



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

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**UNITED NATIONS POPULATION FUND**

**Final country programme document for the Republic of the Congo**

Proposed indicative UNFPA assistance: \$15.2 million: \$8.4 million from regular resources and \$6.8 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2009-2013)

Cycle of assistance: Fourth

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	5.0	3.0	8.0
Population and development	1.7	2.0	3.7
Gender equality	1.0	1.8	2.8
Programme coordination and assistance	0.7	-	0.7
Total	8.4	6.8	15.2

## I. Situation analysis

1. The Republic of the Congo extends over 342,000 square kilometres. The total population was about 3.6 million in 2005, of which 51.7 per cent were women. People aged 15-24 account for 20 per cent of the population, while those aged 65 years and older account for 3.6 per cent. Nearly 60 per cent of the population lives in urban areas. The annual population growth rate is approximately 3 per cent.

2. Despite progress in peace and security, the security situation is precarious in some areas. The inter-agency contingency plan for the country takes into account possible increases in the number of refugees from the Democratic Republic of the Congo.

3. Despite an economic growth rate of 7 to 9 per cent, 50.7 per cent of the population lived below the poverty line in 2006. An estimated 58.2 per cent of female-headed households live in poverty, compared to 48.8 per cent of male-headed households. Poverty is more widespread in rural areas (64.8 per cent) and semi-rural areas (67.4 per cent) than in urban areas (42.3 per cent in Brazzaville and 33.5 per cent in Pointe-Noire). The Republic of the Congo qualified for debt relief under the Enhanced Heavily Indebted Poor Countries Initiative.

4. The antenatal care rate is 88 per cent, and 86.2 per cent of deliveries are attended by qualified health staff. Nonetheless, the maternal mortality ratio is high, at 781 maternal deaths per 100,000 live births. Contributing factors include a lack of community education on safe motherhood and neonatal care; the low quality of maternal and post-partum care and counselling; poorly equipped and staffed health centres; and a lack of high-quality care for obstetric emergencies.

5. Although knowledge of modern contraceptive methods is high (96.3 per cent), the contraceptive prevalence rate is low (13 per cent), due to the limited coverage of family planning services. The unmet need for family planning services is approximately 42 per cent. The total fertility rate

is 4.8 children per woman. In 2006, 142 cases of obstetric fistula were identified.

6. The Government seeks to achieve the goal of universal access to reproductive health services. It adopted a national health development plan (2007-2011) as well as a road map for accelerating the reduction of maternal, neonatal and infant morbidity and mortality.

7. The HIV/AIDS prevalence rate is estimated at 4.2 per cent, with regional variations ranging from 1.3 to 9.4 per cent. High-risk groups include out-of-school young people (5.4 per cent), sex workers and uniformed personnel. Women aged 24-35 are 2.8 times more likely to be infected than men in the same age group.

8. There is a lack of updated data for planning, monitoring and evaluating development programmes. Available data are not organized in an integrated management information system, and there is lack of data disaggregated by gender and region.

9. Disparities persist in the area of gender. The participation of women in decision-making processes is low (14 per cent of government ministers and 10 per cent of parliamentarians are women). A rapid assessment by the United Nations Children's Fund (UNICEF) in the Pool region in 2007 identified 16 per cent of women as victims of sexual abuse. Sixty per cent of victims were young girls aged 13-17. In this region, female genital mutilation is estimated at 8.8 per cent.

## II. Past cooperation and lessons learned

10. Cooperation between the Republic of the Congo and UNFPA began in 1972. The third country programme (2004-2008), developed under the leadership of the Government and in collaboration with multisectoral partners, was harmonized with the programme cycles of UNDP, UNICEF and the United Nations World Food Programme. The signature of the standard basic agreement, the establishment of a multisectoral coordination committee within the Ministry of Planning, and the strengthening of partnerships with other development partners facilitated the

implementation of the UNFPA-supported programme.

11. A number of factors constrained programme implementation. These included the insufficient capacity of key stakeholders to: (a) develop and use information and results-based management systems to ensure greater accountability; (b) implement and monitor national and international standards related to reproductive health issues; (c) conduct situation analyses, formulate policies and strategies, develop budgets, and carry out evaluations; and (d) apply a rights-based approach. Resources were limited due to the governance problem and the post-conflict environment. In addition, the capacity of the country office and national counterparts was limited at the beginning of the programme cycle.

12. The programme contributed to the following results: (a) a national road map to accelerate the reduction of maternal, neonatal and infant morbidity and mortality; (b) a national reproductive health commodity security strategic plan; (c) the integration of population and development issues into global and sector-based documents, specifically the national plan for the development of the health sector and the poverty reduction strategy paper; (d) health mapping and in-depth analysis of the demographic and health survey; (e) a national programme for the social marketing of male and female condoms; (f) a national communications strategy addressing HIV/AIDS; (g) strengthened efforts and interventions to prevent sexually transmitted infections and HIV in young people, uniformed personnel and sex workers; (h) a national gender policy; and (i) actions to improve the social, cultural and economic status of women in order to promote gender equity and equality.

13. The country office successfully advocated using national resources to support the country programme. The Government contributed 95 per cent of the budget for the 2007 population and housing census.

14. Key lessons include: (a) national ownership and leadership of the country programme is crucial to effective programme delivery; (b) training

implementing partners, strengthening institutional capacity by providing equipment, refurbishing health centres and providing financial and material resources in a timely manner are key ingredients for success; (c) an effective mechanism for coordinating, monitoring and evaluating the country programme must be in place during the first year of its implementation to increase national commitment and programme impact; and (d) partnerships with United Nations organizations such as the World Health Organization and UNICEF facilitated programme coordination.

### III. Proposed programme

15. The proposed programme is aligned with the national priorities defined in the poverty reduction strategy paper and the sector-based policies and development programmes. These priorities have been taken into account in the United Nations Development Assistance Framework (UNDAF) for 2009-2013, especially through outcomes related to: (a) improved governance and strengthened peace and security; and (b) equitable access to high-quality health care (including for HIV/AIDS), education, water and sanitation, and social welfare services. These outcomes are aligned with the Programme of Action of the International Conference on Population and Development and the UNFPA strategic plan, 2008-2011.

16. The goal of the country programme is to contribute to an improved quality of life for the population by: (a) improving access to high-quality reproductive health services, including those related to sexually transmitted infections and HIV/AIDS; (b) promoting the integration of population issues into sector-based development programmes and their monitoring and evaluation systems; and (c) promoting gender equity and equality.

17. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

#### *Reproductive health and rights component*

18. There are two country programme outcomes within this component: (a) equitable access to and use by the population of the essential package of

health services, including services related to maternal and infant health; and (b) women, youth, children and other high-risk groups have increased access to, and use, HIV prevention and care services. Three outputs contribute to achieving these outcomes.

19. Output 1: Support for implementing the national road map to accelerate the reduction of maternal, neonatal and infant morbidity and mortality by building the capacity of health centres and communities, to ensure the availability of family planning services and emergency obstetric, neonatal and post-natal care, including in humanitarian situations. This output will be achieved by: (a) strengthening the technical and institutional capacity of health centres and communities; (b) developing a referral system for emergency obstetric care; (c) implementing a reproductive health commodity security strategy, including condom programming; (d) promoting gender-sensitive and culturally sensitive behaviour change communication on reproductive health; (e) integrating family planning into HIV/AIDS prevention and reproductive health interventions; (f) supporting advocacy and policy dialogue to establish adolescent reproductive health services; (g) advocating policy support and resource mobilization to ensure the inclusion of the minimum initial service package in national contingency plans; and (h) building national capacity to produce and disseminate data for planning, monitoring and evaluating emergency situations.

20. Output 2: Strengthened capacity of stakeholders to ensure the availability and dissemination of high-quality information on reproductive health, focusing on communities and young people. This output will be achieved by: (a) building the capacity of stakeholders, including young people, service providers and parents, in life skills; (b) promoting behaviour change with regard to reproductive health and HIV/AIDS; and (c) promoting the involvement of young people in programmes by making youth councils operational.

21. Output 3: Increased access to high-quality information on preventing HIV/AIDS, with an

emphasis on women, out-of-school young people, sex workers and uniformed personnel. This output will be achieved by: (a) promoting gender-sensitive and culturally sensitive behaviour change communication in HIV prevention programmes; (b) supporting community mobilization and social marketing efforts; and (c) promoting voluntary counselling and testing in health centres and facilities.

#### *Population and development component*

22. There are two country programme outcomes within this component: (a) institutions and national stakeholders use planning tools, monitor and evaluate policies, and develop programmes and budgets; and (b) increased access by poor and vulnerable groups to social welfare services. Three outputs will help to achieve these outcomes.

23. Output 1: Strengthened national capacity-building in monitoring and evaluation at global and decentralized levels. This output will be achieved by: (a) training stakeholders at national and decentralized levels in monitoring and evaluation; and (b) advocating resources and technical support to implement policies, development programmes, and monitoring and evaluation plans.

24. Output 2: The integrated management information system provides data, indicators and information for implementing, monitoring and evaluating national policies and development programmes. This output will be achieved by: (a) advocating resources and technical support for implementing the national data collection plan for 2009-2013 (including the health information system and large-scale surveys such as the second demographic and health survey in 2010); (b) building the institutional and technical capacity of the national statistics system to strengthen, utilize and maintain an integrated management information system; and (c) promoting the use of data for monitoring and evaluation at global and decentralized levels.

25. Output 3: Strengthened mechanisms to address the needs of the elderly at national and community levels. This output will be achieved by: (a) advocating resources and technical support to

address the needs of the elderly in policies and development plans; (b) promoting gender-sensitive and culturally sensitive behaviour change communication related to the elderly; and (c) strengthening national capacity to develop and implement contingency plans for humanitarian assistance.

#### *Gender equality component*

26. There is one country programme outcome within this component: institutions and national stakeholders promote human rights, peace and security, including gender equity and equality. Three outputs will contribute to achieving this outcome.

27. Output 1: A national system for collecting, analysing and utilizing data on gender-based violence and for supporting victims of such violence is established at the national level. This output will be achieved by: (a) strengthening the capacity of structures, including a centre to identify and locate survivors of gender-based violence; (b) supporting studies and promoting the utilization of their findings; and (c) supporting social, economic and psychological assistance for survivors of gender-based violence.

28. Output 2: Strengthened capacity of national institutions and key actors to combat gender-based violence. The programme will: (a) build the capacity of networks, faith-based organizations, youth and the media, as well as community organizations, to combat sexual and gender-based violence; (b) scale up efforts to prevent and respond to sexual and gender-based violence; (c) advocate the adoption of laws that seek to eliminate impunity for the perpetrators of sexual violence; and (d) help the media to monitor and draw attention to sexual and gender-based violence.

29. Output 3: Ensured support for implementing the national gender policy. This output will be achieved by: (a) supporting the implementation of the gender action plan developed in 2008; and (b) supporting the development and implementation of gender policies and sector-based action plans.

#### **IV. Programme management, monitoring and evaluation**

30. The Ministry of Planning will coordinate, monitor and evaluate the programme through a multisectoral coordination committee composed of representatives from various ministries. Monitoring and evaluation mechanisms will be based on: (a) a situation analysis carried out at the beginning of the programme to obtain baseline indicators; (b) field visits; (c) quarterly and annual review meetings; (d) a midterm programme evaluation; and (e) a final programme evaluation. The multisectoral coordination committee will work closely with the UNDAF technical task force team.

31. The multisectoral coordination committee will monitor programme implementation and mobilize resources for the programme. The country office, in collaboration with the United Nations country team, will take the lead in formulating the resource mobilization plan.

32. UNFPA has offices in Brazzaville and Pointe-Noire. The main UNFPA country office in Brazzaville includes a representative, an assistant representative, an operations manager, several national programme officers (in the areas of reproductive health, adolescent and youth reproductive health, HIV/AIDS and gender) and a number of support staff. UNFPA will recruit two additional national staff for monitoring and evaluation, and for procurement. The UNFPA regional and subregional offices will provide technical assistance to the programme.

## RESULTS AND RESOURCES FRAMEWORK FOR THE REPUBLIC OF THE CONGO

<b>National priority:</b> improving people's access to high-quality basic social services <b>UNDAF outcomes:</b> by 2013, people have equitable access to and use high-quality services in health (including for HIV/AIDS), education, water and sanitation, and social protection				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><b>Outcome 1:</b> Equitable access to and use by the population of the essential package of health services, including services related to maternal and infant health</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of population with access to the essential services package</li> <li>• Coverage rate of facilities</li> <li>• Service utilization rate</li> </ul> <p><b>Outcome 2:</b> Women, youth, children and other high-risk groups have increased access to, and use, HIV prevention and care services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS prevalence rate among high-risk groups</li> <li>• Coverage rate according to the type of services offered</li> </ul>	<p><b>Output 1:</b> Support for implementing the national road map to accelerate the reduction of maternal, neonatal and infant morbidity and mortality by building the capacity of health centres and communities, to ensure the availability of family planning services and emergency obstetric, neonatal and post-natal care, including in humanitarian situations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of the population with access to a high-quality package of essential services</li> <li>• Service utilization rate</li> <li>• Percentage of health centres with high-quality emergency obstetric and neonatal care</li> <li>• Coverage rate of maternal health commodities</li> <li>• Minimum operational emergency package in reproductive health is integrated into the humanitarian response and contingency plan</li> <li>• Availability of emergency health kits</li> <li>• Availability and utilization of data on emergency and post-emergency situations</li> </ul> <p><b>Output 2:</b> Strengthened capacity of stakeholders to ensure the availability and dissemination of high-quality information on reproductive health, focusing on communities and young people</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of communities and young people with adequate information on reproductive health</li> <li>• Age at first intercourse among those aged 15-24</li> </ul> <p><b>Output 3:</b> Increased access to high-quality information on preventing HIV/AIDS, with an emphasis on women, out-of-school young people, sex workers and uniformed personnel</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of target groups with accurate knowledge about HIV/AIDS</li> <li>• Reports on HIV prevalence among high-risk groups</li> <li>• Coverage rates by type of service (condoms, voluntary counselling and testing)</li> <li>• Percentage of people using condoms during occasional intercourse</li> <li>• Percentage of people who are voluntarily tested for HIV/AIDS</li> </ul>	<p>Ministries of: Health, Social Affairs and the Family; National Defence; Promotion of Women and the Integration of Women in Development; Sports and Youth</p> <p>National Centre for Statistics and Economic Surveys; National HIV/AIDS Advisory Board</p> <p>UNDP; UNESCO; UNHCR; UNICEF, WHO</p> <p>Congolese Family Welfare Association</p>	<p>\$8 million (\$5 million from regular resources and \$3 million from other resources)</p>

<p><b>National priorities:</b> (a) improving governance and the consolidation of peace and security; and (b) improving people's access to high-quality basic social services</p> <p><b>UNDAF outcomes:</b> (a) institutions and national actors take into account human rights and the effective and transparent management of public resources to consolidate peace and security; and (b) by 2013, people have equitable access to and use high-quality services in health (including for HIV/AIDS), education, water and sanitation, and social protection</p>				
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><b>Outcome 1:</b> Institutions and national stakeholders use planning tools, monitor and evaluate policies, and develop programmes and budgets</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Annual report on the Millennium Development Goals</li> <li>Percentage of national budget earmarked for essential social services</li> <li>Number of provisions on decentralization effectively implemented</li> <li>Number of functional local institutions</li> </ul> <p><b>Outcome 2:</b> Increased access by poor and vulnerable groups to social welfare services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Existence of legal and statutory capacity facilitating access by poor and vulnerable groups to social welfare services</li> <li>Percentage of poor and vulnerable groups with access to social welfare services</li> </ul>	<p><b>Output 1:</b> Strengthened national capacity-building in monitoring and evaluation at global and decentralized levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of national institutions strengthened in monitoring and evaluation, including at the parliamentary level</li> <li>Indicators for monitoring and evaluating development programmes are available from national institutions at global and decentralized levels</li> <li>Number of published monitoring and evaluation reports related to the implementation of development programmes</li> </ul> <p><b>Output 2:</b> The integrated management information system provides data, indicators and information for implementing, monitoring and evaluating national policies and development programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>A national integrated database is established and used</li> <li>Databases in health and education are established and used</li> </ul> <p><b>Output 3:</b> Strengthened mechanisms to address the needs of the elderly at national and community levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>Number of national organizations working with elderly persons</li> </ul>	<p>Parliament; Ministries of: Economy, Finance and Budget; Foreign Affairs and Relations with Francophone Countries; Higher Education; Justice and Human Rights; Planning; Promotion of Women and the Integration of Women in Development</p> <p>FAO; UNDP; UNESCO; UNICEF; WHO</p> <p>African Development Bank; International Monetary Fund; World Bank</p>	<p>\$3.7 million (\$1.7 million from regular resources and \$2 million from other resources)</p>
Gender equality	<p><b>Outcome:</b> Institutions and national stakeholders promote human rights, peace and security, including gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Female voter turn-out for parliamentary elections</li> <li>Number of constitutional provisions relating to human rights violations</li> </ul>	<p><b>Output 1:</b> A national system for collecting, analysing and utilizing data on gender-based violence and for supporting victims of such violence is established at the national level</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of structures specializing in identifying and locating victims of gender-based violence</li> <li>Number of institutions able to use data for evidence-based policy dialogues</li> </ul> <p><b>Output 2:</b> Strengthened capacity of national institutions and key actors to combat gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of national institutions and key actors combating gender-based violence</li> </ul> <p><b>Output 3:</b> Ensured support for implementing the national gender policy</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Existence of an implementation action plan</li> <li>Decentralized action plans are available</li> </ul>	<p>Ministries of: Economy, Finance and Budget; Health, Social Affairs and the Family; Higher Education; Justice and Human Rights; Planning; Promotion of Women and the Integration of Women in Development Audit department Faith-based organizations; NGOs</p>	<p>\$2.8 million (\$1 million from regular resources and \$1.8 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.7 million from regular resources</p>