



Economic and Social Council

Distr.: Limited
25 June 2007
English
Original: French

For action

United Nations Children's Fund

Executive Board

Second regular session 2007

5-7 September 2007

Item 3 (b) of the provisional agenda*

Draft country programme document**

Democratic Republic of the Congo

Summary

The Executive Director presents the draft country programme document for the Democratic Republic of the Congo for discussion and comments. The Executive Board is requested to approve a global indicative budget of \$190,290,000 from regular resources, subject to the availability of funds, and \$265,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008-2012.

* E/ICEF/2007/13.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after the discussion on the country programmes at the session of the Board. It will then be approved by the Executive Board at its first regular session of 2008.

Basic data[†]
(2005, unless otherwise stated)

Child population (millions, under 18 years)	31.1
U5MR (per 1,000 live births)	205
Underweight (% moderate and severe) (2001)	31
Maternal mortality ratio (per 100,000 live births) (2001)	1 300
Primary school enrolment (% net, male/female, 2001)	55/49
Primary schoolchildren reaching grade 5 (%) (2001)	54
Use of improved drinking water sources (% , 2004)	46
HIV prevalence among adults (%)	4
Child work (%) (5-14 years, 2001)	32
GNI per capita (US\$)	120
One-year-olds immunized against DPT3 (%)	73
One-year-olds immunized against measles (%)	70

[†] Additional data about this country and on women and children can be found at www.unicef.org.

The situation of children and women

1. The Democratic Republic of the Congo has a population of nearly 60 million people spread over 2.34 square kilometres. After more than a decade of political instability and violent armed conflicts that claimed the lives of more than 3.5 million Congolese and made it necessary to deploy a peacekeeping force of more than 17,000 troops, stability has gradually returned to the country. A new constitution was adopted and the first President elected by universal suffrage was sworn into office in December 2006.

2. Pockets of instability persist, especially in the eastern part of the country, where there are still over 2 million persons who are either displaced or returning. Sexual violence, which has been and is still being used as a weapon of war with complete impunity, has claimed tens of thousands of victims (16 per cent of whom were children, mainly girls). Nearly 165,000 combatants, including 29,300 children (15 to 20 per cent of whom are boys), have been disarmed under the demobilization process. National per capita income fell from \$300 in 1991 to \$120 in 2005. Over 75 per cent of the population lives on less than \$1 a day (79.5 per cent and 50.6 per cent in the rural and urban areas, respectively).

3. It is still difficult to obtain up-to-date and reliable social indicators. A demographic and health survey and a quick evaluation and rapid planning exercise on orphans and other vulnerable children are planned for 2007.

4. In 2006, the national HIV/AIDS prevalence rate was estimated at 4 per cent (4.6 per cent among pregnant women and more than 7 per cent in certain mining areas or along the old frontline). Only 2 per cent of young people aged 15 to 24 have a satisfactory understanding of HIV/AIDS prevention. An estimated 4.2 million children are orphans, approximately 20 per cent due to HIV/AIDS.

5. According to the multiple indicator cluster survey, the infant and child mortality rate rose from 199 per 1,000 live births in 1995 to 213 in 2001 and nearly

a third of children are malnourished. The maternal mortality rate is estimated at 1,300 per 100,000 live births. The average Congolese citizen visits a health-care facility only every 6.7 years. Twenty-five cases of wild polio virus were reported during the 2006-2007 period. Only 29 per cent of the rural population has access to safe drinking water and 25 per cent to sanitation. More than 4.4 million children, including 2.5 million girls, are not enrolled in primary school. According to a survey conducted by UNICEF in 2004 in 1,600 primary schools, 59 per cent of schools have no water points and 30 per cent are without functional latrines.

6. However, over the past few years, as a result of the gradual return of stability to the country and of the key role played by civil society, especially religious groups, there has been a significant improvement in some areas. For instance, the immunization rate for the three doses of combined diphtheria, pertussis and tetanus vaccine (DPT3) increased from 49 per cent in 2003 to 77.2 per cent in 2006. There was an increase of 31.6 per cent in the number of children enrolled in the first year of primary school in 2003 and 2006 (gender parity index: 0.91 per cent).

7. Several recommendations of the Committee on the Rights of the Child were implemented: establishment of a National Council for Children, preparation of a children's code, providing assistance to child victims of violence and sexual abuse and to children associated with armed forces and groups.

Key results and lessons learned from previous cooperation, 2006-2007

Key results

8. The 2006-2007 short-duration programme had a two-fold goal of addressing humanitarian emergencies and strengthening transition and development activities:

(a) A total of 12.9 million children (99 per cent of the target population) were immunized against measles and more than 6.5 million received three doses of oral polio vaccine during the response campaigns. A total of 1,250,000 insecticide-treated mosquito nets were distributed to pregnant women and mothers of children under the age of five. Two doses of vitamin A were given every year to 10 million children and 8 million of them (80 per cent) were de-wormed twice. The rehabilitation of 660 health centres resulted in an average increase in their use from 25 per cent in 2003 to 45 per cent in 2006;

(b) The 2006-2007 school enrolment campaign resulted in the enrolment of 8.7 per cent more children (8.9 per cent more girls) in the first year of primary school than in 2005-2006. Higher increases were recorded in some provinces, including Equateur and South Kivu (girls: + 28.7 per and + 23.2 per cent, respectively). The programme also directly supported improvements in the learning environment for nearly 1.8 million primary schoolchildren, 47.6 per cent of whom were girls, in 2,292 target schools and facilitated access by more than 32,000 children (of whom 54 per cent are girls) aged 3 to 5 to 361 community early childhood learning centres;

(c) The programme supported the preparation of the first two annual reports of the country on the implementation of Security Council resolution 1612 (2005) on children and armed conflict. Over 3,700 children associated with armed forces and groups received assistance: 730 have gone back to school, while 2,980 have been

reunited with their families and given economic assistance. Under the Joint Initiative to combat sexual violence, the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Human Rights (OHCHR), UNICEF and their partners helped more than 54,400 victims (including 8,800 children); of the 5,470 children without parental support who received assistance, 2,300 were reunited with their families. A total of 885 illegally detained children in conflict with the law were released. Surveys conducted in 2006 identified more than 13,800 street children in Kinshasa and found that at least 40,000 children worked in mines in the Kasai provinces and in the provinces of Katanga and Orientale;

(d) The programme supported, in response to HIV/AIDS, 160 prevention of mother-to-child transmission points (53 per cent of the national total) that received 103,000 new patients in 2006, 50.5 per cent of whom agreed to be tested. More than 950 peer educators and 25,000 teenage aides were trained in HIV/AIDS prevention. Sixteen youth-friendly centres were established on a pilot basis to cater for about 105,000 teenagers;

(e) A new water supply and sanitation programme was established in 250 villages to serve 120,000 people in an area that had been deprived of such services for 10 years; 134,000 health education manuals were distributed and 150 water points and 1,200 latrines are under construction in 150 schools to achieve a “healthy schools” status; 4,000 family latrines were built.

9. Under the United Nations Humanitarian Action Plan, UNICEF and its operational partners provided assistance to more than 1.5 million people affected by emergencies and epidemics, including internally displaced persons, with respect to non-food items, shelter, health, water and sanitation and education. A total of 47,650 severely malnourished children were treated in 155 emergency therapeutic nutrition centres.

Lessons learned

10. In order to assess the prerequisites for the implementation of large-scale activities with a high impact on the acceleration of child mortality reduction, the programme conducted in December 2006 an integrated campaign in Bas Congo province, which has 4.2 million inhabitants; the campaign covered immunization against measles and polio, vitamin A supplementation, de-worming of children and distribution of insecticide-treated mosquito nets to pregnant women and mothers of under-five children. The results were very encouraging, with the coverage levels of each intervention exceeding 95 per cent. The unit cost of this integrated strategy was around \$7.50 per child under the age of five, including \$6 for the mosquito net. The introduction of the insecticide-treated mosquito nets was a strong motivating factor for the communities. Replication at the national level would require strengthening the programme’s logistical capacity and mobilizing the necessary resources from donors.

11. Through a strategic partnership with Caritas, the programme identified more than 63,500 orphans who were put under the care of 1,630 community volunteers; thus, 24,400 orphans were enrolled in primary school and 4,900 received medical care. The poorest host families benefited from income-generating activities. A Columbia University assessment confirmed the soundness of this strategy. On that basis, there now exists a genuine opportunity for creating a protective environment for orphans and other vulnerable children nationwide.

Programme of work for 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	40 500	100 000	140 500
Basic education	31 500	61 500	93 000
Water supply, hygiene, sanitation	22 500	44 000	66 500
Protection	25 000	39 000	64 000
Planning, communications and coordination	20 000	12 500	32 500
Advocacy	2 000	3 000	5 000
Cross-sectoral costs	48 790	5 000	53 790
Total	190 290	265 000	455 290

Preparation process

12. A poverty reduction and growth strategy paper was prepared and adopted in June 2006. On that basis, the development partners established a country assistance framework which allocates over 90 per cent of official development assistance to the Democratic Republic of the Congo and is based on joint analysis, coordinated programming and a joint results matrix.

13. In parallel, in order to take sufficient account of the situation and specific circumstances of each province in relation to child assistance, the provincial and coordination monitoring committees and UNICEF zonal offices have organized programming workshops, whose guidelines were consolidated and approved during the 2006 annual review. The draft country programme document was approved on 18 May 2007 under the auspices of the Ministry of Foreign Affairs and International Cooperation.

Objectives, key results and strategies

Links with the national and international priorities of the United Nations Development Assistance Framework (UNDAF)

14. UNDAF and the country programme action plans of each associated agency constitute the contribution of the United Nations system to the country assistance framework designed to support the implementation of the poverty reduction strategy document and speed up progress towards meeting the Millennium Development Goals.

15. The Government's key objectives in the areas of interest of the country programme are to: (a) increase the gross primary school enrolment ratio to 100 per cent by 2015 (ensuring equal access for girls); (b) reduce infant, child and maternal mortality rates; (c) improve access to potable water and sanitation; (d) improve the living conditions of the poorest people and provide specific assistance to the most vulnerable groups; and (e) accelerate and expand HIV/AIDS prevention, increase

access to quality treatment and care and reduce the impact of HIV/AIDS on people living with HIV/AIDS and their families.

16. The 2008-2012 programme of cooperation will contribute to achieving these national goals by focusing on priority actions for children and by taking into account the guidelines and global priorities of “a world fit for children” and the UNICEF medium-term strategic plan for 2006-2009. More specifically, 10 key results will be pursued from now until 2012:

(a) The DPT3 coverage rate to rise from 77.2 per cent in 2006 to 92 per cent in 2012 and the measles coverage rate from 75 per cent in 2006 to 87 per cent. Poliomyelitis to be eradicated;

(b) At least 60 per cent of children under five years of age to be covered by the minimum package of large-scale, high-impact interventions designed to reduce neonatal, infant and child mortality;

(c) The percentage of mothers of children under 5 years of age who implement at least three of the four following targeted key practices: vaccination; exclusive breastfeeding; use of insecticide-treated mosquito nets; and HIV/AIDS prevention; to be increased compared to the expected outcome of the 2007 demographic and health survey;

(d) Fifty per cent of pregnant women tested for HIV and 50 per cent of children born from HIV-positive mothers to receive special services, including paediatric care for HIV-positive children;

(e) The percentage of children who have access to quality primary education to rise from 64 per cent in 2006 to 90 per cent in 2012 and the rate of children successfully completing the primary cycle to rise from 25 per cent in 2006 to 60 per cent in 2012;

(f) Seventy-five per cent of pupils to start the first year of the secondary cycle and 400,000 adolescents outside of school to receive training in life skills, including HIV/AIDS prevention;

(g) The proportion of the population that has access to potable water and adequate sanitation in rural areas to rise from 29 per cent and 25 per cent, respectively in 2006, to 54 per cent and 50 per cent in 2012, which means an increase in coverage of 9 million people. A total of 750,000 pupils in 2,500 primary schools to study in a healthy environment and adopt the key practices of the hygiene education curriculum;

(h) A protective environment including specialized systems of legal, social and community protection to help all children, especially the most vulnerable, to be gradually established; 200,000 children without a suitable family environment and 140,000 child victims of violence, exploitation and social exclusion to receive support;

(i) A monitoring and information system on grave violations of children's rights to be in place for risk assessment in relation to child protection and for providing an appropriate response in urgent and post-conflict transition situations;

(j) The availability, quality and use of strategic information and data on changes in the situation of children and women, including the most vulnerable groups of children, to be improved.

17. To achieve these results, the programme will intervene at three levels: (a) at central government level, in order to help in strengthening the implementation of national social policies and sectoral reforms; (b) at national level, through large-scale, quick-impact interventions aimed at securing early improvements in the vital indicators and living conditions of as many children as possible; (c) at the local level by responding to the specific needs of categories and groups of children in need of special protective measures and by supporting the development of basic social services, especially in the most disadvantaged and vulnerable communities.

18. The programme will give special attention to the following operational strategies: (a) programming based on promotion of rights and their enforcement, the reduction of disparities between sexes and the achievement of measurable results; (b) reduction of social service costs to improve access to and use of services; (c) the strengthening of community capacities and the role of civil society and the participation of children and young people; and (d) strengthening collaboration and joint programming between partners and within the United Nations Organization Mission in the Democratic Republic of the Congo.

19. The process of decentralizing the programme undertaken since 2003 will be continued. The planning, technical assistance and logistical capacities of the 11 zonal offices around the country will be improved.

20. Regular resources will be allocated, as a matter of priority, to support: (a) the strengthening of policies and national capacities, in particular by active participation in sectoral reforms; (b) the financing of large-scale high-impact interventions for child mortality and primary school enrolment; (c) the elimination of the worst forms of violations of rights and the protection of particularly vulnerable groups of children; and (d) the financing of pilot interventions.

Programme components

21. Emergency humanitarian response will be funded from the Consolidated Appeals Process to support the annual humanitarian action plans.

22. **Child survival programme.** This programme aims to speed up access to efficient, effective and equitable basic health services. It will contribute to reform of the health sector and will support the national-level high-impact interventions to speed up the reduction in infant mortality. It will advocate free access to care for children under five years of age. The immunization project will bring vaccination coverage rates to 93 per cent for DPT3 and for the three doses of vaccine for hepatitis B, and to 87 per cent for measles immunization and for the two doses of tetanus anatoxin for pregnant women. It will continue to support the poliomyelitis eradication programme. Within the framework of the project for revitalizing the health system, 60 per cent of children under five years of age and of women will be covered by a package of high-impact interventions including maternal, neonatal and child health and malaria prevention, including the use of insecticide-treated mosquito nets. At least 50 per cent of HIV-positive pregnant women and 50 per cent of children born to HIV-positive mothers will receive full treatment to prevent mother-to-child transmission and HIV paediatric care. The nutrition project will provide vitamin A supplements for 11 million children aged 6-59 months and 9 million children aged 1-5 years will be deparasited twice a year. It will aim to increase the exclusive breastfeeding rate from 24 per cent to 60 per cent by promoting good infant and child feeding practices. Sixty per cent of pregnant and

nursing mothers will receive iron and folic acid supplements to control anaemia and to prevent low birth weight. At least 50 per cent of severely malnourished children from the target areas will receive proper treatment.

23. Basic education programme. The main thrusts of the programme are: (a) support for sector-wide education reform, including basic competency-based learning and the abolition of school fees; and (b) increasing access to and retention of children in school, aiming at parity between the sexes and targeting vulnerable groups through stimulation centres, primary and secondary (first cycle) schools and remedial education centres. The project on early childhood development will seek to (a) facilitate access for 180,000 children aged 3-5 years to high-quality, long-term community training and stimulation facilities offering integrated services; and (b) promote home-based parental education and strengthen parents' commitment and participation. It will also contribute to defining and validating a national strategy on early childhood. The quality basic education project will aim to: (a) enrol 1.7 million children in their first year of primary school (50% of them girls) and the provision of 60,000 teachers together with school supplies and teaching materials; (b) the rehabilitation of 500 schools and the provision of desks; (c) capacity-building for ministerial staff at the central, provincial and local levels and teachers; (d) the improvement of indicators on quality and the learning environment for 1.2 million children attending 2,500 targeted schools and completion of the primary cycle by at least 75 per cent of them; and (e) access for 400,000 vulnerable children and adolescents to a quality education in the targeted schools and remedial centres. The project on the development and participation of adolescents will aim to: (a) increase the awareness of 1,500,000 adolescents on HIV/AIDS prevention; (b) strengthen the life skills of 800,000 adolescents both in and out of school; (c) the creation of social educational spaces that encourage the participation of young people; and (d) support for the development and implementation of a national youth policy.

24. Water, hygiene and sanitation programme. The programme aims to reduce child mortality linked to waterborne diseases and to improve the living conditions of families and the school environment through the large-scale implementation of "healthy village" and "healthy school" strategies. It will contribute in an active way to the sector-wide reform that is under way. The "healthy village" project encourages the active participation of communities. It will mostly be implemented in disadvantaged rural and periurban areas where it will provide a minimum package of interventions relating to protection of water points, the construction of family latrines, correct garbage disposal and the implementation of good hygiene practices, especially in relation to hand-washing. The project was established in 50 health zones in 2007, will cover over 250 health zones (out of 510) by 2012 and will benefit over 9 million people. Special attention will be given to areas where cholera is endemic. The "healthy school" project will create a healthy environment for the pupils of 2,500 targeted primary schools with a view to improving learning conditions, performance, the retention rate and regular school attendance. The programme will follow nationally recognized standards for the construction of separate latrines for boys and girls, hand-washing stations and water points. All of the targeted schools will receive hygiene education manuals and guides for the teachers.

25. Protection programme. The programme is consistent with national priorities in the area of social protection aimed at reducing the risks facing the most

vulnerable segments of the population and putting safety nets in place for them. To that end, it will support the preparation of appropriate national policies and plans of action, the strengthening of the institutions responsible for their implementation and community child protection mechanisms. The legal and social protection programme will seek to prevent and address violence against children and their exploitation and social exclusion through: (a) the reform and enforcement of legislation on children; (b) the strengthening of appropriate services for the 100,000 child victims of violence and exploitation (including children engaged in hazardous forms of labour, street children, children in conflict with the law or child survivors of sexual abuse); and (c) the promotion of greater social equity for at least 10,000 children from indigenous communities (especially pygmies) or with disabilities. The programme for orphans and other vulnerable children will focus on: (a) providing support to the Government for the preparation and implementation of the national plan of action for such children; and, (b) enhancing access to basic services and community care for at least 200,000 orphans and vulnerable children, including those infected with HIV/AIDS. The third programme will strengthen the protection of children and women in emergency and post-conflict situations and will: (a) establish a monitoring and reporting mechanism on grave violations of children's rights and initiate appropriate responses; (b) enhance the reintegration into their communities of at least 30,000 children who had been associated with armed groups and armed forces; and (c) continue the joint initiative to combat sexual violence against women and children undertaken by UNICEF, the United Nations Population Fund and the Office of the United Nations High Commissioner for Human Rights.

26. Advocacy programme. Its aim is to: (a) build and strengthen strategic partnerships and alliances, specifically a broad coalition for the survival, development and protection of the Congolese child, comprising the public and private sectors, civil society and the media; (b) continue its advocacy with the Government and other partners to get them involved in and mobilize resources for the "Unite for Children, Unite against AIDS" campaign; and (c) develop a "child-friendly community initiative" with the new authorities following the local elections. The programme will also continue to provide support for capacity-building to ensure that children are involved in promoting their rights. Its goal will be to develop public communication through the production and broadcasting of materials on achievements and successful experiences and the organization of special events, major campaigns, visits by goodwill ambassadors, national committees for UNICEF and international media.

27. Planning, communication and coordination programme. This programme has four cross-cutting components to provide support for the various programmes. It also incorporates country programme monitoring and evaluation components.

28. Social policies development programme. The aim of this programme is to support the development, analysis and monitoring of policies, budget plans, surveys and studies with a high impact on the situation analysis, decision-making and programming with respect to children. The *DevInfo* system will be used to provide statistical support, especially with respect to the monitoring of the Millennium Development Goals and the establishment of the Observatoire congolais de la pauvreté et de l'inégalité (Congolese agency for monitoring poverty and inequality). Special attention will be given to capacity-building in support of efforts to decentralize the national poverty reduction strategy and ensure optimum use of

reliable and disaggregated data in national, decentralized and community planning mechanisms.

29. The component on coordinating emergency response will coordinate the preparation and humanitarian response of the various programmes to the needs of children and women affected by conflicts and natural disasters. It will strengthen the capacities of stakeholders to ensure an effective and rapid response, play a lead role in the joint multisectoral evaluations, provide specific support to displaced or returning persons and support the establishment of a mine-risk education programme. The component will strengthen the role of UNICEF as a lead agency in the areas of nutrition, water and sanitation, education, and telecommunications in emergency situations.

30. The component on coordinating the fight against HIV/AIDS will ensure that programmes reflect the four HIV/AIDS dimensions focused on children: prevention of mother-to-child transmission; treatment of paediatric cases; primary prevention among young people, and; assistance to orphans and affected children. It will be involved in the development of national policies and in the definition and decentralization of the national multisectoral programme to combat HIV/AIDS and will play a cross-cutting role, providing technical support and reviewing the quality of the response to HIV/AIDS at the country programme and field office levels.

31. The component on communications for programme support will seek to promote the adoption of behaviour conducive to the health, development and protection of children and women and to foster the optimal use of basic social services. It will seek to promote five key practices: exclusive breastfeeding; hand-washing; immunization; the use of insecticide-treated mosquito nets; and the prevention of HIV/AIDS. It will support sectoral programmes for social mobilization in support of high-impact large-scale activities, promote community and youth participation and capacity development in communications at the community, institutional and local communications structure levels.

32. The cross-sectoral costs are intended to ensure that the necessary human, material and logistics resources are available to support the implementation of the country programme. These resources will be divided between the central office in Kinshasa and the 11 zonal offices to ensure proper implementation of the country programme.

Principal partners

33. The country programme is based on four types of partnerships: (a) with the multilateral and bilateral agencies in support of the formulation, updating and monitoring of national programming policies and frameworks; (b) with private funds, especially as part of immunization efforts and the fight against HIV/AIDS and malaria; (c) with civil society organizations (non-governmental organizations, community and faith-based associations) in support of the implementation of the programme and to strengthen the capacities and participation of communities and children; and (d) with the United Nations system, under UNDAF, to strengthen coordination and synergy among agencies as well as to develop joint programmes. The joint initiative developed with UNFPA and OHCHR in 2005 as part of the efforts to combat sexual violence will be continued. A new joint programme for the reinsertion, employment and participation of young people will be implemented

with the International Labour Organization, the World Bank, the United Nations Development Programme and UNFPA.

Programme evaluation, monitoring and management

34. The 2007 population and health survey will provide solid baseline to be used to fine-tune the 2008-2012 programme objectives and results matrices. The key programme monitoring indicators will be those mentioned in the table on basic data contained in this document. The use of DevInfo software in support of the planning, monitoring and review of programme interventions and outcomes will be strengthened and decentralized. The implementation and indicators of the programmes will be monitored through field visits, progress reports, twice-yearly and annual provincial and nationwide reviews as well as studies and surveys planned under the integrated monitoring and evaluation plan. The following principal studies and evaluations will be conducted in 2008-2010: impact analysis of the school fee reduction strategy; evaluation of the large-scale high-impact interventions in the target health zones; evaluation of the healthy village project; and assessment of the national plan of action for orphans and vulnerable children. A multiple indicator survey will be conducted in 2011. A midterm review of UNDAF and the programmes of the agencies is planned for 2010. Coordination of the country programme will be the responsibility of the Ministry of Foreign Affairs and International Cooperation, which oversees the work of the Inter-ministerial Committee for Coordination and Monitoring. At the decentralized level, provincial coordination and monitoring committees, comprising all the programme partners, will be responsible for the planning, execution and monitoring of annual plans of action and for the organization of periodic reviews.
