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Country programme document

Congo

Summary

The country programme document (CPD) for the Congo is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$8,385,000 from regular resources, subject to the availability of funds, and \$21,891,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2020 to 2024.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2019.

* E/ICEF/2019/9.

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. The Congo has a young population, with 47 per cent of its 5.07 million inhabitants under the age of 18 years. Nearly 62 per cent of the total population live in the two largest cities, Brazzaville and Pointe-Noire. According to the World Bank, 35 per cent of Congolese were living below the poverty line in 2016 and the 2017 Multiple Overlapping Deprivation Analysis shows that 61 per cent of children under the age of 18 years – some 1.3 million – experience at least three of five deprivations simultaneously.

2. The classification of the Congo as a lower-middle-income country masks economic disparities. Highly dependent on oil production, the country did not take advantage of the resource booms of past economic cycles to diversify or invest in productive sectors and, since 2014, the declining price of oil has resulted in a persistent economic downturn. Domestic expenditures have decreased, and investments fell by 82 per cent between 2013 and 2017. Highly indebted — the debt to gross domestic product ratio was over 117 per cent in 2017 — the Congo requires financial assistance from the International Monetary Fund. In addition, the country has a weak taxation system.

3. Despite these challenges, the Congo has made progress in increasing access to basic social services during the last decade by formulating and implementing inclusive social policies. The constitution, adopted in 2015, recognizes the rights and freedoms of all citizens, including children. The National Development Plan (NDP) 2018–2022 has established an integrated strategic planning framework informed by the Sustainable Development Goals and the African Union Agenda 2063. The Congo has the potential to capitalize on its demographic dividend if clear investments are made for children and adolescents.

4. Between 2005 and 2015, the maternal mortality ratio declined from 781 to 436 per 100,000 live births; the under-five mortality rate from 117 to 52 per 1,000 live births; and the neonatal mortality rate, which accounts for 41 per cent of under-five mortality, from 33 to 21 per 1,000 live births. Fertility rates are high (the crude birth rate was 33.6 per 1,000 in 2015) and 20.5 per cent of pregnant women who attended antenatal care in 2015 were 15 to 19 years old. The main causes of neonatal deaths are prematurity (40 per cent), asphyxia/respiratory distress (29 per cent) and neonatal infections (27 per cent). The three main causes of under-five deaths are malaria (54 per cent), acute respiratory infections (18 per cent) and diarrhoea (17 per cent). Key systemic challenges include the quality of care and services in health facilities and the limited availability of qualified human resources and essential medicines and supplies.

5. The Congo has introduced new vaccines in line with the Global Vaccine Action Plan 2011–2020. After reaching an immunization rate of 90 per cent in 2014, coverage fell to 69 per cent in 2017 because of the frequent stock-out of vaccines and decreased domestic financing. In 2018, support from technical and financial partners contributed to an increase to 75 per cent in the coverage of three doses of the combined diphtheria/tetanus/pertussis vaccine (DTP3).

6. The rate of mother-to-child transmission (MTCT) of HIV fell from over 5 per cent in 2005 to 2.3 per cent in 2017.¹ The adoption of new guidelines for the prevention of mother-to-child transmission of HIV (PMTCT) and the roll-out of

¹ National Strategic Framework for HIV and AIDS Response in Congo progress reports, 2014–2018.

Option B+² contributed the increase to 21 per cent in 2017 of the proportion of health facilities offering PMTCT services. Only 33 per cent of pregnant women living with HIV accessed antiretroviral therapy (ART) during antenatal care in 2017 and 21 per cent of infants born to mothers living with HIV were receiving ART. Barriers to eliminating MTCT include a low level of male engagement; the stock-out of tests and drugs; a lack of knowledge about HIV; and a low uptake of HIV testing and counselling among adolescents (3.8 per cent males, 7.4 per cent females).

7. More than one fifth (21.2 per cent) of children under five years of age were stunted in 2015.³ The rate of exclusive breastfeeding is only 32.9 per cent, with premature complementary feeding increasing the risk of nutritional deficiencies and exposure to unsafe water.

8. Sixty-eight per cent⁴ of the population has access to safe drinking water, but there is a large urban-rural disparity (85 vs. 56 per cent). Only a quarter of the population uses unshared improved toilets, 24 per cent of the population uses basic sanitation services and 23 per cent of the rural population practises open defecation.

9. The main bottlenecks to at-scale coverage of quality health, nutrition and water, sanitation and hygiene (WASH) are the insufficient translation of policies and strategies into actions; limited institutional capacities at the subnational and local levels for planning, monitoring, budgeting and service delivery; and insufficient investment and funding.

10. The Congo has made significant progress in broadening access to education. Pre-primary education for children aged 3 to 5 years remains low at less than 19 per cent (2015), although the number of children enrolled doubled between 2005 and 2011. The net primary enrolment rate increased from 87 per cent in 2005 to 96 per cent in 2015 and the primary-school completion rate rose from 66 to 91 per cent during the same period. The gender parity index is 1 and slightly in favour of girls. Access to the education system for children with disabilities remains a challenge due to the lack of early identification and referral for support as well as inadequately skilled teachers.

11. Although the Government devotes more than 17 per cent of the national budget to education, learning outcomes are unsatisfactory due to unqualified and underqualified teachers, including untrained volunteer teachers; poor school infrastructure (including WASH facilities); and substandard accommodation for teachers and students. Boys have higher drop-out and repetition rates than girls from the early years onwards. In remote rural areas, fewer than 24 per cent of children entering Grade 1 complete secondary education,⁵ due in part to increasing rates of teenage pregnancy, early fatherhood and early economic activities for boys.

12. Violence against children (VAC) and adolescents has a devastating impact on their health, development and learning. According to the Multiple Indicator Cluster Survey (MICS) 2014–2015, 83 per cent of children under the age of 15 years in the Congo have undergone violent physical or psychological discipline. Persistent challenges include the limited capacity of health officers, educators and communities; weak coordination between the relevant stakeholders and ministries; and cultural

² A prevention of mother-to-child transmission of HIV approach for pregnant women living with HIV, in which they are offered lifelong antiretroviral treatment regardless of their CD-4 T lymphocyte count.

³ Congo Multiple Indicator Cluster Survey (MICS) 2014–2015.

⁴ World Health Organization (WHO)/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) report “Progress on drinking water, sanitation and hygiene: 2017”.

⁵ Statistical Year Book of the Ministry of Education, July 2017.

barriers to accessing services. The 2017 National Plan of Action for Social Action is aimed at addressing VAC.

13. While the national birth registration rate is 96 per cent, it is only 35 per cent for children of minority indigenous groups. Several system-based reforms need to be strengthened to integrate birth registration into hospitals, where 94 per cent of deliveries take place.

14. Following the signing of a ceasefire agreement on 23 December 2017, the Pool region has benefited from a more favourable security context, facilitating both a significant return of displaced persons and the access of humanitarian actors. The Congo is prone to cholera, polio and Ebola outbreaks and natural disasters, including floods, and there continues to be a large influx of refugees from the Central African Republic and the Democratic Republic of the Congo. A focus on the humanitarian-development continuum is necessary to ensure adequate capacity and resources for building resilience, including information management, multi-hazard early-warning systems, contingency planning and financing, and to effectively implement a national disaster risk management system.

15. The above-mentioned analysis of bottlenecks and the comparative advantage of UNICEF as an impartial advocate for children's rights and source of technical expertise informed the following lessons learned from the previous country programme and contributed to the design of the new programme:

(a) The emphasis on developing policies and legislation should shift to accelerating their implementation by identifying and addressing the bottlenecks at the subnational level that prevent them from having a more significant impact on the situation of children, especially the most vulnerable;

(b) A life-cycle and rights-based approach should be developed to help to deliver a cohesive and integrated set of services at the community and facility levels;

(c) The collection and dissemination of real-time data using innovative approaches and technologies, such as SMS messages to remind parents of vaccination schedules, is paramount to strengthen subnational response planning and analysis;

(d) The imperative of progressing towards the Sustainable Development Goals in the context of the limited fiscal space of the Congo calls for a greater emphasis on leveraging resources and catalysing new investment for child-sensitive social sectors. This would necessitate greater engagement with the Government, development partners, United Nations agencies and the private sector, notably through: (i) the enhanced participation of UNICEF in the monitoring and reporting of the NDP; (ii) advocating for and engaging in policy dialogue on pro-poor, pro-child and gender-responsive budget processes; and (iii) emphasizing the need to concentrate investment towards the children furthest behind by systematically harnessing analyses of deprivations, disparities and child poverty.

Programme priorities and partnerships

16. The theory of change underpinning the country programme is that if children have improved access to quality and equitable services during the first decade of life, and survive, learn and participate in a healthier environment free from violence, exploitation and abuse during their second decade of life, then they will be in a better position to realize their rights with equity. In line with the NDP 2018–2022 and the United Nations Development Assistance Framework (UNDAF) 2020–2024, UNICEF will contribute towards this vision using a life-cycle approach to promote the delivery of an integrated package of quality services for the survival and holistic development of children during the first decade of life, and to promote the education and protection of adolescents. The drive for strengthened programme effectiveness, including

through the generation of data and evidence, will inform programming choices and advocacy with partners to focus efforts on closing equity gaps by reaching first the children furthest behind.

17. Critical assumptions underlying the programme are that the Government will invest in improving the national coverage of key services to children, families and their communities and that communities will commit to the promotion and protection of children's rights. There is a risk that a continued slowdown in economic growth will negatively affect the social sectors or that a humanitarian crisis will divert resources. In either case, UNICEF will strengthen advocacy with the Government to allocate resources for children and seek ways to mobilize new partners and innovative financing.

18. The programme will make concerted efforts towards the following regional key results for children in West and Central Africa, as specific contributions to the child-focussed Sustainable Development Goals: (a) immunization through the expanded immunization plus programme; (b) the prevention of stunting by scaling up the essential nutrition package (infant and young child feeding, vitamin A and iron-folic acid supplementation, deworming) and integrating the management of acute malnutrition; (c) improved learning outcomes through improved teaching skills and enhanced early learning and early stimulation; (d) the protection of children from violence, including in humanitarian contexts, through multisectoral services to prevent and respond to VAC; and (e) ending open defecation, through community-led total sanitation (CLTS) approaches.

19. UNICEF will pursue these results in close cooperation with the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) according to the relevant areas set out in the common chapter of the Strategic Plan, 2018–2021 related to eradicating poverty, addressing climate change, improving adolescent and maternal health, achieving gender equality and the empowerment of women and girls and ensuring the greater availability and use of disaggregated data for sustainable development.

20. Geographically, the programme will focus on selected vulnerable regions while advocating at the national level to scale up policy implementation for high-impact interventions. The country programme will employ a mix of strategies to accelerate progress, with a special focus on equity, through:

(a) *Capacity development for strengthened systems*, identifying and addressing bottlenecks to implementing policy at scale to deliver quality services; creating demand for services and sustaining those services; and improving supply chain management (financing, procurement services, strengthened supply systems). Joint United Nations area-based programming will model the delivery of integrated services for the country's decentralization programme;

(b) *Public and private finance management and analysis* to leverage resources for children from the Government, private sector and partners, with a focus on innovative financing, the increased effectiveness of spending and sustained corporate responsibility to accelerate the implementation of policies and programmes;

(c) *Evidence generation for advocacy and information management*, including systems integration and reporting to foster the use of data and research to improve policies, resource allocation, programmes and accountability;

(d) *Community engagement, social accountability and communication for development*, including the empowerment of communities to demand services, and the promotion of child-friendly behaviours;

(e) *Innovation and South-South/triangular cooperation*, focused on technology for development to strengthen communication and social accountability at the local level. UNICEF will promote learning and the sharing of innovations and good practices within the subregion and beyond by collaborating with the Economic Community of Central African States, the Economic Community of West African States and the African Union to ensure the alignment of policies with international agreements.

21. The programme will address the needs of children during their first and second decades of life through three components: (a) child survival and development; (b) education, protection and adolescent development; and (c) programme effectiveness. An integrated life-cycle approach will be at the heart of the country programme, while an equity focus across all interventions will allow for girls and boys, without distinction, to progressively gain access to high-quality and inclusive services. Human rights, gender and disability will be mainstreamed across the components. In line with the UNICEF Gender Action Plan, 2018–2021, analysis and programme design will address discriminatory norms and practices and promote the empowerment of girls and women.

22. The programme responds to observations and recommendations arising from a review of the latest State party reports on the implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and the African Charter on the Rights and Welfare of the Child.

Child survival and development

23. The programme will contribute to improved access to high-quality and equitable maternal, neonatal and child health; nutrition; education; protection; early childhood development (ECD); and WASH services for children aged 0 to 10 years. It will strengthen multisectoral service delivery systems and build national capacities to provide an essential package of high-quality, high-impact, integrated services throughout the first decade of a child's life, including the first 1,000 days.

24. On maternal, neonatal and child health and nutrition, the programme will work closely with the World Health Organization (WHO), UNFPA, the Joint United Nations Programme on HIV/AIDS, the World Food Programme and the Food and Agriculture Organization of the United Nations to support the achievement of universal health coverage. The programme will mobilize political leadership to accelerate the implementation of health policies and strategies that prioritize maternal, neonatal and child health. UNICEF will work with the Government to improve emergency obstetric and neonatal care; scale up the strategy for the integrated management of childhood illness and the essential nutrition package; and promote improved infant and young child feeding practices, the prevention of micronutrient deficiencies and the integrated management of acute malnutrition. To eliminate MTCT, UNICEF will support the procurement of antiretroviral drugs and laboratory tests and the integration of HIV diagnosis and treatment into maternal and child health platforms. UNICEF will strengthen the management of immunization services by implementing the Reach Every Child approach to ensure full vaccination within the first 12 months of life.

25. UNICEF will promote CLTS in rural settings to support communities to achieve open-defecation-free status by improving the management of services, increasing children's access to safely managed water and sanitation services and expanding access to water and hygiene facilities in schools and maternal and child health centres.

26. To address children's right to protection from violence, the programme will support the generation and use of data and analysis on the sociocultural drivers of

violence; scale up the training of social workers and law enforcement agents, such as police, magistrates and prosecutors, on the procedures for handling cases involving children; raise community awareness about VAC; and foster close links between the health and education sectors to prevent, detect and refer cases of violence.

27. To promote early learning and stimulation, the programme will contribute to the reform of education, health and child protection systems by supporting the development and implementation of a national ECD policy. UNICEF will support the Government and implementing partners to scale up access to ECD centres, pre-primary and junior primary education to improve early learning and stimulation and foundational numeracy and literacy, especially for marginalized children and those with disabilities or from poor and remote rural areas.

Education, protection and adolescent development

28. The programme will contribute to creating an environment in which children and adolescents, aged 10 to 18 years, are learning, healthy, developing and protected and free from violence, exploitation and abuse. It will advocate for the accelerated implementation of the Education Sector Strategy 2015–2025 and the National Policy for Social Action and its Action Plan 2018–2022, with a view to creating an enabling environment for education and the protection of children and adolescents, especially the most vulnerable.

29. The programme will generate evidence on multisectoral service delivery systems that help build national capacities to provide an essential package of quality, high-impact integrated support to education, nutrition, health, WASH and child protection.

30. Through encouraging their involvement in school boards/clubs and peer education groups, UNICEF will promote the participation of adolescents in holding schools accountable for improving learning outcomes. To address violence, particularly gender-based violence, the programme will support the acquisition of life skills, including communication, assertiveness, decision-making and coping with emotions.

31. The programme will support the analysis of the efficiency and effectiveness of budgetary allocations and spending for improved learning outcomes and transition in the educational cycle. UNICEF will provide technical support to the Ministry of Primary and Secondary Education to improve gender-responsive, equitable spending on education, promote a more effective use of data for planning and strengthen systems to increase the quality of service delivery and educational outcomes to reduce repetition and dropout rates.

32. The programme will accelerate the provision of integrated adolescent-friendly health and nutrition services, including life-skills acquisition. It will also expand adolescent HIV testing services to increase early identification and linkage to treatment among adolescents living with HIV. UNICEF will promote positive health and hygiene interventions to increase adolescent girls' access to menstrual hygiene supplies and appropriate facilities.

33. Within the framework of the regional key results for children on violence prevention and the global #ENDviolence campaign, UNICEF will build evidence and promote high-level political engagement on VAC. The programme will strengthen national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and the neglect of children and adolescents, including online protection. UNICEF will support the implementation of a case management system, including developing tools, protocols and procedures to improve the tracking and referral of cases. A multisectoral approach will be applied

to strengthening the education and health systems to enable them to prevent and respond to VAC, while enhancing children's capacities to protect themselves from violence.

Programme effectiveness

34. The programme effectiveness component will provide quality assurance and cross-sectoral coordination and support to the programme. Joint planning and regular reviews will foster the alignment and coherence of interventions across the two programme components and with the Government's coordination structures. UNICEF will work within the framework of the UNDAF and will lead on education and WASH results groups.

35. Results-oriented programming will promote the generation, analysis and use of evidence for improved equity-focused planning, monitoring and evaluation of programmes. UNICEF will support the capacities of the Congo National Statistics Agency, higher institutions of learning and local research organizations to generate research, data and reports that are timely, high-quality, disaggregated, child-focused and gender- and disability-sensitive.

36. UNICEF will advocate with the Government for gender-responsive and child-friendly budgeting, focusing on increasing the effectiveness and efficiency of public finance for children.

37. Communication for development, including the use of RapidPro and U-Report, will create and sustain demand for and improve the quality of social services; provide a platform for children's voices; and overcome social norms and practices that are not conducive to the realization of the rights of children and adolescents and that perpetuate gender disparities.

38. UNICEF will nurture strategic partnerships to leverage resources for the realization of children's rights in the Congo. It will play a convening role for stakeholders to collectively promote the rights of adolescents; advocate to institutionalize child participation in Parliament and with local authorities; and engage with youth parliamentarians and organizations to enable them to participate in programming for children and adolescents. South-South and triangular cooperation networks will promote mutual learning and the exchange of good practices. New shared-value partnerships will be formed with the private sector in technology for development and innovation, health, water and sanitation.

39. To promote recovery and increase resilience to humanitarian emergencies, the effects of climate change, natural disasters and disease outbreaks, UNICEF will support child-sensitive humanitarian assessments that generate data disaggregated by age, gender and disability. With other United Nations funds and programmes, UNICEF will advocate for the prioritization of the most vulnerable (women, children, persons with disabilities and persons living with HIV) in preparedness, resilience-building and response activities.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	3 250	10 508	13 758
Education, protection and adolescent development	3 135	9 194	12 329
Programme effectiveness	2 000	2 189	4 189
Total	8 385	21 891	30 276

Programme and risk management

40. This CPD outlines UNICEF contributions to national results and serves as the primary instrument of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to the country programme are described in the organization's programme and operations policies and procedures.

41. The country programme will be coordinated within the UNDAF 2020–2024 and implemented under the leadership of the Ministry of Planning, in collaboration with line ministries, development partners, civil society organizations, the private sector, research institutions and universities and United Nations agencies. The UNDAF steering committee and thematic results groups, each co-chaired by a senior official of the Government and a United Nations representative, will oversee and give impetus to the operationalization of planned results.

42. The main risks to achieving the planned results and the proposed mitigation measures are as follows:

(a) The continued slowdown in growth and the deterioration of the economic outlook, largely due to low and volatile oil prices, may lead to the structural adjustment of programmes affecting the social sectors and a reduction in resource mobilization for those sectors. Mitigation measures include prioritizing appropriate, cost-effective strategies to maximize benefits for children and advocacy to mobilize new partners and innovative financing.

(b) Donor support to the Congo has declined since 2010. UNICEF will continue to advocate for the increased and more efficient use of domestic resources to focus on vulnerable children and adolescents and for the prioritization of children and adolescents in development partners' programmes and budget allocations.

(c) In light of the risks, including natural disasters and epidemics, UNICEF will work closely with other United Nations funds and programmes and development partners to strengthen early warning and disaster risk management systems.

43. A business operations strategy of the United Nations funds and programmes will harmonize and reduce operating costs in the context of United Nations development system reform.

44. UNICEF will continue to invest in the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources. The management of the harmonized approach to cash transfers will be strengthened to mitigate risks associated with programme implementation.

Monitoring and evaluation

45. UNICEF will monitor results through annual and midterm reviews with the Government and implementing partners to assess progress, identify key strategic, programmatic, operational and financial risks and define appropriate mitigation measures, which in turn will inform annual work planning.

46. Progress towards planned results will be monitored on the basis of the results and resources framework of the CPD and annual workplans. UNICEF will work with the Congo National Statistics Agency and other United Nations funds and programmes to monitor progress towards national and international goals and track inequities using timely data.

47. UNICEF will work with partners to strengthen national monitoring and evaluation capacity by institutionalizing results-based management, the use of real-time monitoring and the greater use of evaluation results. Emphasis will be on implementing subnational planning processes, improving programme performance monitoring and enhancing feedback mechanisms.

48. UNICEF will evaluate approaches to assessing programme relevance, effectiveness, efficiency and impact, prioritizing periodic household surveys, such as MICS, to provide updated data on the situation of children and adolescents and to monitor progress towards the Sustainable Development Goals. The data will inform evidence-based advocacy, policy dialogue and planning. UNICEF will support the Congo National Statistics Agency to provide the quality administrative data needed for policymaking.

Annex

Results and resources framework

Congo – UNICEF country programme of cooperation, 2020–2024

Convention on the Rights of the Child: articles 2–40
National priorities: National Development Plan (NDP) 2018–2022
Sustainable Development Goals: 1–6, 10 and 16

United Nations Development Assistance Framework (UNDAF), 2020–2024 child-related outcomes and indicators:

By 2024, people have equitable access to quality essential health-care packages and services (including nutrition and WASH), health security and social protection to enhance human capital and take full advantage of the demographic dividend.

- Rate of stunting among children under five years of age. Baseline: 21.2% (2015); Target: 12.7%
- Maternal mortality rate. Baseline: 436/100,000 live births (2015); Target: 210/100,000 live births
- Neonatal mortality rate. Baseline: 21/1,000 live births (2015); Target: 17/1,000 live births
- Skilled birth attendance rate. Baseline 94% (MICS 2015); Target: 98%
- Adolescent birth rate, per 1,000 adolescent girls. Baseline: 111% (Multiple Indicator Cluster Survey (MICS) 2015), Target: 95%
- New HIV infections. Baseline: 7,900 overall (all ages), of which 1,110 adolescents aged 10 to 19 years (100 boys; 1,000 girls); Target: Overall adolescent girls – 400; young women – 1,400
- Household out-of-pocket health expenditure. Baseline: 9% (2014/15); Target: <9%
- Proportion of population using basic sanitation services, including hand-washing facility with soap and water. Baseline: 15% (World Health Organization/UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP) 2017) Target: 25%

By 2024, children (girls and boys), youth and adults (men and women) and children with disabilities in targeted areas have increased access to inclusive and quality education services in the formal and non-formal systems, particularly qualifying training for better social and professional integration:

- Enrolment rate of children (0–5 years) in early child development (ECD) programmes. Baseline: 36% (MICS 2015); Target: 50%
- Enrolment rate of children (5–18 years) in pre-primary, primary and secondary education. Baseline: Pre-primary: 19.2%; primary: 96.5% (MICS 2015); secondary: 67.4% (MICS 2015); Target: Pre-primary: 50%; primary: 99%; secondary: 70%
- Primary completion rate: Baseline: 91 % (MICS 2015); Target: 97%
- Repetition rate: Grade 7 baseline: 22.3% (2016); Target: 15%

- Repetition rate: Grade 10 baseline: 13% (2016); Target: 11%

By 2024, the most disadvantaged populations in the targeted areas implement sustainable diversified economic activities and resilience to climate change and disasters, creating jobs and income in the areas of sustainable agriculture, food security and ecotourism by respecting environmental standards:

- Percentage of the national budget allocated to non-contributory social protection: Baseline: 3.5% (2016/17 financial year (FY)); Target: 5% (2023/24 FY)

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

Key results for children in West and Central Africa: (a) immunization; (b) prevention of stunting; (c) improved learning outcomes; (d) protection of children from violence, including in humanitarian contexts; (e) ending open defecation

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
Child survival and development							
By 2024, Congolese children, boys and girls, aged 0 to 10 years enjoy significantly improved access to quality and equitable maternal, neonatal and child health, education, child protection, ECD, nutrition and WASH services.	Share of government expenditures allocated for health B: 12.6% (2018) T: 15%	National budget book / budget briefs	Relevant high-level decision makers and institutions allocate resources and ensure efficient spending on services for maternal, newborn and child health, child protection, ECD, education, sanitation and nutrition. Service providers have increased capacity to deliver quality and integrated health, HIV, nutrition, education, sanitation and child protection (including birth registration) services. Communities, parents, children and religious	Ministries of Health and Population Services; Primary and Secondary Education; Home Affairs and Decentralization; Water; Social Affairs and Humanitarian Coordination Civil society, academia, media, professional associations, training institutes, development partners, private sector United Nations funds, programmes and specialized agencies	3 250	10 508	13 758
	Percentage of infants (0–5 months) who are exclusively breastfed B: 32.9% (2015, MICS) T: 45 %	Demographic and Health Survey (DHS) MICS					
	Percentage of districts in which the percentage of children vaccinated with the 3 rd dose of the DTP3 vaccine is at least 80% B: 42% T: 80%	World Health Organization (WHO)/UNICEF estimates of national immunization coverage					
	Percentage of HIV-exposed infants receiving a virologic test for HIV within two	National Strategic Framework for HIV and AIDS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	months of birth B: 2% (2017) T: 20%	Response in the Congo progress reports	and traditional leaders have increased capacity to claim access to quality integrated services for maternal, newborn and child health, sanitation, child protection, ECD and nutrition.				
	Repetition rate in primary education Disaggregation for Grade 5 B: 13% (Education Sectoral Strategy 2015–2025) T: 11%	Education Management Information System (EMIS)					
	Proportion of children under 5 years of age whose births have been registered with a civil authority Disaggregation by age and region (0–11 months) B: 96% (MICS) T: 100%	DHS/MICS					
	Proportion of population practising open defecation Disaggregation by rural-urban population and by region. B: 8% (JMP 2017) T: 4%	DHS/MICS JMP					
Education, protection and adolescent development							
By 2024, a greater proportion of adolescent boys and girls survive, learn and participate in their development in a healthier environment, free	Percentage of children/young people at the end of primary level of education achieving at least a minimum proficiency level in core subjects B: 18% (2015, Programme for the Analysis of Education	PASEC report	Strengthened systems create enabling conditions for learning, skills acquisition, child protection and participation, health-related interventions and the prevention of	Ministries of Health and Population Services; Primary and Secondary Education; Vocational and Professional Training; Social	3 135	9 194	12 329

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
from violence, exploitation and abuse.	Systems (PASEC) of the Conference of Ministers of Education of French-speaking Countries report) T: 50%		violence. Communities and adolescents have increased capacity to claim quality integrated services for health, HIV, nutrition, education, sanitation and child protection and to adopt positive behaviours and practices.	Affairs and Humanitarian Coordination; Justice, Human Rights and Indigenous People; and Home Affairs and Decentralization Congolesse Police Force United Nations funds and programmes Parliament, civil society, youth organizations, academia, development partners, private sector			
	Percentage of adolescents (15-19 years) who have been tested for HIV in the last 12 months and who know their results Disaggregation by age (15–19 years) and sex B: 7.4% - girls; 3.8% - boys (MICS 2015) T: 20%	HIV sentinel surveys MICS					
	Percentage of children (1–14 years) who have experienced psychological aggression or corporal punishment during the last month B: 82.5% (2015, MICS) T: 57%	MICS					
	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services B: 2,403 (2016) T: 16,000	Ministry of Social Affairs administrative reports					
	Lower secondary education completion rate for Grade 7 B: 86.8% (EMIS 2016) T: 95%	MICS, EMIS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
Programme effectiveness							
By 2024, the rights of children and adolescents are monitored, data and evidence are used to inform national policy and resource allocation and communities, and adolescents participate in the promotion of their rights.	<p>Timely submission of State party reports on:</p> <p>(a) Convention on the Rights of the Child;</p> <p>(b) Convention on the Elimination of All Forms of Discrimination against Women;</p> <p>(c) Convention on the Rights of Persons with Disabilities;</p> <p>(d) African Charter on the Rights and Welfare of the Child.</p> <p>B:3 (2017 review)</p> <p>(a) Timely submission 2014;</p> <p>(b) 2017 one-year delay;</p> <p>(c) Not submitted 2016;</p> <p>(d) Delayed submission in 2015</p> <p>T: Reports submitted on time in:</p> <p>(a) 2019</p> <p>(b) 2021</p> <p>(c) 2019</p> <p>(d) 2020</p>	Office of the United Nations High Commissioner for Human Rights	<p>The National Statistics Development Framework is validated by Government for child rights monitoring and reporting.</p> <p>The country office has guidance, tools and resources to effectively design, plan, coordinate, implement, monitor and evaluate results of the country programme.</p> <p>UNICEF is recognized by partners as a trusted advocate for children and influences resource allocation for children.</p> <p>The Government of the Congo, UNICEF and key partners have the knowledge and support to effectively implement cross-sectoral approaches, such as those related to gender, disability, innovation and communication for development.</p>	Congo Statistics Agency, Ministry of Planning and Regional Integration	2 000	2 189	4 189
	Number of child-related Sustainable Development Goal indicators in national reporting mechanism	Sustainable Development Goal progress reports (Ministry					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B: 23 (2018) T: 33	of Planning and Regional Integration)					
	Number of adolescent girls and boys who participate in or lead civic engagement initiatives B: 0 T: TBD	Parliament and partner reports					
	Performance against UNICEF inSight dashboard key performance indicators B: 6 out of 9 key performance indicators (KPI) met in 2018 T: All KPI met	inSight					
Total resources					8 385	21 891	30 276