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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

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

Proposed indicative UNFPA assistance: \$15.7 million: \$5.2 million from regular resources and \$10.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2014-2018)

Cycle of assistance: Fifth

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	1.2	1.0	2.2
Family planning	1.0	5.3	6.3
Young people's sexual and reproductive health and sexuality education	1.5	1.6	3.1
Gender equality and reproductive rights	0.5	1.0	1.5
Data availability and analysis	0.5	1.6	2.1
Programme coordination and assistance	0.5	-	0.5
<b>Total</b>	<b>5.2</b>	<b>10.5</b>	<b>15.7</b>

## I. Situation analysis

1. A middle-income country, the Republic of the Congo (the Congo) has a population of nearly 4.1 million, 52 per cent of whom are women. Forty per cent of the population is younger than 15, and 80 per cent live in urban areas. The annual population growth rate is 2.7 per cent.

2. Despite the international financial crisis, the Congo has sustained an annual economic growth rate of 7 per cent. The percentage of the population living below the poverty line declined from 50.7 per cent in 2005 to 39.6 per cent in 2011. The gross domestic product per capita was \$1,334 in 2012. Although social indicators are improving, challenges remain, particularly challenges related to meeting the needs of young people and girls.

3. The health system has achieved a number of accomplishments, including: (a) the provision of free Caesarean sections; (b) the provision of antiretroviral and antimalarial treatments for pregnant women and children under five; (c) the provision of free treatment for obstetric fistula; and (d) the establishment of a monitoring system to record the causes of maternal deaths.

4. In 2012, 79 per cent of pregnant women received prenatal care; 94 per cent of births were attended by skilled health-care workers; and 92 per cent of births took place in health centres. The maternal mortality ratio has decreased by 45 per cent since 2005, from 781 maternal deaths per 100,000 live births to 426 maternal deaths per 100,000 live births. In 2011, the health system treated one third of the 150 women affected by obstetric fistula. Despite this progress, there is a need to improve the quality of care through the provision of emergency neonatal care, obstetric care and midwifery services.

5. The total fertility rate was 5.1 children per woman in 2011. The contraceptive prevalence rate increased from 13 per cent to 20 per cent from 2005-2011, and the unmet need for family planning decreased from 42 per cent to 18 per cent during the same time period. Challenges include the prevalence of early pregnancies, the inadequate provision of services, and sociocultural resistance to modern contraceptive methods.

6. The HIV prevalence rate was 3.2 per cent in 2009. The prevalence rate is 1.7 per cent among youth aged 15-24, who represent 22 per cent of the population. The rate is higher among females (2.4 per cent) than among males (0.7 per cent) in this age group. There is a need to expand the provision of youth-friendly reproductive health services.

7. Despite constitutional and legislative frameworks to protect women's rights, gender inequality persists. Only 5 of 38 ministers, and 10 of 139 members of parliament, are women. Violence against women is widespread: more than 500 cases were reported in 2011 in two hospitals in Brazzaville. This is largely due to conservative sociocultural perceptions regarding the role of women in society. There is a need to strengthen mechanisms that promote gender equality as well as the national network that combats gender-based violence.

8. The Government has adopted a law to protect indigenous people as well as a policy that seeks to improve the living conditions of disabled people. However, they have yet to be fully implemented.

9. Although the data collection system has improved, there is a need to enhance sociodemographic databases, data analysis, and the dissemination of data.

10. The country faces challenges related to humanitarian situations. Challenges requiring

ongoing support include natural disasters and an influx of refugees from the Democratic Republic of the Congo.

## II. Past cooperation and lessons learned

11. The goal of the fourth country programme was to contribute to improving access to high-quality reproductive health services by: (a) preventing HIV/AIDS; (b) integrating population issues into development programmes; and (c) promoting gender equality.

12. Despite challenges regarding national ownership of the programme, particularly in the area of budgetary allocations, the programme contributed to reducing maternal mortality by repositioning family planning in the national development agenda and improving emergency obstetric care and newborn care.

13. Programme achievements included: (a) an increase in the modern contraceptive prevalence rate by 53 per cent and in condom use by 35 per cent; (b) the treatment and socioeconomic reintegration of more than 30 per cent of women affected by obstetric fistula; (c) an increase in the percentage of youth and adolescents who have accurate knowledge of HIV/AIDS, from 53 per cent in 2009 to 68.1 per cent in 2012; (d) an increase of 13,500 in the number of people tested for HIV; (e) the training of 130 reproductive health-care providers in CHANNEL (a software programme to manage health supplies); and (f) the training of 200 civil servants and association leaders in the minimum initial service package for refugees and internally displaced persons.

14. The programme also supported: (a) the establishment of a university research centre and a master's degree in population and development for 30 students each year; (b) the building of an integrated data management

system and increasing the capacity of national civil servants in data analysis; (c) the training of 125 journalists on population and development issues; and (d) the adoption of legislative frameworks on the rights of indigenous people and people with disabilities.

15. With regard to gender, the programme supported: (a) the mobilization and participation of 175,000 women in the 2012 legislative elections; (b) the preparation of a gender-parity bill; (c) a social and medical prevention and care system for the victims of sexual violence, including within humanitarian contexts, which assisted 200 women in four health centres; (d) the mobilization of 800 male leaders to support women's rights; and (e) income-generating activities for 98 out-of-school teenage mothers.

16. To build on these results, there is a need to expand interventions focusing on the quality of care through support for: (a) emergency neonatal care, obstetric care and midwifery; (b) the empowerment of women and girls; (c) increased access to sexual and reproductive health and family planning services; (d) efforts to combat gender-based violence; and (e) assistance for vulnerable populations.

17. Lessons learned during programme implementation included the need to: (a) strengthen monitoring and evaluation, coordination, national ownership and financing of the programme; and (b) pursue strategic partnerships with institutions and non-traditional donors.

## III. Proposed programme

18. The fifth programme addresses the needs of women and youth. The programme is aligned with the United Nations Development Assistance Framework (UNDAF), 2014-2018, and takes into account the Millennium Development Goals. It is also aligned with national priorities, as defined in the growth,

employment and poverty reduction strategy paper, 2012-2016. The UNDAF contributes to the achievement of these priorities through three strategic areas: (a) governance; (b) social development; and (c) balanced, equitable and sustainable development. The fifth country programme contributes to the first two of these areas.

19. Drawing from experience and the results achieved through the previous programme, the fifth country programme focuses on: (a) advocacy; (b) collaborative strategies and approaches that are sensitive to human rights and gender issues; (c) results-based management; (d) national capacity development; and (e) sustainable development.

#### *Maternal and newborn health*

20. Output 1: The capacity of health centres to provide high-quality emergency obstetric care and newborn care is strengthened. This output will be achieved by: (a) strengthening access to and the quality of maternal and newborn health services, with a focus on basic emergency obstetric care at the peripheral level and comprehensive services at the referral level; (b) access to sexual and reproductive health services at all levels; and (c) strengthening the capacity of midwifery schools by integrating clinical practice modules on emergency obstetric care and newborn care into initial and vocational training programmes.

21. Output 2: The capacity of health centres in preventing and treating obstetric fistula and promoting the socioeconomic reintegration of fistula patients is strengthened. This output will be achieved by: (a) preventing and treating obstetric fistula; and (b) promoting the socioeconomic reintegration of women who have been treated for fistula.

#### *Family planning*

22. Output: The capacity of health centres and non-governmental organizations (NGOs) in

family planning and reproductive health commodity security is strengthened. This output will be achieved by supporting the reproductive health commodity security action plan by: (a) building national capacity in commodity management and monitoring the data collection system; (b) strengthening the demand for family planning services, including through community mobilization and social marketing; and (c) promoting family planning and HIV prevention in health centres and among vulnerable populations, such as indigenous people and refugees, through peer education.

#### *Young people's sexual and reproductive health and sexuality education*

23. Output 1: The programme capacity of health centres and youth centres to provide essential reproductive health services for adolescents and for young people who are out of school is strengthened. This output will be achieved by: (a) integrating components of adolescent and youth sexual and reproductive health, including HIV prevention and family planning, into health services; (b) strengthening the capacity of youth centres; (c) promoting peer education for behaviour change on HIV/AIDS; and (d) supporting mobile clinics that provide HIV voluntary counselling and testing.

24. Output 2: The capacity of civil servants and associations to develop and implement age-appropriate reproductive health programmes is strengthened. This output will be achieved by: (a) implementing comprehensive, age-appropriate sexuality education programmes for adolescents and youth, including revising school curricula; and (b) strengthening the national capacity for planning, implementing and evaluating sexuality education programmes.

#### *Gender equality and reproductive rights*

25. Output 1: The capacity of civil servants to implement international agreements and national laws and policies on gender and reproductive rights, including for disabled people and vulnerable populations, is strengthened. This output will be achieved by: (a) strengthening the institutional, legislative and regulatory environments to encourage gender equality and equity; (b) promoting rights and equality in the area of reproductive health; (c) combating gender-based violence by educating police and military forces; (d) strengthening the capacity of networks of women, indigenous people and disabled persons in the area of gender equality; and (e) advocating the adoption of legal measures to eliminate impunity for the perpetrators of sexual violence.

26. Output 2: The capacity of civil servants and associations to combat gender-based violence and to provide high-quality reproductive health services, including within humanitarian contexts, is strengthened. This output will be achieved by: (a) strengthening prevention, care and support mechanisms and structures to assist female victims of sexual violence; (b) building the capacity of religious and community organizations, youth, indigenous people and media networks to combat gender-based violence; and (c) increasing the availability of data on sexual violence.

#### *Data availability and analysis*

27. Output 1: The capacity of the national statistics institute and research centres to collect, use and disseminate disaggregated statistical data is strengthened. This output will be achieved by: (a) supporting the 2017 population and housing census; (b) supporting in-depth analysis of the 2011 demographic and health survey; and (c) strengthening national capacity for data collection and analysis.

28. Output 2: Qualitative data on population dynamics for planning and programming, including within humanitarian contexts, are

available to policy decision makers. This will be achieved by: (a) creating an inventory of available data; and (b) strengthening the capacity of the national statistical system to increase the use of, and maintain, an integrated data management system.

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

29. UNFPA and the Government will implement the programme in accordance with the principles of the Paris Declaration on Aid Effectiveness and in compliance with UNFPA rules and procedures. National execution will be the preferred implementation modality. The country office will ensure that the appropriate risk analysis is performed, using the harmonized approach to cash transfers. The ministry in charge of planning and integration will ensure programme coordination with the participation of key line ministries and civil society entities and other international development partners.

30. UNFPA and the Government will establish a monitoring and evaluation mechanism. The national multisectoral coordination committee will ensure that adequate resources are mobilized for the programme. The UNFPA country office will collaborate with the United Nations country team to implement the programme and mobilize additional resources, especially national resources.

31. UNFPA in the Congo consists of a country office in Brazzaville, a sub-office in Pointe-Noire and a humanitarian project office in Impfondo. The offices include staff funded from the institutional budget and from programme funds, including for security, safety, emergency and humanitarian measures. UNFPA will seek technical assistance in the strategic areas of the programme from the regional office and from international and national experts.

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

<p><b>National priorities:</b> Strengthening human resources and social development in the areas of: (a) education and scientific research; (b) health and HIV/AIDS; (c) gender; and (d) social protection and inclusion</p> <p><b>UNDAF outcome:</b> By 2018, vulnerable populations use basic, qualitative social services (including services for education, health, food safety, water and sanitation) and adequate financial services</p>				
<b>UNFPA strategic plan outcome</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources</b>
<p><b>Maternal and newborn health</b>  <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio                      Baseline: 426 maternal deaths per 100,000 live births;                      Target: 223 maternal deaths per 100,000 live births</li> <li>Percentage of births attended by skilled health personnel                      Baseline: 94%; Target: 95%</li> <li>Use of antenatal care services                      Baseline: 79%; Target: 90%</li> </ul>	<p><u>Output 1:</u> The capacity of health centres to provide high-quality emergency obstetric care and newborn care is strengthened</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of training workshops offering basic and comprehensive emergency obstetric care and newborn care, including in humanitarian settings                      Baseline: 17%; Target: 25%</li> <li>Revised training programme for midwives                      Baseline: 0; Target: 1</li> <li>Number of clinical providers trained in emergency obstetric care and newborn care                      Baseline: 66; Target: 120</li> </ul>	<p>Civil society organizations; government institutions; National Institute for Pedagogical Research and Action; parliamentarians; United Nations organizations</p>	<p>\$2.2 million (\$1.2 million from regular resources and \$1 million from other resources)</p>
	<p><u>Output 2:</u> The capacity of health centres in preventing and treating obstetric fistula and promoting the socioeconomic reintegration of fistula patients is strengthened</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of providers trained to provide obstetric fistula care                      Baseline: 25; Target: 50</li> <li>Number of women affected by obstetric fistula treated and reintegrated into society                      Baseline: 50; Target: 150</li> </ul>		
<p><b>Family planning</b>  <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Prevalence rate for modern contraceptive methods                      Baseline: 20%; Target: 30%</li> <li>Unmet need for family planning                      Baseline: 18%; Target: 10%</li> <li>Percentage of service providers offering at least three modern contraceptive methods                      Baseline: 83%; Target: 100%</li> </ul>	<p><u>Output:</u> The capacity of health centres and non-governmental organizations in family planning and reproductive health commodity security is strengthened</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of clinic providers trained in contraceptive technologies                      Baseline: 123; Target: 300</li> <li>Number of health providers trained in the management of reproductive health commodity logistics                      Baseline: 140; Target: 500</li> <li>Number of community-based peer educators trained in family planning activities                      Baseline: 123; Target: 400</li> </ul>	<p>Civil society organizations; government institutions; World Health Organization</p>	<p>\$6.3 million (\$1 million from regular resources and \$5.3 million from other resources)</p>
<p><b>Young people's sexual and reproductive health and sexuality education</b>  <u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Birth rate among adolescent girls                      Baseline: 147/1,000; Target: 130/1,000</li> <li>Percentage of young people aged 15-24 who are aware of ways to prevent HIV                      Baseline: 61.8% of women, 78.1%</li> </ul>	<p><u>Output 1:</u> The programme capacity of health centres and youth centres to provide essential reproductive health services for adolescents and for young people who are out of school is strengthened</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Number of health structures that integrated adolescents and health services in their minimum package activities                      Baseline: 4; Target: 12</li> <li>Number of awareness campaigns promoting voluntary HIV testing completed                      Baseline: 7; Target: 12</li> <li>Number of youth and adolescents that benefited from sexual education and qualitative information on sexual reproductive health</li> </ul>	<p>Civil society institutions; government institutions; Ministry of Communications and Parliamentary Relations; United Nations organizations</p>	<p>\$3.1 million (\$1.5 million from regular resources and \$1.6 million from other resources)</p>

of men; Target: 78% of women, 88% of men • Percentage of youth and adolescents who received sexuality education in school and in an extracurricular environment Baseline: 80%; Target: 93%		Baseline: 760; Target: 1,500		
	<b>Output 2:</b> The capacity of civil servants and associations to develop and implement age-appropriate reproductive health programmes is strengthened	<b>Output indicator:</b> • Existence of a complete sexual education programme adapted to the needs of adolescents and youth different ages Baseline: 0; Target: 1	Civil society organizations; government institutions; United Nations organizations	
<b>National priorities:</b> Strengthening human resources and social development in the areas of: (a) education and scientific research; (b) health and HI V/AIDS; (c) gender; and (d) social protection and inclusion <b>UNDAF outcome:</b> By 2018, vulnerable populations will benefit from a social-protection network that is free of charge				
<b>Gender equality and reproductive rights</b> <b>Outcome indicators:</b> • Percentage of women aged 20-24 who are married or engaged before the age of 18 Baseline: 49.6%; Target: 40% • Number of international agreements and national laws and policies implemented to promote gender equality and reproductive rights, including for indigenous peoples, disabled persons, and other vulnerable groups Baseline: 6; Target: 11	<b>Output 1:</b> The capacity of civil servants to implement international agreements and national laws and policies on gender equality and reproductive rights, including for disabled people and vulnerable populations, is strengthened	<b>Output indicator:</b> • Number of laws benefiting from decrees enforcing laws on reproductive health and gender equality for effective implementation Baseline: 2; Target: 6	Civil society organizations; government institutions; research centres; United Nations organizations	\$1.5 million (\$0.5 million from regular resources and \$1 million from other resources)
	<b>Output 2:</b> The capacity of civil servants and associations to combat gender-based violence and to provide high-quality services, including within humanitarian contexts, is strengthened	<b>Output indicators:</b> • Number of institutions trained to combat gender-based violence Baseline: 7; Target: 14 • Percentage of victims of gender-based violence assisted Baseline: 25%; Target: 50% • Number of providers trained to identify and assist victims of gender-based violence Baseline: 152; Target: 250	Civil society organizations; government institutions; parliamentarians; United Nations organizations	
<b>National priorities:</b> Strengthening governance in the following spheres: (a) political and security; (b) judicial; and (c) economical and administrative <b>UNDAF outcome:</b> By 2018, district councils and communities ensure responsible local development				
<b>Data availability and analysis</b> <b>Outcome indicators:</b> • Data from the fourth general population and housing census are available and disseminated Baseline: 10; Target: 25 • Number of national reports on Millennium Development Goal 5 available Baseline: 1; Target: 3	<b>Output 1:</b> The capacity of the national statistics institute and research centres to collect, use and disseminate disaggregated statistical data is strengthened	<b>Output indicators:</b> • Number of civil servants trained in data production and analysis Baseline: 40; Target: 100 • Number of surveys completed and disseminated Baseline: 20; Target: 30	Civil society organizations; government institutions; United Nations organizations	\$2.1 million (\$0.5 million from regular resources and \$1.6 million from other resources)  Total for programme coordination and assistance: \$0.5 million
	<b>Output 2:</b> Qualitative data on population dynamics for planning and programming, including within humanitarian contexts, are available to policy decision makers	<b>Output indicators:</b> • Number of available sociodemographic databases Baseline: 12; Target: 20 • Number of sociodemographic databases integrated into the integrated management information system Baseline: 3; Target: 10	Civil society organizations; government institutions; United Nations organizations	