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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Central African Republic

Proposed indicative UNFPA assistance:	$19.4 million: $5.4 million from regular resources and $14 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2018-2022)
Cycle of assistance:	Eighth
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	3.2	8.4	11.6
Outcome 2	Adolescents and youth	1.2	4.2	5.4
Outcome 3	Gender equality and women’s empowerment	0.6	1.4	2.0
Programme coordination and assistance		0.4	-	0.4
Total		5.4	14.0	19.4

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I. Programme rationale

1. The population of the Central African Republic is estimated at 5.1 million in 2017, with 59 per cent young people under 25 years and 32 per cent adolescents aged 10-24 years. About three quarters of the population lives below the poverty line.

2. For two decades, the country has experienced a series of crises. Armed groups are present in some areas, threatening access to basic services. In 2017, an estimated 2.2 million people are in need of humanitarian assistance, including nearly 550,000 women of reproductive age (23 per cent) and 700,000 young people (32 per cent). There are about 600,000 internally displaced people, mostly located in Ouaka, Haute-Kotto, Bangui, Ouham and Nana-Grebizi. Since 2012, migration to Bangui has significantly increased the urban population there (from about 800,000 to 1.2 million), leading to a higher demand for health and other social services.

3. Maternal mortality rate remains high (882 deaths per 100,000 live births in 2015); one fifth of these deaths are among adolescent girls. This is due to the challenges in access to maternal, newborn and child health care. Only 55 per cent of health facilities are functional; access to emergency obstetric and neonatal care (EmONC) is inadequate, with 38 per cent of health facilities offering basic EmONC and only 10 per cent offering comprehensive EmONC. The distribution of qualified personnel is insufficient and inadequate (1 doctor per 22,000 inhabitants; 1 midwife per 17,440 inhabitants), while only 40 per cent births are with a skilled attendant. The low household purchasing power limits access to reproductive health services, thereby contributing to the high prevalence of teenage pregnancies (45 per cent) and overall a lack of birth spacing.

4. The total fertility rate rose from 5.1 in 2003 to 6.2 in 2010; this is a direct result of the low contraceptive prevalence for modern methods (9.3 per cent) and the estimated high unmet need of 27 per cent. Low access to family planning services is due to inherent weaknesses in supply and distribution chains, as well as poor access to sexual and reproductive health (SRH) information.

5. School enrolment rates for girls remain low – 65 per cent at primary school level and 7 per cent at secondary level, compared with 79 per cent and 17 per cent among boys, respectively. More than 68 per cent of women are illiterate, compared to 46 per cent of men. Women account for only 17.8 per cent of the civil servants, with even lower rates for decision-making positions. In 2017, women represent only 8.6 per cent of the parliament and 17.4 per cent of the ministerial posts are occupied by women. In 2011, 58 per cent of women reported being physically abused and 46 per cent reported sexual violence. In 2010, 10.2 per cent of marriages were early or forced marriages, while 24 per cent of adolescent girls had suffered female genital mutilation.

6. HIV prevalence in the country is 4.9 per cent; it is six times higher among adolescent girls. In 2016, 43 per cent of young people reported that they had not used condoms during their last sexual intercourse.

7. Most sociodemographic data are outdated: the last population and housing census dates from 2003, a multiple indicator cluster survey was last carried out in 2010, and the only Demographic and Health Survey was published in 1994. Civil registration has been a challenge due to the long-standing conflict situation.

8. Implementation of the previous programme required establishment of three sub-offices and extended partnerships with non-governmental organizations (NGOs) to reach populations in insecure, difficult and remote areas. These arrangements successfully enabled: (a) distribution of 45,000 kits for safe deliveries; (b) care for 11,110 survivors of gender-based violence, including 1,943 female rape victims; (c) rehabilitation and equipment of 186 maternity wards and 96 operating theatres; (d) access to modern contraceptives for 12,000 new users each year; (e) distribution of 12,935,262 male condoms and 802,911 female condoms; (f) 301 women receiving surgery for repair of obstetric fistula; (g) support for HIV counselling and testing to 18,435 young people; (h) distribution of 11,000 dignity kits to vulnerable women; (i) advocacy that contributed to enactment of Act 16004 of 24 November 2016 establishing parity between men and

women; (j) provision of income-generating activities for 200 adolescents and young people; and (k) availability of the demographic profile for international reference.

9. Lessons learned from the previous programme include: (a) implementation of the programme requires a broader partnership beyond the Government, involving international and national NGOs and civil society; (b) establishment of decentralized UNFPA offices is essential to meet humanitarian needs, especially to reach victims of gender-based violence; (c) humanitarian interventions will continue to be a priority in coming years; (d) young people constitute an important population group for change in the country, and an investment in the demographic dividend will contribute to peace, stability and economic recovery; (e) South-South cooperation and regional partnerships strengthen national planning capacity.

II. Programme priorities and partnerships

10. The new programme will contribute to universal access to sexual and reproductive health and reproductive rights by prioritizing women, youth and marginalized populations. It will provide strategic support to accelerate the demographic transition and take advantage of the demographic dividend. The implementation will take place in a context of humanitarian interventions and recovery. Its main components will contribute to the first two pillars of the rehabilitation and consolidation of peace plan in the Central African Republic (2017-2021), and are aligned with the Sustainable Development Goals 3, 4, 5, 8 and 17. It will contribute to the UNDAF (2018-2021) outcomes of social protection and access to social services, including health and reproductive health, with humanitarian interventions a priority for programme implementation.

11. The programme is based on the principles of universality, equity and human rights, and will provide cross-cutting strategic support for data management for policy development and programming. UNFPA will strengthen its strategic partnerships with the World Bank, the European Union, USAID, the African Development Bank and other potential donors.

12. UNFPA will continue with the implementation of common United Nations funding through inter-agency coordination. As peace and stability develops, the Government and civil society organizations (CSOs) will become more important implementing partners. Partnership and resource mobilization plans will be developed based on past experience and opportunities. The humanitarian response plan 2017-2019 will be the reference framework for responding to humanitarian emergencies.

13. The programme targets 55 per cent of the population (with other United Nations agencies and donors covering the remaining population), and covers seven prefectures (Bangui, Lobaye, Ombella-M'Poko, Ouham, Kemo, Nana-Grébizi and Ouaka) for humanitarian response and recovery – targeting refugees, internally displaced persons (IDPs) and returnees – as well as development.

14. UNFPA will use a new approach to reinforce its presence in Bambari to support the local government, with rapid response provided for gender-based violence, the emergency alert system, and the minimum integrated service package (MISP), with community engagement.

A. Outcome 1: Sexual and reproductive health

15. *Output 1: National capacities are strengthened to provide integrated and high-quality sexual and reproductive health information and services, including the care of victims of sexual violence, particularly for vulnerable populations, including in humanitarian settings*. The programme will: (a) strengthen the capacities of health facilities for the deployment of MISP, the provision of a full package of SRH services including family planning, EmONC, obstetric fistula repair, essential package of services to victims of sexual violence; (b) strengthen reproductive health commodity security, in particular the supply chain; (c) advocate for the national budget allocation for family planning procurement; (d) provide information to prevent unwanted pregnancy and HIV/AIDS and prevent female genital mutilation; (e) support training of service providers in sexual and reproductive health; (f) use advocacy and policy dialogue

for increased deployment of midwives in rural areas; (g) support the audit of maternal deaths; (h) strengthen the health information system; (i) support mobile clinics and community-based services in refugee and IDP camps; (j) build national family planning logistic management systems; and (k) support emergency preparedness of health services, strengthening national family planning logistic management systems to increase their resilience.

16. *Output 2: National capacities of civil society organizations and the private sector are strengthened to increase demand and access to integrated family planning services, including in humanitarian settings*. The programme will contribute to national capacity-building of CSOs and the private sector to: (a) develop activities aimed at increasing the demand for and use of community-based integrated services, including in refugee and IDP camps; (b) advocacy to promote implementation of service standards for vulnerable groups and communities in difficult-to-access areas; (c) increased involvement of men and boys in reproductive health interventions and greater accountability in the implementation of reproductive health programmes at local levels; and (d) improve collection, management and analysis of family planning data and documentation of good practices.

B. Outcome 2: Empowering adolescents and youth

17. *Output 1: Adolescents and young people, especially girls, are capable, motivated and able to make informed choices about their sexual and reproductive health and reproductive rights, including in humanitarian settings*. The programme will support youth and community groups and associations by: (a) promoting communication for change in SRH risk behaviour, gender equality and increased use of SRH services; (b) developing innovative communication methods targeting young people; (c) promoting engagement and active participation of young people in developing policies and programmes related to adolescent and youth reproductive health; and (d) identifying, documenting and disseminating good practices in adolescent and youth reproductive health interventions.

18. *Output 2: The capacities of national institutions, civil society organizations and communities are strengthened to develop user-friendly sexual and reproductive health policies and programmes for adolescents and youth*. It will involve the following strategies: (a) strengthening national capacities for data collection and analysis for improved integration of youth issues into national policies; (b) building capacity of opinion leaders, community and religious leaders to promote intergenerational dialogue, social cohesion and respect for human rights; (c) advocacy for development of the comprehensive sexuality education programme; (d) improving the legal framework for protection of adolescent sexual rights; (e) increased budget allocation and strategic investments for implementation of the joint youth-resilience programme; (f) providing technical and financial support for establishment of a national dividend demographic observatory and preparation of the fourth national population census; and (g) strengthening national institutions and NGOs for preparedness, rapid assessment and monitoring of humanitarian responses, sustainable development goals andpromotion of the demographic dividend, including civil registration.

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

19. *Output 1: National institutions, civil society organizations and communities have the capacity to prevent, manage and respond to gender-based violence and harmful practices against women and girls, including in humanitarian settings*. The programme will focus on: (a) advocacy for strengthening the legal framework for protection and enforcement of legislation protecting women and girls; (b) advocacy and technical assistance for the integration of social norms to accelerate prevention of harmful practices and contribute to the resilience of women and girls; (c) support to communities and CSOs for prevention and holistic management of gender-based violence, including in humanitarian contexts; (d) strengthening the gender-based violence data collection and management systems; and (e) promoting men’s and boys’ engagement for positive social norms against child marriage and female genital mutilation.

20. The programme will focus on: (a) reduction of unmet need for family planning; and (b) ending gender-based violence and harmful practices, including child marriage. Investing in family planning – targeting women, adolescents and youth, especially adolescent girls, refugees and IDPs – will contribute to improvement of the contraceptive prevalence rate and help to reduce maternal and infant mortality and fertility, and promote the demographic dividend. Gender-based violence prevention and care will improve women's empowerment and their rights for reinforcement of social cohesion and peace stability.

III. Programme and risk management

21. National execution will be gradually strengthened through the transfer of programme responsibility to national entities – phasing out the cash transfer approach and moving to an implementing partner approach. Implementing partners will be selected under the harmonized cash transfer process to deliver high-quality results, in compliance with the corporate policy on selection of implementing partners. Fast-track procedures will be required for humanitarian responses.

22. The overall coordination of the programme will be jointly undertaken with the Ministry of Economy, Planning and Cooperation. Other partners are: the Ministry of Health, Ministry of Youth Development, Ministry of Social Affairs, Ministry of National Education, networks of religious leaders, traditional communicators, journalists, youth, and women organizations. Technical assistance will be provided by UNFPA, as well as through South-South cooperation. The security of UNFPA personnel and assets will be ensured jointly with the Government.

23. UNFPA, UNICEF and WHO will collaborate to implement the government joint initiative on the reduction of maternal mortality. As the lead agency for adolescents and youth, UNFPA will ensure (with UNDP) the coordination of the joint programme for youth resilience.

24. To reduce risks to the programme, advocacy will be undertaken for sustainability and national ownership of externally funded interventions. Controls, spot checks and audits will be also be carried out to ensure transparency and accountability.

25. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Account abilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

26. The monitoring and evaluation system of the programme is based on the national system and UNDAF mechanisms. A database will be created to analyse the performance of the programme to inform the various stakeholders and facilitate decision-making on a regular basis.

27. A final evaluation will be conducted at the end of the programme cycle. The lessons learned and recommendations will be used for planning the development of the next programme cycle of cooperation with the country.

RESULTS AND RESOURCES FRAMEWORK FOR CENTRAL AFRICAN REPUBLIC (2018-2022)

<table>
<tr><td colspan="5">National priority: Renewing the social contract between the State and the population
UNDAF outcome: By 2021, the Central African population, particularly those most vulnerable or at risk, use basic social services in a sustainable manner, particularly health, education, social protection, water and sanitation, according to quality standards
Indicator: Proportion of births assisted by qualified personnel. Baseline: 40%; Target: 85%</td></tr>
<tr><th>UNFPA strategic plan outcome</th><th>Country programme outputs</th><th>Output indicators, baselines and targets</th><th>Partner contributions</th><th>Indicative resources</th></tr>
<tr><td rowspan="2">Outcome 1: Sexual and reproductive health

<u>Outcome indicator(s)</u>:
• Proportion of deliveries attended by skilled personnel
Baseline: 40%; Target: 85%
• Contraceptive prevalence for modern methods
Baseline: 13%; Target: 18%</td><td><u>Output 1</u>: National capacities are strengthened to provide integrated and quality sexual and reproductive health information and services, including the care of victims of sexual violence, particularly for vulnerable populations, including in humanitarian settings</td><td>• Percentage of women and girls living with obstetric fistula receiving treatment in programme areas
Baseline: 4%; Target: 15%
• Percentage of functional health facilities providing full medical care for survivors of sexual violence in programme areas
Baseline: 25%; Target: 75%
• Percentage of health facilities providing EmONC:
(a) Basic. Baseline: 38%; Target: 60%
(b) Comprehensive. Baseline: 10%; Target: 25%
• Percentage of functional health facilities providing the MISP
Baseline: 50%; Target: 80%</td><td>Ministries of Health; Social Action; Youth national and international NGOs; United Nations system organizations; bilateral partners</td><td>$6.9 million ($1.9 million from regular resources and $5.0 million from other resources)</td></tr>
<tr><td><u>Output 2</u>: National capacities of CSOs and the private sector are strengthened to increase demand and access to integrated family planning services, including in humanitarian settings</td><td>• Number of new users for modern family planning methods
Baseline: 13,000 (2017); Target: 70,000
• Number of community-based women’s organizations whose members are supported to promote women’s access use of modern family planning methods
Baseline: 0 (2018); Target: 34</td><td>Ministries of Health; Social Action; NGOs; World Health Organization; bilateral partners</td><td>$4.7 million ($1.3 million from regular resources and $3.4 million from other resources)</td></tr>
<tr><td colspan="5">National priority: Renewing the social contract between the State and the population
UNDAF outcome: By 2021, the Central African population, particularly those most vulnerable or at risk, use basic social services in a sustainable manner, particularly health, education, social protection, water and sanitation, according to quality standards
Indicator: Percentage of population covered by social protection programmes. Baseline: 64%; Target: 80%</td></tr>
<tr><td rowspan="2">Outcome 2: Adolescents and youth

<u>Outcome indicator(s)</u>:
• Percentage of women and men aged 15–24 years who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
Baseline: 21%; Target: 75%
• Proportion of girls aged 20-24 married before the age of 18
Baseline: 67.9%; Target: 53.9%</td><td><u>Output 1</u>: Adolescents and young people (especially girls) are capable, motivated and able to make informed choices about their SRHR, including in humanitarian settings</td><td>• Percentage of youth aged 15-35 years sensitized on adolescent SRH, including sexually transmitted diseases, HIV prevention, early marriage or early pregnancy, and gender-based violence
Baseline: 35%; Target: 80%
• Percentage of youth organizations reinforced and used for promoting adolescent SRH, including in IDP sites
Baseline: 30%; Target: 75%</td><td>Ministries of Health; Social Action; Youth; Education; NGOs</td><td>$2.2 million ($0.5 million from regular resources and $1.7 million from other resources)</td></tr>
<tr><td><u>Output 2</u>: The capacity of national institutions, CSOs and communities are strengthened to</td><td>• The comprehensive sexuality education strategy is developed and available
Baseline: No; Target: Yes</td><td>Ministries of Health; Social Action; Youth; Education; NGOs</td><td>$3.2 million ($0.7 million from regular</td></tr>
</table>

	develop user-friendly SRH policies and programmes for adolescents and youth	• Number of opinion leaders, community and religious leaders whose capacities have been strengthened to promote the sexual and reproductive rights of young people *Baseline*: 180; *Target*: 380 • Percentage of structures offering at least three reproductive health services adapted to adolescents and young people *Baseline*: 0%; *Target*: 50% • Number of national staff trained in the production and analysis of vital statistics, surveys and population census *Baseline*: 0 (2018); *Target*: 20		resources and $2.5 million from other resources)
National priority: Renewing the social contract between the State and the population **UNDAF outcome:** By 2021, the Central African population, particularly those most vulnerable or at risk, use basic social services in a sustainable manner, particularly health, education, social protection, water and sanitation, according to quality standards **Indicator**: Percentage of population covered by social protection programmes. *Baseline*: 64%; *Target*: 80%				
Outcome 3: Gender equality and women's empowerment Outcome indicator(s): • Prevalence rate of female genital mutilation *Baseline*: 24.2%; *Target*: 20%	Output 1: National institutions, CSOs and communities have the capacity to prevent, manage and respond to gender-based violence and harmful practices against women and girls, including in humanitarian settings	• Number of community-based organizations supported to reduce harmful traditional practices *Baseline*: 15; *Target*: 30 • Number of decentralized gender-based violence coordination bodies *Baseline*: 0; *Target*: 7	Ministry of Social Affairs; NGOs; UN-Women	$2.0 million ($0.6 million from regular resources and $1.4 million from other resources) Programme coordination and assistance: $0.4 million