 (2021); Target: 1012 (2027)</i> 	Ministry of Humanitarian Action; Ministry of Health and Population; Ministry of Finance; Ministry of Planning and International Cooperation; Ministry of Women's Promotion; Ministry of Youth; Ministry of Justice; United Nations organizations; MINUSCA; the World Bank,	\$19.5 million (\$3.3 million from regular resources and \$16.2 million from

<ul style="list-style-type: none"> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 76.8% (2021); Target: 77.2% (2025)</i> Availability of a national risk and disaster response strategy <i>Baseline: 0 (2020); Target: 1 (2027)</i> 	<p>high quality integrated sexual and reproductive health services and prevention and response to gender-based violence, including harmful practices, in particular for women and young people including in the humanitarian context.</p>	<ul style="list-style-type: none"> Proportion of rape survivors who received medical care within 72 hours from supported structures <i>Baseline: 0 (2022); Target: 75% (2027)</i> Number of midwives and birth attendants receiving training on maternal health and family planning services <i>Baseline: 45 (2021); Target: 545 (2027)</i> Number of women, adolescents and youth benefited from sexual and gender-based violence and sexual and reproductive health life-saving interventions in humanitarian settings <i>Baseline: 36479 (2021); Target: 186,479 (2027))</i> 	<p>technical and financial partners; national NGOs (Action pour la Population et le Développement Durable, URU, Conseil National de la Jeunesse Centrafricaine (CNJCA), Cercle de Réflexion et d'Echange Permanent des Etudiantes et Elèves (CREPEE), African Youth and Adolescents Network (AfriYAN)); International NGOs: CORDAID</p>	<p>other resources)</p>
<p>NATIONAL PRIORITY: Restore peace, security and reconciliation. Renew the social contract between the State and the population. Promote economic recovery and the revival of productive sectors.</p>				
<p>UNSDCF OUTCOME 1.1. By 2027, people in the Central African Republic live in an environment where mechanisms of peace consolidation, national reconciliation, and governance are inclusive, accountable and effective. 2.2. By 2027, people in the Central African Republic, including women, children, youth and other vulnerable groups, enjoy their civil, economic, political, social and cultural rights; are protected from all forms of violence, exploitation, and discrimination, including those based on gender, in an enabling environment for gender equality. 3.2. By 2027, people in the Central African Republic, including women, youth, refugees, returnees, internally displaced persons, and all other vulnerable groups, have equitable and sustainable access to economic opportunities that create decent jobs through innovation, digitalization and female and rural entrepreneurship. 4.2. By 2027, the resilience of the State and populations, especially women and girls, is strengthened through sustainable governance natural resources and the environment.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> Percentage of people who perceive that security has improved over the past 12 months <i>Baseline: 70.54% (2020); Target: 90% (2027)</i> Availability of a national risk and disaster response strategy <i>Baseline: 0 (2020); Target: 1 (2027)</i> 	<p>Output 3: National and community-based capacities are strengthened to address discriminatory social norms towards women and girls' empowerment and prevention and response to gender-based violence and traditional harmful practices.</p>	<ul style="list-style-type: none"> Number of women, men, girls and boys reached through community-based programmes to promote gender-equitable norms, attitudes and behaviours, including those related to sexuality and reproduction of women and girls <i>Baseline: 227,442 (2021); Target: 377,442 (2027)</i> Number of prefectural coordination bodies set up and functional to fight against gender-based violence and traditional practices <i>Baseline: 7 (2021); Target:12 (2027)</i> Number of health/law enforcement/social service providers trained on sexual and gender-based violence response <i>Baseline: 60 (2022), Target: 200 (2027)</i> 	<p>Ministry of Women's Promotion; Ministry of Justice; Ministry of Youth; Ministry of Health and Population; Ministry of National Defence; Ministry of the Interior; Ministry of Communication; Ministry of Territory Administration; Ministry of Labour; Institute of Statistics; United Nations organizations; MINUSCA, the World Bank, technical and financial partners; NGOs (Association des Femmes Juriste de Centrafrique, The Man from Galilee, Union des Soeurs des Eglises Evangeliques des Freres (USEEF) Martyr City, Organisation Nationale des Femmes Musulmane (ONFM); and international NGOs: Children Life in Rural Area (CLIRA), Afrique Secours Assistance (ASA), International Medical Corps (IMC), Medecin d'Afrique (MDA), ASDBA, Coalition des Femmes pour la Paix et la Reconciliation en Centrafrique (CFPRCA), Olivier l'Homme de Galilee pour le Developpement Social (OHG-DS)-Central African Republic)</p>	<p>\$10.1 million (\$1.7 million from regular resources and \$8.4 million from other resources)</p>

NATIONAL PRIORITY: 3. Promote economic recovery and the revival of productive sectors.				
UNSDCF OUTCOME 3.2. By 2027, people in the Central African Republic, including women, youth, refugees, returnees, internally displaced persons and all other vulnerable groups, have equitable and sustainable access to economic opportunities that create decent jobs through innovation, digitalization and female and rural entrepreneurship.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicators: <ul style="list-style-type: none"> Underemployment rate <i>Baseline: Youth 45% (2020); Target: Youth 35% (2027)</i> 	Output 4: National and regional capacities are strengthened to produce, disseminate and use disaggregated sociodemographic data for developing, monitoring and evaluating policies and programmes, especially those related to sexual and reproductive health and reproductive rights considering the population dynamics, including in the humanitarian context.	<ul style="list-style-type: none"> Number of surveys/census/studies supported by UNFPA (emergency obstetrics and neonatal care, multiple indicator cluster survey 6, gender-based violence, family planning, demographic dividend) <i>Baseline: 3 (2022); Target: 8 (2027)</i> Number of national institutions supported in the production and use of disaggregated sociodemographic data <i>Baseline: 1 (2022); Target: 15 (2027)</i> Number of civil registration centres supported on civil registration and analysis <i>Baseline: 0 (2022); Target: 20 (2027)</i> Number of ICPD+25 voluntary national commitments implemented <i>Baseline: 2 (2022); Target: 6 (2027)</i> Number of organizations using the gender-based violence information management system to report gender-based violence cases <i>Baseline: 17 (2022); Target: 30 (2027)</i> 	All ministries members of the National Council on Statistics; Institute of Statistics; University of Bangui; Institut de Formation et de Recherches Demographiques (IFORD); national NGOs (Association Centrafricaine pour le Bien-Etre Familial (ACABEF), Action pour la Population et le Developpement Durable (APSUD)); United Nations organizations; technical and financial partners: MINUSCA, the World Bank, African Development Bank, the European Union, Economic Commission for Africa, French Development Agency, Central African Monetary and Economic Commission, the Africa Union	\$8.7 million (\$1.1 million from regular resources and \$7.6 million from other resources) Programme coordination and assistance: \$0.6 million from regular resources