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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for the Dominican Republic

Proposed UNFPA assistance: \$8 million: \$3.5 million from regular resources and \$4.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fourth

Category per decision 2005/13: B

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

	Regular resources	Other	Total
Reproductive health	1.5	2.75	4.25
Population and development	1.0	1.25	2.25
Gender	0.5	0.50	1.00
Programme coordination and assistance	0.5	-	0.50
Total	3.5	4.50	8.00



I. Situation analysis

1. During the last decade, the Dominican Republic has had an annual economic growth rate of 5.2 per cent. However, the distribution of wealth and income remains uneven. Extreme poverty affects 33 per cent of the population; 62 per cent of the population lives below the poverty line; and 5.5 per cent of the population lives on less than \$1 a day. Poverty is widespread in the rural provinces bordering Haiti, but high concentrations of poor people are also found in urban areas. The country is prone to tropical storms that cause economic and human losses.

2. Data from the 2002 census indicate that the country has entered the second stage of its demographic transition. The population is estimated at 9.1 million and the annual average population growth rate is 1.8 per cent. The total fertility rate has declined from 4.2 children per woman in 1980 to 3.0 children per woman in 2002. Among adolescents aged 15-19, 19 per cent have already had children, and 23 per cent were pregnant or had experienced at least one pregnancy in 2002. By the age of 20, 37 per cent of Dominican women have had at least one child. Declining fertility and increased life expectancy at birth are transforming the population age structure. The 10-24 year age group comprises 30 per cent of the total population.

3. The Dominican Republic is a country that receives migrants and one where a large numbers of people have emigrated abroad. Approximately 1.5 million Dominicans have migrated, with close to 75 per cent going to the United States. About 52 per cent of migrants are women. The number of immigrants residing in the country is estimated at 600,000 to 900,000. They are mainly of Haitian origin, with a high proportion of young males, many of whom are undocumented temporary workers. Haitian women receive an estimated 27 per cent of all reproductive health services delivered in border areas.

4. According to the 2002 demographic and health survey, 70 per cent of women of childbearing age use contraception, with 66 per cent using

modern methods. However, the modern contraceptive prevalence rate among women aged 15-19 is only 11 per cent. The percentage of unmet demand for modern contraceptives is 11 per cent for married women and women in union; among those aged 15-19, the figure is 29 per cent. About 52 per cent of all contraceptive users resort to the private sector. UNFPA is the only international development agency procuring contraceptives for the public sector.

5. Although the maternal mortality ratio decreased from 229 deaths per 100,000 live births in 1996 to 178 deaths per 100,000 live births in 2002, it is one of the highest in the region. Approximately 98 per cent of deliveries occur in health institutions, and 82 per cent of pregnant women have their first pre-natal consultation before the 16th week of pregnancy. Fifty per cent of maternal deaths occur during labour and the post-natal period, pointing to deficiencies in the quality of care and the management of health services. The country has included reproductive health services in the costing models to achieve the Millennium Development Goals.

6. HIV/AIDS is the leading cause of death among women of childbearing age. HIV prevalence among the total population is around 1.0 per cent, with 0.9 per cent among women and 1.1 per cent among men. However, epidemiological data from the Ministry of Health indicate that the prevalence rate is closer to 2 per cent. The main mode of HIV transmission is unprotected sex. The epidemic is increasingly affecting young women living in poverty, with the male/female HIV incidence ratio close to 1:1 among young people. This ratio was 7:1 in 1987.

7. Twenty-four per cent of women aged 15-49 have experienced physical violence, with the proportion varying according to residence, age and socio-economic level. In 2004, 1,077 cases of sexual aggression were reported to the national police.

8. The Dominican Republic is a pilot country for monitoring the Millennium Development Goals. The presidential commission following up on the

Goals estimates that, between 2006 and 2016, the country should invest 46 per cent of its annual public expenditures in order to achieve the Goals. The inadequacy of sociodemographic statistics, particularly vital records, maternal mortality and data on gender-based violence, is impeding efforts to follow up on Goal indicators.

II. Past cooperation and lessons learned

9. The current country programme (2002-2006), approved for \$4.5 million, has provided support for: (a) creating legal and public policy frameworks on population, reproductive health, HIV/AIDS, youth and gender; (b) strengthening the capacity of government institutions; (c) creating replicable models of integrated, high-quality sexual and reproductive health care services, including youth-friendly services; (d) improving access to reproductive health services in prioritized health regions; (e) strengthening coordination between government and civil society organizations; and (f) advocating the agendas of the International Conference on Population and Development (ICPD), the Fourth World Conference on Women, and the Millennium Summit.

10. In the area of population and development, the Government adopted a law to protect the elderly. The programme strengthened the National Council for Population and the Family through the development of a strategic plan for 2005-2009. The programme provided technical assistance to the National Statistics Office for the 2002 population census. In addition, the programme helped to develop national norms and protocols on sexual and reproductive health services, including those for adolescents and for HIV/AIDS prevention and care. In prioritized health regions, the programme strengthened reproductive health services and promoted community participation. It also helped to increase access by adolescents and youth to sexual and reproductive health-care services, and promoted community acceptance of these services.

11. The Presidential Council on AIDS, supported by UNFPA, prepared a proposal for a national condom policy. The agency contributed to

the creation of the reproductive health commodity security committee. A national assessment on the availability of contraceptive methods concluded that the regions covered by the UNFPA programme enjoyed better contraceptive logistics management and information systems.

12. The programme strengthened the gender equity offices within various ministries. It also supported the Ministry of Women's Affairs, in coordination with other government and civil society organizations, in developing norms regarding gender-based violence. In addition, the programme provided assistance for the design and approval of a law on the illegal trafficking of migrants and also made advances in articulating gender- and HIV/AIDS-related issues within the framework of a project with Haiti.

13. The principal lessons learned relate to the importance of articulating programme interventions at central and local levels to strengthen the capacity to influence public policy at the national level. Although the programme strengthened the operational capacity of the National Statistical Institute and the National Council on Population and Family, further support is required.

14. Resource mobilization among traditional donors has been difficult, as most donors have either withdrawn from the country or have decided to support only bilateral activities. In 2005 and 2006, however, the UNFPA country office was able to channel government co-financing to procure sexual and reproductive health commodities and to support research on population and development. The country receives major contributions from the Global Fund to Fight AIDS, Tuberculosis and Malaria and loans from the Inter-American Development Bank and the World Bank for health-sector reform and HIV/AIDS.

III. Proposed programme

15. The proposed programme is the result of an extensive participatory planning process. It reflects the goals and objectives of the national development plan, the Millennium Development

Goals, the multi-year funding framework (2004-2007), the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF).

16. The programme will contribute to the achievement of the Millennium Development Goals and respond to the three main national development priorities: (a) increased and improved democracy; (b) modernization of the national economy and its integration into the global economy; and (c) social and territorial cohesion. The goal of the programme is to contribute to human development and to alleviate poverty using a human rights-based approach. Interventions will be carried out at central and local levels.

17. The programme focuses on young people and on strengthening sector-wide coordination among government and civil society organizations. It seeks to: (a) improve monitoring and evaluation systems to implement public policies to meet the Millennium Development Goals; (b) enhance the generation and use of sociodemographic information at the local level to support development planning and management capacities; (c) strengthen the national capacity to ensure the provision of high-quality, accessible and affordable sexual and reproductive health services (including culturally sensitive prenatal and post-natal care, family planning, and the diagnosis and treatment of sexually transmitted infections, including HIV/AIDS), emphasizing human resources and community participation; (d) promote research that highlights the inter-relationships between poverty, migration, gender and reproductive health for development planning; (e) advocate increased accountability and social monitoring capacity; and (f) strengthen the national capacity to forecast, finance, procure and deliver a range of high-quality reproductive health commodities. The programme emphasizes meeting the target of universal access to reproductive health services, including the prevention of sexually transmitted infections and HIV/AIDS.

18. UNFPA will strengthen the fund-raising capacity of the country office to obtain necessary

programme resources. The office will pursue co-financing modalities with the Government and with prospective donors. The programme will develop an advocacy strategy to mobilize political, social and economic support for the agendas of the ICPD and the Fourth World Conference on Women, and the Millennium Development Goals. The UNFPA country office will promote inter-agency cooperation within the context of United Nations reform. The programme will focus on three components: (a) population and development; (b) reproductive health; and (c) gender.

Reproductive health component

19. This component focuses on: (a) promoting universal access to sexual and reproductive health services, including family planning; (b) reducing maternal mortality; and (c) preventing sexually transmitted infections, including HIV/AIDS. The component has two outcomes: (a) strengthened political commitment in the context of the health-sector reform to implement laws and policies on sexual and reproductive health and rights; and (b) strengthened national capacity to achieve universal access to sexual and reproductive health-care services.

20. The first outcome will be achieved by: (a) developing institutional capacity to apply sexual and reproductive health care, HIV/AIDS and gender-based violence norms and protocols; (b) developing and implementing the national strategy, promoted by the reproductive health commodity security committee, to guarantee high-quality, affordable and accessible sexual and reproductive health commodities; and (c) promoting accountability mechanisms for public health policies from a human rights perspective.

21. The second outcome will be achieved by: (a) strengthening programme management capacities and epidemiological surveillance and by developing and implementing monitoring and evaluation tools; (b) strengthening the capacity of service providers, with a focus on emergency obstetric care, family planning and services for adolescents; and (c) strengthening the capacity of

the reproductive health-care service network, emphasizing delivery and post-partum care.

Population and development component

22. This component has two outcomes: (a) institutional capacities are strengthened to integrate population and development, sexual and reproductive health, and gender issues into the planning and implementation of poverty-alleviation policies and programmes, as well as into actions taken to follow-up on progress made towards achieving the Millennium Development Goals; and (b) local management capacity is strengthened in selected municipalities to promote sustainable development and to plan for and respond to natural disasters.

23. The first outcome will be achieved by: (a) establishing instruments to generate sociodemographic monitoring indicators, with priority given to Millennium Development Goals 3 (gender equality), 5 (maternal health) and 6 (HIV/AIDS, malaria and other diseases), and support for information systems to monitor Millennium Development Goal indicators; (b) promoting the integration of human rights, population and development, sexual and reproductive health, and gender equality strategies into national development programmes; and (c) strengthening the national capacity to generate and implement policies at national and local levels that take into account the social and economic effects of migration.

24. The second outcome will be achieved by strengthening the: (a) capacity of selected municipalities to plan and manage their own sustainable development; (b) planning and response capacity of selected municipalities in areas prone to emergencies and disasters; and (c) capacity of youth departments in selected municipalities to influence policies that foster socio-economic development at the local level.

Gender component

25. This component seeks to strengthen the national capacity to promote and protect human rights and to develop and implement equitable public policies, emphasizing the prevention of gender-based violence and care for victims of such violence. This outcome will be achieved by strengthening: (a) the capacity of public and civic human rights organizations to monitor women's rights, including the right to a life free from violence; and (b) national and local capacity to prevent gender-based violence and provide care for its victims, within the context of the citizen safety and security plan.

IV. Programme management, monitoring and evaluation

26. UNFPA and the Government will implement the programme in collaboration with national counterparts. The Technical Secretariat of the Presidency will coordinate programme supervision and evaluation. The UNFPA country office will provide technical and administrative support and supervision and will monitor programme implementation. The programme will promote South-South cooperation.

27. The country office consists of a non-resident country director based in Mexico, an assistant representative and two support staff. UNFPA will earmark programme funds for a national programme associate and a national finance associate. UNFPA will recruit, as necessary, national technical and support personnel to strengthen programme and project implementation. The UNFPA Country Technical Services Team in Mexico City, Mexico, will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR THE DOMINICAN REPUBLIC

National priority (2007-2011): (a) increased and improved democracy; (b) modernization of the economy and balanced international integration; and (c) social and territorial cohesion UNDAF outcomes: by 2011, contributions will have been made to: (a) democratic governance, State reform, development of citizenry and decentralization for greater transparency, zero tolerance for corruption, respect for human rights, greater social participation, and gender equity and equality; (b) development of a new, inclusive, sustainable and decentralized economic, social and institutional development model that increases social investment and the creation of dignified employment, as well as more efficient use of resources to achieve the Millennium Development Goals; (c) improved quality of, access to and use of social services, fostering sustainability, and the protection and promotion of human rights; and (d) development of local and national policies and capacities for the protection and management of a sustainable environment, with emphasis on risk management and response to emergencies and disasters				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<u>Outcome:</u> Strengthened political commitment, in the context of the health-sector reform, to implement laws and policies on sexual and reproductive health and rights	<u>Output 1:</u> Institutional capacity of health system strengthened for the effective application of reproductive health care, HIV/AIDS and gender-based violence norms and protocols <u>Output indicator:</u> <ul style="list-style-type: none"> Coordination mechanisms strengthened to improve access to and quality of reproductive health care, HIV/AIDS prevention and to prevent and respond to gender-based violence <u>Output 2:</u> National strategy for reproductive health commodity security implemented <u>Output indicator:</u> <ul style="list-style-type: none"> National strategy elaborated and financial resources mobilized for its implementation <u>Output 3:</u> Mechanisms for accountability promoted for the effective implementation of public sexual and reproductive health policies from a human rights perspective <u>Output indicator:</u> <ul style="list-style-type: none"> Social monitoring of reproductive health policies strengthened at national and municipal levels among civil society, political leaders and others 	Ministry of Health; Presidential Council on AIDS; Ministry for Women; Medical Association; United Nations agencies	Total for reproductive health: \$4.25 million (\$1.5 million from regular resources and \$2.75 from other resources)
	<u>Outcome:</u> Strengthened national capacity to achieve universal access to sexual and reproductive health services	<u>Output 4:</u> Sexual and reproductive health-care programme management and epidemiological surveillance capacities are strengthened and tools for programme monitoring and evaluation are developed and implemented <u>Output indicators:</u> <ul style="list-style-type: none"> Proposal developed to train managers of sexual and reproductive health programmes; Monitoring and evaluation tools designed <u>Output 5:</u> Capacities of sexual and reproductive health-care service providers are strengthened, with special attention given to emergency obstetric care, family planning and reproductive health services for adolescents, in order to reduce maternal mortality <u>Output indicators:</u> <ul style="list-style-type: none"> Training plan on sexual and reproductive health care provision reviewed and updated Training plan on emergency obstetric care developed and implemented nationwide <u>Output 6:</u> Network for the provision of sexual and reproductive health services is strengthened, with special emphasis on delivery and post-partum care <u>Output indicators:</u> <ul style="list-style-type: none"> Training programme developed on the management and administration of networked public health services, including logistics management and the provision of integrated health services to youth Number of health-care units participating in sexual and reproductive health service networks providing integrated services to youth 	Ministry of Health; Health Sector Reform Council; United Nations agencies	

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>Outcome: Institutional capacities are strengthened to integrate population and development, sexual and reproductive health, and gender issues into the planning and implementation of poverty-alleviation policies and programmes, as well as into actions taken to follow-up on progress made towards achieving the Millennium Development Goals</p> <p>Outcome: Local management capacity is strengthened in selected municipalities to promote sustainable development and to plan for and respond to natural disasters</p>	<p>Output 1: Instruments to generate sociodemographic indicators to monitor progress on the Millennium Development Goals (with priority given to Goals 3, 5 and 6), feeding into the national system for the follow-up of the Goals Output indicator: Instruments to verify the quality and coverage of the civil registry, especially concerning maternal and perinatal death, HIV/AIDS and school enrolment</p> <p>Output 2: National development programmes have the information necessary to integrate human rights-based strategies on population and development, sexual and reproductive health, and gender into their resource allocation plans Output indicator: Research demonstrating the interrelations between gender, population, sexual and reproductive health, and poverty</p> <p>Output 3: Institutions have strengthened capacity to manage policies at national and local levels that respond to the social and economic effects resulting from migration Output indicator: Research on the effects of migration and remittances on households, and community level and local developmental responses to remittances, with the participation of public and private actors</p> <p>Output 4: Selected municipalities have strengthened capacity for managing development Output indicators: Number of municipalities with sociodemographic decision support systems; Staff trained in data collection, processing and analysis</p> <p>Output 5: Selected municipalities in areas subject to emergencies and disasters have strengthened capacity to collect sociodemographic and environmental data Output indicators: Areas and people at risk, such as pregnant women, are identified in selected municipalities; Local staff and youth brigades trained to plan for and to respond to natural disasters</p> <p>Output 6: Youth departments in selected municipalities have strengthened capacity to influence policies that foster socio-economic development at the local level Output indicator: Public policies foster youth participation in local development processes</p>	<p>National Statistics Office; Health Ministry; Technical Secretariat of the Presidency; National Planning Office; United Nations agencies; selected municipalities; community-based organizations; private sector</p> <p>Municipalities; community-based organizations; National Statistics Office; Ministry of Health; Ministry for Youth; National Emergency Commission; United Nations agencies</p>	<p>Total for population and development: \$2.25 million (\$1 million from regular resources and \$1.25 million from other resources)</p>
Gender	<p>Outcome: National capacities are strengthened to promote and protect human rights, particularly women's rights, reproductive rights and the right to a life free from violence</p>	<p>Output 1: Strengthened capacity of human rights organizations to provide effective surveillance of women's rights, reproductive rights, and right to a life free from violence Output indicators: Training strategy elaborated and implemented on sexual and reproductive health rights, women, and gender-based violence; Tools to apply human rights standards in public service delivery (sexual and reproductive health) developed and implemented</p> <p>Output 2: National and local capacities are strengthened to prevent gender-based violence and care for its victims, in the context of the citizen safety and security plan Outcome indicators: Tools for gender-based violence prevention and an integrated care model developed; Number of municipalities participating in gender-based violence prevention and the provision of integrated care</p>	<p>Office of the Attorney General; Human Rights Committee; Ministry of Health; Ministry of the Interior; Ministry for Women; United Nations agencies</p>	<p>Total for gender: \$1 million (\$0.5 million from regular resources and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>