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## **United Nations Population Fund**

### **Country programme document for Democratic Republic of the Congo**

Proposed indicative UNFPA assistance:	\$151 million: \$31.5 million from regular resources and \$119.5 million through co-financing modalities or other resources
Programme period:	Five years (2025-2029)
Cycle of assistance:	Sixth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2029

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## I. Programme rationale

1. The Democratic Republic of the Congo (DRC) has a complex landscape marked by diverse humanitarian, development and peace contexts. With a total population estimated at 106 million and an annual growth rate of 3.2 per cent, largely driven by a total fertility rate of 6.0 children per woman, the population is youthful, with approximately 66 per cent under the age of 25 years and 32 per cent aged 10-24 years.<sup>1</sup>

2. With its extensive landmass and abundant natural resources, including minerals, hydropower potential, fertile land and rich biodiversity, the nation has significant economic development potential, primarily driven by the extractive industry. However, despite this promising outlook, the country faces significant socio-economic development and humanitarian challenges. The DRC has a low human capital development ranking, with an index of 0.48, a Gini index of 44.7, and a gender inequality index of 0.61. Approximately 62 per cent of the population faces the risk of marginalization due to pervasive poverty, with over 90 per cent of rural inhabitants and 70 per cent of urban counterparts living below the national poverty line.<sup>2</sup>

3. The complex humanitarian crisis in the country is characterized by a protracted conflict, with frequent flares in specific regions, co-existing with natural disasters and the devastating impact of disease outbreaks, such as the Ebola epidemic and the COVID-19 pandemic. The conflict has led to a high number of internally displaced persons and refugees, weakened social systems and increased food insecurity, leading to acute malnutrition, particularly affecting women, young people, adolescents and children. At the end of 2023, 25.4 million individuals required humanitarian aid in the DRC.<sup>3</sup> The escalating rate of deforestation has also exacerbated the impact of climate change, leading to crop failures and worsening food insecurity, amplifying the humanitarian crisis. There is an urgent need to strengthen disaster risk reduction and emergency preparedness across the country, particularly in the eastern regions, which record high degrees of fragility, conflict and violence.

4. The DRC has one of the highest maternal mortality rates globally, increasing from 473 deaths per 100,000 live births in 2017 to 547 per 100,000 live births in 2020.<sup>4</sup> Neonatal deaths stand at 28 per 1,000 live births, which is higher than the average for sub-Saharan Africa (27 per 1,000 live births). Although there was an increase in skilled birth attendance from 75 per cent in 2014 to 85 per cent in 2018, this regressed to 79 per cent in 2022, with negative implications for pregnancy outcomes. Access to emergency obstetric and newborn care (EmONC) remains limited; only 12 per cent of healthcare facilities provide basic EmONC; and 7 per cent comprehensive EmONC. Complications from unintended pregnancies among adolescents contribute to 10.2 per cent of preventable maternal deaths<sup>5</sup> and a significant proportion of obstetric fistula cases occur among adolescent mothers.

5. The DRC has a high burden of obstetric fistula, accounting for 10 per cent of cases, with an estimated 60,000 survivors awaiting treatment.<sup>6</sup> There is a greater concentration of survivors in the western regions compared to the eastern regions. The prevalence of obstetric fistula is influenced by several factors, including limited access to skilled attendance at birth, EmONC and family planning services, with exacerbating factors of low socioeconomic status, rural residence, harmful gender and social norms – all of which result in delays in seeking maternal health services.

6. The modern contraceptive prevalence rate among married women is 18 per cent; it varies significantly across regions, from 1 per cent in Sankuru to 44 per cent in South Kivu (2018). About 28 per cent of married women have an unmet need for family planning, with notable disparities across age groups and geographic regions. The unmet need of adolescent girls (31 per cent) contributes to the high adolescent birth rate of 109 per 1,000 adolescents aged 15-19 years, and contributes to adverse outcomes such as fistula, maternal deaths, and unsafe

<sup>1</sup> United Nations Population Division, 2022.

<sup>2</sup> National Report on Poverty Profile, 2023.

<sup>3</sup> DRC Humanitarian Action Plan, 2023.

<sup>4</sup> Trends in Maternal Mortality, United Nations 2000-2020.

<sup>5</sup> WHO, Service Availability and Readiness Assessment (SARA) Survey, 2022.

<sup>6</sup> National Strategic Plan for the Elimination of Obstetric Fistula, 2018-2025.

abortions. More than 27 per cent of girls aged 15-19 years have been pregnant, with births by adolescents accounting for 40 per cent of all births in 2023, totalling over 600,000 births, and births to young women aged 20-24 years accounting for an additional 1.1 million births.<sup>7</sup>

7. Gender-based violence (GBV) remains pervasive in the DRC, with 46 per cent of married women reporting intimate partner violence. Reported cases have more than doubled, from 47,502 in 2018 to 119,394 in 2022, partly attributed to awareness campaigns and improved reporting. More than 37 per cent of young women aged 20-24 years reported being married before the age of 18. GBV against adolescent girls and women is fuelled by conflict-related vulnerabilities, social norms, harmful traditions, gender disparities and a weak justice system, resulting in delayed prosecution. The overall gender power imbalance, coupled with chronic poverty and limited economic opportunities for women, heightens the risk of sexual abuse and exploitation. Limited access to high-quality healthcare and education and protection perpetuates these inequalities and heightens the vulnerability of marginalized populations to discrimination and abuse.

8. The unavailability of disaggregated data poses a significant challenge in the DRC, impeding the robustness of tailored analysis to inform decision-making and targeted interventions in high-burden areas and for vulnerable groups, such as women, girls, youth, persons with disabilities, internally displaced persons, returnees, refugees and indigenous people. While there has been a positive shift since 2018 in the legal and policy landscape for sexual and reproductive health (SRH),<sup>8</sup> especially among adolescents and young people, leveraging the full potential of the youthful population requires strategic investments in health, education, empowerment and employment. Evidence highlights the fragile national health system and educational infrastructure; protection mechanisms are further weakened by conflict and climate-related crises in certain regions. The withdrawal of the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) also threatens to exacerbate these challenges, hindering the collective effort needed towards harnessing the demographic dividend.

9. The findings from the evaluation of the previous country programme underscores the UNFPA mandate is crucial for the achievement of the Sustainable Development Goals in the DRC. Achievements of the previous country programme include: (a) expanded coverage of SRH services by skilled health workers and enhanced access to EmONC; (b) increased proportion of new users of modern contraceptives; (c) improved policy environment with gender-responsive legislation; (d) established a GBV information management system for better data generation; and (e) created a forensic laboratory to improve access to justice by GBV survivors.

10. Lessons learned from the country programme include: (a) evidence-based policy requires geographic differentiation, localization, prioritization and tailored partnerships across the humanitarian-development-peace continuum contexts in the country; (b) scaled data and evidence, complemented with knowledge management around what works, will strengthen planning, delivery, monitoring and accountability for programmes results; (c) enhanced communication for results, including a focus on human interest dimensions, with the Government, donors and partners, are essential to maintaining strategic partnerships and mobilizing sustainable financing; and (d) strengthening the programme and financial management systems will require risk-informed programming with agility and flexibility for improved effectiveness and efficiencies.

11. The evaluation recommends: (a) redefining the UNFPA role and partnerships within the prevailing humanitarian, development and peace continuum context to broaden the reach and impact of programme interventions; (b) embracing the use of innovation to expand access and delivery of high-quality SRH services, including for target population groups; and (c) considering the implications of MONUSCO withdrawal for the United Nations system and establishing mitigation measures for the UNFPA country programme.

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<sup>7</sup>United Nations Population Division, 2022, .

<sup>8</sup> Sexual and Reproductive Health Policy 2018; National Sexual and Reproductive Health and Rights Strategy.

12. The new country programme is guided by the common country analysis, and contributes to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2025-2029, notably the strategic priority areas of: (a) economic growth; (b) governance, rule of law and protection; and (c) access to quality basic social services, with a focus on women and young people. The programme is aligned to the African Union Agenda 2063, the Sustainable Development Goals, the UNFPA Strategic Plan, 2022-2025, National Vision 2050, and the National Strategic Development Plan, 2024-2028. It will also contribute to the National Youth Policy, the Sexual and Reproductive Health Policy, the National Sexual and Reproductive Health and Rights Strategy, and the strategic plan for integrated reproductive health, mother, newborn, child adolescent and nutrition. There is an enabling environment for the ICPD Programme of Action, with the country's renewed commitment at ICPD30 and recommendations from the ten-year review of the Addis Ababa Declaration on Population and Development and for the recent Universal Periodic Review report.

## II. Programme priorities and partnerships

13. In response to the complex and protracted crises in the DRC, the country programme will adopt a nuanced approach that integrates humanitarian preparedness and response efforts with development programme initiatives, and peacebuilding efforts, with women and youth at the centre. The vision of the country programme is to accelerate universal access to high-quality integrated sexual and reproductive health services, including prevention and response to gender-based violence, for women, adolescents and youth by 2029. This will be achieved by implementing evidence-informed adaptive and tailored strategies within the unique and complex context of DRC.

14. The programme vision contributes to accelerating the achievement of the three transformative results of UNFPA: (a) ending unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices; as well as the East and Southern Africa region-specific result of ending sexual transmission of HIV. The programme will contribute towards accelerating the achievement of Sustainable Development Goals 1, 3, 5, 10, 13, 16 and 17. It will also contribute to mitigating the multidimensional impact of the withdrawal of the MONUSCO, in collaboration with the United Nations system, government, civil society and private sector as reflected in the UNSDCF.

15. The programme will focus on five interconnected outputs: (a) adolescents and youth; (b) quality of care and services; (c) gender and social norms; (d) humanitarian action; and (e) population change and data – with a strategic shift in systematically mainstreaming prioritization of adolescents and youth across the country programme interventions.

16. At the upstream level, the programme aims to position UNFPA as a thought-leader in SRHR through normative guidance and its convening role on scaling up delivery of high-impact interventions for EmONC, obstetric fistula, supply-chain management to the 'last mile', GBV prevention and response, adolescent and youth-responsive services, and data for policy advocacy, programming and accountability. These will be supported by strategic foresight, innovation and digital technology, as applicable. At the downstream level, specific provinces will be targeted to demonstrate the impact of comprehensive SRH interventions, including evidence-based actions to address the high rates of maternal mortality, obstetric fistula and factors limiting the potential of young people. Provinces will be selected based on: (a) SRH outcomes across the life course; (b) existing sexual and reproductive health and rights (SRHR) programmes with provincial government support; (c) United Nations joint programmes and convergence analysis under the 'delivering as one' approach; and (d) prioritization of humanitarian needs in provinces affected by climate change and conflict.

17. Within the humanitarian country team, UNFPA has a comparative advantage in providing technical expertise in the SRHR working group and on GBV prevention and response coordination, as well as case management of rape and prevention of sexual exploitation and abuse and accountability to affected populations (PSEA/AAP). UNFPA is also recognized for its

thought leadership in georeferenced data generation and data use to guide decision-making, particularly for the census and United Nations joint programme on statistics.

18. The programme will leverage four accelerators: (a) implementing human rights-based and gender-transformative approaches to address structural barriers and harmful social norms, in alignment with the Government's accountability to international commitments, including advancing youth, peace and security in humanitarian contexts. The programme will also capitalize on opportunities to create a protective environment and protection systems for women and girls by fostering positive masculinity related actions; (b) scaling up availability of disaggregated data and evidence to inform inclusive policies and programmes, using risk-profile data for early warning and action; (c) utilizing innovation and digitalization for targeted interventions in health, education, social protection and adolescent empowerment with a focus on harnessing the demographic dividend; and (d) promoting resilience, adaptation and complementarity between development and humanitarian efforts by strengthening health and protection systems, emphasizing localization and empowering local partners, for sustainability and resilience building across the humanitarian-development continuum.

19. The programme will adopt a differentiated approach for regions with high humanitarian needs and those requiring development support. In the western regions, knowledge exchange and strategic partnerships will guide scale-up efforts, including South-South cooperation, public-private collaborations and resource mobilization for sustainable financing. Innovation and digital technology will be used to reach marginalized populations and challenge socio-cultural barriers to progress in SRHR and gender equality in the western regions. In the eastern regions, characterized by humanitarian challenges, the programme will address inequality gaps in accessing sexual and reproductive health services, ensuring uninterrupted provision of life-saving services and prioritizing inclusion of vulnerable groups for service delivery, with attention to people living with disabilities, refugees, indigenous people and those living in hard-to-reach areas. The programme will also scale up GBV prevention and response in the conflict-affected provinces and reduce sexual exploitation risk from negative coping mechanisms by strengthening partnerships that enable access to sustainable livelihood interventions for women and youth.

20. The programme will apply five modes of engagement: (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.

**A. Output 1. By 2029, young people, particularly adolescent girls, including those living with disabilities, are better empowered with skills and opportunities to make informed decisions on their reproductive health and rights, improve their leadership, participation and access to economic opportunities, and build their human capital.**

21. This output contributes to UNSDCF Outcome 1 (the economy is diversified and provides access to decent job opportunities, financing, and entrepreneurship development for Congolese populations, particularly the most vulnerable) and the UNFPA strategic plan, 2022-2025, specifically output 6 on adolescents and young people. It underscores the urgency of reaching the large youth population with tailored interventions.

22. This output aims to: (a) enhance national and subnational capacity for delivering high-quality comprehensive adolescent responsive and youth empowerment interventions, including menstrual health and HIV prevention; (b) scale up delivery of comprehensive sexuality education, with linkages to health services, education, entrepreneurship, economic empowerment and vocational training programmes, particularly for vulnerable adolescents and young people; (c) utilize innovative tools and approaches to scale up sexual and reproductive

health initiatives, including partnering with youth as agents of change; (d) implement strategies to prevent unintended pregnancies, both in school and out-of-school settings; (e) strengthen the capacity of the health, protection and education systems to respond to shocks and disruptions affecting adolescents and youth; and (f) promote adolescent and youth participation in development, humanitarian and peace-responsive efforts.

**B. Output 2. By 2029, capacity of systems, institutions, and communities are strengthened to deliver comprehensive, rights-based and high-quality sexual and reproductive health services, including GBV services, mental health and psychosocial support, at both national and subnational levels, across the humanitarian, development and peace continuum contexts.**

23. This output is focused on strengthening the capacity of national and subnational systems to sustain the strong and resilient health systems required to address the persistent gaps limiting availability of high-quality services and information, throughout the sexual, reproductive, maternal, newborn and adolescent health continuum. This output contributes to the UNSDCF Outcome 3 (populations, especially the most vulnerable, have better access to quality and sustainable basic social services, inclusive social protection, and are more resilient towards strengthening the social contract) and the three transformative results, specifically output 2 of the UNFPA strategic plan, 2022-2025, on quality of care and services.

24. This output will be achieved through the following strategies: (a) enhancing the technical and institutional capacities required for an effective midwifery workforce and other relevant health staff in providing integrated reproductive maternal, newborn, child and adolescent health services, including the Minimum Initial Service Package (MISP) for SRH in emergencies; (b) support tailored SRHR services, including GBV services, as an integral component of universal health coverage-related benefit packages, financing and financial risk protection (c) increasing access to high-quality sexual and reproductive health services for young people, vulnerable groups and those populations left furthest behind through outreach strategies, mobile clinics and community-based distribution; (d) supporting the readiness and functionality of the health system, including in remote and hard-to-reach areas, to deliver high-quality basic and comprehensive EmONC, family planning, GBV, adolescent-responsive and youth-friendly services; (e) continuing policy advocacy for gender-responsive budgeting to support integrated reproductive maternal, newborn, child and adolescent health and SRHR in universal health coverage; and (f) documenting and sharing research, best practices and innovations in SRH services, including for self-care and other health innovations, as applicable.

**C. Output 3. By 2029, the Government, civil society organizations and communities are equipped to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and provide high-quality, gender-responsive, survivor-centred and rights-based services, including mental health and psychosocial support, in development and humanitarian settings.**

25. This output focuses on addressing social norms that perpetuate gender inequalities and limit universal access to SRHR, including the high levels of gender-based violence. It contributes to the UNSDCF Outcome 3 and the UNFPA strategic plan, 2022-2025, specifically output 3 on gender and social norms.

26. This output will significantly contribute to the delivery of multisectoral interventions for the prevention of and response to gender-based violence, sexual exploitation and abuse and harmful practices, including child marriage.

27. This output will focus on: (a) leveraging partnerships with income-generation initiatives to empower women and youth with decision-making capacities and agency for reproductive rights; (b) enhancing the skills of gender officers, social workers, service providers and law enforcement officials to prevent and address gender-based violence; (c) promoting sustainable behavioural change through evidence-based platforms and intergenerational dialogues involving women, youth, men, and boys, enabled by positive masculinity action from traditional and

religious institutions; (d) expanding survivor-centred support with effective referral pathways and service mappings, especially for young mothers, adolescents and persons with disabilities; (e) conducting studies/surveys with key partners on socio-cultural barriers to universal health coverage, family planning, child marriage, teenage pregnancies and gender inequality; (f) improving national and subnational mechanisms to prevent sexual exploitation and abuse, particularly in humanitarian settings; (g) strengthening national policies on GBV and PSEA/AAP; (h) empowering women and youth for better leadership and participation in peacebuilding and conflict resolution decision-making process at community, national, regional and international fora; and (i) enhancing national coordination and accountability mechanisms for human rights protection, particularly for women and youth.

**D. Output 4. By 2029, the capacities of national and subnational institutions are enhanced in preparedness, supply-chain management, early action and the provision of well-coordinated, multisectoral, integrated life and dignity-saving interventions that are timely, conflict and climate-sensitive, gender-transformative and peace-responsive in humanitarian settings.**

28. This output focuses on enhancing the preparedness and response to conflict, environmental degradation and climate change-related humanitarian situations, public health emergencies and system disruptions that disproportionately affect women, young people and adolescent girls and constrain progress towards achieving the transformative results. Following MONUSCO withdrawal, interventions will focus on enhancing social cohesion and peace among communities,<sup>9</sup> leveraging the potential of young people, in collaboration with protection actors, including in the Great Lakes region. It contributes to UNSDCF Outcome 2 (the Congolese population, particularly in conflict and post-conflict areas in the context of MONUSCO disengagement, live in an environment of improved security, sustainable peace, more effective justice, social cohesion, and they are better protected against all forms of violence (armed and unarmed) and are more resilient to the effects of conflict) and the UNFPA strategic plan, 2022-2025, specifically output 5 on humanitarian action.

29. Interventions under this output will focus on: (a) integrating the MISP for SRH into national and subnational disaster preparedness and response plans through advocacy and technical assistance; (b) strengthening institutional capacity of the Government, United Nation agencies, international non-governmental organizations, civil society organizations, with a focus on those led by local women and youth, to deliver gender-based violence prevention and response services, including protection, empowerment and access to justice, during emergencies; (c) strengthening SRH and GBV/PSEA/AAP coordination at national and subnational levels; (d) enhancing procurement, warehousing, transportation and prepositioning of reproductive health supplies, including contraceptives, at the ‘last mile’, in both humanitarian and development settings, through partnerships with private sector; (e) advocating for an efficient and sustainable supply-chain management system, partnering with the private sector to deliver contraceptive methods, including long-acting reversible methods, ensuring no one is left behind; (f) strengthening the use of ‘last mile’ assurance tools to ensure traceability and timely availability of contraceptive and other reproductive health commodities in humanitarian and development settings; and (g) adopting innovations and digitalization to empower young people to promote peace and security, end gender-based violence and harmful practices and mitigate vulnerabilities to irregular migration and climate change.

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<sup>9</sup> UN Security Council resolutions 1325 and 2350.

**E. Output 5. By 2029, national systems across the humanitarian, development and peace contexts are strengthened in demographic intelligence, analysis and utilization to harness the demographic dividend, through informed policies and programmes, especially those related to sexual and reproductive health and rights across the life course, with priority on maternal health, family planning and prevention of HIV, gender-based violence and harmful practices.**

30. This output focuses on improving access to disaggregated, high-quality data and evidence that supports the identification and targeting of populations left furthest behind at national and subnational levels. The information will guide policy advocacy and targeted programming to address weak SRHR outcomes, gender inequality, GBV, and harmful practices experienced by adolescents and youth, including persons with disabilities, indigenous people and other vulnerable populations. This output contributes to UNSDCF Outcome 2 (national, provincial, and local institutions effectively improve the rule of law and the quality of democratic, administrative, and economic governance, thereby contributing to the enjoyment of rights and better access to public services for all and especially for the most vulnerable groups) and to the UNFPA strategic plan, 2022-2025, particularly the output on population change and data.

31. The interventions under this output aim to: (a) strengthen the capacity of government, civil society, and the private sector in data generation and use; (b) underscore the significance of demographic data in fostering socioeconomic transformation and resilience, particularly in light of climate change, conflict, migration and other major trends; (c) enhance institutional and technical capabilities in leveraging technology, digitalization and innovation for population and housing censuses, sector-specific surveys and demographic and health assessments; (d) formulate investment strategies for transformative outcomes, including youth-centric investments and guidance on resource allocation based on population analysis; (e) improve digitalization capabilities for civil registration, vital statistics, health, GBV, and vulnerability information systems, to support sustainable development endeavours; and (f) facilitate strategic collaborations for customized adolescent and youth initiatives, integrating SRHR and population dynamics into multisectoral policies and programmes spanning areas such as environment, disaster risk reduction, nutrition, gender equality, education, social protection, economic empowerment and skills development.

### **III. Programme and risk management**

32. The programme is informed by consultation with national governments, civil society and youth networks, and will be implemented in collaboration with national stakeholders, including marginalized groups, women and youth-serving organizations, with oversight from the Ministry of International Cooperation, in close collaboration with sectoral ministries. UNFPA will continue to use the harmonized approach to cash transfers, in collaboration with other United Nations agencies for risk mitigation and cost efficiencies. Implementing partners will be selected based on geographical locations, statutory functions, expertise, capacity and ability to deliver high-quality results, including the use of a consortium with local implementing partners.

33. The programme aims to diversify funding sources, reducing reliance on traditional donors and increasing financial sustainability through innovative approaches. It involves partnering with the private sector to secure resources, improve corporate social responsibility, and tap into new funding channels. Collaboration with regional and international partners will leverage shared expertise and resources. Strengthening partnerships with United Nations agencies will improve coordination and secure more resources for regional and global programmes. The programme will also advocate for increased government funding by engaging ministries to ensure sustainability beyond external funding cycles.

34. The office will be strengthened to align with technical and financial requirements of the proposed programme, which will be delivered with the support of UNFPA staff in the main and decentralized offices, with the support of United Nations Volunteers, project staff, interns and volunteers, as needed. The programme will benefit from the technical support of the Regional Office for East and Southern Africa and UNFPA headquarters to strengthen technical expertise



in the areas of youth and women's empowerment; innovation, health and SDG financing, strategic thinking and planning, monitoring and evaluation.

35. Potential risks to programme implementation include political instability, the Great Lakes dynamics, humanitarian emergencies, the safety of programme staff and assets, disease outbreaks and epidemics, all of which have cross-border implications. The capacity of implementing partners with weak national monitoring and reporting systems can also impact the delivery of the next programme. UNFPA will conduct and assess programme criticality, in collaboration with other United Nation agencies, and will enhance the capacities of implementing partners in programme and financial management. To mitigate against the potential risk of failing to meet the resource mobilization targets for other resources, constant monitoring and adjustment of fundraising strategies will be undertaken, guided by donor priorities, market conditions and programmatic needs, to ensure realistic and achievable goals. Monthly environmental scanning will assess socio-political risks with measures undertaken to ensure risk-informed programming. UNFPA will prioritize the engagement of youth and women-led organizations to ensure programme continuity in hard-to-reach areas and areas prone to conflict, to ensure that targets are met.

36. UNFPA has developed a robust theory of change identifying the programmatic risks and a complementary risk assessment and mitigation plan based on the organization's enterprise risk management system, which will be updated on an ongoing basis, to reduce risks effectively during the implementation of the programme.

37. This country programme document outlines UNFPA contribution 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. Accountabilities 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**

38. The programme will employ a results-based management approach, underpinned by a comprehensive and budgeted monitoring and evaluation plan. This plan will encompass monitoring, reporting of outcomes, along with analysis and adjustment of programme approaches, where required. The programme's monitoring will be jointly undertaken by UNFPA and the Ministries of Planning, Health, Gender and Family, Economy, and International Cooperation, and other development partners.

39. Annual reviews will monitor progress aligned with workplans and address challenges encountered in programme implementation. Thematic evaluations, a midterm review and a final evaluation of the country programme will be conducted, which will contribute to the UNSDCF evaluation. The programme will also undertake surveys, facilitate documentation of innovation and dissemination of best practices. Programme results monitoring will use various modalities, including in-person, remote and hybrid models, joint field visits to track workplan implementation.

40. The country programme's monitoring and evaluation will be synchronized with tracking of the UNSDCF and the UNFPA strategic plan within an integrated results and resource framework. UNFPA will contribute to reporting in UNInfo as the primary monitoring platform for the Cooperation Framework. UNFPA will continue active participation in the United Nations inter-agency working groups for monitoring and evaluation, contributing to the coordination of the United Nations country team annual planning and progress reporting for the UNSDCF.

41. UNFPA will engage in the United Nations country team through strategic leadership roles within outcome and output groups, relevant joint planning for programmes within the UNSDCF, as well as reporting mechanisms and quality-assurance systems, including the common United Nations system for reporting in the Democratic Republic of the Congo.

42. Furthermore, UNFPA will bolster national efforts by developing capacities and fostering a results-oriented management culture among its partners, thereby enhancing the effectiveness of results-focused monitoring, reporting and evaluation.

## RESULTS AND RESOURCES FRAMEWORK FOR THE DEMOCRATIC REPUBLIC OF THE CONGO (2025-2029)

<b>NATIONAL PRIORITY:</b> By 2050, the potential of the extractive and agricultural sectors of the DRC will have been highlighted, in the perspective of building a diversified economy with inclusive growth and middle income, overcoming poverty, and establishing lasting peace throughout the national territory.				
<b>UNSDCF OUTCOME:</b> 1. Sustainable inclusive economic growth driven by a more diversified economy, generating job opportunities and decent incomes, particularly for the most vulnerable populations, and effects on social and territorial inclusion.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction in preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Universal Health Coverage Index <i>Baseline: 45%; Target: 60%</i></li> <li>Number of New HIV Infections per 1,000 People <i>Baseline: 0.12; Target: 0.007</i></li> </ul>	<u>Output 1.</u> By 2029, young people, particularly adolescent girls, including those living with disabilities, are better empowered with skills and opportunities to make informed decisions on their reproductive health and rights, improve their leadership, participation and access to economic opportunities, and build their human capital.	<ul style="list-style-type: none"> <li>Proportion of national policies and plans formulated with the involvement of adolescents and youth including those with disabilities and those left furthest behind <i>Baseline: 0% (2024); Target: 75% (2029)</i></li> <li>Proportion of the targeted provinces delivering comprehensive sexuality education for in-school and out-of-school adolescents and youth, including in humanitarian settings <i>Baseline: 0; Target: 100% (targeted provinces – Kivus, Ituri, Tanganyika, Kasai and Mairi)</i></li> <li>Proportion of UNFPA-supported provinces that implement youth-led innovative initiatives including digital solutions for accelerating the achievement of UNFPA three transformative results. <i>Baseline: 25%; Target: 100% (8 provinces targeted)</i></li> </ul>	Government; United Nations; agencies; World Bank; national and international and youth led organizations.; civil society organizations; academia; professional associations; the media; the private sector.	\$4.0 million (\$1.0 million from regular resources and \$3.0 million from other resources)
<b>UNSDCF OUTCOME(S):</b> 3. Access to quality basic social services, inclusive social protection and capacity building for all and particularly for the most vulnerable, for their needs for resilience, sustainable solutions and development.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s)</u> <ul style="list-style-type: none"> <li>Modern contraceptive prevalence rate <i>Baseline: 17.3% (2023); Target: 27% (2029)</i></li> <li>Number of New HIV Infections per 1,000 People <i>Baseline: 0.12; Target: 0.007</i></li> <li>Universal Health Coverage Index <i>Baseline: 45%; Target: 60%</i></li> </ul>	<u>Output 2.</u> By 2029, capacity of systems, institutions, and communities are strengthened to deliver comprehensive, rights-based and high-quality sexual and reproductive health services, including GBV services, mental health and psychosocial support, at both national and subnational levels, across the humanitarian, development and peace continuum contexts.	<ul style="list-style-type: none"> <li>Percentage increase of fistula survivors who receive surgical repairs and comprehensive rehabilitation services, reintegration and economic rehabilitation with support from UNFPA <i>Baseline: 10,234 (2023); Target: 80% (18,421 cumulative) (2029)</i></li> <li>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 <i>Baseline (a): total: 40% (2024); (b): 12% (2024); Target: (a) 60% (2029); (b) 30% (hard-to-reach reach/remote areas)</i></li> <li>Number of UNFPA supported midwifery schools that are accredited to a national standard aligned with World Health Organization and International Confederation of Midwives standards <i>Baseline: 21; Target: 28</i></li> <li>Number of universal health coverage related policies and plans, and other relevant laws, that integrate sexual and reproductive health and rights, HIV, GBV services</li> </ul>	Government; United Nations agencies; World Bank; national and international non-Governmental organizations; civil society organizations; academia; professional associations; the media; the private sector.	\$119.5 million (\$24.0 million from regular resources and \$95.5 million from other resources)

		<p><i>Baseline: 4; Target: 12</i></p> <ul style="list-style-type: none"> <li>Percentage of health centres providing basic and comprehensive EmONC services <i>Baseline: 12% and 7% (2024); Target: 18% and 10.5% (2029)</i></li> <li>Number of Couple-Years of Protection (CYP) including male condoms <i>Baseline: 3,640,000 (2023); Target: 5,945,000 (2029)(cumulative)</i></li> </ul>		
<b>UNSDCF OUTCOME:</b> 2. Effective governance, rule of law and protection of populations for inclusive development and sustainable peace in the DRC. 3. Access to quality basic social services, inclusive social protection and capacity building for all and particularly for the most vulnerable, for their needs for resilience, sustainable solutions and development.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Rate of reduction of sexual and gender-based violence in target areas <i>Target: 30%</i></li> <li>Proportion of seats occupied by women (parliament, national and provincial governments) <i>Baseline: National Parliament: 14%; Provincial Parliaments: 14%; Local Government (partial): 24%; National Government: 27%; Provincial Governments: 9% Target: National Parliament: 30%; Provincial Parliaments: 30%; Local Government (including 60% youth): 50%; National Government: 30%; Provincial Government: 20%; Local Government: 50%</i></li> </ul>	<p><u>Output 3.</u> By 2029, the Government, civil society organizations and communities are equipped to address discriminatory gender and social norms that perpetuate gender-based violence and harmful practices and provide high-quality, gender-responsive, survivor-centred and rights-based services, including mental health and psychosocial support, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Percentage of UNFPA supported provinces with sexual assault referral centres and referral pathways to respond to GBV <i>Baseline: 57% (2024); Target: 90% (2029)</i></li> <li>Proportion of provinces with forensic laboratory to increase access to justice for survivors with UNFPA support <i>Baseline: 12% (2023); Target: 60% (2029)</i></li> <li>Percentage increase of survivors of GBV/EAS who have benefited from multisectoral care with support from UNFPA, disaggregated by age, targeted regions and status of disability. <i>Baseline: 122 960 (2023); Target: 70% increase.</i></li> <li>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 <i>Baseline: 0; Target: 55%</i></li> <li>Percentage of UNFPA supported one stop centres that provide multi sectoral services to support GBV survivors according to the national standards <i>Baseline: 35%; Target: 80%</i></li> </ul>	<p>Government; United Nations agencies; World Bank; national and international non-Governmental organizations; civil society organizations; academia; professional associations; the media; the private sector.</p>	<p>\$4.0 million (\$1.0 million from regular resources and \$3.0 million from other resources)</p>
<b>UNSDCF OUTCOME:</b> 3. Access to quality basic social services, inclusive social protection and capacity building for all and particularly for the most vulnerable, for their needs for resilience, sustainable solutions and development.				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Rate of reduction of sexual and gender-based violence in target areas <i>Target: 30%</i></li> </ul>	<p><u>Output 4.</u> By 2029, the capacities of national and subnational institutions are enhanced in preparedness, supply-chain management, early action and the provision</p>	<ul style="list-style-type: none"> <li>Proportion of women, adolescents, and youth including people living with disability in need of humanitarian assistance who benefited from life-saving interventions in humanitarian settings supported by UNFPA <i>Baseline: 18 %, Target: 30%</i></li> <li>Number of mechanisms established for women, adolescent girls and boys (aged 14-24 years) participation in peacebuilding, social</li> </ul>	<p>Government; United Nations agencies; World Bank; national and international non-Governmental</p>	<p>\$14.0 million (\$2.0 million from regular resources and \$12.0 million from</p>

<ul style="list-style-type: none"> <li>• Modern contraceptive prevalence rate <i>Baseline: 17.3% (2023); Target: 27% (2029)</i></li> <li>• Universal Health Coverage Index <i>Baseline: 45% Target: 60%</i></li> </ul>	<p>of well-coordinated, multisectoral, integrated life and dignity-saving interventions that are timely, conflict and climate-sensitive, gender-transformative and peace-responsive in humanitarian settings.</p>	<p>cohesion, development and environmental protection programmes in conflict-affected provinces. <i>Baseline: 2 (2023); Target: 6 (2029)</i></p> <ul style="list-style-type: none"> <li>• Number of functional community protection mechanisms for vulnerable women and girls in internally displaced person camps and host communities in humanitarian settings <i>Baseline: 14 (2024); Target: 45 (2029)</i></li> <li>• Percentage of SDPs with no stockout of contraceptives, maternal health drugs (Oxytocin, Misoprostol, and Magnesium sulphate) including RH kits during the last 6 months <i>Baseline: 60%; Target: 85%</i></li> <li>• Proportion of provinces affected by humanitarian crisis that have a functioning inter-agency coordination mechanism or platform to address: (a) gender-based violence; and (b) sexual and reproductive health and reproductive rights <i>Baseline: 55%; Target: 66%</i></li> </ul>	<p>organizations; civil society organizations; academia; professional associations; the media; the private sector.</p>	<p>other resources)</p>
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**UNSDCF OUTCOMES:** 1. Sustainable inclusive economic growth driven by a more diversified economy, generating job opportunities and decent incomes, particularly for the most vulnerable populations, and effects on social and territorial inclusion. 4. By 2029, national, provincial, local, grassroots communities including those in forced displacement and economic actors ensure the sustainable management of ecosystems, natural resources, promoting the energy transition and adopting climate change mitigation and adaptation measures.

<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Ibrahim Index of African Governance (IIAG) for the Democratic Republic of the Congo (DRC) <i>Baseline: (2022): 32.7 Target: 4</i></li> </ul>	<p><u>Output 5.</u> By 2029, national systems across the humanitarian, development and peace contexts are strengthened in demographic intelligence, analysis and utilization to harness the demographic dividend, through informed policies and programmes, especially those related to sexual and reproductive health and rights across the life course, with priority on maternal health, family planning and prevention of HIV, gender-based violence and harmful practices.</p>	<ul style="list-style-type: none"> <li>• Population census data are collected, processed, analysed and findings disseminated by 2028 <i>Baseline: No; Target: Yes</i></li> <li>• Number of provinces that have developed the demographic dividend profile with support from UNFPA <i>Baseline: 7, Target: 26</i></li> <li>• Proportion of provinces that report disaggregated data to monitor Sustainable Development Goals indicators with UNFPA support <i>Baseline: 57 % (2024), Target: 90% (2029)</i></li> <li>• Number of provinces that have developed multi sectoral policies addressing adolescent and youth health, development and well-being that are age-disaggregated and gender-responsive <i>Baseline: 3 (2024), Target: 16 (2029)</i></li> <li>• Proportion of UNFPA supported provinces with GBV case information management systems in place to collect, analyse and disseminate data on GBV in development settings <i>Baseline: 57% (2024), Target: 80% (2029)</i></li> </ul>	<p>Government; Ministry of Gender; Ministry of Youth; United Nations agencies; World Bank; Parliamentarians; national and international non-governmental organizations; civil society organizations; professional associations; academia; the media; the private sector.</p>	<p>\$8.0 million (\$2.0 million from regular resources and \$6.0 million from other resources)</p> <p>Programme coordination and assistance: \$1.5 million from regular resources</p>