



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

Distr.: General
5 July 2019

Original: English

Second regular session 2019

3 to 6 September 2019, New York

Item 6 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Congo

Proposed indicative UNFPA assistance: \$12.3 million: 4.9 million from regular resources and \$7.4 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2020 – 2024)

Cycle of assistance: Sixth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.4	4.4	6.8
Outcome 3	Gender equality and women's empowerment	1.0	1.1	2.1
Outcome 4	Population dynamics	1.0	1.9	2.9
Programme coordination and assistance		0.5	0	0.5
Total		4.9	7.4	12.3

I. Programme rationale

1. The population of Congo is estimated at 5.3 million, 51 per cent of whom are women (National Institute of Statistics, 2019). The annual population growth rate is 3 per cent. With a profile of young population (42 per cent less than 15 years old and 16 per cent aged between 15-24 years), the age structure presents an opportunity to harness the demographic dividend, if the right investments were made. The urban population represents 56 per cent, concentrated in the biggest urban centres, Brazzaville (37 per cent) and Pointe-Noire (19 per cent).

2. Congo is a low-middle income country. It has been experiencing an economic downturn since 2014, with an economic growth rate of -5 per cent (2017). According to the International Monetary Fund, the gross domestic product per capita declined from \$3,196 in 2013 to \$1,658 in 2017. With a human development index of 0.592 in 2016, Congo ranked 135 out of 188 countries. Though poverty prevalence is declining, the poverty rate is still high (35 per cent in 2014). There is a pronounced differential between rural (75 per cent) and urban (32 per cent) according to 2015 labour survey. The most affected and vulnerable groups are the youth 15 to 29 years old (31 per cent), indigenous population (62,601 people), and people with disabilities (76,394 people).

3. According to the Multiple Indicators Cluster Survey (2015), total fertility rate is still high but declined from 5.1 to 4.4 children per woman of reproductive age between 2012 and 2015. It is very high among adolescent girls (111 per 1,000 live births among 15-19 years), with 33 per cent of them being either pregnant or young mothers. Early sexuality is highly impacting adolescents as 26 per cent of women aged 20-24 years had a childbirth before the age of 18. This is a major cause of obstetric fistula with an estimated caseload of 15,000 per year.

4. Though maternal mortality has been declining from 781 in 2005 to 436 deaths per 100,000 live births in 2015, it is still high. The major cause is poor quality of services as 89 per cent of maternal deaths are linked to the lack of emergency obstetric and neonatal care (EmONC) according to the 2016 maternal health surveillance survey. In spite of the positive trends on access to reproductive health services, the quality remains challenging: (a) the proportion of women having access to prenatal care (88 to 93 per cent); (b) the proportion of deliveries assisted by skilled health personnel (86 to 94 per cent); (c) availability of life-saving drugs (48.4 per cent of hospitals); (d) stock-outs commodities (70 per cent of health facilities) according to the 2017 facilities survey; and (e) the density of the health workforce is at 1.72 per 1,000 population, which falls below the World Health Organization's norm of at least 4.45 per 1000 population. Health personnel is unevenly distributed. The density varies from 4.6 in Pointe Noire to 0.5 in Sangha. With the current situation, Congo is unlikely to meet Sustainable Development Goal (SDG) 3 target by 2030 (Ministry of Health, 2018).

5. The high level of fertility and maternal mortality is also due to the unmet need for family planning among adolescents aged 15 to 19 (41.4 per cent), compared to the national average (17.9 per cent) in 2015. Modern contraceptive prevalence declined from 22 per cent in 2012 to 18.5 per cent in 2015, due to an ineffective supply chain.

6. The health system suffers from deficit of qualified human resources and hampered by recurrence of epidemics and infectious diseases. HIV/AIDS prevalence among general population is 3.2 per cent (4.1 per cent among women and 1.4 per cent among 15 to 19 age group). Hospital statistics also show a high incidence of breast cancer (27.1 per cent) and cervical cancer (11.2 per cent).

7. Gender disparities impact the socioeconomic and political status of women and girls. Women represent only 20.8 per cent of senate members, 11.3 per cent of parliamentarians and 22 per cent of the representatives in local councils. Study conducted in 2015 on 1,381 gender-based violence cases revealed that sexual and domestic violence are the most common forms, respectively 82 and 18 per cent. Despite ratification of regional and international treaties and conventions, law enforcement is weak and national prevention and response to gender-based violence is not effective (Ministry of Health and UNFPA, 2016).

8. The humanitarian situation is manifested through the presence of 81,000 internally-displaced persons in the Pool and 60,335 refugees in the Likouala and Plateaux, where women and children represent 70 per cent (United Nations High Commission for Refugees, 2018). Emergency preparedness should be enhanced to anticipate impact of epidemics and cross-

borders crisis.

9. The capacity to produce, analyse, disseminate and utilize population data is weak. The last census was conducted in 2007 and the last demographic and health survey in 2012. The health information system suffers from existence of parallel systems, poor quality of data, incompleteness of the coverage and late reporting (Ministry of Health, 2018).

10. The fifth programme (2014-2019) contributed to positioning population issues in the national and sectorial frameworks, such as the former National Development Plan 2012-2016 and the current one 2018-2022, the National Health Development Plan 2018-2023 and 2014-2018, and the accelerated plan for repositioning family planning 2018-2020. This political engagement has been translated into early adoption by Congo of Addis Ababa Declaration on Population and Development and the African roadmap on demographic dividend.

11. Family planning commodities supplied by the programme contributed to averting about 226 maternal deaths, 71,371 unwanted pregnancies and 1,321 unsafe abortions and provided 317,293 couple-years of protection for 248,777 family planning users and treated 116 fistula survivors. In general, around 71,127 beneficiaries (girls, women, indigenous, adolescent and youth with disabilities, and people living with HIV/AIDS) benefited from integrated sexual and reproductive health (SRH) services provided by the programme interventions. It has also contributed to building capacity of health workers in the following areas: 384 health workers in modern contraceptive technology, 212 health workers from 54 health facilities in the health information and logistics system management; 515 midwives on the risk factors of haemorrhages at deliveries; 80 religious leaders; 120 communicators on the techniques of sexual and reproductive health communication; and 30 experts on population and development issues.

12. There were several challenges: limited human resources for health; weak supply chain for reproductive health commodities; poor quality of sexual and reproductive health services, mainly for adolescent and youth; absence of policy on comprehensive sexuality education for adolescents; limited availability of integrated gender-based violence prevention and response services and lack of accurate and disaggregated population data.

13. Lessons learned and good practices included: (a) innovative approaches aligned with the principle of “leaving no one behind”; (b) joint UNFPA-World Food Programme “cash for dignity” to restore dignity for girls and women internally displaced in the Pool; (c) customized approach provided sexual and reproductive health services to reach 15,396 girls and women from indigenous community and people with disabilities; (d) partnerships with Ministry of Finance and private-sector institutions to leverage domestic resources and (e) South-South and triangular cooperation on census and gender-based violence.

II. Programme priorities and partnerships

14. Developed through a participatory approach under the leadership of the Ministry of Planning, Statistics and Regional Integration, the proposed programme (2020-2024) is aligned with the National Development Plan 2018-2022 and the National Health Development Plan (2018-2023). It is developed in the spirit of "delivering as one" and contributes to outcomes 3 and 4 of the United Nations Development Assistance Framework (UNDAF) 2020-2024. It takes into account SDG 1, 3, 5, 10 and 17 and priorities of the programme of action of the International Conference on Population and Development. It is in line with the African Union road map on demographic dividend.

15. The main objective is to contribute to the reduction of maternal mortality through increased access and utilization of quality, right-based, culturally acceptable, and age-appropriate sexual and reproductive health services, with special attention to women, youth and adolescents, indigenous community, people with disabilities, and people living with HIV/AIDS. The proposed programme will be implemented in the regions of Pool, Likouala and Sangha, as the most affected regions by the poverty prevalence and humanitarian crises. Provision of the reproductive health commodities is countrywide.

16. It builds on the ongoing partnerships with national entities, United Nations organizations, the private sector, and civil society organizations. Joint programmes of maternal health, gender-based violence and data will be formulated with United Nations Children’s Fund

(UNICEF), United Nations Development Programme (UNDP), United Nations for Women, World Food Programme and World Bank. Public private partnership project is under finalization between Ministry of Health, Philips and UNFPA. This initiative aims at accelerating the achievement of “zero maternal death” transformative result by co-creating with the private sector and implementing digital solutions.

17. The programme aims to bridge the Humanitarian-Development-Peace divide by ensuring that humanitarian assistance is delivered in the context of resilience and broader sustainable development priorities. UNFPA will support national and inter-agency measures to strengthen disaster risk reduction and emergency preparedness through building capacities, systems and partnerships.

A. Outcome 1: Sexual and reproductive health

18. *Output 1: Strengthened national capacities to provide quality integrated sexual and reproductive health services for women, adolescents and young people, and other vulnerable groups (indigenous population, people with disabilities, people living with HIV, refugees and internally displaced people).* This output will contribute to achieve UNFPA transformative result of “zero maternal death” by 2030. This will be achieved by: (a) strengthening EmONC by conducting assessments and establishing EmONC maternities networks; (b) strengthening maternal deaths surveillance and review systems; (c) supporting updating the midwifery initial training curriculum and the roll-out of midwifery mentorship training and tutor programmes; (d) strengthening national capacities for the holistic management of obstetric fistulas and the medical treatment of gender-based violence; (e) building capacities for the prevention of breast and cervical cancer; (f) strengthening the availability of adolescent-friendly integrated sexual and reproductive health services; (g) establishing mobile clinics to provide integrated services to indigenous population; (h) supporting the sensitization actions to prevent early pregnancies in and out of school; (i) advocacy for the integration of comprehensive sexuality education into training curricula; and (j) strengthening of national capacities to conduct emergency preparedness and deliver emergency services in humanitarian situations.

19. *Output 2: Enhanced national capacities for the management of the reproductive health commodities supply chain and demand generation of SRH services, including family planning for adolescents.* This output will contribute to achieving the transformative result of “zero unmet need” by 2030 through: (a) supporting the harmonization and implementation of SRH norms and protocols; (b) advocating for scaling up the national contribution to the procurement of contraceptive products; (c) training health workers to provide quality family planning services; (d) enhancing the capacity of central medical supply for commodities distribution to ensure the complete availability of products at health facilities; (e) increasing demand for and access to modern contraception through community-based distribution, open houses and mobile clinics; and (g) supporting the improvement of the logistics information and management system by scaling up the health district information system.

B. Outcome 3: Gender equality and women’s empowerment

20. *Output 1: Increased national multisectoral capacity to prevent and address gender-based violence.* This output will contribute to achieving the transformative result of “zero gender-based violence” by 2030. The strategies are: (a) advocacy and policy dialogue for the ratification of international legal instruments and their harmonization with the national legal framework for the promotion of gender equality; (b) supporting national partners to ensure the planning and achievement of the prevention and multisectoral response to gender-based violence, including in humanitarian settings; (c) raising awareness and mobilizing communities through the involvement of men and boys and in partnership with community-based traditional and religious leaders and organizations; (d) promoting social cultural norms and behaviour change communication at community level to eliminate gender-based discriminatory practices and increase utilization of reproductive health services; and (e) building capacity and partnership with human rights organizations to promote the fight against gender-based violence.

C. Outcome 4: Population dynamics

21. *Output 1: Enhanced capacities of the national statistics system to produce and use population data for the implementation of the National Development Plan, International*

Conference on Population and Development (ICPD) programme of action, and the monitoring of the Sustainable Development Goals (SDGs), including in humanitarian situations. This output will be achieved through: (a) supporting the development of policy briefs and in-depth studies for advocacy and decision-making; (b) strengthening advocacy and partnerships to promote the culture of utilization of data for decision-making by all stakeholders; (c) building the capacity of the national statistical system to carry out the fifth general population and housing census, conduct demographic and health survey, compile and analyse vital statistics, and health information system; (d) enhancing the dissemination of disaggregated data through establishing database and annual symposium; and (e) supporting the operationalization and follow-up of the implementation of the national roadmap for harnessing the demographic dividend in line with action plan of African Union.

III. Programme and risk management

22. The Ministry of Planning, Statistics and Regional Integration is the government coordinating entity. National execution will be the main implementing modality. It will apply the harmonized approach to cash transfers, with quality assurance modalities. A micro-evaluation will be conducted together with UNICEF and UNDP to assess the level of risk and implement mitigation plans while identifying potential implementing partners. UNFPA country office will contribute to the resident coordinator system in order to advance the implementation of the United Nations reform.

23. Environmental scanning of the political and socioeconomic context will guide programme delivery as needed during the programme implementation period, taking into account the impact of cross-border crises. There are potential risks related to resurgence of epidemics, floods and political polarization in the perspective of 2021 elections. Emergency preparedness plan will be developed, and funds allocated. In case of emerging humanitarian crisis, in consultation with the Government, UNFPA will completely reorganize activities as needed to effectively assist the country.

24. Resource mobilization and partnership plan will guide the efforts to mobilize additional resources. It will be revised periodically. Special emphasis will be on non-traditional donors, leveraging domestic resources and exploring opportunities with private sector. An advocacy and communication strategy will be developed to accompany the implementation of the country programme document. It will be implemented in line with the global one voice communications strategy and the regional one. It will include social and behaviour change communications strategic elements, and high impact advocacy initiatives with key stakeholders.

25. A human resource plan has been developed. The country office has a management team, comprising a representative, assistant representative, operations manager, in addition to five national programme specialists, analysts, and support staff. Staff capacities will be continually reinforced. The office will rely on consultants, technical assistance from the regional office and headquarters, south-south and triangular cooperation for the implementation of the programme.

IV. Monitoring and evaluation

26. A result-based monitoring and evaluation mechanism is developed in line with the "delivering as one" approach. It will be implemented together with national partners building on the UNDAF coordination mechanisms to monitor progress and report periodically on results. It will include UNDAF annual reviews and final evaluation.

27. UNFPA, in close consultation with the Government will systematically carry out quarterly and annual programme reviews. Joint field monitoring visits will be organized, and the country programme independent evaluation will be conducted.

Results and resources framework for Congo (2020-2024)

<p>National priority: National Development Plan 2018-2023: Enhancing human capital to harness demographic dividend for building a sustainable and inclusive development</p> <p>UNDAF outcome: By 2024, all population groups have equitable access to high-quality primary health care services, health security, social protection, to enhance human capital and harness demographic dividend.</p> <p>Indicators: Primary health care coverage: Baseline: 26%, Target: 50%; Maternal mortality ratio: <i>Baseline: 436/100,000, Target: 210/100,000</i>; Proportion of births attended by skilled health personnel: <i>Baseline: 94.4%, Target: 90%</i>; National SRH laws and policies are in accordance with international standards: <i>Baseline: No, Target: Yes</i>;</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Contraceptive prevalence rate <i>Baseline: 18.5%; Target: 22%</i> Unmet need for family planning <i>Baseline: 17.9%; Target: 15.8%</i> 	<p><u>Output 1:</u> Strengthened national capacities to provide quality integrated sexual and reproductive health services for women, adolescents and young people, and other vulnerable groups (indigenous population, people with disabilities, people living with HIV, refugees and internally displaced people)</p>	<ul style="list-style-type: none"> Percentage of maternal deaths due to the third delay <i>Baseline: 89% (2018), Target: 60% (2024)</i> Number of health facilities providing basic or comprehensive EmONC services in the focus area <i>Baseline: 10 (2018); Target: 30 (2024)</i> Number of adolescents, youth, indigenous and women with disabilities and women living with HIV/AIDS having received SRH/HIV integrated services <i>Baseline: 0 (2020); Target: 550,000 (2024)</i> 	Ministries for Health and Population; Youth and Civic Education; Technical and Professional Education; Social Affairs and Humanitarian Action; NGOs, CSOs, WHO, UNHCR, WFP, UNICEF, UNDP, World Bank, Philips	\$3.8 million (1.2 million from regular resources and \$2.6 million from other resources)
	<p><u>Output 2:</u> Enhanced national capacities for the management of the reproductive health commodities supply chain and demand generation of SRH services, including family planning for adolescents</p>	<ul style="list-style-type: none"> Percentage of facilities in the focus area that experienced no stock-out of contraceptives <i>Baseline: 30% (2020); Target: 60% (2024)</i> Functional logistics management information systems for forecasting and monitoring reproductive health commodities in place <i>Baseline: partially (2020); Target: fully (2024)</i> 	Ministries for Health and Population; Youth and Civic Education; Technical and Professional Education; Social Affairs and Humanitarian Action; NGOs, CSOs, WHO, UNHCR, UNICEF, UNDP, World Bank, Philips	\$3.0 million (\$1.2 million from regular resources and \$1.8 million from other resources)
<p>National priority: National Development Plan 2018-2023: Enhanced governance in all domains- political, legal, administrative, and economic is essential to support programmes implementation in target zones.</p> <p>UNDAF outcome: By 2024, population benefit from an improved governance system at all levels (institutional, democratic, human rights, and economic) in order to reach a participatory and inclusive development, peace consolidation and humanitarian response.</p> <p>Indicators: Proportion of universal periodic review (UPR) recommendations implemented: <i>Baseline: 37 (2012), Target: 20 (2024)</i>; Government effective spending as proportion of the approved budget: <i>Baseline: 0%, Target: 5%</i>; Proportion of positions (by sex, age, people with disabilities, minorities) in public administration and national representation; <i>Baseline: Parliament: 40% (2024)</i></p>				
<p>Outcome 3: Gender equality and equity Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive 	<p><u>Output 1:</u> Increased national multisectoral capacity to prevent and address gender-based violence</p>	<ul style="list-style-type: none"> Number of networks created to prevent and address gender-based violence; <i>Baseline: 0 (2020); Target: 4 (2024)</i> Number of women and girls subjected to gender-based violence that have accessed the essential services package; <i>Baseline: 0 (2020); Target: 979 (2024)</i> 	Ministries for Health and Population; Youth and Civic Education; Technical and Professional Education; Social Affairs and Humanitarian Action; NGOs, CSOs, UN-Women, WHO, UNESCO, WFP, UNICEF, UNDP, Philips	\$2.1 million (\$1.0 million from regular resources and \$1.1 million from other resources)

<p>use and reproductive health care; <i>Baseline: 10%; Target: 15%</i></p> <ul style="list-style-type: none"> Laws and regulations in place that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education <i>Baseline: No (2020); Target: Yes (2024)</i> 				
<p>Outcome 4: Population dynamics Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development <u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> The fifth population and housing census conducted <i>Baseline: No (2020) Target: Yes (2024)</i> Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the fundamental principles of official statistics <i>Baseline: 0 (2020) Target: 100% (2024)</i> 	<p><u>Output 1:</u> Enhanced capacities of the national statistics system to produce and use population data for the implementation of the National Development Plan, International Conference on Population and Development Programme of Action, and the monitoring of the Sustainable Development Goals, including in humanitarian situations</p>	<ul style="list-style-type: none"> Number of in-depth population studies and policy briefs developed in support of advocacy for demographic dividend and SDGs implementation <i>Baseline: 0 (2020); Target: 5 (2024)</i> Number of national staff trained in data collection, analysis and population and development; <i>Baseline: 0 (2020); Target: 40 (2024)</i> 	<p>Ministries for Planning and Statistics; Interior and Decentralization; Health and Population; National Statistics Institute, UNHCR, UNICEF, UNDP, and academia</p>	<p>\$2.9 million (\$1.0 million from regular resources and \$1.9 million from other resources)</p>