



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

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UNITED NATIONS POPULATION FUND

Country programme for the Central African Republic

Proposed UNFPA assistance: \$13.5 million: \$6 million from regular resources and \$7.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Sixth

Category per decision 2005/13: A

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

	Regular resources	Other	Total
Reproductive health	3.30	4.5	7.80
Population and development	1.05	1.0	2.05
Gender	0.90	2.0	2.90
Programme coordination and assistance	0.75	-	0.75
Total	6.00	7.5	13.50

I. Situation analysis

1. In 2003, the population of the Central African Republic was 3.9 million. Sixty-three per cent of the population was under the age of 25, and 62 per cent were living in rural areas. Despite wealth in timber, gold and diamonds, the country ranked 171 out of 177 on the 2005 human development index. Recurrent conflicts from 1996-2003 destroyed the socio-economic infrastructure, which resulted in a sharp decline in the social and health indicators. Despite a return to constitutional rule, the situation remains fragile, due to persistent salary arrears for civil servants and insecurity caused by rebel activities, especially in the north.

2. The annual population growth rate (2.5 per cent) exceeds the annual economic growth rate (0.4 per cent). The total fertility rate has remained high, at 5.1 children per woman, for the past 15 years. The high level of fertility is attributable to: (a) the early onset of sexual activity (age 15 for 58 per cent of women); (b) high teenage fertility (13 per cent of girls aged 15-19 had given birth in the 12 months preceding the 2003 census); and (c) the low contraceptive prevalence rate, which increased from 3.2 per cent in 1995 to 6.9 per cent in 2000. The unmet need for family planning among married women remains low, at 16 per cent, because the demand for children remains high. Youth-friendly services are poor or non-existent, and 9 per cent of girls aged 20-24 reported having had an abortion in 2000.

3. Due to deteriorating living conditions and a weak health system, life expectancy at birth dropped from 49 years in 1988 to 43 years in 2003. The child mortality rate increased from 97 deaths per 1,000 live births in 1995 to 132 deaths per 1,000 live births in 2003. The maternal mortality ratio doubled from 683 deaths per 100,000 live births in 1988 to 1,355 deaths per 100,000 live births in 2003. This reflects the decreasing rate of skilled attendance at birth (44 per cent in 2000, compared to 50 per cent in 1995) and the poor quality of emergency obstetric care. A poorly functioning

referral system and the limited access to services due to sociocultural constraints exacerbate the situation.

4. HIV prevalence, estimated at 11 per cent in 2005, is increasing. The national health information system, including HIV epidemiological surveillance data, is fragmentary. Access to voluntary counselling and testing services is limited; only 13,435 people have been tested. The number of HIV-positive persons older than 15 was estimated at 230,000 in 2005. In 2002, 15 per cent of pregnant women were diagnosed as HIV positive. The mother-to-child transmission rate is high, at 35 per cent.

5. HIV prevalence is five times higher among females aged 15-24 than among males the same age, and is higher in rural areas. Contributing factors include: (a) little knowledge of HIV prevention methods, including condoms; (b) high prevalence of multiple sexual partners among men (79 per cent); and (c) low condom use (14 per cent of sexually active adolescents).

6. Gender inequalities are pervasive. In 2003, 68 per cent of women were illiterate, compared to 46 per cent of men. The net enrolment rate was lower among girls at both the primary and secondary school levels. After the 2005 elections, only 10 of 105 members of parliament are women and only 4 of 26 cabinet members are women. Violence against women is widespread. In 2000, 45 per cent of women aged 15-49 were victims of physical violence, including rape. Thirty-six per cent of women and girls have been subject to female genital mutilation.

II. Past cooperation and lessons learned

7. UNFPA support to the Central African Republic began in 1972. Recurrent conflicts from 1996-2003 adversely affected UNFPA-supported interventions, undermining previous gains. During the previous programme, UNFPA directed its efforts toward humanitarian and post-conflict assistance in the districts most affected by the armed conflicts. This resulted in

the scaling down of activities, including: (a) the training of health personnel; (b) the rehabilitation of health facilities; (c) support to emergency obstetric care; and (d) population and family life education. Frequent changes in government and cabinet reshuffling made advocacy efforts difficult. Despite this, the programme achieved positive results.

8. In the area of reproductive health and HIV/AIDS, the programme helped to train health-care providers and to provide safe motherhood equipment and supplies to seven district referral hospitals, including the National Teaching Hospital in Bangui. It supported the adoption of a national reproductive health policy, including revised standards and protocols, and the development of national strategies for reproductive health commodity security and behaviour change communication. UNFPA also supported: (a) the opening of an AIDS information and documentation centre in 2002; (b) the establishment of a youth peer education programme; and (c) the integration of family life education into the training curriculum for teachers.

9. Population and development achievements included support for the 2003 census, which highlighted the deterioration of socio-economic and health indicators and helped to strengthen national capacities in using data for development.

10. In the area of gender, the programme supported the promulgation of a national policy on gender equality and equity and a law on reproductive health, known as the Bangayassi bill. The Government is reviewing draft bills on the education of young girls, HIV/AIDS and sexual and gender-based violence.

11. Implementation constraints stemmed from the recurrent conflicts. These included: (a) weak administration and public services; (b) the shortage of skilled human resources and low morale of public servants due to chronic salary arrears; and (c) difficulty in procuring reproductive health commodities because of

poor transportation infrastructure and the security situation.

12. Lessons learned from the fifth programme indicate that in a climate of insecurity, collaboration with uniformed forces can facilitate the decentralized implementation of programme activities, provided that local authorities and the community are aware of this approach and mobilized. Building institutional capacity is essential to ensuring accountability, and efficient programme implementation requires adequate coordination mechanisms.

III. Proposed programme

13. The Government formulated the sixth country programme within the context of United Nations reform, in collaboration with civil society organizations, UNFPA and other United Nations agencies and organizations. The programme is aligned with: (a) the poverty reduction strategy paper; (b) sectoral development policies and programmes, including the strategic framework to combat AIDS, the second national health development plan, and the national policy to promote gender equality and equity; (c) the 2007-2011 United Nations Development Assistance Framework (UNDAF); (d) the Programme of Action of the International Conference on Population and Development; (e) the Millennium Development Goals; and (f) the 2005 World Summit Outcome.

14. In line with principles of human rights and cultural diversity, the goal of the programme is to contribute to improving the quality of life of the population by: (a) supporting high-quality reproductive health services and prevention services for sexually transmitted infections and HIV/AIDS; (b) integrating population issues into national and sectoral development policies, plans and programmes; and (c) promoting gender equality and equity. The programme contributes to three UNDAF outcomes and consists of three components: (a) reproductive health; (b) population and development; and (c) gender.

Reproductive health component

15. The outcome of the reproductive health component is: increased availability and utilization of high-quality reproductive health services and services to prevent sexually transmitted infections and HIV/AIDS.

16. Output 1: Increased access in programme areas to a minimum package of high-quality reproductive health services and services to prevent sexually transmitted infections and HIV/AIDS. The programme includes four strategies: (a) adapt a minimum package of high-quality reproductive health services, including those focusing on emergency obstetric care, family planning, obstetric fistula and sexual violence against women; (b) strengthen the emergency obstetric care referral system; (c) support the implementation of the road map to accelerate the reduction of maternal and newborn mortality and the national reproductive health commodity security strategy; and (d) strengthen youth-friendly reproductive health services and services to prevent sexually transmitted infections and HIV/AIDS (including training health personnel; voluntary counselling and testing; and syndromic management of sexually transmitted infections) in youth centres, schools and health centres.

17. Output 2: Increased availability of information promoting behaviour change for reproductive health, sexually transmitted infections and HIV/AIDS. The programme will: (a) expand population and family life education programmes at all school levels; (b) promote social mobilization through community networks and peer educators, targeting youth centres, schools, military garrisons and health centres; and (c) support the implementation of the national behaviour change communication strategy on reproductive health, sexually transmitted infections and HIV/AIDS.

18. Output 3: Strengthened technical and institutional capacity of key stakeholders at all levels to coordinate, implement, monitor and

evaluate the reproductive health and HIV/AIDS programmes. Strategies will support national efforts to: (a) strengthen programme coordination, planning, implementation, monitoring and evaluation capacity for reproductive health and for the prevention of sexually transmitted infections and HIV/AIDS at all levels; (b) develop intersectoral coordination mechanisms; and (c) strengthen the programme management framework, including the management of the national health information system.

Population and development component

19. The outcome of this component is: population issues are taken into account in the poverty reduction strategy paper and sectoral development policies, plans and programmes at all levels. Two outputs have been formulated.

20. Output 1: Strengthened technical and institutional capacity of key ministries in charge of population and development with regard to integrating population, reproductive health, HIV/AIDS and gender issues into national and sectoral development policies, plans and programmes. The programme will: (a) develop and support the implementation of a plan to strengthen national capacity in processing data for the formulation, monitoring and evaluation of development policies and programmes (data for development); (b) promote mechanisms to coordinate, monitor and evaluate population programmes; and (c) advocate the integration of population issues into sectoral development policies, plans and programmes.

21. Output 2: Increased availability and use of multisectoral databases to monitor and evaluate development policies and programmes, including the poverty reduction strategy paper and Millennium Development Goal indicators. This will be achieved by: (a) supporting the development and utilization of a multisectoral database integrating data from censuses, surveys and administrative records; (b) promoting the use of empirical data to assess the effectiveness of the development programme; and (c) mobilizing stakeholders

and strengthening partnerships for data for development.

Gender component

22. The outcome for this component is: improved institutional and legal frameworks that promote gender equality and equity and reduce gender inequalities. There are two outputs under this component.

23. Output 1: Strengthened institutional and technical capacities for gender mainstreaming in the Ministry of Family, Social Affairs and National Solidarity, currently in charge of women's affairs, as well as for key implementing partners. The programme will use two strategies: (a) build the technical capacity of the Ministry and key stakeholder organizations at the decentralized level; and (b) promote national consultations between key ministries and civil society organizations.

24. Output 2: Strengthened technical and institutional capacity of organizations combating harmful practices and sexual violence and an improved legal and institutional environment in support of gender equality, equity and women's empowerment. Four strategies will: (a) strengthen the advocacy and social mobilization capacity of key organizations and networks combating harmful practices and sexual violence against women; (b) support organizations that provide comprehensive medical, psychosocial, legal and economic services to victims of sexual violence; (c) advocate legislative, judicial and government policies and measures to eliminate impunity with regard to sexual violence; and (d) advocate the elimination of discriminatory legal provisions with regard to gender.

IV. Programme management, monitoring and evaluation

25. The Ministry of Economy, Planning and International Cooperation, currently in charge of development planning, in collaboration with the Ministry of Public Health and Population and the Ministry of Family, Social Affairs and

National Solidarity, will coordinate, monitor and evaluate programme implementation, in compliance with the poverty reduction strategy paper and the UNDAF monitoring and evaluation plans. The programme will build on previous achievements by: (a) placing national experts at the decentralized level; (b) continuing support at the same programme intervention sites; and (c) supporting national execution. It will strengthen coordination, monitoring and evaluation, focusing on partnerships with civil society organizations.

26. UNFPA will coordinate programme planning, monitoring and evaluation tools with the annual, midterm and final UNDAF reviews. These tools include: (a) field visit reports; (b) annual reviews; (c) the final evaluation of the fifth country programme, which will provide baseline indicators for the sixth country programme; and (d) an end-of-programme evaluation.

27. The programme will support national coordination mechanisms for interventions jointly developed and implemented with the Government and United Nations agencies, especially with regard to implementing the road map to accelerate the reduction of maternal and newborn mortality and universal access to HIV/AIDS prevention.

28. UNFPA will develop a joint resource mobilization plan with the Government and with the United Nations country team. The UNFPA country office consists of a representative, two assistant representatives, a monitoring and evaluation officer, an operations manager, two national programme officers and a number of support staff. UNFPA will recruit national project personnel to strengthen programme implementation. The UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, and UNFPA headquarters will provide technical support, along with national institutions and national and international consultants.

RESULTS AND RESOURCES FRAMEWORK FOR THE CENTRAL AFRICAN REPUBLIC

DP/PPA/CPD/CAF/6

<p>National priorities: (a) reduce poverty and hunger, and contribute to improved life expectancy at birth and the quality of life of the people; (b) reduce the HIV/AIDS infection rate and its impact on the population; and (c) consolidate democracy and peace, protect human rights, reinforce security, and promote good governance, economic and financial stability and structural reforms, and support the development of the private sector</p> <p>UNDAF outcome 2: by the year 2011, the downward trend in basic social indicators is reversed, poverty is reduced, and the country has embarked on the path of sustainable development with active community participation</p> <p>UNDAF outcome 3: by the year 2011, the transmission and impact of AIDS are reduced through an increased and sustained nationally owned response to the pandemic</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome: Increased availability and utilization of high-quality reproductive health services and services to prevent sexually transmitted infections and HIV/AIDS</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Rate of delivery assisted by qualified health personnel • Contraceptive prevalence rate • Proportion of target population who have used reproductive health services and services to prevent sexually transmitted infections and HIV/AIDS 	<p>Output 1: Increased access in programme areas to a minimum package of high-quality reproductive health services and services to prevent sexually transmitted infections and HIV/AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Proportion of health centres providing services in maternal health, basic and comprehensive emergency obstetric care, and obstetric fistula. Comprehensive emergency obstetric care baseline: 28%; target: 40%; Basic emergency obstetric care baseline: 30% ; target: 50%; Fistula baseline: 0 repair centres; target: one repair/reference centre • Proportion of target group population seeking services. Skilled assistance at birth baseline: 44%; target: 55% • 70% of health facilities offering syndromic management of sexually transmitted infections <p>Output 2: Increased availability of information promoting behaviour change for reproductive health, sexually transmitted infections and HIV/AIDS</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of social and health services offering voluntary HIV counselling and testing. Baseline: 7 voluntary counselling and testing centres; target: 12 voluntary counselling and testing centres • Proportion of population aged 15-49 knowing ways to prevent sexually transmitted infections and HIV/AIDS. Baseline: to be determined; target: increase by 15 percentage points • Proportion of primary and secondary schools integrating population and family life education into the school curriculum. Primary school baseline: 16.3%; target: 30%; secondary school baseline: 25%; target: 50% <p>Output 3: Strengthened technical and institutional capacity of key stakeholders at all levels to coordinate, implement, monitor and evaluate the reproductive health and HIV/AIDS programmes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Reproductive health and HIV/AIDS monitoring and evaluation plan in place • Intersectoral coordination mechanism for reproductive health activities in place • Availability of data for indicators at all levels 	<p>Ministries of: Public Health and Population; National Education, Literacy, Higher Education and Research; National Defence; Youth, Sports, Arts and Culture; Family, Social Affairs and National Solidarity</p> <p>Health Science College; National AIDS Committee</p> <p>Global Fund to Fight AIDS, Tuberculosis and Malaria; European Union; Central African Association for Family Well-Being; Association of Midwives and Nurses of Central Africa; Central African Network of Young People for the Fight against AIDS; Population Services International</p> <p>United Nations agencies</p>	\$7.8 million (\$3.3 million from regular resources and \$4.5 million from other resources)

UNDAF outcome 1: by the year 2011, the population of the Central African Republic lives in a peaceful, safe and prosperous environment where human rights are respected; they participate actively in the process of decentralization and consolidation of democracy				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Population issues are taken into account in the poverty reduction strategy paper and sectoral development policies, plans and programmes at all levels</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> National population policy updated Number of national sectoral policy and programme documents with sociodemographic data for management, monitoring and evaluation 	<p>Output 1: Strengthened technical and institutional capacity of key ministries in charge of population and development with regard to integrating population, reproductive health, HIV/AIDS and gender issues into national and sectoral development policies, plans and programmes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Availability of a functional national capacity-building plan on population and development issues Number of ministries using tools and approaches developed to integrate population and development issues. Baseline: 0; target: 4 Functional coordination, monitoring and evaluation mechanism in place <p>Output 2: Increased availability and use of multisectoral databases to monitor and evaluate development policies and programmes, including the poverty reduction strategy paper and Millennium Development Goal indicators</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Integrated database disaggregated by age and sex established and functional Area mapping (<i>atlas des localités</i>) of villages and neighbourhoods available 	<p>Ministry of Economy, Planning and International Cooperation</p> <p>University of Bangui</p> <p>European Union; World Bank; African Development Bank; United Nations agencies</p>	<p>\$2.05 million (\$1.05 million from regular resources and \$1 million from other resources)</p>
<p>UNDAF outcome 1: by the year 2011, the population of the Central African Republic will live in a peaceful, safe and prosperous environment where human rights are respected; the population participates actively in the process of decentralization and the consolidation of democracy</p> <p>UNDAF outcome 2: by the year 2011, the downward trend in basic social indicators is reversed; poverty is reduced and the country has embarked on the path of sustainable development with active community participation</p> <p>UNDAF outcome 3: by the year 2011, the transmission and impact of AIDS are reduced through an increased and sustained nationally owned response to the pandemic</p>				
Gender	<p>Outcome: Improved institutional and legal frameworks that promote gender equality and equity and reduce gender inequalities</p> <p>Outcome indicator:</p> <ul style="list-style-type: none"> Number of national legal instruments on the empowerment of women harmonized and applied 	<p>Output 1: Strengthened institutional and technical capacities for gender mainstreaming in the Ministry of Family, Social Affairs and National Solidarity, currently in charge of gender, as well as key implementing partners</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Functional gender and development training plan Coordinating committee for gender focal points of ministries and NGO representatives in place and functional Number of legal and regulatory texts reviewed and revised. Baseline: 0; target: 4 <p>Output 2: Strengthened technical and institutional capacity of organizations combating harmful practices and sexual violence and an improved legal and institutional environment in support of gender equality, equity and women's empowerment</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Coalition for the fight against harmful practices affecting women in place Number of decentralized structures strengthened to provide comprehensive assistance to victims. Baseline 0; target: 5 Number of victims of sexual violence provided with medical, legal and psychosocial assistance. Baseline: 0; target: 500 	<p>Ministry of Family, Social Affairs and National Solidarity</p> <p>Network of African Women Ministers and Parliamentarians; Association of Women Lawyers of Central Africa; International Committee of African Women for Development; Microfinance institutions; Committee for the Fight Against Harmful Practices; Organization of Central African Women</p> <p>European Union</p>	<p>\$2.9 million (\$0.9 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>