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United Nations Population Fund

Country programme document for Democratic Republic of the Congo

Proposed indicative UNFPA assistance: \$150.3 million: \$32.3 million from regular resources and \$118 million through co-financing modalities or other resources

Programme period: Five years (2020-2024)

Cycle of assistance: Fifth

Category per decision 2017/23: Red

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	14.0	36.5	50.5
Outcome 2	Adolescents and youth	5.8	12.5	18.3
Outcome 3	Gender equality and women's empowerment	1.0	59.0	60.0
Outcome 4	Population dynamics	10.0	10.0	20.0
Programme coordination and assistance		1.5	–	1.5
Total		32.3	118.0	150.3



I. Programme rationale

1. The Democratic Republic of the Congo is geographically the second largest country in Africa, with an estimated population of 86.3 million. With an average growth rate of 3.3 per cent annually, it will be the eighth most populous country in the world by 2050. It ranks 176 out of 189 countries on the Human Development Index, placing it in the low human development category. Poverty levels have declined in recent years but remain high, with 63.4 per cent of the population living below the poverty line and extreme poverty concentrated in several provinces alongside high levels of inequality. With 32 per cent population aged 10-24 years, the National Strategic Development Plan recognizes the need to accelerate the demographic transition to enable the country harness the demographic dividend.
2. The country has experienced protracted humanitarian crises, with acute hotspots over the past two decades leading to high levels of forced displacements of the populations. Currently, 18 of the 26 provinces face emergencies; in 2019 alone, 12.8 million people need humanitarian assistance, 50 per cent of whom are women and girls of reproductive age, with 60,000 at risk of sexual violence and increased risk of maternal morbidity and mortality due to a lack of access to high-quality maternal health services. Cholera, measles, yellow fever and Ebola – the 10th outbreak was declared in August 2018 – further aggravate an already weak health system and undermine the resilience of communities.
3. The average total fertility rate is high, at 6.2 children per woman nationally, and in many provinces, reaches 10 children per woman. While the use of modern contraceptive methods has increased, from 8.1 percent in 2014 to 18 per cent in 2018, barriers to uptake include sociocultural norms, lack of knowledge and stock-outs of commodities. Unmet need for family planning stands at 27 per cent among married women, and is 7 per cent higher among youth, with a substantial disparity in unmet need by region. Logistics and transport systems are a major bottleneck for contraceptive security, and while the Government has made Family Planning 2020 commitments, domestic resources for family planning have not materialized consistently.
4. The adolescent fertility rate is high at 109 per 1,000, and is driven by child marriages and limited access to sexual and reproductive health information and services. Congolese law prohibits child marriage, and while it has decreased overall, from 37 per cent in 2014 to 29 per cent in 2018, it has increased at the subnational level (up to 50 per cent), particularly in those provinces severely affected by humanitarian crises (Grand Kasai, Tanganyika). Adolescent fertility and child marriage contribute significantly to maternal morbidity and mortality, obstetric fistula and other gynaecological morbidities.
5. The maternal mortality ratio for the Democratic Republic of the Congo is still very high, although it has improved – from 846 deaths per 100,000 live births (DHS 2014) to 473 maternal deaths per 100,000 live births (WHO 2017) – with approximately 29 per cent of deaths occurring among adolescents. The previous programme supported 4,238 women with obstetric fistula surgery (representing only 10 per cent of the backlog); the Government has developed a strategy for elimination of obstetric fistula, 2018-2025.
6. Skilled birth attendance increased, from 80 per cent in 2014 to 86 per cent in 2018, but only 12 per cent of health facilities offer basic emergency obstetric and newborn care, and 7 per cent offer comprehensive emergency and newborn care. With only 1 midwife per 20,000 people, there is a need to expand and strengthen the midwifery workforce education, recruitment and deployment.
7. HIV prevalence among those aged 15-49 years is 1.2 per cent, and doubles to 2.7 percent among pregnant women, with 0.5 per cent prevalence in youth aged 15-24 years. Women are disproportionately affected by HIV, representing over 71 per cent of adults living with HIV, while new infections among young women aged 15-24 years is more than four times that of young men.

8. Some 64 per cent of women experienced violence at least once from an intimate or a non-intimate partner. Sexual violence is common, particularly in humanitarian areas, aggravated by inequality, child marriage and lack of justice for survivors.

9. Availability of data for efficient estimation and response to needs of vulnerable populations, especially women, and young people, is a challenge. As the last population and housing census was in 1984, the country programme will focus on the second census as well as developing innovative technologies, including geo-spatial data, to improve national and subnational population data analysis in order to better target those left furthest behind, particularly women and girls in poor rural and conflict-affected zones.

10. The previous country programme contributed to improving the population's quality of life by ensuring that: (a) 7 million women and vulnerable young girls accessed human rights-based modern family planning services; (b) more than 100,000 births, including 30,000 in humanitarian settings, were attended by skilled health personnel, and 620 stakeholders were trained in the Minimum Initial Service Package in reproductive health in emergency settings; (c) 1 million adolescents and youths, including 300,000 in humanitarian settings, benefitted from sexual and reproductive health information and services; (d) 48,552 survivors of gender-based violence received medical treatment while 47,211 benefitted from psychosocial support; (e) the health law and revised family code improved the rights and choices of women and girls.

11. Lessons learned emerged from the previous programme: (a) establishment of a pool of trainers in emergency obstetric and newborn care created a critical mass of professionals qualified to manage complications arising from pregnancy and childbirth; (b) UNFPA operational presence in the field and involvement of young people are crucial for successful programme implementation; (c) investment in midwifery programmes must move beyond training to advocate for midwives recruitment, deployment and regulation; (d) strategic positioning of the demographic dividend at the Prime Minister's office enabled the creation of a budget line for family planning.

II. Programme priorities and partnerships

12. The proposed programme is aligned to the National Strategic Development Plan for 2020-2024, including following priorities: (a) peace, security, democracy and governance; (b) macroeconomic management and development of economic activity; and (c) human capital, labour and social well-being. It also contributes to the 2030 Agenda for Sustainable Development and the ICPD Programme of Action. The programme will contribute to SDGs 1,2,3,5, 10, 13, and 16, as well as to implementation of the Strategic Plan common chapter and to fostering the resilience of communities. It was developed in consultation with key national and development partners, including partner United Nations agencies.

13. The programme will contribute to the achievement of the three UNFPA transformative results, while utilizing a human rights-based approach, with a focus on gender equality. It will emphasize resilience building, at individual and systems levels, in order to deliver results within the context of the humanitarian, development and peacebuilding nexus.

14. Comprehensive strategies to advance the well-being of women and young people will emphasize access to sexual and reproductive health information and services to prevent adolescent pregnancy, child marriage, maternal deaths and gender-based violence, particularly for those furthest behind. The programme will be implemented in close collaboration with the Government, civil society and private-sector partners at national and subnational levels, with a geographic and programmatic focus. The primary modes of engagement will include advocacy and policy dialogue, strategic partnerships, capacity development, service delivery and knowledge management.

A. Outcome 1: Sexual and reproductive health

15. *Output 1: Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights, especially for those furthest behind, including in humanitarian settings.* Interventions include: (a) advocacy and policy dialogue with the Government to remove legal and policy barriers impeding access to sexual and reproductive health services and rights, to position sexual and reproductive health and family planning as critical investments for poverty reduction, food insecurity and universal health coverage; (b) technical assistance to support implementation of emergency preparedness and response, including disaster risk reduction plans, which integrate the Minimum Initial Service Package for reproductive health in emergency settings; and (c) strengthen coordination of sexual and reproductive health programming in humanitarian settings.

16. *Output 2: National and subnational health systems strengthened to provide high-quality, integrated sexual and reproductive health information and services, including family planning, comprehensive maternal health, sexually transmitted infections and HIV prevention services, which are responsive to emergencies and fragile contexts.* Interventions will address the building blocks of health systems strengthening, including leadership and governance, service delivery, human resources for health, financing, health information management systems, and access to essential medicines through supply and distribution systems. This will be achieved by: (a) training and expanding the cadre of midwives to improve the quality of integrated sexual and reproductive health information and services for vulnerable and marginalized groups, particularly young people; (b) improving accessibility and quality of emergency obstetric and newborn care services by training service providers and providing equipment and emergency life-saving medicines and supplies; (c) providing technical support for the effective integration of rights-based family planning and HIV prevention services to the most vulnerable and least served populations at service delivery points; (d) supporting clinical and psychosocial management of sexual violence; (e) supporting high-quality routine obstetric fistula repair surgeries; (f) advocating for national budgetary allocations for family planning in line with Family Planning 2020 commitments; and (g) strengthening the supply-chain management system to reach the last mile.

B. Outcome 2: Adolescents and youth

17. *Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.* Strategies include: (a) operationalizing and strengthening implementation of comprehensive sexuality education and life skills for in-school and out-of-school adolescents girls and young people; (b) supporting the empowerment of young people, particularly adolescent girls, to have the skills to make informed choices in relation to their sexual and reproductive health and rights and HIV prevention; (c) promoting youth leadership and participation in policies and programmes, including in humanitarian and peace-building actions; and (d) fostering innovation and entrepreneurship of young people.

C. Outcome 3: Gender equality and women's empowerment

18. *Output 1: Increased multisectoral capacity to prevent and address gender-based violence, using a continuum approach in all contexts.* Strategies include: (a) providing holistic and survivors-centred essential services in response to gender-based violence through a one-stop-centre approach; (b) strengthening capacity of national institutions and civil society to prevent and respond to gender-based violence, sexual exploitation and abuse and eliminate harmful practices; (c) engaging communities and networks, including religious and traditional leaders, men and boys to promote positive masculinity and empowerment of women, and monitoring implementation of the roadmap for the call to action to end gender-based violence in conflicts;

19. *Output 2: Strengthened policy, legal, and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and end child marriage.* Interventions include: (a) supporting development and implementation of policy, legal and accountability frameworks for preventing and responding to gender-based violence; (b) supporting the national human rights commission in promoting reproductive rights and gender equality, the national gender-based violence strategy, and the Maputo protocol; (c) establishing multi-sectoral mechanisms to promote reproductive rights; and (e) addressing harmful socio-cultural norms pertaining to child marriage, including in humanitarian settings.

D. Outcome 4: Population dynamics

20. *Output 1: Improved national and subnational population data systems, including in humanitarian settings.* Interventions include: (a) technical support to the Government to conduct the 2020 round of censuses, including mapping to address inequalities and operationalization of the Geo-Referenced Infrastructure and Demographic Data for Development (GRID); (b) strengthening the civil registration system; (c) providing technical assistance to support production and utilization of disaggregated data for UNFPA-prioritized Sustainable Development Goal indicators; (d) conducting rapid assessments in humanitarian Settings; (e) support inclusion of population dynamics, including the demographic dividend, in national policies and strategies; and (f) strengthening the national gender-based violence database.

III. Programme and risk management

21. 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.

22. The programme will be implemented primarily using the national execution modality, with oversight from the Ministry of International Cooperation. In order to strengthen risk mitigation, UNFPA will apply the harmonized approach to cash transfers, in collaboration with other United Nations agencies, selecting implementing partners based on their comparative advantage and ability to deliver high-quality results. Quality assurance activities will be conducted on an ongoing basis, including through spot checks, monitoring and regular review meetings.

23. An integrated resource mobilization strategy will be developed, utilizing diversified and innovative financing approaches, including South-South and triangular cooperation and joint initiatives with United Nations agencies to mobilize resources.

24. The office will be strengthened to align with technical and financial requirements of the proposed programme, which will be delivered with the support of UNFPA staff in the main and decentralized offices. The programme will benefit from technical support of the Regional Office for East and Southern Africa and UNFPA headquarters.

25. Potential risks to programme implementation include humanitarian emergencies, epidemics and insecurity. UNFPA will conduct regular environmental scanning and assess operational and programme criticality risks in collaboration with other United Nations partners. Socio-political risks will be regularly assessed and mitigation measures undertaken, including reprogramming funds, in consultation with the Government to respond to emerging issues and unforeseen circumstances.

26. UNFPA has developed a robust theory of change identifying the programmatic risks and a risk mitigation plan based on the organization's enterprise risk management system, which will be monitored and updated on an ongoing basis to effectively safeguard against risks during the implementation of the programme.

IV. Monitoring and evaluation

27. The Government and UNFPA will collaborate with other United Nations organizations and key bilateral partners to strengthen the national statistical office monitoring and evaluation capacities and systems, at national and subnational levels, in order to improve the evaluation of the programme.

28. UNFPA will also establish a monitoring and evaluation mechanism, taking into account UNFPA policies and procedures, and results-based management systems. The monitoring mechanism will include quarterly and annual review meetings to track progress and review programme strategies, including adjustment of annual workplans as needed. An end-of-country programme evaluation will be conducted.

RESULTS AND RESOURCES FRAMEWORK FOR DEMOCRATIC REPUBLIC OF THE CONGO (2020-2024)

National priority: Peace, security, democracy and governance; Macroeconomic management and development of economic activity; Human capital, labour and social wellbeing Interim United Nations Sustainable Development Cooperation Framework (2019-2020): Outcomes: (1) Consolidation of peace, respect for human rights, protection of civilians, social cohesion and democracy; (2) Inclusive growth, harnessing the demographic dividend capture, social protection and the sustainable management of natural resources; (3) Access to basic social services and humanitarian assistance				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health <u>Outcome indicators:</u> <ul style="list-style-type: none"> Proportion of women and girls using modern contraceptive methods <i>Baseline: 18%; Target: 30%</i> Number of maternal deaths averted <i>Baseline: 2,453; Target: 3,000</i> Number of unintended pregnancies averted <i>Baseline: 603,000; Target: 750,000</i> Number of unsafe abortions averted <i>Baseline: 175,887; Target: 250,000</i> Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern contraceptive methods <i>Baseline: 19%; Target: 30 %</i> 	<u>Output 1:</u> Enhanced capacities to develop and implement policies that prioritize access to information and services for sexual and reproductive health and reproductive rights, especially for those furthest behind, including in humanitarian settings	<ul style="list-style-type: none"> Number of policy instruments established at national or provincial level financing sexual and reproductive health interventions <i>Baseline 1; Target 3</i> Existence of an investment case for family planning <i>Baseline: No; Target: Yes</i> 	Government; United Nations agencies; World Bank; national and international non-Governmental organizations; civil society organizations; academia; professional associations; the media; the private sector	\$50.5 million (\$14 million from regular resources and \$36.5 million from other resources)
	<u>Output 2:</u> National and subnational health systems strengthened to provide high-quality, integrated sexual and reproductive health information and services, including family planning, comprehensive maternal health, sexually transmitted infections and HIV prevention services, which are responsive to emergencies and fragile contexts	<ul style="list-style-type: none"> Number of midwifery institutions strengthened <i>Baseline: 14; Target: 21</i> Number of new adherents to family planning (disaggregated by women, adolescents and youth) <i>Baseline: 2 million; Target: 10 million (including 500,000 in humanitarian settings)</i> Number of fistula cases repaired <i>Baseline: 5,234; Target: 10,234</i> Proportion of health facilities that offer basic emergency obstetric and newborn care in programme areas <i>Baseline: 12%; Target 24%</i> Percentage of service-distribution points without stock-outs for contraceptives within the last six months <i>Baseline: 73%; Target: 95%</i> 		
Outcome 2: Adolescents and youth <u>Outcome indicators:</u> <ul style="list-style-type: none"> Percentage of adolescent and young people 15-24 years' old who correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission <i>Baseline: 28% (women); 34% (men); Target: 33% (women); 40% (men)</i> 	<u>Output 1:</u> Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and their well-being	<ul style="list-style-type: none"> Number of adolescents and youth receiving comprehensive sexuality and reproductive health information in school <i>Baseline: 17,783; Target: 100,000</i> Number of adolescents and youth (in school and out of school) who used high-quality reproductive health services <i>Baseline: 2,000; Target: 6,000,000</i> Number of out-of-school girls who receive comprehensive sexuality education and entrepreneurship skills <i>Baseline: 1,500; Target: 15,000</i> 	Government; United Nations agencies; World Bank; national and international non-Governmental organizations; civil society organizations; academia; professional associations; the media; the private sector	\$18.3 million (\$5.8 million from regular resources and \$12.5 million from other resources)

<p>Outcome 3: Gender equality and women’s empowerment</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ● Proportion of women and girls aged 15 and older subjected to sexual violence by persons other than intimate partner in the last 12 months <i>Baseline: 38%; Target: 30%</i> 	<p><u>Output 1:</u> Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts</p>	<ul style="list-style-type: none"> ● Percentage of identified most-at-risk women and girls who receive integrated gender-based violence protection services <i>Baseline 30%; Target: 60%</i> ● Number of one-stop-centres for holistic care of gender-based violence survivors <i>Baseline: 6; Target: 12</i> ● Number of community mechanisms for promotion of reproductive rights and protection against gender-based violence <i>Baseline: 2; Target: 3</i> 	<p>Government; United Nations agencies; World Bank; national and international non-Governmental organizations; civil society organizations; academia; professional associations; the media; the private sector</p>	<p>\$60 million (\$1 million from regular resources and \$59 million from other resources)</p>
	<p><u>Output 2:</u> Strengthened policy, legal, and accountability frameworks to advance gender equality and empower women and girls to exercise their reproductive rights and end child marriage</p>	<ul style="list-style-type: none"> ● Existence of national accountability framework for gender-based violence <i>Baseline: No; Target: Yes</i> ● Number of girls who receive prevention or protection services and care related to child, early and forced marriage with support from UNFPA (disaggregated by disability, refugee/migrant, indigenous) <i>Baseline 18,000; Target: 30,000</i> ● Availability of a costed national action plan to address child marriage <i>Baseline No; Target: Yes</i> 		
<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> ● Proportion of population expected to be counted, as per 2020 census, that is actually counted <i>Baseline: 25%; Target: 50%</i> ● Percentage of births registered with civil registration services <i>Baseline: 25%; Target: 50%</i> 	<p><u>Output 1:</u> Improved national and subnational population data systems, including in humanitarian data</p>	<ul style="list-style-type: none"> ● Census data collected, processed and analysed <i>Baseline: No; Target: Yes</i> ● Existence of a functional national database for gender-based violence, with increased timeliness and completeness of data <i>Baseline: No; Target: Yes</i> ● Number of national development and sectoral frameworks that integrate population dynamics <i>Baseline: 2; Target: 6</i> ● Proportion of children who benefited from birth certificates <i>Baseline: 14%; Target: 28%</i> 	<p>Governments; development partners; academia; research institutions; civil society organizations; the media; the private sector</p>	<p>\$20 million (\$10 million from regular resources and \$10 million from other resources)</p>