Democratic Republic of the Congo

Country programme document 2013-2017

The draft country programme document for Democratic Republic of the Congo (E/ICEF/2012/P/L.36) was presented to the Executive Board for discussion and comments at its 2012 second regular session (11-14 September 2012).

The document was subsequently revised, and this final version was approved at the 2013 first regular session of the Executive Board on 8 February 2013.

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Basic data† *(2010 unless otherwise stated)*	
Child population (*millions, under 18 years*)	35
U5MR (*per 1,000 live births*)	170[a]
Underweight (*%, moderate and severe*)	24[b]
(*%, urban/rural, poorest/richest*)	17/27, 29/12
Maternal mortality ratio (*per 100,000 live births*)	540[c]
Primary school enrolment (*%, net male/female*)	78/72[d]
Primary schoolchildren reaching grade 5 (*%*)	75[d]
Use of improved drinking water sources (*%*)	45[e]
Use of improved sanitation services (*%*)	24[e]
HIV prevalence rate among adults (*%, 15-49 years, male/female*)	..
Child work (*%, 5-14 years*)	42
Birth registration (*%, under age of 5*)	28
(*male/female, urban/rural, poorest/richest*)	28/28, 24/29, 25/27
GNI per capita (*US$*)	180
One-year-olds immunized against DPT3 (*%*)	63
One-year-olds immunized against measles (*%*)	68

† Additional data on women and children can be found at www.childinfo.org/.

[a] UN Inter-agency Group for Child Mortality Estimation, 2011 Report

[b] The underweight estimates are based on World Health Organization Child Growth Standards adopted in 2006.

[c] WHO, UNICEF, UNFPA and The World Bank estimates, Trends in maternal mortality: 1990 to 2010. t.
The United Nations Interagency Group (WHO, UNICEF, UNFPA and the World Bank) produces comparable sets of international data on maternal mortality and thereby offsets the well-documented problem of under-reporting and misclassification of maternal deaths. It also provides estimates for countries that have no data. Comparable data series for maternal mortality rates in 1990, 1995, 2000, 2005 and 2010 can be found at http://www.childinfo.org/maternal_mortality.html.

[d] Data taken from the survey.

[e] WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, 2012 Report

The situation of children

1. The Democratic Republic of the Congo has a population of 71 million people spread over 2.34 million square kilometres. Seventy per cent of the population lives in rural areas. Annual population growth is 3.1 per cent. After a decade of violent armed conflicts, political tensions have subsided and, following elections in 2006 and 2011, institutions have been put in place. The security situation has gradually improved, despite ongoing pockets of instability in the eastern part of the country associated with the presence of armed groups. In that area, at end-2011, there were still over 1.7 million displaced persons in that region. The United Nations Organization Stabilization Mission (MONUSCO) is still deployed there (20,000 international military, police and civilian personnel). National income per capita is $180 and more than 70 per cent of the population lives below the poverty line.

2. Despite the challenges and the fact that in 2011 the Democratic Republic of the Congo was on the bottom rung of the 187-country Human Development Index, some progress is evident. Indeed, between 2000 and 2010, child mortality and maternal mortality rates declined from 213 to 170 deaths per 1,000 live births and from 770 to 540 per 100,000 live births, respectively. Immunization against DPT3 increased from 30 per cent (2001) to 63 per cent (2010) and primary school enrolment rose from 61 per cent (2007) to 75 per cent (2010). Nevertheless, none of the Millennium Development Goals will be met in 2015. Although humanitarian action helped reduce severe acute malnutrition from 16 per cent (2001) to 11 per cent (2010), 43 per cent of children continue to suffer from chronic malnutrition, a situation that has not changed since 2001. The fight against HIV/AIDS has stagnated: only 15 per cent of women aged 15-24 know how it is transmitted and only 4 per cent of HIV-positive pregnant women have received treatment to prevent mother-to-child transmission (PMTCT).[1] The share of the population with access to drinking water or sanitation has not increased and birth registration has declined, from 34 per cent (2001) to 28% (2010), with substantial differences among provinces.

3. The main causes of under-five mortality are still malaria, acute respiratory infections, diarrhoeal diseases and malnutrition. Despite low public investment, social services continue to be in strong demand among the population and certain related indicators are astonishingly high. For example, 74 per cent of birth deliveries are assisted by qualified personnel. That is mainly thanks to an historic partnership between civil society and the State, whereby the latter hires the former to provide health and education services. The absence of government investment and the fragmentation of public assistance have eroded the capacity of civil society and of functional public facilities to maintain quality services. The re-emergence and expansion of certain epidemics (polio, measles and cholera) are proof of that. In addition, little has been done to modernize infrastructure. Essential supply systems, such as the cold chain, have not been put in place. Such basic facilities as school desks are lacking.

4. Despite the high demand for services, they are costly and access to them is highly unequal. Governance, management and coordination problems plague the system at the national, provincial and local levels, thereby undermining political commitment, planning, budgetary expenditure, coordination and alignment of partnerships, the accountability and transparency of service providers, and the participation of the population in management of the services. Combined with extreme poverty, these factors create financial barriers hampering families' access to nutrition and services and weaken the social standards that are essential for keeping families together and maintaining a protective environment for children. Indeed, the Congolese population contributes 42 per cent of the financing for health care services.[2] The poorest people are forced to resort to less costly alternatives,

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[1] Children and AIDS: Fifth Stocktaking Report, 2010 (UNICEF, UNAIDS, WHO, UNFPA, UNESCO).

[2] Despite the Government's efforts, financing of the health system of the Democratic Republic of the Congo in 2008 and 2009 was essentially provided by households (43% in 2008, 42% in 2009), international cooperation and NGOs (34% in 2008, 36% in 2009), public funds (15% in 2008, 12% in 2009) and enterprises (8% in 2008, 10% in 2009). *Health Systems 20/20 Project. May 2011. National health accounts 2008-2009. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.*

sometimes to the detriment of their health and of their children's development. (such as: traditional healers, witchcraft and fasting).

5. Equity analysis shows that most of the children are deprived and vulnerable: only the children in the richest quintile are better off. Gender issues and discrimination against highly vulnerable populations, such as persons with disabilities, indigenous groups, children affected by HIV, child workers, and those who live in the streets exacerbate the deprivation of rights. With respect to gender, while equality between men and women has been accomplished in law, it has yet to be practised. Moreover, little appears to be known about the different ways gender issues affect girls and boys in the course of their life cycle. The indicators available show that, with respect to education, girls are disadvantaged, while boys are disadvantaged when it comes to nutrition.

6. Even though the war has ended, armed conflicts and acts of violence perpetrated by militia persist in the eastern part of the country, where children, girls in particular, continue to be exposed to rape, ill-treatment and exploitation. Despite that environment, social indicators are not worse than elsewhere, mainly due to humanitarian action and mining resources. In contrast, the provinces in the centre of the country are especially vulnerable because of a lack of investment and a dearth of easily exploitable resources: their social indicators are worse than those of the eastern provinces and of the capital. The indicators for Kinshasa are better than the national average, but mask considerable disparities within that vast agglomeration of 10 million inhabitants.

Key results and lessons learned from previous cooperation, 2008-2012

Key results

7. In 2008 to 2012, the programme continued its three-fold focus on emergency situations, transition and development.

8. Under the Humanitarian Action Plan, UNICEF and its partners (domestic and international nongovernmental organizations (NGOs), the Government of Japan, the United States Agency for International Development/Office of Foreign Disaster Assistance (USAID/OFDA), and British, Spanish, Swedish, Canadian and European cooperation agencies) provided assistance to 4.8 million people thanks to the Rapid Response to Movements of Population. (RRMP) mechanism with respect to non-food items (NFI), shelter, water, hygiene and sanitation (emergency relief and humanitarian action — EHA) and education. UNICEF contributed to implementation of the International Security and Stabilization Support Strategy through the Programme of Expanded Assistance to Returnees in the stabilized zones (PEAR+), which reached 321, 248 people. The Organization coordinated emergency response in four areas (nutrition, education, EHA and NFI) and in the "Child Protection" working group. In addition, 258,946 children associated with the armed forces and armed groups, unaccompanied children, or child victims of conflicts, including 130,204 girls, received appropriate assistance. Care was also provided for 74,554 survivors of sexual abuse, including 27,211 children.

9. In support of the National Health Development Plan (PNDS), and in partnership with the World Health Organization (WHO), the Global Alliance for

Vaccines and Immunization (GAVI), the World Bank (WB), the Government of Japan, British, Swedish and American cooperation agencies and the Bill & Melinda Gates Foundation, UNICEF strengthened routine immunization and conducted accelerated immunization activities. DPT3 immunization coverage improved significantly. In the course of additional activities, 18,131,073 children vaccinated against measles. In addition to the routine immunization of 8,487,029 children, more than 15 million received three doses of oral polio vaccine. Eight campaigns conducted in partnership with the Helen Keller International NGO and the Canadian International Development Agency (CIDA) resulted in the de-worming with mebendazole of 90 per cent of children aged 12 to 59 months. In addition, 90 per cent of those aged from 6 to 59 months received vitamin A supplementation. In partnership with the WB, the International Drug Purchase Facility (IDPF) and the United States President's Malaria Initiative, approximately 40 per cent of children were protected against malaria thanks, especially, to campaigns distributing 9,712,072 long-lasting insecticide-treated mosquito nets (LLINs). Enrolment campaigns conducted in partnership with Dutch and Japanese cooperation agencies resulted in the enrolment of 4,676,436 children in the first year of primary school. Furthermore, 5 151 136 children received school kits and 25,406 primary school teachers received training and teaching materials.

10. Community-based programmes yielded important results. Thanks to the national "Healthy Village" programme, implemented in partnership with American, British and Japanese cooperation agencies, 1,230,500 people gained access to safe drinking water and 1,117,945 to sanitation. Under the "Healthy School" programme, 201,987 pupils had access to safe drinking water and 161,571 to sanitation. The Nutrition Programme, in partnership with the European Union, the Pooled Fund for Humanitarian Assistance), the Department for International Development, and the Danish Committee for UNICEF helped increase the number of severely undernourished children receiving community care from 45, 652 in 2007 to 157,000 in 2011. Child protection systems helped 991 822 vulnerable children, of whom 469,901 were girls.

11. In collaboration with UNFPA, WFP and USAID, UNICEF supported the National Institute for Statistics and Economic Studies' 2010 Multiple Indicator Cluster Survey, the findings of which were incorporated in the Poverty Reduction and Growth Strategy Paper (PRGSP-II) and in the United Nations Development Assistance Framework (UNDAF).That Survey provided the government with reliable data for monitoring progress toward the Millennium Development Goals. However, greater use should be made of the Survey data for gender and equity analysis.

Lessons learned

12. Experience has shown the effectiveness of child health campaigns and Child Health Days. Indeed, the large-scale campaigns against epidemics (polio, measles, the distribution of LLINs), combined with vitamin A supplementation and de-worming, and school enrolment and birth registration campaigns, have managed to reach large numbers of children. However, vertical approaches undermine the capacity of decentralized teams to implement integrated services. It is therefore essential to boost those capacities at the peripheral level. The new programme should support the provision of integrated packages of services through advanced strategies and campaigns aimed at revitalizing systems from the bottom up. It will

be necessary to strengthen partnership with civil society and faith-based organizations in order to provide curative, promotional, and preventive services, update health and education zone management models and build line management and supervisory capacity.

13. The strengthening of service delivery needs to be accompanied by support for communication for development so as to maintain a high level of acceptance and demand for services, and by the adoption of essential family practices. The "Healthy Village" approach and community-based actions to improve nutrition have built a bridge between services and families, thereby restoring the credibility of the State and contributing to peace-building. These approaches enhance social cohesion and communities' resilience to crises, as the evaluation of PEAR+ showed.

14. Another lesson learned is the need to promote an environment conducive to respect for children's rights. Given the dearth of investment in the social sectors, analytical and monitoring efforts that take gender and equity dimensions into account are more likely to prompt the development of "investment plans" and advocacy at every level for increased public investment. Half-yearly monitoring of progress made with removing barriers to access to and the use of services makes it possible to verify and adjust the solutions applied.

15. Poverty reduction requires more rational and equitable use of the considerable contribution that populations make to social services. Supporting communities' self-assessment and search for solutions to the problems of the most vulnerable strengthens their participation and the demand for quality services. However, that is not enough. The provision of services has to be accompanied has to be accompanied by social protection mechanisms. Advocacy with opinion shapers, especially in connection with the promotion of family practices, has proved to be a useful contribution to efforts to develop child-friendly social standards.

16. In this precarious and volatile context, experience has highlighted the need for capacity-building at every level in order to cope with humanitarian crises. Today, such capacity is lacking. In the eastern part of the country, such capacity-building needs to go hand in hand with stabilization, the restoration of the State's credibility and the establishment of peaceful conflict resolution mechanisms. In the central and western parts of the country, capacity-building is needed to support peacebuilding and strengthen community ties and social services.

The country programme, 2013-2017

Summary budget table

	(In thousands of United States dollars)		
Programme components	*Regular resources*	*Other resources*	*Total*
Child survival	151 730	247 000	398 730
Quality basic education for all children	46 000	52 000	98 000
Governance for child protection	24 000	32 000	56 000
An environment conducive to children's rights	23 000	20 500	43 500
Emergency preparedness and transition	10 000	18 500	28 500
Intersectoral	20 000	20 000	40 000

Programme components	(In thousands of United States dollars) Regular resources	Other resources	Total
Total	**274 730**	**390 000**	**664 730**

Since the Democratic Republic of the Congo experiences major humanitarian crises, UNICEF will continue to mobilise ORE (Other Resources — Emergency) estimated to total $250,000,000.

Preparation process

17. The PRGSP-II was validated in November 2011 and the Government's 2012-2016 Programme of Action in May 2012. On that basis and in collaboration with the Government, the United Nations System (UNS) has strengthened the UNDAF. The UNICEF programme draws on that Framework and will contribute to the achievement of national outcomes. It will participate in the implementation of the International Security and Stabilization Support Strategy in order to support the Stabilization and Reconstruction Plan for Areas Emerging from Armed Conflict, as well as the Peace Consolidation Programme (PCP).

18. The situation was analyzed in 2012, taking into account equity issues and hurdles impeding the exercise of children's rights. Simultaneously, in order to take stock of the situation and peculiarities of each province, the provincial committees for coordinating and monitoring the programme organized workshops run according to consolidated guidelines. In consultation with the Government, the United Nations system, civil society and other partners, the programme was validated on 4 June 2012 under the aegis of the Ministry of Foreign Affairs, International Cooperation and Francophonie.

Programme components, results and strategies

19. The aim of the programme is to ensure that each child in the Democratic Republic of the Congo is born into and grows up in an environment conducive to the exercise of her or his rights. Five programme component results (PCR) will contribute to that goal. A coordinated and convergent approach will aim to achieve more equitable distribution of progress.

20. **Child survival, quality basic education for all children, and governance for child protection**. These three components are structuring the whole programme and will aim to support sectoral policies and their implementation at the intermediate and peripheral levels. They will support the delivery of integrated packages of quality services through advanced strategies and campaigns aimed at revitalizing the system from the bottom up. They will strengthen partnership with civil society and faith-based organizations. They will support curative, promotional, and preventive services, as well as the updating of decentralized management models. They will consolidate line management and supervisory capacity. More robust service delivery will be accompanied by support for communication for development geared to the adoption of family practices and the maintenance of a high level of acceptance and demand for services.

21. **An environment conducive to children's rights**. This component will support the above three components via cross-cutting analysis of the hurdles impeding quality services, as well as regular monitoring and evaluation of improvements in equity, including gender equity, implemented by decentralized

management teams. Budgetary analyses will encourage the development of "investment plans" with a view to strengthening advocacy at the national, provincial and local levels in favour of increased investment in services. That advocacy will target opinion-shapers, so that they contribute to the adoption of child-friendly and protective social norms. This component will boost accountability and the rational use of resources, through social protection approaches and other mechanisms. It will support communities' ability to assess their own progress and to seek modern and innovative solutions. It will, in addition, strengthen community participation and the demand for quality services and child protection.

22. **Emergency preparedness and transition**. This component will support the development of national, provincial and local capacity to prepare for and respond to humanitarian crises and it will contribute to the stabilization and consolidation of peace.

23. Strengthening partnerships is a key cross-cutting strategy in the programme. UNICEF will be primarily responsible for this and coordinate government activity at the national and provincial level. The sheer scope of the challenges demands tight coordination and coherence among United Nations system agencies and the technical and financial partners (TFPs) and the private sector with respect to implementing the programmes and engaging in political advocacy, while taking comparative advantages into account and ensuring optimal use of resources to achieve targeted outcomes. UNICEF will support joint strategies and programming. In reaching cooperation agreements with domestic civil society, the programme is looking for in-depth ownership and the long-term sustainability of the results achieved. International NGOs will be allies in capacity-building and in passing on skills to domestic civil society and decentralized agencies. The programme will induce increased cooperation with members of parliament, the media, research institutes and universities in order to strengthen analysis of social policies, as well as the documentation and dissemination of best practices.

Child survival

Programme Component Result (PCR)-1: By end-2017, the percentage of children and their families benefiting from high-quality curative, preventive and promotional interventions with a major impact on health, including PMTCT, nutrition and EHA will have increased significantly and in an equitable and sustainable manner, especially in the Health Zones (HZ) and in communities.

24. Making full use of synergies, the component will support health, HIV, nutrition and EHA interventions. It will take its cue from the National Health Development Plan (PNDS) and work closely with partners to improve the provision of and access to quality services in 207 development HZ. There will be a special focus on innovation, the introduction of modern management skills and capacity-building with a view to equitable implementation of effective sets of interventions. Thus, this component will support demonstration initiatives and the scaling-up of the lessons they teach. In the other 308 HZ, including those in a state of emergency, the component will support the provision of a minimum package of high-impact interventions in health, nutrition and EHA, giving priority to mass campaigns and the organization of periodic special events.

25. Alongside the above, preventive and promotional activities will be undertaken at the community level with an emphasis on empowering the population. In the EHA

area, the component will support the scaling-up of the national "Healthy Village/Healthy School" strategy. The approach is geared to communities' demand for services and to simple, low-cost technologies adapted to local needs. Efforts to combat malnutrition will focus in particular on the central-western part of the country.

26. In collaboration with partners and the United Nations system, this component will strengthen coordination, consistency, and advocacy for better government investments and improved governance. Under the Government's leadership, the component will consider partnering with international and domestic NGOs, civil society, the TFPs (European Union/ The European Community Humanitarian Office [ECHO], the Department for International Development, USAID, Japan, the African Development Bank (AfDB), WB, the Bill and Melinda Gates Foundation, the Swedish International Development Cooperation Agency (SIDA), CIDA, Korea International Cooperation Agency, etc.) and the private sector.

Quality basic education for all children

PCR-2: by end-2017, children will have been assured of universal access and there will have been a significant and equitable increase in the number of children completing a quality basic education, within a life-cycle approach.

27. This component will be in line with the Intermediary Education Plan (PIE) and will contribute to the reform currently under way. In particular, it will support the development of integration and remedial education strategies for vulnerable children, with a view to avoiding exclusion, repetition of grades and dropping out, and fostering educational achievement. It will develop social protection measures in order to overcome financial barriers. Special attention will be paid to children's transition from family to school, by educating the parents and improving the welcome given to children in their first year at school. This component will contribute to the provision of school books and, by mobilizing additional resources, to the construction of local schools closer to communities. Synergies will be developed between this component, nutrition and EHA.

28. It will help to enhance the quality of education by developing and implementing national standards and by raising schoolchildren's reading and math skills, as well as everyday skills. It will train supervisors and teachers and strengthen the system for monitoring student performance. In transition situations, this component will support education for peace and seek to restore capacity in destabilized establishments. Capacity-building among parents will seek to enable them to participate more effectively in monitoring the learning process, demanding accountability, and insisting that budgets are implemented.

29. Together with the partners, UNICEF will support advocacy aimed at eliciting sound government investments in education. The Organization will support coordination among the partners and consistency with the PIE. Under the Government's leadership, the component will consider partnering with international and domestic NGOs, civil society, the TFPs (Belgian, Spanish, French, British and American cooperation agencies, the Japanese Government, WB and AfDB), the United Nations system and Global Partnership for Education.

Governance for child protection

PCR-3: by end-2017, prevention and protection against all forms of violence, child abuse, and exploitation, as well as access to civil registry services and legal protection will have been significantly and equitably strengthened.

30. This component fits in with the approaches taken in the law on child protection and national action plans and sectoral strategies. It will target four priority areas of action: justice for children, birth registration, protection against exploitation and violence, especially sexual and gender-based violence, and the enlisting of children in armed groups (cf. the mandate assigned by the United Nations Security Council).

31. The strategies will be geared to birth registration campaigns and promoting access to judicial and legal services. This component will help protect children's rights by reinforcing the safety networks for vulnerable children (victims of violence, exploitation, child abuse, neglect, stigmatization), by ensuring access to services for child victims of, or affected by, armed conflicts, and by promoting positive social standards. It will support capacity building for planning, following up on and coordinating interventions, including surveillance, monitoring, and reporting of all forms of violence, child abuse and exploitation.

32. Under the Government's leadership, this component will be coordinated and implemented in cooperation with international and domestic NGOs, civil society, the private sector, as well as with MONUSCO and the United Nations system.

An environment conducive to respect for children's rights

PCR-4: by end-2017, laws, social policies, planning, budgets, expenditure, public opinion and social standards will have been shaped by continuous analysis, monitoring and evaluation of children's circumstances, and will foster an environment in which children's rights are cherished and protected.

33. Thanks to alliances and partnerships, this component will boost support for legislative reform and the development and modernization of sectoral policies. It will support the establishment of effective mechanisms for managing and coordinating programs and partnerships at the national and decentralized levels with stakeholder participation. Data collection and more robust, ongoing analysis of the situation will be directed toward advocating solid investment in the social and protective services and rational budgeting. Analysis of the factors hampering services and regular monitoring of advances in equity by decentralized management teams will strengthen accountability on the periphery. By empowering communities by raising their self-evaluation capacity and ability to seek solutions that are sensitive to gender issues and the problems of the most vulnerable, this component will raise the demand for quality services. Evaluation, documentation and operational research will underpin effectiveness, innovation and modernization in the approaches taken. Advocacy will target the media and opinion-shapers so that they, too, throw their weight behind the adoption of child-friendly and protective social norms.

34. Under the Government's leadership, this component will be coordinated and implemented with the United Nations system, international and domestic NGOs, the private sector, the universities, faith-based organizations and the media.

Emergency preparedness and transition

PCR-5: by end-2017, the most vulnerable children and their families hit by crises will have received timely and effective assistance; those in a post-crisis environment will have benefited from improved and equitable access to social services and peaceful conflict resolution.

35. This component will strengthen the capacities of decentralized educational and health authorities, of international and domestic NGOs and of civil society with respect to preparedness, prevention and management of crises, epidemics, and natural catastrophes. It will support the development of an emergency preparedness policy and plans in high-risk territories. It will make it possible for resources mobilized in order to overcome humanitarian crises to rely on the capacities and resilience of communities to increase both their impact and their sustainability.

36. In order to contribute to the stabilization and consolidation of peace in post-crisis situation areas, this component will scale up multisectoral interventions aimed at improving access to services, by adopting an analytical approach to conflict management. Within the framework of the International Security and Stabilization Support Strategy, it will help support the Stabilization and Reconstruction Plan for Areas Emerging from Armed Conflict and the PCP.

37. In cooperation with the Government and in partnership with the NGOs and the TFPs, sectoral groups will strengthen coordination of the activities undertaken. In the transition component, interventions will draw on the United Nations system's joint programme.

38. **Intersectoral**. The costs of this component are geared to ensuring the availability of the human, financial, and material resources needed for logistical support and the supplies required for the programme. These resources will enable field offices to provide key support for the optimal implementation and monitoring of the programme at the decentralized level.

Links to national priorities and the UNDAF

39. The programme corresponds mainly to the third pillar of the PRGSP-II: improving access to social services and strengthening human capital. It contributes to achievement of the outcomes sought by the PNDS, the National Hygiene Operational Plan, the PIE, the National Plan of Action for Orphans and Vulnerable Children and the National Strategy Against Gender-Based Violence. It is line with achievement of three of the six effects sought by the UNDAF — social services, governance and stabilization. In the ISSSS framework, component 5 helps support the Stabilization and Reconstruction Plan for Areas Emerging from Armed Conflict and the Peace Consolidation Programme.

Links with international priorities

40. Focused on equity, the programme takes its inspiration from the Millennium Declaration/Millennium Development Goals and from UNICEF's 2006-2013 Medium-Term Strategic Plan. It will contribute to the fulfilment of women's and children's rights established in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It is inspired by the conclusions of the Committee on the Rights of the Child concerning improvement and application of the legal framework, increased expenditure on behalf of the social sectors, the sensitization and training of the population in human

rights, education for peace and strengthening of the system for protecting children from abuse, exploitation and discrimination. It is line with the Busan Principles, in respect of which the Democratic Republic of the Congo is a pilot country.

Partnerships

41. UNICEF will continue to play an active part in existing partnerships and will strengthen its advocacy and its strategic alliances with its partners (Canada/CIDA, Sweden/SIDA, Japan/Japanese Agency for international cooperation, the United States of America/USAID/"Office of Foreign Disaster Assistance"/"United States Centers for Disease Control and Prevention"/the United States President's Emergency Plan for AIDS Relief, the President's Malaria Initiative, Great Britain/Department for International Development, Republic of Korea/Korea International Cooperation Agency, Belgium, Spain, France, European Union/ECHO, GAVI, the Global Fund to Fight AIDS, tuberculosis and malaria; WB, AfDB, the Bill and Melinda Gates Foundation and UNICEF's national committees).

42. Under UNDAF and the United Nations Transition Framework, UNICEF will support certain joint programmes, particularly the H4+[3] initiatives and strategies to fight HIV/AIDS, nutritional security, social protection, population censuses, and the stabilization and consolidation of peace. In addition, cooperation with members of parliament, the media, NGOs and faith-based organizations will be stepped up.

Monitoring, evaluation and management

43. Under the Government's leadership, monitoring will include semi-annual and annual reviews, on-site supervisory and verification visits, joint meetings for coordination purposes and a midterm review under the aegis of the Ministry of Foreign Affairs, International Cooperation and Francophonie. Capacity-building in respect of risk management will continue with the United Nations system, particularly in connection with the harmonized approach to cash transfers.

44. In order to strengthen monitoring and evaluation of progress in respect of equity, four levels will be considered: (a) analysis of the status of children's rights and of the obstacles hampering the exercise of those rights; (b) under UNDAF, verification of UNICEF's contribution to national outcomes, especially through an approach using third parties; (c) support for monitoring national programmes allowing for real time access to results and adjustments to their implementation; (d) surveys and impact assessments (Multiple Indicator Cluster Survey, health surveys and censuses).

[3] Joint initiative of the WB, WHO, UNAIDS, the United Nations Population Fund and UNICEF aimed at expediting achievement of the Millennium Development Goals in health.