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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Final country programme document for the Dominican Republic**

Proposed indicative UNFPA assistance:	\$10.3 million: \$4.8 million from regular resources and \$5.5 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2012-2016)
Cycle of assistance:	Fifth
Category per decision 2007/42:	B

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

	Regular resources	Other	Total
Reproductive health and rights	2.3	2.5	4.8
Population and development	1.2	1.7	2.9
Gender equality	0.8	1.3	2.1
Programme coordination and assistance	0.5	-	0.5
Total	4.8	5.5	10.3

## I. Situation analysis

1. During the last five years, the Dominican Republic has achieved macroeconomic stability, despite the global financial crisis. During this period, the per capita income increased an average of 5.2 per cent per year. At the same time, the Government doubled the coverage of family public-health insurance to 44.2 per cent of the population.

2. Despite these achievements, challenges persist in reducing poverty and increasing the coverage of basic services. The percentage of Dominicans living below the poverty line is 33.2 per cent, and the indigent population is 9.6 per cent. The unemployment rate (14 per cent) is three times higher among young women than it is overall.

3. According to preliminary data from the 2010 census, the total population is 9.4 million. The country, with an annual natural growth rate of 1.7 per cent, is undergoing a rapid demographic transition. The total fertility rate (2.4 children per woman) is almost twice as high among the poorest women. Young people between the ages of 10 and 24 account for almost one third of the population.

4. The Dominican Republic is both a source of and a destination for migrants. The net migration rate is 3.16 per 1,000 inhabitants. It is estimated that most immigrants are of Haitian origin, who represent between 5 and 10 per cent of the total population. However, information on migration, and on the living conditions of migrants, is limited. Most Dominicans who migrate abroad go to the United States. Twenty-one per cent of these migrants are between the ages of 15 and 29.

5. The maternal mortality ratio in the Dominican Republic is almost double the regional average. The ratio declined slightly between 2002 and 2007, from 178 maternal deaths per 100,000 live births to 159 maternal deaths per 100,000 live births. Nevertheless, maternal mortality continues to be a challenge, especially among poor, uneducated and

young women. Thirty-seven per cent of maternal deaths occur among women aged 15-24.

6. The prevalence of modern contraceptive methods is 73 per cent. Sterilization accounts for nearly half of all methods used. The unmet need for family planning among married women is 11 per cent. It is even higher among young women and adolescents (28 per cent). Statistics indicate that 20.6 per cent of adolescents are mothers or are pregnant.

7. The HIV prevalence rate is 0.8 per cent. HIV prevalence is concentrated among the most vulnerable groups: 6.1 per cent among men in high-risk groups; 4.8 per cent among sex workers; 3.7 per cent among uneducated women; and 6.6 per cent among the Haitian population.

8. Gender-based violence is a public health problem, constituting the fourth-highest cause of death among women of reproductive age. Between 2006 and 2010, there were 963 deaths due to gender-based violence. Three of every 10 women have suffered some type of violence. During 2002-2007, emotional violence doubled, reaching 26 per cent, whereas physical and sexual violence affected 16.1 per cent and 5.5 per cent of women, respectively.

9. The Dominican Republic is vulnerable to risks arising from environmental deterioration and climate change. Women are especially vulnerable during natural disasters, which may hinder the delivery of reproductive health services and lead to an increase in gender-based violence. Emergency preparedness plans, humanitarian response efforts, and measures to adapt to climate change must therefore ensure that women have access to sexual and reproductive health services, as well as to services to prevent gender-based violence and treat its victims.

## II. Past cooperation and lessons learned

10. Previous UNFPA cooperation focused on: (a) incorporating sexual and reproductive health, as well as the rights of women, adolescents, young

people and the elderly, into the national development strategy; (b) promoting the participation of women, adolescents and young people in constitutional reform processes; and (c) contributing to the alignment of the national regulatory framework on gender, sexual and reproductive health, and youth issues with international agreements and conventions.

11. UNFPA support also focused on: (a) ensuring national financing to guarantee the availability of reproductive health commodities; (b) strengthening the coordination between the Government and civil society to advance the sexual and reproductive health agenda; and (c) strengthening the national capacity to generate and use sociodemographic data and information to formulate and implement public policies.

12. UNFPA also improved the quality of health services and social protection services by: (a) strengthening the national capacity to estimate and ensure the availability of contraceptive commodities; (b) improving maternal health services, including by strengthening the system for following up on and recording maternal deaths; (c) introducing an integrated skills-building approach for public servants who work to combat gender-based violence; and (d) training young leaders at central and municipal levels to enhance their capacity to participate in designing and implementing youth-related norms and legal frameworks.

13. The final evaluation of the country programme identified a number of lessons learned. One of these was that the diversity of issues addressed during the previous programme resulted in some programme dispersion. It is therefore necessary for the programme to concentrate on strategic and urgent issues, such as universal access to sexual and reproductive health services, the promotion of sex education, and the use of demographic data in policymaking and in efforts to combat gender-based violence and reduce maternal mortality.

14. Additional lessons learned included: (a) population-related research did not, in all cases, influence the formulation, implementation and evaluation of public policies, suggesting the need to improve the positioning of research results and evidence in the national development agenda; (b) initiatives jointly supported by civil society and the Government contributed to a more integrated response to the needs of disadvantaged population groups, suggesting the need to broaden and deepen such partnerships; and (c) although the capacity to produce sociodemographic data was strengthened, there was a gap in using that data, especially at the local level, where there was limited availability of data and limited capacity to analyse it.

### **III. Proposed programme**

15. UNFPA and the Government developed the proposed programme within the context of the International Conference on Population and Development and the Millennium Development Goals; it is the result of dialogue with national partners. It responds to the findings of the final country programme evaluation, as well as to the priorities of the national development strategy and the United Nations Development Assistance Framework (UNDAF).

16. The proposed programme takes a rights-based, gender-sensitive approach and is aligned with the strategic plan of UNFPA. It has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

#### *Reproductive health and rights component*

17. This component has two outcomes: (a) access to integrated, high-quality and culturally appropriate sexual and reproductive health services is increased; and (b) national and local policies and strategies to improve the access of adolescents and youth to sexual and reproductive health services and educational services are formulated and implemented.

18. Output 1: National institutions and civil society have strengthened capacity to design, implement, monitor and evaluate sexual and reproductive health policies, programmes and services in order to promote maternal health, HIV prevention and family planning, including in emergency situations. This output will be achieved through the following national and local-level strategies: (a) providing technical assistance to the Ministry of Health to formulate sexual and reproductive health policies and programmes that incorporate a gender and intercultural perspective; (b) improving the monitoring and evaluation of sexual and reproductive health services through technical assistance and the training of local-level managers; (c) training public health-care providers to promote good practices in obstetric care; (d) supporting the Ministry of Health and civil society in strengthening the social monitoring of reproductive health services; (e) developing and implementing a strategy to ensure the availability of reproductive health commodities and incorporating new contraceptive methods into basic health services; (f) enhancing the availability of reproductive health services in emergency situations; and (g) strengthening the linkages between HIV and sexual and reproductive health services through comprehensive care plans.

19. Output 2: National institutions and civil society have strengthened their capacity to improve access to sexual and reproductive health information, education and services for adolescents and youth. This output will be achieved by: (a) providing technical assistance to manage, monitor and evaluate youth-friendly sexual and reproductive health services at central and local levels; (b) expanding the sex education programme in middle schools by updating the curriculum and training teachers, in coordination with relevant ministries; (c) promoting the participation of young people by incorporating their local networks and communities into extracurricular sex-education activities; and (d) collaborating in the development of strategies with civil society, in coordination with the Government, to provide sex education and communication and information activities to out-of-school youth.

#### *Population and development component*

20. The outcome for the population and development component is: data and research on population dynamics are integrated into public policies and into national and local development plans and programmes, using a human rights-based approach and emphasizing youth.

21. Output 1: National and local institutions have improved their capacity to generate, analyse and use population and development data and research in formulating, monitoring and evaluating national and local public policies. Strategies to achieve this output include: (a) strengthening the national statistical and indicator system, through research, training and technical assistance, to improve the availability of high-quality data, disaggregated at national and subnational levels; (b) conducting studies on emerging population and development issues such as migration, land development, environmental deterioration and climate change risk management, sexual and reproductive health and reproductive rights, and gender-based violence; and (c) advocating the inclusion of research results in the national agenda in order to influence the formulation of public policy.

22. Output 2: Government institutions and civil society have strengthened their capacity to formulate and implement policies and programmes that promote the development of young people and ensure their participation in decision-making processes. Strategies to achieve this output include: (a) supporting research and providing technical assistance to the Ministry of Youth in formulating and implementing participatory programmes to promote the development of young people; (b) supporting selected municipalities in designing and implementing local strategies for the development of young people, with their active participation; (c) improving the knowledge of youth networks and groups as well as the Government and civil society organizations regarding the rights of young people; and (d) strengthening the leadership abilities of young people to enable them to participate in formulating

and implementing public policies at central and local levels.

#### *Gender equality component*

23. The outcome of the gender equality component is: the Government and civil society raise public awareness and develop mechanisms to prevent and address gender-based violence.

24. Output: The Government and civil society have strengthened their capacity to promote, manage and coordinate actions to prevent, detect, treat and issue sanctions against gender-based violence. This output will be achieved by: (a) increasing technical assistance and advocacy efforts to strengthen the capacity of the Government and civil society to improve and use the public referral system for women affected by gender-based violence; (b) enhancing the capacity of public servants responsible for providing care to victims of gender-based violence and issuing sanctions against the perpetrators of such violence; (c) supporting the development of models of care for the victims and perpetrators of gender-based violence; and (d) undertaking information, communication and education campaigns to promote behaviour change regarding the new attitudes towards masculinity.

#### **IV. Programme management, monitoring and evaluation**

25. The country office will use monitoring and evaluation tools and mechanisms to follow up programme actions by national counterparts, in accordance with the monitoring and evaluation plan.

26. The Government and UNFPA will implement the programme in coordination with government and civil society partners. The Ministry of Economy, Planning and Development will coordinate the supervision and evaluation of the programme.

27. The UNFPA country office in the Dominican Republic will provide technical and administrative

support to monitor programme implementation and will promote South-South cooperation. The UNFPA regional office for Latin America and the Caribbean, in Panama City, Panama, will provide technical and programme support.

28. The UNFPA country office in the Dominican Republic is composed of a non-resident country director based in Mexico, an assistant representative and two support staff. UNFPA will allocate programme funds for three national programme officers and assistants, one finance associate and one driver. UNFPA will recruit, as necessary, national support personnel to strengthen the implementation of the country programme.

## RESULTS AND RESOURCES FRAMEWORK FOR THE DOMINICAN REPUBLIC

<p><b>National priority:</b> guarantee the right of the population to access a high-quality, comprehensive health-care model that prioritizes the promotion of health and disease prevention, through the consolidation of the national health system</p> <p><b>UNDAF outcome:</b> by 2016, women in the Dominican Republic enjoy integrated, high-quality health services that promote and care for their sexual and reproductive health, including services that prevent sexually transmitted diseases and HIV/AIDS, using a human-rights perspective and ensuring social participation</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> Access to integrated, high-quality and culturally appropriate sexual and reproductive health services is increased</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio</li> </ul> <p>Baseline: 159 maternal deaths per 100,000 live births Target: 10% maternal mortality reduction</p> <ul style="list-style-type: none"> <li>Unmet family planning need</li> </ul> <p>Baseline: 28% unmet family planning need among adolescents and 11% unmet need among married women Target: lower percentage of unmet need to 24% among adolescents and 9% among married women</p>	<p><u>Output 1:</u> National institutions and civil society have strengthened capacity to design, implement, monitor and evaluate sexual and reproductive health policies, programmes and services in order to promote maternal health, HIV prevention and family planning, including in emergency situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of health centres able to offer at least three modern contraceptive methods</li> </ul> <p>Baseline: 75% of health centres have at least one modern method Target: 85% of health centres have at least three modern methods</p> <ul style="list-style-type: none"> <li>Number of plans and protocols that integrate the supply of a minimum initial service package for sexual and reproductive health in crisis situations</li> </ul> <p>Baseline: no plans or protocols exist. Target: at least one plan and one protocol developed</p>	<p>Ministries of: Economy, Planning and Development; Education; Health; and Women</p> <p>Civil society organizations; Dominican Medical Association</p>	<p>\$3.6 million (\$1.7 million from regular resources and \$1.9 million from other resources)</p>
<p><b>National priority:</b> make health insurance universal in order to ensure access to health services and reduce out-of-pocket expenses</p> <p><b>UNDAF outcome:</b> the Government and civil society have strengthened their capacity to formulate and implement strategies that will improve access by children, adolescents and young people to sexual and reproductive health services and sex education services both within and outside the school system</p>				
Reproductive health and rights	<p><u>Outcome:</u> National and local policies and strategies to improve the access of adolescents and youth to sexual and reproductive health services and educational services are formulated and implemented</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of adolescent pregnancies</li> </ul> <p>Baseline: 20.6% adolescent pregnancy rate Target: 16% adolescent pregnancy rate</p> <ul style="list-style-type: none"> <li>Percentage of adolescents and young people who correctly identify ways of preventing HIV</li> </ul> <p>Baseline: 40.8% of female youth and 33.7% of male youth have knowledge about HIV prevention Target: 50% of female youth and 43% of male youth have knowledge on HIV prevention</p>	<p><u>Output 2:</u> National institutions and civil society have strengthened their capacity to improve access to sexual and reproductive health information, education and services for adolescents and youth</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Percentage of secondary schools supported by UNFPA that implement the sex education programme</li> </ul> <p>Baseline: 6% of secondary schools offer sex education Target: 11% of secondary schools offer sex education</p> <ul style="list-style-type: none"> <li>Percentage of primary health care units supported by UNFPA that implement and offer youth-friendly health services</li> </ul> <p>Baseline: 5% of primary health service units implement the comprehensive health-care model for adolescents Target: 25% primary health service units implement the comprehensive health-care model for adolescents</p>	<p>Ministries of: Education; Health; and Women's Affairs</p> <p>Civil society organizations</p>	<p>\$1.2 million (\$0.6 million from regular resources and \$0.6 million from other resources)</p>

<b>National priority:</b> protect vulnerable groups and promote their social and economic inclusiveness <b>UNDAF outcomes:</b> (a) by 2016, vulnerable groups in the Dominican Republic make progress in exercising their rights free from discrimination; and (b) by 2016, children, adolescents and young people have mechanisms for social, political and institutional participation to construct a progressive citizenry and new leadership				
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><b>Outcome:</b> Data and research on population dynamics are integrated into public policies and into national and local development plans and programmes, using a human rights-based approach and emphasizing youth</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Databases at the subnational level are available for formulating and evaluating public policies Baseline: 30 databases existing by April 2011. Target: 50% increase in the availability of a database on population projections</li> <li>Percentage of public investment targeted at young people Baseline: 2.8% of national budget is invested in youth. Target: 25% increase in public investment targeted at young people</li> </ul>	<p><b>Output 1:</b> National and local institutions have improved their capacity to generate, analyse and use population and development data and research in formulating, monitoring and evaluating national and local public policies</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of government officials trained in the use of sociodemographic data at national and local levels Baseline and target: to be determined</li> <li>Number of studies on population and development used to support the formulation of public policies Baseline and target: to be determined</li> </ul> <p><b>Output 2:</b> Government institutions and civil society have strengthened their capacity to formulate and implement policies and programmes that promote the development of young people and ensure their participation in decision-making processes</p> <p><b>Output indicator:</b> Number of municipalities supported by UNFPA that have established mechanisms to include the participation of youth in formulating public policies. Baseline: 35 municipalities with youth participation mechanisms; Target: increase to 100 municipalities</p>	<p>Ministry of Economy, Planning and Development; National Statistics Office; academia; civil society organizations</p> <p>Ministries of: Economy, Planning and Development; Health; and Youth</p> <p>Civil society organizations</p>	<p>\$2.9 million (\$1.2 million from regular resources and \$1.7 million from other resources)</p>
<b>National priority:</b> create a culture of equality between men and women <b>UNDAF outcome:</b> by 2016, society and public institutions are empowered by and possess effective tools for the development of a society that is free from violence against women				
Gender equality	<p><b>Outcome:</b> The Government and civil society raise public awareness and develop mechanisms to prevent and address gender-based violence</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>Percentage of women who have been victims of gender-based violence Baseline: 30% of women have been victims of gender-based violence Target: 25%</li> <li>Number of women who have reported gender-based violence Baseline and target: to be determined</li> </ul>	<p><b>Output:</b> The Government and civil society have strengthened their capacity to promote, manage and coordinate actions to prevent, detect, treat and issue sanctions against gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>Number of programmes that prevent gender-based violence that are established and functioning Baseline and target: to be determined</li> <li>Number of schools that have included in their curricula content aimed at preventing gender-based violence Baseline and target: to be determined</li> </ul>	<p>National police; Ministries of: Culture; Education; Health; and Women's Affairs; Public Ministry; Supreme Court of Justice</p> <p>Civil society; media; private sector</p>	<p>\$2.1 million (\$0.8 million from regular resources and \$1.3 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.5 million from regular resources</p>