COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR THE DEMOCRATIC REPUBLIC OF THE CONGO

Comments by Ireland	UNFPA country and regional office response to comments
Overall, the CPD is strong and seem appropriate to the context.	UNFPA would like to express its appreciation to the Government of Ireland for the positive feedback.
	As highlighted in the CPD, UNFPA will adopt a differentiated approach with tailored modes of engagement ¹ for the complex context in the DRC. UNFPA will also strengthen risk-informed programming with agility and flexibility required for improved effectiveness and efficiency.
The references to peace-responsiveness of interventions, the support for engagement of women and young people in peace building, as well as Security Council resolution 1325 on Women Peace and Security, are welcome. However, the text of the CPD seems to focus more on young people than women. We would welcome a greater emphasis on the importance of engaging women and promoting women's leadership in peacebuilding and conflict resolution at community, national and international levels.	UNFPA appreciates this comment by the Government of Ireland and underscores the emphasis on women and youth within the programme priorities, including the importance of engaging and promoting women and youth leadership in peacebuilding and conflict resolution at community, national and regional levels.
	The CPD (paras. 18 and 20) makes reference to strengthened partnership, and coordination with local actors, women-led and youth-led local organizations will be prioritized and all interventions in the CPD will explore opportunities to contribute to peacebuilding.
	Para 27 in the CPD has been revised: '(h) empowering women and youth for better leadership and participation in

Second regular session 2024

¹ Five modes of engagement in implementing the CPD: (a) strategic advocacy and policy dialogue to position SRHR in national and provincial policies and programmes across the humanitarian, development and peace continuum; (b) knowledge management to facilitate evidence-based decision-making processes; (c) capacity development of key national and subnational institutions and stakeholders, including marginalized groups, to enhance effectiveness of SRHR initiatives; (d) integrated approach to delivery of people-centred integrated SRHR and GBV information and services; (e) strengthened coordination and partnerships, involving local actors, to ensure programme coherence, learning and building individual, community and systems resilience.

	peacebuilding and conflict resolution decision-making process at community, national, regional and international fora.'.Also, adolescent girls will be prioritized within the youth population across programme interventions.
The differentiated approach to provinces requiring humanitarian assistance and those requiring development assistance, which is overwhelmingly the case in DRC, is similarly welcome.	UNFPA appreciates the comment by the Government of Ireland. UNFPA, will continue to prioritize lifesaving interventions within the humanitarian and development context in the DRC. The country programme will also contribute to resilience building for individuals, households, communities and systems using the humanitarian-development and peace continuum. Gender-transformative and human rights-based approaches will be scaled as accelerators in convergence with other UN agencies.
Lastly, the disengagement of MONUSCO from South Kivu province and, potentially next from North Kivu, could potentially bring additional challenges for the government of the DRC. The UN in DRC, including UNFPA, may have an important role in supporting the government and civil society.	UNFPA proposes minor edits to paragraph 14, page 4, to include key actors of "Government, civil society and private sector within efforts to mitigate the impact of the withdrawal of MONUSCO."
Comments by United States of America	UNFPA country and regional office response to comments
Overall comments: The United States appreciates its regular collaboration vis a vis USAID with the UNFPA country office to support the DRC's Reproductive Health and Family Planning program. This enables UNFPA and USAID to avoid duplication on their support to the FP/RH at the national, provincial and health zone levels. This harmonization has allowed the redeployment of contraceptives to fill the gaps in supported health facilities and communities in case of delayed arrivals of the ordered commodities. The United States vis a vis its	UNFPA appreciates the current collaboration with the Government of the United States through USAID in supporting the DRC's family planning/reproductive health and fistula programme interventions at national, provincial and health zone levels, which enables complementarity and leverages synergies for scaled results.

USAID Mission appreciates the collaboration with areas of importance like fistula repair.	
Specific comments in relation to indicators and targets: Number of people, including adolescents and young people, directly benefiting from improved access to skills and lifelong learning programmes, including those developed and implemented with the support of the United Nations Target: 60,000, of whom 30% are women. Recommend clarification on the limited target of 30% being only women given the importance of empowering women to have sustainable independent income is essential, especially toward youth and given the protective risks around GBV prevention and early/undesired pregnancies. Would like clarification on whether the context is too complex to target a larger amount of women Especially since for country output programme, output 1 states the same around adolescent girls needing to be empowered. Proportion of national policies and plans formulated with the involvement of adolescents and youth including those with disabilities and those left furthest behind Baseline: 0% (2024); Target: 75% (2029) Recommend greater clarification on whether this target percentage indicates that in 2029, 75% of all national policies and plans formulated had this input?	UNFPA appreciates the feedback and the comments provided by the Government of the United States of America requesting for clarity on the programme's indicators and targets. UNFPA would like to clarify that this is a UNSDCF output indicator, and the target has been jointly agreed with the United Nations country team and the Government of the DRC. UNFPA had selected this output to indicate contribution and alignment to the UNSDCF; however, this has been changed to further align at the outcome level indicator of the UNSCDF, which is: Universal health coverage index: Baseline: 45%, Target: 60% The target percentage indicates that in 2029, 75% of all national policies formulated would demonstrate involvement and meaningful engagement of adolescents and youth. The country programme implementation will include strong collaboration with other UN agencies in advancing youth programming and contribute to the monitoring and reporting of all indicators in the RRF and UNSDCF.
Percentage increase of fistula survivors who receive surgical repairs and comprehensive rehabilitation services, reintegration and economic rehabilitation with support from UNFPA Baseline: 10,234 (2023);	 The target of 80% increase has been revised to include a numerical value: Baseline 10,234 (2023); Target 18,421 cumulative (2029)
Target: 80% (2029) Please clarify the projected increase of the target more clearly in numerical terms.	2. The typographical error on baseline for service type has been revised:

Percentage of public health facilities supported in the provision of comprehensive package of sexual and reproductive health disaggregated by (a) location and (b) service type Baseline (a): total: 40% (2024); (b): 0 (2024);	(a) Location: Baseline: 40% Target 60% (2029); and (b) service type: Baseline 12% Target: 30% (hard to reach/remote areas).
Please clarify (b) to avoid potential confusion. Specifically: Does the baseline state that 40% of locations have comprehensive SRH/FP packages, but zero service types?Target: (a) 60% (2029); (b) 30% (hard-to-reach reach/remote areas)	3. The target of 50% are provinces supported by UNFPA (Kassai, Kongo Central, Kassai Central, Kassai Oriental, Lomami, Kinshasa, Kwilu, Mai-dombe, Equateur, Haut Katanga, Lualaba, Tanganika and Haut-Lomami).
Regarding (b) Please clarify the rationale for use of a percentage and not a number for target when the target is service types.	As a precautionary measure, we have chosen 2029 for the end
Percentage of UNFPA supported provinces with a network of traditional leaders and women's organizations to address discriminatory gender and social norms, stereotypes, practices and power relations at the individual, social and institutional levels related to three transformative results Baseline: 0; Target: 50%	of the population census project, taking into account previous postponements. Data can be available in 2027 if the population enumeration is conducted before the end of 2026. Revised indicator:
Please further clarify whether this target includes 50% of all provinces or of those supported by UNFPA, and additionally how many is UNFPA supporting?	Population census data are collected, processed, analysed and findings disseminated before the end of 2028 ; Baseline: No; Target: Yes
Population census data are collected, processed, analysed and findings disseminated Baseline: No; Target: Yes	
Recommend greater clarity as reservations about "Yes" being the target. Would that then be by the end of the project in 2029. Recommend a more ambitious approach including setting a date by when given that this data is essential so should be available sooner than the end of the CPD.	