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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for the Dominican Republic

Proposed indicative UNFPA assistance:	\$6.8 million: \$3.4 million from regular resources and \$3.4 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Seventh
Category:	Tier II
Alignment with the UNSDCF cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

I. Programme rationale

1. The Dominican Republic is an upper-middle-income country which ranks 80 on the human development index in 2021, with a measure of 0.767.¹ The country has enjoyed political and macroeconomic stability in recent years; however, poverty and inequality remain a challenge. The Gini coefficient is 39.6 and multidimensional poverty is widespread. The country was hit hard by the coronavirus (COVID-19) pandemic, with gross domestic product (GDP) falling by 6.7 per cent in 2020 to \$7,268 per capita. Massive job losses were recorded, affecting primarily women and low wage earners. The redistributive capacity to address socioeconomic inequalities is limited with a tax base of only 13.3 per cent of GDP in 2019.

2. The ability of the country to achieve the Sustainable Development Goals (hereafter, the Goals) is affected by global megatrends such as climate change and demographic shifts, including population ageing and migration. The population of the Dominican Republic was estimated at 10.8 million in 2020, with 82.5 per cent living in urban areas. Although still a relatively young country, with 26.5 per cent aged 10-24 years in 2020, decreasing fertility rates are leading to population ageing, and by 2050 over 16 per cent of the population will be 65 years or older. Lower dependency ratios are projected to last until 2045. With appropriate investments in human capital formation, focusing on young people, and social support structures to reduce inequalities, the country could reap the benefits of this demographic window of opportunity.

3. The Dominican Republic is both a country of emigration and immigration. In 2019, emigrants numbered 1.56 million people, or 15.1 per cent of the current population. Three out of four emigrants live in the United States. Immigrants account for approximately 5.4 per cent of the total population. About 87 per cent arrived from neighbouring Haiti. These immigrants, often undocumented, and lacking access to basic services for themselves and their children, represent one of the most vulnerable population groups in the country.

4. The country regularly experiences humanitarian emergencies caused by tropical storms and hurricanes. Climate change is expected to cause extended periods of drought and increased intensity and frequency of storms and hurricanes. The Government has a humanitarian response structure, coordinated by the Civil Protection Service, but risk-mitigation and resilience strategies with sexual and reproductive health and gender-based violence focus have yet to be developed and implemented.

5. Public health spending represented only 2.4 per cent of GDP in 2020, leading to inequalities in access to maternal health and family planning, among others. While this increased to 3.5 per cent in 2021, this was primarily due to the COVID-19 crisis. Despite nearly universal access to antenatal care and 99 per cent of institutional births, the maternal mortality ratio of 107 per 100,000 live births (2018), significantly above the regional average of 67 per 100,000 live births, and inconsistent with the upper-middle-income country status. Recent data indicate that the maternal mortality ratio increased to 126 in 2020 and 169 in 2021 due to the COVID-19 crisis.

6. An estimated 91 per cent of maternal deaths occur in health facilities, 77 per cent of them in public hospitals, where women from the poorest quintiles receive medical assistance. Excluding the impact of the COVID-19 pandemic, the main causes of maternal deaths are hypertension (32 per cent), haemorrhage (11 per cent), sepsis (10 per cent), and unsafe abortion (8 per cent), thus pointing to the need to improve quality of care and compliance with human rights-based standards and protocols. HIV and AIDS-related deaths, although down from 12 per cent in 2000, still accounted for 2.5 per cent of maternal deaths in 2017. The capacity to respond at the primary health-care level is low, which causes overburdening of specialized levels of care. In addition, the Dominican Republic presents one of the highest Caesarean section rates in the region (58 per cent); an indication of an over-medicalized maternal care system.

7. Most maternal deaths occur among women from social sectors with higher vulnerabilities, caused by high income and education inequalities, geographical residence, age, ethnicity, migratory status, or disability condition. Some studies have found that many Haitian women come

¹ UNDP, *Human Development Report*, 2021/2022.

to give birth in public hospitals in the Dominican Republic, with many arriving with obstetric complications, without proper antenatal care and/or in poor nutritional conditions.

8. The obstacles to reducing maternal mortality and morbidity in the Dominican Republic are manifold. These include the need to: update legal and normative frameworks to improve quality care; establish a human rights-based accountability mechanism, including timely maternal mortality surveillance and response, to ensure adherence to clinical protocols; and expand the health workforce with midwifery competencies in primary health care to ensure respectful maternity care.

9. Unmet need for family planning remains a challenge, particularly among adolescents and young women. Although the country does have a normative framework for family planning, it does not have a comprehensive sexual and reproductive health law that clearly stipulates the right to access modern contraceptives and responsibility of service providers. The modern contraceptive prevalence rate was 69 per cent in 2020; however, satisfied demand for modern contraceptive methods among adolescent girls aged 15-19 years is only 54.5 per cent, and 60.6 per cent for women aged 20-24. The COVID-19 pandemic led to a 2 per cent decrease in contraceptive prevalence, equivalent to a 20-year setback in the country's achievements, due to shortages in the public sector and lower out-of-pocket expenses in pharmacies.

10. Public coverage is low and supply of modern contraceptives in public health centres is uneven. The health system does not generate disaggregated data on demand, access and effective use of contraceptives, complicating its ability to complete the last mile and reach end users in the communities. This, combined with resistance among service providers to provide adolescents and young single women with contraceptives, implies that poorer adolescents and young women face lower satisfied demand. In addition, the distribution and prevalence of modern contraceptive methods is characterised by high dependency on voluntary female sterilization (30.5 per cent) and low use of long-acting reversible contraceptives (2.8 per cent of intrauterine devices and 2.5 per cent subdermal implants), which are particularly in demand by sexually active adolescents and young adult women, but hard to access.

11. Approximately 48 per cent of all pregnancies, and 70 per cent of adolescent pregnancies, are unplanned. The adolescent fertility rate in the Dominican Republic is one of the highest in the region, namely 94.3 live births per 1,000 girls aged 15-19 years and 1.7 live births per 1,000 girls aged 10-14 years for 2015-2020. The regional average is 60 per 1,000 girls aged 15-19 years. One in five maternal deaths occur among adolescents and the risk of a teenager of the poorest quintile becoming pregnant is four times higher. Twenty-seven per cent of pregnant adolescent girls leave school. A 2019 UNFPA study estimated that adolescent pregnancy costs the country \$245 million each year.

12. While the law on the protection of children and adolescents recognizes the right to sexual and reproductive health information and education, 68 per cent of students do not receive any form of sexuality education in school. Twenty per cent of young women aged 20-24 years were mothers before age 18 and 50 per cent of adolescents in the poorest quintile are mothers, pregnant, or are in union. Only 11 per cent of these girls knew how to get pregnant and 91 per cent did not get pregnant intentionally.

13. Gender and social norms, myths, taboos and misinformation, especially when it concerns adolescents or young single women, are also challenges to achieving universal access to sexual and reproductive health, including family planning, and gender equality. Stigma and discrimination are important barriers to achieving effective coverage of health services, including contraception, for persons with disabilities, or persons living with HIV. This is compounded for migrants, and especially Haitian migrants, where language is also identified as an important barrier to accessing health services.

14. The gender inequality index for the Dominican Republic stood at 0.429 in 2021, ranking 106 out of 191 countries (2021).² Low political and economic participation constitute the main contributing factors. The country ranks among the highest in early unions in the region, with 9 per cent of women aged 20-24 years married or in union before reaching age 15, and 32 per cent

² UNDP, *Human Development Report*, 2020.

before age 18, with most of them already being mothers, while the figures for the region are 5 per cent and 25 per cent, respectively. Additionally, 18 per cent of women aged 15-19 years reported having sexual partners at least 10 years older.

15. Survey data show that 69 per cent of women aged 15 years or older responded having experienced some form of gender-based violence throughout their lives. Ninety-four per cent of these women did not report the violence they were subject to. The Dominican Republic is in second place in the region with respect to femicide rates. During the COVID-19 pandemic, existing gender inequalities were exacerbated. While quantitative data are scarce, studies suggest that women living in poverty are more vulnerable to gender-based violence. Additional intersectional ties along the lines of migratory status, disability, sexual orientation and gender identity, age and race/ethnicity further increase this vulnerability. Survivors of violence with disability face additional barriers, including discriminatory attitudes and limited understanding and training of personnel.

16. Despite these challenges, advances have been made in law and policy, such as the policy for the prevention of teenage pregnancy and early unions and the law prohibiting child marriage, both with the support of UNFPA. In addition, a strategic plan for a life free of violence against women was prepared, together with a new draft comprehensive law on violence against women, currently pending approval. The Government established two inter-institutional coordination mechanisms in 2021; one for the protection of children and adolescents, and another on violence against women and girls. These mechanisms also intend to strengthen early-warning capabilities, standardize definitions and instruments, and ensure data comparison and cross-sectoral analysis.

17. The national statistical system has advanced in using modern data capturing technologies, and an open data policy is pursued, increasing the potential use of data for informing policies, plans and programmes. However, challenges remain with respect to the legal framework, coordination of the multiple producers of sociodemographic data, and the quality and accuracy of administrative records. The national housing and population census of 2022 is expected to generate a wealth of timely disaggregated and georeferenced data and provide the new statistical sample framework for the country. This combined with enhanced population data registry systems would greatly strengthen the statistical system. This would also increase the ability of the country to report on progress towards the 2030 Agenda for Sustainable Development and the Montevideo Consensus on Population and Development.

18. The above-mentioned challenges are consistent with those outlined in the common country analysis, which identified: (a) gaps in coverage, quality and access to basic services, including sexual and reproductive health services; (b) gender inequality across the life cycle and in all areas of sustainable development; (c) structural violence against women, adolescents and girls, including femicide and early unions; and (d) social and institutional norms that discriminate, stigmatize and marginalize populations. In addition, the country programme faces an external financing challenge for the ICPD Programme of Action. The United Nations Sustainable Development Cooperation Framework (UNSDCF), 2023-2027, aims to strengthen an inclusive and equitable society, leaving no one behind, where all people enjoy equal rights and opportunities. It establishes four priority areas: (a) equality and social inclusion; (b) inclusive growth and shared prosperity; (c) climate change, risks and environmental sustainability; and (d) human rights, civic security and efficient and transparent institutions.

19. Lessons learned from evaluations under previous programme cycles have guided the formulation of this programme. The 2021 thematic evaluation on reducing adolescent pregnancy provided recommendations to UNFPA on its key role in finding innovative approaches for the prevention of adolescent pregnancy, the promotion of comprehensive sexuality education in and out-of-school, and the need to prioritize specific municipalities. Diversified partnership strategies, including public, private and civil society organizations (CSO), and inter-agency cooperation helped ensure greater reach, effectiveness and sustainability in programme delivery. UNFPA is recognized for its evidence-based communications and advocacy strategies to position population and development issues in the public agenda. It has demonstrated its expertise in data for development, including supporting preparations for the 2022 national housing and population census, adoption of georeferencing technologies, and implementation of large-scale immigration

surveys. UNFPA is well-known as a key actor in sexual and reproductive health and rights, and for having enhanced the capacity and quality of client-centred care. UNFPA has played an active role in improving gender equality, including supporting initiatives to prevent and address gender-based violence. Lessons learned from the COVID-19 pandemic include: the need to strengthen national protocols and technical assistance to keep sexual and reproductive health and gender-based violence services functioning in emergency situations; and the potential continued use of remote work and videoconferencing enabling greater sustainability and reach to underserved communities. Finally, UNFPA has demonstrated commitment to leaving no one behind, including through initiatives focused on persons with disabilities, and migrant populations.

II. Programme priorities and partnerships

20. The programme was developed in consultation with the Government, United Nations organizations, CSOs and other key stakeholders. It will contribute to government efforts to address the above-mentioned development challenges, recovering the gains lost due to the coronavirus pandemic, and accelerating progress towards the three transformative results. It responds to the major national planning instruments, aligned to the 2030 Agenda, such as the National Development Strategy, 2012-2030, and the multi-year public sector plan, 2020-2024, which governs annual budget allocations, and is aligned to the UNSDCF, 2023-2027. The Government renewed its support to the International Conference on Population and Development (ICPD) Programme of Action through the 2013 Montevideo Consensus and the 2019 Nairobi ICPD+25 Summit in which eleven voluntary national commitments were made, on issues such as universal access to contraception, reduction of maternal mortality, adolescent pregnancies and abortion in unsafe conditions, gender-based violence policies, plans and programmes, all of which have been prioritized in this programme.

21. The vision for the seventh country programme, 2023-2027, is to accelerate progress towards the achievement the 2030 Agenda, including the three transformative results, for an inclusive society, with equal rights and opportunities, where adolescents, youth and women enjoy universal access to quality sexual and reproductive health information and services and integrated responses to gender-based violence. The focus will be on the prevention of adolescent pregnancy as a key entry point to address the high levels of maternal mortality, unmet need for contraceptives, and gender-based violence that particularly affect adolescents and young women. This is expected to lead to a reduction of maternal mortality and morbidity, adolescent fertility, and early unions.

22. In realizing this vision, the programme will be implemented through four interconnected outputs: (a) policy and accountability to strengthen sexual and reproductive health and gender-based violence-related legal and normative frameworks; (b) quality of care and services to enhance the quality and accessibility of sexual and reproductive health and gender-based violence services, particularly for adolescents; (c) gender and social norms change, including working on masculinities, to address gender inequalities; and (d) population change and data, to ensure disaggregated and georeferenced data and information to guide advocacy efforts, policy formulation, programming and budgeting. Participation and empowerment of adolescents and youth, and humanitarian action will be mainstreamed across these four prioritized outputs.

23. UNFPA will primarily focus on advocacy and policy dialogue, capacity development to strengthen delivery of high-quality sustainable sexual and reproductive health and gender-based violence services, and coordination and partnerships to strengthen multisectoral and inter-institutional coordination. By mainstreaming resilience, prevention, preparedness, and early action, the programme emphasizes the complementarity between humanitarian and development interventions.

24. The country programme will be implemented at both the national level and in the twenty priority municipalities identified under the national policy on early unions and teen pregnancies. In line with the institutional capacities of the country, national priorities and evaluation recommendations, the programme will be anchored on four accelerators: (a) human rights-based and gender-transformative approaches, by promoting human rights accountability; (b) partnerships, South-South and triangular cooperation, and domestic financing for the three

transformative results; (c) data and evidence, as a key foundation for advocacy and policy dialogue; and (d) leave no one behind and reaching the furthest behind, applying an intersectional perspective. The programme focuses on the most disadvantaged population groups, namely women and adolescents, migrants, persons with disabilities, older persons, and members of the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) community.

A. Output 1. Strengthened national capacities for the integration of sexual and reproductive health and rights and the prevention of and response to gender-based violence and early unions, into relevant laws, policies, plans and accountability frameworks, including in humanitarian settings.

25. This output, aligned with UNFPA Strategic Plan, 2022-2027, output 1, contributes to outcome 5 of the UNSDCF, related to the rule of law, transparent institutions and human rights. Recommendations from international human rights institutions on sexual and reproductive health and rights and gender-based violence will be used to bring the human rights focus, including the right to choose, into public health policies and programmes. UNFPA, together with its other United Nations system partners, such as the Pan American Health Organization (PAHO) and the World Health Organization (WHO), UNDP and the United Nations Children's Fund (UNICEF), and national institutions, will leverage wide-ranging partnerships with the Congress, CSOs, and other international development partners, for advocacy and policy dialogue to strengthen domestic financing of primary health care, focusing on sexual and reproductive health, maternal health and gender-based violence prevention, to achieve this output.

26. Key interventions include: (a) evidence-based advocacy to: (i) ensure that strengthening primary health care, focusing on sexual and reproductive health and maternal care, will be central to the national health sector reform, and that comprehensive sexual and reproductive health and rights and prevention of and protection from gender-based violence are integrated into territorial development plans, and social protection schemes; (ii) make the reduction of maternal mortality and morbidity a national priority; (iii) promote the discussion on the classification of femicides and the approval of the comprehensive law on gender-based violence; (iv) promote the inclusion of those furthest behind in social policies and programmes, focusing on the 20 prioritized municipalities; (v) ensure the integration of sexual and reproductive health in the 10-year national health plan; and (vi) promote compliance of the inclusion of contraceptives in the lists of essential medical supplies as established in the basic health plan; (b) advocacy and technical support to strengthen midwifery education, regulation, association, workforce, and service provision, as per the UNFPA global midwifery strategy; (c) technical assistance for the operationalisation of the: (i) national policy for the prevention and reduction of adolescent pregnancies and early unions; (ii) national youth plan; (iii) strategic plan for a life free of violence against women; and (iv) national plan for gender equity and equality; and (d) technical assistance for the integration of sexual and reproductive health and gender-based violence into humanitarian response and risk-mitigation policies and plans.

B. Output 2. Strengthened capacity of health and social protection systems, institutions and communities to provide equitable, high-quality, comprehensive sexual and reproductive health information and services, as well as essential services to address gender-based violence and early unions, particularly for those furthest behind, including in humanitarian settings.

27. This output, aligned with strategic plan output 2, directly contributes to UNSDCF outcome 2 on universal, inclusive, and resilient access to quality goods and services without discrimination, especially output 2.2 related to universal access to health care, including sexual and reproductive health and rights. It focuses on improving institutional and professional capacities, adherence to normative standards of care, and community participation in the provision of high-quality sexual and reproductive health and gender-based violence information and services. This will impact the three transformative results by contributing to reduce maternal mortality, increase access to contraceptives, reduce adolescent fertility and improve prevention of gender-based violence and early unions. UNFPA will work closely with the Ministry of Health, Ministry of Women, Ministry of Youth, and Ministry of Internal Affairs, as well as the National Health Service and National Police, among others. Partnerships will be pursued with other United Nations organizations, CSOs, professional associations, academia, the private sector and other international development

organizations. The UNFPA Youth Advisory Panel will also be involved in relevant initiatives under this output.

28. Key interventions include: (a) advocacy and technical support to: (i) strengthen pre-service and in-service training of sexual and reproductive health-care providers to enhance comprehensive quality sexual and reproductive health service provision, emergency obstetric and neonatal care and HIV/sexually transmitted infections prevention, including in humanitarian contexts; (ii) improve the competencies of health-care providers to provide sexual and reproductive health counselling for adolescents; (iii) promote respectful maternity care throughout the health system, particularly for the most vulnerable women and adolescents; (iv) improve the provision of community-level sexual and reproductive health services in border areas, in coordination with the Ministry of Health and community leaders; (v) strengthen the national maternal mortality surveillance and response system; (b) promote and support the creation of an independent national human rights accountability mechanism to periodically assess maternal mortality and make recommendations; (c) advocate for and engage in policy dialogue to ensure universal access to contraceptives, including long-acting reversible contraceptives and emergency contraception, and counselling, particularly for adolescent girls; (d) provide technical support to strengthen the contraceptive logistics information system in the national public health service; (e) advocate for and provide technical support to: (i) implement and scale up effective community-based distribution models focused on adolescents and youth, in particular in the 20 prioritized municipalities; (ii) adapt and implement evidence-based norms and guidelines for the provision of survivor-centred multisectoral gender-based violence prevention and response, including for women with disabilities; (iii) strengthen institutional capacities in the implementation of the minimum initial service package and the essential services package for women and girls subject to violence; (iv) scale up the provision of survivor-centred multisectoral gender-based violence prevention and response services and improve multisectoral coordination and standardization..

C. Output 3. Strengthened mechanisms and capacities of actors and institutions to eliminate social norms that underpin gender and intersectional discrimination to advance sexual and reproductive health and reproductive rights, gender equality and women's decision-making.

29. This output, aligned with strategic plan output 3, contributes to UNSDCF outcome 5 on the comprehensive protection of human rights and access to environments free from violence and discrimination. It will emphasize intervention models that promote positive social norms, based on the social, economic and cultural determinants of adolescent pregnancy, early unions and gender-based violence. This includes raising the awareness of adolescents and youth of their bodily autonomy and integrity. This is expected to increase demand for modern contraceptives, lower teenage pregnancy and unsafe abortions, and reduce maternal and neonatal morbidity and mortality among adolescents and young women, as well as school desertion rates. UNFPA will leverage wide-ranging partnerships, actively involving its Youth Advisory Panel, to address these discriminatory gender and social norms, strengthening youth leadership and participation, and building human capital.

30. Key interventions include: (a) advocacy and technical assistance to implement intervention models that address discriminatory gender and social norms and practices, and promote positive social norm change at the individual, community and institutional levels, such as: (i) expansion of the girls clubs model in the 20 prioritized municipalities, to raise awareness of their bodily autonomy and address power relations, to prevent early unions and teen pregnancies; and (ii) initiatives focused on the development of positive masculinities; (b) promotion of qualitative research on the cultural and social barriers to the prevention and reduction of teenage pregnancy and early unions; (c) technical support to: (i) implement an in and out-of-school comprehensive sexuality education programme in the 20 prioritized municipalities; (ii) document this experience to support evidence-based advocacy and promote further scaling-up; (d) advocacy for increased investment in youth and promotion of youth leadership, empowerment and participation in decision-making; and (e) promotion of the design of innovative solutions by young people to advance awareness of sexual and reproductive health and rights, teen dating violence, bodily autonomy, gender-based violence prevention and response.

D. Output 4. Strengthened data systems that ensure availability and accessibility of fully disaggregated data and evidence that take into account population changes and regional megatrends (including demographic dividend, ageing, human mobility, and climate change)

31. This output, aligned with strategic plan output 4, contributes to the three strategic plan outcomes and UNSDCF outcome 3. The output will promote well-functioning georeferenced sociodemographic data systems, enabling the identification of population groups at risk of being left behind, including in the areas of sexual and reproductive health and rights and gender-based violence, allowing for better targeting of development policies and programmes. UNFPA will work closely with relevant government institutions, in particular the National Statistics Office (NSO), the Ministry of Health, and the National Health Service. It will do so in close collaboration with other United Nations organizations, such as UNDP, UNICEF, the United Nations High Commissioner for Refugees (UNHCR) and WHO/PAHO, and strengthen partnerships with other international development partners, such as the European Union, as well as through South-South cooperation.

32. Key interventions include: (a) technical assistance to the NSO to: (i) conduct the national housing and population census, including data analysis, generation of thematic reports and (sub)national population projections; and (ii) implement the third national immigration survey in 2023 and subsequent evaluation, analysis and reporting; (b) international experience-sharing and generating increased awareness of the importance of incorporating population dynamics in public policies, programmes and planning processes to better: (i) address the needs of specific population groups, such as adolescents and youth, older persons, persons with disabilities and migrants; (ii) understand the impact of megatrends, linking questions of climate change, demographic change, and inequalities to other frameworks for social and economic development and human rights; and (c) advocacy and technical support to: (i) strengthen national administrative population data registers and systems; (ii) increase capacities in sociodemographic analysis to strengthen reporting on the 2030 Agenda, the Montevideo Consensus and ICPD+25 Nairobi Summit voluntary national commitments; (iii) carry out vulnerability risk scenario analysis in humanitarian situations; (iv) strengthen the design and integration of a safe, ethical and interoperable gender-based violence incident monitoring and case management information system; and (v) carry out socioeconomic costing and/or investment analysis for family planning, gender-based violence, teenage pregnancy and early unions.

III. Programme and risk management

33. The programme will be implemented through various partners, including governmental and non-governmental organizations, and other stakeholders, facilitating participatory joint planning, implementation and monitoring of work plans with key partners. UNFPA will participate in the implementation of the United Nations business operations strategy and the harmonized approach to cash transfers, where feasible. UNFPA will engage in inter-agency working groups and pursue the development of joint programmes with other United Nations organizations.

34. UNFPA will pursue innovative partnerships, including with academia, social media influencers and medical associations, to strengthen evidence-based advocacy efforts and increase national and subnational capacities to leverage domestic resources. It will continue its efforts to mobilize resources among multilateral and bilateral donors, identify emerging donors, and strengthen existing or create new partnerships with public and private sector entities and international financing institutions. It will particularly focus on comprehensive projects or joint programmes to address maternal mortality and teenage pregnancy, exploring the feasibility of innovative financing mechanisms to sustain programme implementation. Important partnerships leveraging the required technical expertise and resources include: the European Union and the Government for the third national migration survey; and the Inter-American Development Bank (IADB) and the Government, for the establishment of a safe, ethical and integrated gender-based violence case management system. Additional partnerships are sought to be established with other United Nations organizations and international development partners,

35. The country office has an experienced team to provide the technical, programmatic and administrative support for the implementation of the country programme. It will align its staff to

the shifts and new strategic priorities, including in relation to scaled-up policy advocacy and possible humanitarian operations. It will continue to benefit from technical assistance from the UNFPA Latin America and Caribbean Regional Office, representation offices, and headquarters as well as from the multidisciplinary expertise of the United Nations system. In the event of a humanitarian emergency, UNFPA will consult with the Government and may re-programme activities, especially for life-saving actions.

36. Potential risks to the implementation of the programme include: (a) the impact of natural disasters, climate change and pandemics that could lead to reductions in essential sexual and reproductive health services and an increase in gender-based violence; (b) changes in leadership among government counterparts, which can result in weakened institutional capacity, and changing priorities and budget allocations in the area of sexual and reproductive health and rights and gender-based violence; and (c) global conflict and changes in the international geopolitical environment, reducing national economic prospects and resource mobilization opportunities. To respond to these risks, UNFPA will conduct regular environmental scanning and develop contingency plans to mitigate the potential impact. Risk mitigation will include communication initiatives to raise awareness of the economic and human rights imperative to achieving the three transformative results, including across the humanitarian-development-peace continuum, thereby contributing to resilience-building.

37. This country programme document outlines the contribution of UNFPA 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

38. UNFPA and the Government, through the Directorate for Multilateral Cooperation, will manage the country programme, using results-based management and accountability frameworks, and will monitor it through regular joint participatory reviews and monitoring and evaluation activities. Refresher training on results-based management and monitoring and evaluation will be provided to country office personnel and implementing partners. Programming and operations may be redirected based on audit and evaluation findings when necessary.

39. UNFPA will actively participate in joint planning, programming, monitoring, evaluation and reporting of the UNSDCF and will integrate monitoring and reporting of the country programme results framework with the UNSDCF through the UN-Info platform. UNFPA will participate in the technical working groups of the United Nations country team on monitoring and evaluation, data for development, and relevant strategic result areas.

40. The country office will prepare annual work plans derived from the country programme, identifying the milestones to be achieved. The plan will include field-monitoring visits and biannual review meetings with implementing partners. A midterm country programme review is planned for 2025 and an independent country programme evaluation is scheduled towards the end of 2026 to track and assess progress towards achievement of the three transformative results.

41. UNFPA will collaborate with other United Nations organizations, the Government, parliamentarians and CSOs on the monitoring and follow-up actions of the Convention on the Elimination of all Forms of Discrimination against Women, the universal periodic reviews of the Human Rights Council, the voluntary national reviews, the ICPD Programme of Action regional and national reviews, and the ICPD+25 voluntary national commitments.

42. UNFPA is committed to generating information on the initiatives developed in the country for registration of the International Cooperation Information System (SINACID), managed by the Vice Ministry of International Cooperation of the Ministry of Economy, Planning and Development. Similarly, to provide feedback to the National Monitoring and Evaluation System of the multi-year public sector plan, for the follow-up of the goals.

RESULTS AND RESOURCES FRAMEWORK FOR THE DOMINICAN REPUBLIC (2023-2027)

NATIONAL PRIORITY: National Development Strategy 2030: Social and democratic state of law (general objectives 1.2, 1.3, 1.4). Multi-year public sector plan priority policies: citizen security, gender equality, health, youth, combat corruption and impunity, towards a modern institutional state.				
UNSDCF OUTCOME: 5. All people, especially women, girls and adolescents and other vulnerable groups, have increased access to comprehensive protection of their human rights, and to environments free of all forms of violence and discrimination.				
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 outcome indicators:</u> <ul style="list-style-type: none"> • Proportion of public health spending as percentage of GDP <i>Baseline: [3.55] (2021); Target: [5.00] (2027)</i> • Femicide rate per 100,000 women <i>Baseline: [2.4] (2020); Target: [1.47] (2025)</i> <u>UNFPA strategic plan outcome indicator(s):</u> <ul style="list-style-type: none"> • Country has been affected by a humanitarian emergency and has applied the inter-agency minimum standards for gender-based violence in emergencies programming <i>Baseline: No (2020); Target: Yes (2027)</i> • Coverage of essential health services <i>Baseline: 85 (2020); Target: 86 (2027)</i> 	<u>Output 1:</u> Strengthened national capacities for the integration of sexual and reproductive health and rights and the prevention of and response to gender-based violence and early unions, into relevant laws, policies, plans and accountability frameworks, focusing on the furthest left-behind, including in humanitarian settings	<ul style="list-style-type: none"> • Number of national plans, policies and programmes approved, that integrate sexual and reproductive health and rights and prevention and response to gender-based violence and early unions, with an emphasis on prevention of adolescent pregnancies <i>Baseline: 2; Target: 6</i> • Independent participatory human rights oversight mechanism, to assess maternal mortality and morbidity, established with UNFPA support <i>Baseline: No; Target: Yes</i> • Number of institutional and/or multi-sectoral emergency preparedness, response, and disaster risk reduction plans that integrate sexual and reproductive health and gender-based violence response <i>Baseline: 0; Target: 3</i> • Midwifery education, regulation, association, workforce, and/or service provision, established in accordance with guidelines of the International Confederation of Midwives and UNFPA global midwifery strategy <i>Baseline: No; Target: Yes</i> 	Ministry of Health, Ministry of Youth, and Ministry of Women, National Health Service; National Police, National Attorney's Office, National Council on Children and Adolescents, Cabinet for Children and Adolescents, CSOs, medical associations; Youth Advisory Panel; other United Nations organizations	\$1.1 million (\$0.8 million from regular resources and \$0.3 million from other resources)
NATIONAL PRIORITY: National Development Strategy 2030: Rights-based society and equal opportunities (general objectives 2.1, 2.2, 2.3). Multi-year public sector plan priority policies: gender equality, youth, universal health, and social security.				
UNSDCF OUTCOME: 2. The people, in particular those who are more vulnerable, empower themselves of their rights and have greater access to quality, universal, inclusive and resilient social goods and services, without discrimination in all of the territory				
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 indicator(s):</u>	<u>Output 2:</u> Strengthened	<ul style="list-style-type: none"> • Number of health centres supported by UNFPA that implement 	Ministry of Public	\$1.9 million

<ul style="list-style-type: none"> • Proportion of women of reproductive age (15-49) that use modern methods <i>Baseline: 62; Target: 70</i> • Maternal mortality ratio <i>Baseline: 137 (2020); Target: :69.7 (2025)</i> • Proportion of women aged 20-24 years who had a child before age 18 <i>Baseline: 20 (2019); Target: 18 (2024)</i> • Proportion of women 15 years and older that have experienced any type of violence in the 12 months prior to the survey <i>Baseline: 55.9 (2018); Target: sustained downward trend (2027)</i> <u>UNFPA strategic plan outcome indicator(s):</u> • Adolescent fertility rate per 1,000 women aged 15-19 years <i>Baseline: 94 (2018); Target: 88 (2024); 82 (2030)</i> 	<p>capacity of health and social protection systems, institutions and communities to provide equitable, high-quality, comprehensive sexual and reproductive health information and services, as well as essential services to address gender-based violence, particularly for those furthest behind, including in humanitarian settings</p>	<p>a comprehensive community-based model to improve access to counselling services and contraceptives, including long-acting reversible contraceptives and emergency contraceptives <i>Baseline: 136; Target: 336</i></p> <ul style="list-style-type: none"> • Number of health professionals (including midwives) trained at national level, with UNFPA support <i>Baseline: 155; Target: 750</i> • Number of government institutions that implement the ESP for gender-based violence survivors with UNFPA support <i>Baseline: 0; Target: 3</i> • Number of service providers trained, with support from UNFPA, on multi-sectoral response to gender-based violence, including in the application of the essential services package for gender-based violence survivors and minimum standards on gender-based violence in emergency situations. <i>Baseline: 200; Target: 600</i> 	<p>Administration, Planning and Development, Ministry of Women, Ministry of Youth, Ministry of Health, Ministry of Education, National Health Service, National Council on HIV/AIDS, National Police, National Attorney's Office, Cabinet for Children and Adolescents, National Council on Children and Adolescents, other United Nations organizations, European Union, Popular Foundation, Universidad Autónoma de Santo Domingo, medical associations, CSOs, Youth Advisory Panel</p>	<p>(\$0.9 million from regular resources and \$1.0 million from other resources)</p>
<p>NATIONAL PRIORITY: National Development Strategy 2030: Rights-based society and equal opportunities (general objectives 2.1, 2.2, 2.3). Multi-year public sector plan priority policies: gender equality, youth, universal health, and social security.</p>				
<p>UNSDCF OUTCOME: 5. All people, especially women, girls and adolescents and other vulnerable groups, have increased access to comprehensive protection of their human rights, and to environments free of all forms of violence and discrimination.</p>				
<p>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.</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><u>UNSDCF outcome indicators and UNFPA strategic plan outcome indicators:</u></p> <ul style="list-style-type: none"> • Proportion of women aged 20-24 years in union before the age of 18 <i>Baseline: [32] (2019); Target: [30%] (TBD)</i> • Proportion of women aged 20-24 years in union before the age of 15 	<p>Output 3: Strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making</p>	<ul style="list-style-type: none"> • Number of politicians, religious leaders, local leaders, media representatives, and social influencers that publicly support gender and social norm change by addressing hegemonic masculinities, gender-based violence, adolescent pregnancies, early unions, or condemning stigma and discrimination. <i>Baseline: 12; Target: 205</i> • Number of adolescents in prioritized municipalities who have benefited from in and out of school comprehensive sexuality education programmes, with UNFPA support 	<p>Ministry of Youth, Ministry of Education, Ministry of Health, Ministry of Women, Ministry of Culture, National Council on Children and Adolescents, Cabinet for Children and Adolescents, other</p>	<p>\$1.4 million (\$0.8 million from regular resources and \$0.6 million from other resources)</p>

<p><i>Baseline: 9% (2019); Target: 8% (2027)</i></p>		<p><i>Baseline: 0; Target: 12,000</i></p> <ul style="list-style-type: none"> • Number of policies and multisectoral programmes, supported by UNFPA, aimed at improving investments in youth, that are implemented through innovative solutions and with the participation of adolescents and youth <i>Baseline: 2; Target: 4</i> • Number of marginalized adolescent girls in prioritised municipalities reached through UNFPA supported programmes that promote their bodily autonomy and build life skills, health, social and economic assets <i>Baseline: 899; Target: 1,900</i> 	<p>United Nations organizations; Tropicalia Foundation; Youth Advisory Panel, CSOs, social influencers</p>	
<p>NATIONAL PRIORITY: National Development Strategy 2030: Social and democratic state of law (general objectives 1.2, 1.3, 1.4); Multi-year public sector plan priority policies: citizen security, gender equality, health, youth, combat corruption and impunity, towards a modern institutional state.</p>				
<p>UNSDCF OUTCOME: 3. The population, particularly women, youth and other groups in conditions of vulnerability, have better opportunities for productive and decent employment, and sustainable means of livelihood in urban as well as rural environments, in the context of economic and digital transformation that drives increased productivity, competitiveness and innovation, without leaving any territory behind.</p>				
<p>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.</p>				
<p>UNSDCF outcome indicators, baselines, targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> • Availability of national surveys and census for the generation of disaggregated data that inform the design of public policies directed at groups furthest behind <i>Baseline: 2010 Census, National Immigrant Survey, 2 surveys (National Household, Purposes Survey); Target: Census 2022; Third National Immigrant Survey; National Multipurpose Household Survey</i> <p><u>Related UNFPA strategic plan outcome indicator(s):</u></p> <ul style="list-style-type: none"> • The country has conducted at least one population and housing census during the last 10 years <i>Baseline: Yes; Target: Yes</i> 	<p><u>Output 4:</u> Strengthened data systems that ensure availability and accessibility of timely and spatially defined disaggregated data and evidence to account for population change and megatrends (including demographic dividend, ageing, climate change, and human mobility)</p>	<ul style="list-style-type: none"> • Number of analytical reports and/or studies produced and disseminated with UNFPA support, based on census and survey data, including on assessing the effects of population change and mega-trends <i>Baseline: 4; Target: 9</i> • Updated immigration data by key stratifiers, based on the third national immigration survey supported by UNFPA, are available and utilized in public policies and programmes <i>Baseline: No; Target: Yes</i> • Safe, ethical and integrated gender-based violence incident and case management system developed with UNFPA support <i>Baseline: No; Target: Yes</i> 	<p>National Statistical Office, Ministry of Economy, Ministry of Planning and Development, Ministry of Youth, Ministry of Women, Ministry of Health, National Health Service, National Attorney's Office, National Police, Unique System of Beneficiaries (SIUBEN), other United Nations organizations, European Union, Inter-American Development Bank, World Bank, Organization of American States</p>	<p>\$2.0 million (\$0.5 million from regular resources and \$1.5 million from other resources)</p> <p>Programme coordination and assistance: \$0.4 million from regular resources</p>