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Draft country programme document for the Republic of the Congo*

Proposed UNFPA assistance:	$6.75 million: $3.25 million from regular resources and $3.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2004-2008)
Cycle of assistance:	Third
Category per decision 2000/19:	A

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

	Regular resources	Other	Total
Reproductive health	1.50	1.5	3.00
Population and development strategies	1.25	2.0	3.25
Programme coordination and assistance	0.50	-	0.50
Total	3.25	3.5	6.75

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country programme documents, and has delayed submission of the present document.

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I. Situation analysis

1. The population of the Republic of the Congo was estimated at 3.2 million in 2002. Forty-six per cent of the population is under the age of 15. The average annual growth rate is 2.9 per cent, and more than 60 per cent of the population is urban. Internal and subregional conflicts have given rise to approximately 900,000 internally displaced persons and 108,000 refugees.

2. The economic growth rate decreased from 7.9 per cent in 2000 to 2.9 per cent in 2002. The combined effects of war and the fall in oil and timber prices have led to a worsening of living conditions. According to the interim poverty reduction strategy paper, 70 per cent of the population lives on less than one dollar per day.

3. In 1995, the maternal mortality ratio was estimated at 1,100 deaths per 100,000 live births, one of the highest in the world. The infant mortality rate was estimated in 2002 at 123.8 per 1,000 live births. The HIV prevalence rate was estimated at 7.2 per cent in 1995 and is likely to be increasing. Between 1984 and 2002, life expectancy fell from 52.4 years to 49.6 years for men and from 54.3 years to 53.7 years for women. Extreme poverty, HIV/AIDS, malaria, and the absence of an adequate health care system are among the factors contributing to this decline.

4. The total fertility rate is high at 6.3 children per woman and the contraceptive prevalence rate for modern methods is only 3 per cent. Sociocultural barriers, a lack of knowledge of the linkages between reproductive health and population and gender issues, and the disruption of contraceptive stocks due to conflicts have contributed significantly to these rates.

5. Since 1990, school enrolment rates have dropped due to poverty and armed conflicts. Gender inequalities are also evident in enrolment rates: there are a greater number of dropouts among girls, who represent only 33.5 per cent of students in high school compared to 48 per cent in primary school.

6. As a result of the armed conflicts, the social and economic conditions of Congolese women have deteriorated. There are a large number of widows with dependent children; women have limited access to credit facilities, land and farm equipment; and women are either partially or totally excluded from family inheritance. In the wake of war, cases of sexual violence against women have reached alarming proportions: 3,420 rape cases were recorded in Brazzaville and the southern regions from 1999 to 2000, and 482 rape cases were recorded in the northern part of the country in 2002. These developments have accelerated the spread of HIV/AIDS.

7. Due to a hiring freeze for civil servants, retirement of staff and the closure of several health facilities, the health system is dysfunctional and in disrepair, which has seriously affected the delivery of reproductive health services. This situation is exacerbated by the unequal distribution of health personnel, 76 per cent of whom work in Brazzaville, Pointe-Noire and Dolisie.

II. Past cooperation and lessons learned

8. The interim country programme, begun in 2001 and extended to June 2003, contributed to strengthening national institutional capacity. National counterparts received technical training in reproductive health and in population and development strategies in training institutes in Senegal and Togo.

9. Peer trainers and youth workers played an important role in organizing community-based awareness campaigns for adolescents and youth in the area of reproductive health, with a focus on sexually transmitted infections (STIs) and HIV/AIDS. In addition, counsellors trained to provide psychological counselling for victims of rape were available at medical facilities.

Through a joint initiative, UNFPA, UNDP and UNICEF are currently producing a film to sensitize the public about sexual violence.

10. As part of the interim country programme, four of six integrated health centres were refurbished, and staff training, equipment and medical supplies were also provided.

11. Studies completed under the interim country programme include: (a) a sociodemographic situation analysis; (b) an inventory and analysis of existing legal texts related to gender in order to streamline and harmonize them with international instruments; (c) a study on the participation of Congolese women in national development; (d) a knowledge, attitudes and practices survey on sexual violence against women; and (e) an assessment of condom needs. In addition to providing a better understanding of the issues involved, these studies will contribute valuable information to the formulation of the national population policy.

12. The programme also organized a sensitization workshop on gender issues for women ministers and parliamentarians and a workshop on population and development issues for local journalists. UNFPA also sponsored the participation of Congolese delegations to the United Nations General Assembly Special Session on HIV/AIDS in 2001 and to the fifth regional conference of women ministers and parliamentarians in Cape Verde in 2002.

13. With regard to humanitarian emergency assistance, UNFPA organized the collection, analysis and dissemination of data on displaced persons and their needs in the wake of the political and military crisis in April 2002 in the Pool region of the country. This effort enabled United Nations agencies, non-governmental organizations and the Government to better plan their interventions. UNFPA also provided delivery kits to displaced pregnant women and organized information campaigns on family planning and the prevention of STIs and HIV/AIDS in Brazzaville and neighbouring regions.

14. Lessons learned under the previous country programme include the recognition that, in a post-conflict context, there are many varied and interrelated needs, which include medical, psychological and economic problems. Additional resources, coordination, rational planning and prioritization are necessary.

15. The scarcity of qualified human resources makes strengthening technical capacity a top priority of programme implementation. Where the interrelationships between population and development are not well understood, coordination at institutional and operational levels is difficult, which accounts for the weak integration of population variables in development strategies. Strengthened and increased awareness among national authorities of the multidisciplinary nature of population issues is necessary. Finally, the dearth of socio-economic data undermines efforts in strategic and long-term planning, including the development of a national population policy and evidence-based advocacy. Data collection, analysis and utilization of results are therefore priorities.

16. An analysis of the current situation in the Republic of the Congo calls for: (a) strengthening reproductive health commodity security and reproductive health services, including family planning and emergency obstetric care, to reduce high maternal mortality and the spread of HIV/AIDS; and (b) efforts to strengthen the transition to a normal development process.

III. Proposed programme

17. The proposed country programme will contribute to improving the quality of life of the Congolese people by making high-quality reproductive health services accessible and by effectively integrating population factors and gender into the development process. It will consolidate the gains of the previous

programme and will take into account lessons learned.

18. The programme cycle is harmonized with that of UNDP and UNICEF. The Government, assisted by the UNFPA country office and the UNFPA Country Technical Services Team in Dakar, Senegal, formulated the draft country programme in collaboration with United Nations agencies and other development partners, including NGOs and other civil society organizations.

19. The draft country programme is aligned with: (a) the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), the five-year review of ICPD (ICPD+5), the Millennium Development Goals (MDGs), the Beijing Platform for Action and the New Partnership for Africa's Development; (b) the revised 2003-2004 United Nations plan for the Republic of the Congo, in lieu of the United Nations Development Assistance Framework (UNDAF); (c) the interim post-conflict programme of the Government; and (d) the poverty reduction strategy paper (PRSP). The Government is currently formulating a new PRSP to cover the period 2004-2015.

20. The draft country programme will support the above-mentioned development frameworks by: (a) strengthening institutional capacity-building and ensuring that population and reproductive health issues are included in the frameworks, thereby contributing to good governance; and (b) reducing poverty by increasing access to reproductive health services.

21. The programme will contribute to the following outcomes: (a) increased accessibility and use of high-quality, integrated reproductive health services, (b) increased awareness of decision makers of the interrelationships among gender, population and development issues; (c) establishment of a functional, integrated information system that provides gender-disaggregated data; and (d) improved legal, sociocultural and economic status for women. The draft country programme includes a reproductive health component as well as a component on population and development strategies.

Reproductive health component

22. The reproductive health component will intervene in geographical areas where there is high population density, a significant number of internally displaced persons and/or refugees, and poor health facilities. For the first two years, the programme will focus on emergency interventions, including restoring health facilities, preventing the spread of HIV/AIDS, and providing reproductive health services for internally displaced persons, refugees, adolescents, and women and young girls who are victims of sexual violence.

23. The reproductive health component will gradually shift its focus to: (a) establishing a minimum package of high-quality reproductive health services; (b) providing reproductive health services for adolescents and youth, including young unmarried mothers, through apprenticeship programmes, schools, religious and volunteer groups, and youth recreational centres; and (c) providing qualitative and quantitative information and indicators to formulate, monitor and evaluate reproductive health activities.

24. The reproductive health component aims to achieve the following three outputs: (a) improved availability and accessibility of integrated, high-quality reproductive health services in the programme areas (output 1); (b) improved quality and availability of reproductive health information for various target groups, including youth and adolescents (output 2); and (c) strengthened capacity for managing and coordinating reproductive health services (output 3).

Population and development strategies component

25. The population and development strategies component aims to: (a) gather data and establish and update a database of reproductive health indicators; (b) support a demographic and health survey and a general population and housing census; (c) support specific studies on the situation of vulnerable populations, including pygmies, disaster victims, displaced persons and refugees; (d) establish a national population, development and gender database and information system; and (e) strengthen technical capacity-building in data collection and analysis, publication, dissemination and utilization.

26. These activities will contribute to: (a) providing baseline data for adequate planning, monitoring and evaluation of the programme as well as evidence-based advocacy; (b) formulating a population policy that takes into account gender dimensions; (c) strengthening and incorporating training modules on reproductive health, gender and family life education into the curricula of teacher training institutions; and (d) strengthening technical capacity in managing, coordinating, monitoring and evaluating policies, programmes and projects in reproductive health and in population and development strategies.

27. The population and development strategies component will also contribute to strengthening advocacy to: (a) revise the family code; (b) adopt and enforce legal texts that address gender-based violence against women and that promote gender equality and equity; (c) involve more men in gender and reproductive health issues and the fight against HIV/AIDS; (d) eliminate gender-based stereotypes in the media and school curricula; and (e) increase access by women to loan and credit facilities. Advocacy, data collection, analysis, publication and policy formulation activities will be conducted nationwide.

28. The population and development strategies component aims to achieve the following outputs: (a) increased involvement of decision makers and opinion leaders in gender and population and development issues (output 1); (b) strengthened institutional capacity to promote gender equality and equity, and population and development issues (output 2); (c) improved availability of sociodemographic data that take into account gender dimensions (output 3); and (d) improved legal, sociocultural and economic framework to promote gender equality and equity (output 4).

IV. Programme management, monitoring and evaluation

29. The proposed programme will be carried out in accordance with the principles of results-based management. Baseline data will be collected in an effort to establish a database and develop appropriate benchmark indicators necessary to manage, monitor and evaluate the implementation of the programme. A monitoring and evaluation mechanism will be established on the basis of the logical framework indicators and baseline data.

30. The population unit in the Ministry of Health and Population will coordinate the programme. Annual component project reviews, a midterm programme review in 2006 and a final programme evaluation in 2008 will be conducted. The programme will be implemented in close cooperation with agencies of the United Nations system, NGOs and other development partners. Strategies for resource mobilization will be developed to obtain additional funds.

31. The UNFPA country office includes a UNFPA Representative, a national programme officer and administrative support staff. Programme funds will be earmarked for one national programme post and two administrative support posts, within the framework of the approved country office typology. National project personnel may also be recruited, as needed, to strengthen the implementation of projects.

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR THE REPUBLIC OF THE CONGO

Objectives of the United Nations plan for Congo (in lieu of the UNDAF): To contribute to poverty reduction, the rehabilitation of basic social services and to strengthening the capacity to intervene in emergency situations

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to improving the quality of life of the Congolese people by: (a) making high-quality reproductive health services accessible; and (b) by effectively integrating population factors and gender into the development process Goal indicators (by 2015): • Proportion of people living on less than $1 per day decreases from 70% to 20% • Economic growth rate increases from 2.9 to 8.0 • Life expectancy at birth increases for men from 49.6 years to 53 years, and for women from 53.7 years to 56 years (if HIV/AIDS prevalence is stabilized) • Maternal mortality is reduced from 1,100 deaths per 100,000 live births to 350 per 100,000 • Infant mortality is reduced from 82 deaths per 1,000 live births to 60 per 1,000	*[Reproductive health component]* Increased access and use of high-quality, integrated reproductive health services	By 2008: • Maternal deaths due to obstetric complications in hospitals decreased by 30% • Neonatal mortality decreased by 20% • 85% of people in the programme areas have access to functional integrated health centres (IHCs) • Rate of prenatal consultations increased to 85% • Rate of deliveries assisted by qualified health personnel increased • Contraceptive prevalence rate increased from 3% to 10% in programme areas	**Output 1:** Improved availability and accessibility of integrated, high-quality reproductive health services in the programme areas Output indicators: • 20 IHCs in 10 health districts fully rehabilitated, providing high-quality reproductive health services • Number of IHCs providing emergency obstetric care and post-abortion care • Number of IHCs providing services for victims of violence • 50% of STI and HIV/AIDS cases treated using the syndromic approach in the IHCs in programme areas • Two user-friendly centres provide adolescent reproductive health services • Community-based services developed in conformity with norms and standards • Number of displaced persons receiving reproductive health services in IHCs **Output 2:** Improved quality and availability of reproductive health information for various target groups, including youth and adolescents Output indicators: • 90% of the population in programme areas informed about the existence and services of IHCs • Number of qualitative research studies conducted • Reproductive health indicators developed **Output 3:** Strengthened capacity for managing and coordinating reproductive health services Output indicators: • National reproductive health programme formulated, adopted and implemented • Reproductive health dimensions taken into account in the national health development plan • National expertise in reproductive health strengthened • Number of coordination meetings held	Total for the reproductive health component: $3 million ($1.5 million from regular resources and $1.5 million from other resources)
	[Population and development strategies component] Increased awareness of decision makers of the interrelationships among gender, population and development issues	• Development policies, programmes and strategies (global and sectoral) take into account population and gender dimensions	**Output 1**: Increased involvement of decision makers and opinion leaders on gender and population and development issues Output indicators: • 70% of parliamentarians and members of government, and 50% of opinion leaders and traditional and community leaders, aware of the interrelationships between population and development	Total for the population and development strategies component: $3.25 million ($1.25 million from regular resources and $2 million from other resources)

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
	Establishment of a functional, integrated information system that provides gender-disaggregated data	• A database providing updated, harmonized and reliable gender, population and development data is operational • Mechanisms for population and development data collection, processing, management and dissemination are functional	• Gender and population and development modules introduced in 25% of higher education institutions • Family-life education programmes reviewed and introduced in 25% of primary and secondary schools and in teacher training institutions • Number of organized training seminars on advocacy techniques and number of persons trained • Gender and population and development policies adopted and implemented **Output 2**: Strengthened institutional capacity to promote gender equality and equity as well as population and development issues Output indicators: • Number of managers trained in techniques for designing, monitoring, coordinating and evaluating population and development policies and programmes • Teaching tools and aids for planning, monitoring and evaluating, and mechanisms and procedures for coordinating and implementing development policies and programmes designed, disseminated and implemented	
	Improved legal, sociocultural and economic status for women	• Marked increase in the number of women in decision-making positions • Marked reduction of cases of violence against women, including rape and sexual harassment • Discrepancies between women's and men's access to education and means of production are reduced	**Output 3**: Improved availability of sociodemographic data that takes into account gender dimensions Output indicators: • Health, education and other data gathered and updated • Health information system designed, disseminated and utilized • Data on the reproductive health situation; violence against women, young girls and adolescents; and the impact of HIV/AIDS collected, analysed, disseminated and utilized • A demographic and health survey and a general population and housing census conducted • Case studies on the situation of the indigenous population conducted and outcomes disseminated and utilized • Number of managers trained in data collection and processing techniques **Output 4**: Improved legal, sociocultural and economic framework to promote gender equality and equity Output indicators: • Family code revised and enforced • Legal texts on violence against women adopted and enforced • Legal texts promoting gender and reproductive health adopted and enforced • 50% of men in programme areas sensitized about gender and reproductive health issues • Gender stereotypes corrected in primary school books • 50% of journalists sensitized about gender dimensions and the impact of gender stereotypes in the media • Number of women's groups granted credit by micro-finance institutions • Number of awareness and training sessions on gender dimensions conducted by the Research, Information and Documentation Centre for Women	Programme coordination and assistance: $0.5 million from regular resources