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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the Dominican Republic

Proposed indicative UNFPA assistance: \$ 4.5 million: \$ 2.0 million from regular resources and \$ 2.5 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Sixth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.8	1.0	1.8
Outcome 2	Adolescents and youth	0.6	0.3	0.9
Outcome 4	Population dynamics	0.3	1.2	1.5
Programme coordination and assistance		0.3	-	0.3
Total		2.0	2.5	4.5

I. Programme rationale

1. The population of the Dominican Republic is 10.2 million (2017), with 2.8 million people (27.8 per cent) aged 10-24 years. The demographic transition has opened a period of demographic dividend, projected to last until 2045. The number of emigrants is estimated at 1.13 million people, mostly living in the United States (2010). Immigrants account for 5.4 per cent of the total population, 87 per cent of whom are from neighbouring Haiti (2012) and represent one of the country's most vulnerable population groups. The country is prone to hurricanes that cause humanitarian emergencies disproportionately affecting the most vulnerable. A national emergency policy and response protocol, including crucial sexual and reproductive health and gender issues has yet to be developed.

2. The Dominican Republic has incorporated the 2030 Agenda for Sustainable Development into its planning instruments, such as the 2012-2030 National Development Strategy and the 2017-2020 Multi-Year Public Sector Plan. The United Nations Development Assistance Framework (UNDAF) 2018-2022 also reflects the 2030 Agenda.

3. In 2014, the Dominican Republic was classified as an upper-middle-income country. Favoured by political and macroeconomic stability, the Dominican Republic enjoyed an annual economic growth of 5.1 per cent over the period 2001-2013, reaching 7.2 per cent in 2014-2015. In 2015, the country ranked 99 in the human development index. However, poverty and inequality are still high. In 2015, 32.3 percent of the population lived below the poverty line, and 7.0 percent in extreme poverty, while in 2016, 30.3 per cent of the population lived below the poverty line, and 6.5 per cent in extreme poverty. The Gini coefficient was 0.4683 in 2015. Poverty mainly affects women, adolescents and young people, and immigrants and their descendants. The legal framework needs to better guarantee their rights and access to services, in particular sexual and reproductive health services.

4. Notwithstanding progress, gender inequalities continue undermining life opportunities of women, particularly adolescents and young girls, thus jeopardizing the country's prospects of achieving sustainable development. The Gender Inequality Index stands at 0.470, ranking 107 out of 159 countries (2016). Maternal mortality, adolescent pregnancies, early marriages and unions and gender-based violence, including sexual violence, affecting women both in the domestic and public sphere, are clear indications of these persisting inequalities. The proposed programme aims to contribute to achieving sustainable development in the Dominican Republic, by supporting government efforts to strengthen interinstitutional coordination and impact of sectoral policies, to reap the benefits of both the demographic and gender dividends.

5. Despite nearly universal prenatal care and childbirth coverage, maternal mortality is still 101.8 per 100,000 live births, one of the highest in the region, with 16.2 per cent occurring among girls aged 10-19. 56 per cent of deliveries are performed by Caesarean section, among the highest rates in the world. Some 77 per cent of maternal deaths are due to direct obstetric causes, thus pointing to poor quality of care and poor compliance with evidence-based clinical standards and protocols. The three leading causes are: hypertension (36 per cent); haemorrhage (18 per cent) and sepsis (14 per cent).

6. While a National Adolescent Pregnancy Prevention Plan has been enacted, the adolescent fertility rate is still 90 per 1,000 girls aged 15-19, well above the regional average. Some 47.7 per cent of all pregnancies are unplanned, especially among adolescents and young women. Coverage and availability of contraceptive methods in public health centres is still limited. The satisfied need for modern family planning methods among adolescents aged 15-19 years is only 54.5 per cent, and 60.6 per cent among young people aged 20-24 years..

7. Adolescent pregnancy strongly affects health, development and life projects of adolescents and young people and is directly associated with poverty. The risk of a teenager becoming pregnant is 4 times higher in those of the poorest quintile. The Azua Province registers the highest proportion of pregnant teenagers (36.9%) in relation to

the national level (20.6 per cent) and it is one of ten provinces with a higher proportion of immigrant people. Pregnancy is the main reason for not attending school among adolescents. Poverty and lack of access and rights to sexual and reproductive health information and services, including the range of contraceptives, and early marriages are among the main determinants of adolescent pregnancy. While the Law on the Protection of Children and Adolescents recognizes the right to be informed and educated on sexual and reproductive health, 68 per cent of students do not receive comprehensive sexuality education. The country ranks first in early marriage in the region, with 12.3 per cent of women aged 20-24 years married or in union before reaching age 15, and 35.6 per cent before age 18, with much higher proportions among the poorest quintile, where 51.7 percent adolescent girls aged 15-19 years were already married or in union. In one out of four cases, partners are at least 10 years older. The country lacks research regarding cultural norms and perceptions on violence against women and girls and early marriage.

8. At present the country lacks comprehensive youth policies and youth rarely participate in decision-making processes. Institutional cooperation needs to be strengthened to ensure better coordination and higher impact of sectoral policies, for the country to benefit from the potential offered by both the demographic and gender bonus.

9. Gender-based violence is a leading cause of death among women of childbearing age. Some 39.5 per cent of adolescent girls have experienced physical, sexual or emotional violence by their husband or partner. The country also ranks second in femicides in Latin America. The inter-institutional coordination system should be strengthened to improve prevention and response to gender-based violence.

10. The national statistical system relies on an outdated legal framework. Low quality and accuracy of the administrative registries, lack of data periodicity, and limited ability to produce disaggregated data represent main challenges for the country to report progress towards the Sustainable Development Goals and the Montevideo Consensus on Population and Development.

11. UNFPA has positioned itself as a strategic partner in the Dominican Republic, contributing to give greater visibility to issues like migration, adolescent pregnancy and adolescents' sexual and reproductive health. The following lessons learned from the independent external evaluation of the 2012-2017 country programme inform the proposed programme: (a) prioritizing a limited number of cohesive interventions achieves greater impact; (b) focused and strategic resource mobilization efforts help ensure higher effectiveness and sustainability; (c) data analysis, production and dissemination, aided by communications and advocacy strategies, support positioning population and development issues in the public agenda. The evaluation recommended continuing: evidence-based advocacy and policy dialogue, through diversified partnership strategies, for impact in public policy-making; development of pilots for scaling-up initiatives as a cost-effective intervention modality; and provision of technical assistance to strengthen institutional capacities.

II. Programme priorities and partnerships

12. The proposed programme 2018-2022 is aligned with: national priorities, as identified in the 2030 National Development Strategy and the 2017-2020 National Multi-annual Public Sector Plan; UNDAF 2018-2022, particularly outcomes linked to Sustainable Development Goals 3, 4, 5, 16 and 17; and the Montevideo Consensus.

13. The programme will contribute to responding to the country's marked geographical and socio-economic inequalities, from a human rights and gender perspective, by: (a) promoting universal access to sexual and reproductive health services, to end preventable maternal mortality; (b) reducing adolescent pregnancies and early marriage and unions; (c) strengthening efforts to promote gender and youth-sensitive policies and programmes, with a special focus on addressing early marriage and gender-based violence, including in humanitarian settings; (d) fostering the incorporation of population dynamics and socio-demographic analysis into public policies and national planning tools; and (e) strengthening the National Statistics System and promoting the 2020 National Population and Housing Census.

14. The programme will be national in scope, focusing on the most disadvantaged population groups, particularly adolescent girls and migrants. In line with the country's institutional capacities and evaluation recommendations, the programme reflects an upstream shift towards increased use of evidence-based advocacy and policy dialogue, knowledge management and partnership strategies, including through South-South and triangular cooperation. Where feasible, the programme will use tools that have already been validated in other countries. Strategic communication initiatives will support achievement of programme objectives.

15. UNFPA aims to consolidate existing partnerships and identify new strategic allies within government, civil society, private sector and international development agencies. It will do so by: (a) focusing on the production and use of quality information for evidence-based decision-making; (b) promoting the inclusion of the Montevideo Consensus indicators in the country's medium and long-term planning instruments; (c) facilitating political dialogue among different sectors for development and implementation of more comprehensive policies; (d) strengthening the capacity of adolescent and youth-led organizations, including the UNFPA youth advisory panel, to ensure their participation in decision-making; (e) furthering interagency collaboration and joint programming with other United Nations organizations; and (f) use of international treaties and the legal framework for advocacy, including the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Universal Periodic Review (UPR).

16. Key to successful implementation of the programme will be the continuous national commitment to the ICPD agenda, stronger interinstitutional cooperation and continuous UNFPA advocacy to garner consensus around the internationally agreed objectives on sexual and reproductive health and reproductive rights, including through partnerships with civil society.

17. The programme is structured around three outcomes and three mutually reinforcing outputs. The strategic actions under each output are interrelated to support stronger institutional capacities and intersectoral coordination to drive sustainable development.

A. Outcome 1: Integrated sexual and reproductive health

18. Output 1: Strengthened national capacities to implement policies that ensure universal access to high-quality sexual and reproductive health services, particularly for adolescent girls, including in humanitarian settings. In partnership with the Ministries of Health, Education and Women, the Attorney General's Office and civil society organizations, the key strategic interventions will be: (a) advisory services to strengthen the capacity of the national health system to ensure basic and emergency obstetric care, and family planning services; (b) technical assistance to strengthen the national perinatal and maternal mortality surveillance and response system; (c) advocacy to: (i) establish accountability mechanisms to reduce maternal mortality and adolescent pregnancy, (ii) establish a management information system on availability and use of reproductive health commodities, and (iii) strengthen legal frameworks on sexual and reproductive rights, particularly for adolescent girls; (d) support the implementation of national policies, plans, and programmes on sexual and reproductive health and its linkages with preventing and addressing gender-based violence from a multisectorial perspective and strengthening inter-institutional coordination mechanisms; (e) policy dialogue and advisory services to: (i) elaborate new sexual and reproductive health plans and protocols and promote their accessibility for health professionals, and (ii) to promote universal access to family planning services, including modern contraceptive methods, particularly for adolescents and young people; (f) pilot testing and advocacy for better quality and accessibility of sexual and reproductive health services for youth; and (g) advocacy and technical support for the incorporation of sexual and reproductive health, gender-based violence and adolescent pregnancy prevention in humanitarian emergency protocols and guidelines.

B. Outcome 2: Adolescents and youth

19. Output 1: Strengthened national capacity to develop multisectorial public policies, plans and programmes that address youth sexual and reproductive health, development and well-being, through participatory mechanisms. In partnership with the Ministries of Youth, Women and Education, and civil society, UNFPA will: (a) engage in policy dialogue to promote the development of multisector youth policies for girls and boys, specifically related to sexual and reproductive rights, adolescent pregnancies, early marriages and school drop-out; (b) promote the generation of data, information and evidence-based arguments to enhance public awareness of the importance of investing in youth, especially young girls; (c) provide advisory services to strengthen the implementation of comprehensive sexuality education programmes, both in and out of school; (d) advocate for the promotion of youth leadership and spaces for political dialogue.

C. Outcome 4: Population dynamics

20. Output 1: Strengthened capacity of the national statistical system to map, analyse and address inequalities through the generation and use of high-quality disaggregated data for evidence-based public policies, programmes and budgets, including in humanitarian situations. In partnership with the Ministry of Economy and National Statistics Office, UNFPA will engage in: (a) advocacy and policy dialogue to strengthen the National Statistical System, including to establish better linkages with administrative registries; (b) advocacy and provision of technical assistance for enhanced data generation and analysis on youth, gender-based violence, early marriage and unions, sexual and reproductive health and migration, or the impact of (potential) humanitarian emergencies; (c) policy dialogue and advocacy for the incorporation of population dynamics and socio-demographic benchmarks related to the Sustainable Development Goals and the Montevideo Consensus into design and implementation of public policies, programmes and plans, particularly the Multiannual Public Sector National Plan.

III. Programme and risk management

21. 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. 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.

22. The UNFPA country office has the essential staff required for programme management and will allocate regular and mobilized funds to maintain a core professional team to provide technical, programmatic and administrative support for the implementation of the country programme. The country office will use national and international expertise as required. It may seek technical, operational and programmatic support from the regional office or headquarters, and others. In the event of an emergency, UNFPA will consult with the Government and may re-programme activities, especially for life-saving actions in humanitarian settings.

23. UNFPA will apply standard operating procedures and implement the United Nations harmonized approach to cash transfers. UNFPA will continue to engage in the inter-agency working groups and, where feasible, will pursue the development of joint programmes with other United Nations organizations.

24. Change in leadership in governmental counterparts, weak institutional capacity and/or low budget allocations to critical initiatives, particularly in the area of sexual and reproductive health and reproductive rights, as well as limited resource mobilization opportunities in the country and cultural barriers regarding adolescents sexual and reproductive rights may represent a risk for the implementation of the programme. Risk mitigation strategies will include: (a) increasing awareness of population and development issues; (b) involving and training mid and senior-level technical cadres of relevant public sector entities on the Montevideo Consensus and its action plan; (c)

advocating for increased budget allocation to key initiatives, linking SDG indicators to planning instruments; (d) facilitating political dialogue, focusing on stronger interinstitutional cooperation; (e) forging strategic partnerships, in particular with civil society and international development organizations.

IV. Monitoring and evaluation

25. UNFPA and the Government, through the Directorate for Multilateral Cooperation, will manage and monitor the country programme, using results-based management and accountability frameworks. Regular joint participatory reviews and monitoring and evaluation activities will be undertaken.

26. UNFPA will ensure systematic reporting on programme achievements to inform the relevance, sustainability and possible replicability of interventions. UNFPA and its partners will continue to strengthen national indicator systems, thereby contributing to improve accountability and accuracy of reporting on performance.

27. The country office will generate a feedback mechanism with implementing partners to inform and adjust programme execution and use organizational monitoring tools, including quarterly reports, to follow-up on achievements.

RESULTS AND RESOURCES FRAMEWORK FOR THE DOMINICAN REPUBLIC (2018-2022)

<p>National priority: Comprehensive Safety and Health UNDAF outcome: For 2022, boys and girls, adolescents and women have access to comprehensive health and quality services, including health promotion, prevention of harm and promoting sexual and reproductive health. Indicators: Maternal mortality ratio. <i>Baseline:</i> 109.6 (2012); <i>Target:</i> 70.0. Proportion of demand for contraception satisfied. <i>Baseline:</i> 15-49 years: 72% (2013); <i>Target:</i> TBD. Proportion of women 15-19 years old who have had a live birth or are pregnant for the first time. <i>Baseline:</i> 20.5%; <i>Target:</i> TBD. UNDAF outcome: For 2022, advance in gender equality and eradication of all forms of discrimination and violence against women and girls. Indicators: Percentage of women aged 15-49 married or cohabiting at some time, who have undergone psychological, physical or sexual damage by husband or partner <i>Baseline:</i> 34.6; <i>Target:</i> TBD.</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p>Outcome 1: Sexual and reproductive health</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of adolescents and youth (aged 15-24 years), whose needs for family planning are satisfied with modern methods 15-19 years: <i>Baseline:</i> 54.5%; <i>Target:</i> 65.0% 20-24 years: <i>Baseline:</i> 60.6%; <i>Target:</i> 70.0% 	<p><u>Output 1:</u> Strengthened national capacities to implement policies that ensure universal access to high-quality sexual and reproductive health services, particularly for adolescent girls, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of regional health services that monitor coverage and access to sexual and reproductive health commodities, particularly for adolescents and youth <i>Baseline:</i> 0; <i>Target:</i> 8 Surveillance and response system for maternal and perinatal mortality is fully operational <i>Baseline:</i> No; <i>Target:</i> Yes Sexual and reproductive health integrated in emergency preparedness and response and disaster risk reduction plans <i>Baseline:</i> No; <i>Target:</i> Yes Coordination mechanism established between government and civil society to promote gender equality and prevent gender-based violence <i>Baseline:</i> No; <i>Target:</i> Yes 	<p>Ministries of: Health, Women, Education Youth; National Health Service; National Health Insurance; National Police; Attorney General's Office; private sector; civil society; United Nations and other international organizations</p>	<p>\$1.8 million (\$0.8 million from regular resources and \$1.0 million from other resources)</p>
<p>National priority: Equality of rights and opportunities UNDAF outcome: By 2022 boys and girls, adolescents and youth in the Dominican Republic have quality, inclusive, equitable and gender-perspective education Indicator: Desertion rate, by sector and educational level. <i>Baseline:</i> 2.4% in primary and 6.5% in secondary <i>Target:</i> TBD UNDAF outcome: For 2022, advance in gender equality and eradication of all forms of discrimination and violence against women and girls. Indicator: Percentage of women aged 20-24 who have been married or cohabiting before age 15. <i>Baseline:</i> 12.3 (2013); <i>Target:</i> TBD</p>				
<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of youth (aged 15-24 years) not in education, employment or training <i>Baseline:</i> 19.7%; <i>Target:</i> 15.0% 	<p><u>Output 1:</u> Strengthened national capacity to develop multisectorial public policies, plans and programmes that address youth sexual and reproductive health, development and well-being, through participatory mechanisms</p>	<ul style="list-style-type: none"> Number of youth multi-sectoral policies developed and strengthened with UNFPA support <i>Baseline:</i> 3; <i>Target:</i> 5 Comprehensive sexuality education curricula aligned with international standards, implemented in and out of school <i>Baseline:</i> No; <i>Target:</i> Yes A national action plan/strategy on addressing violence against women and girls, including prevention of early marriage is enacted <i>Baseline:</i> No; <i>Target:</i> Yes 	<p>Ministries of: Youth, Education, Women; General Directorate of Special Policies of the Presidency; private sector; civil society; academia; United Nations and other international organizations</p>	<p>\$0.9 million (\$0.6 million from regular resources and \$0.3 million from other resources)</p>
<p>National priority: Efficient and result-oriented public administration UNDAF outcome: Strengthened National Statistical System, with emphasis on the leadership role of the National Statistics Organization for the production of statistics responding to Agenda 2030 demands. Indicator: Percentage of SDG indicators reported on. <i>Baseline:</i> 27.2% (2016); <i>Target:</i> TBD</p>				

<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Proportion of SDG indicators produced at the national level with full disaggregation when relevant to the target, in accordance with SDG 17.18.1 <i>Baseline: 27.2%; Target: 40%</i> • One Population and Housing Census has been conducted in the last ten years, following international standards <i>Baseline: Yes; Target: Yes</i> 	<p><u>Output 1:</u> Strengthened capacity of the national statistical system to map, analyse and address inequalities through the generation and use of high-quality disaggregated data for improved evidence-based public policies, programmes and budgets, including in humanitarian situations</p>	<ul style="list-style-type: none"> • Number of Montevideo Consensus indicators included in the Multiannual Public Sector Plan <i>Baseline: 32; Target: 50</i> • Number of national development plans that explicitly integrate demographic dynamics, including changing age structure, population distribution, and urbanization <i>Baseline: 0; Target: 2</i> • National Immigration Survey published, including results, with UNFPA support <i>Baseline: 1; Target: 2</i> • Information system in place to collect, analyse and disseminate disaggregated data on gender-based violence incidence and prevalence <i>Baseline: No; Target: Yes</i> 	<p>Ministries of: Economy, Planning and Development; Health; Women; Attorney General’s Office; National Statistics Office; academia; private sector; civil society; United Nations and international organizations</p>	<p>\$1.5 million (\$0.3 million from regular resources and \$1.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>
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