Office of the Secretary of the UNICEF Executive Board
Template for delegations commenting on the draft country programme documents
2024 second regular session

**Draft country programme document commenting period:** 11 June to 1 July 2024 [18:00 hours Eastern Daylight Time]

Delegations are kindly invited to use this template to share their comments on the draft country programme documents being presented to the Executive Board during the forthcoming session.

Delegation name: *United States of America*

Draft country programme document: *Democratic Republic of the Congo*

In accordance with Executive Board decision 2014/1, draft country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline stated above will be posted on the Executive Board website.

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<th>Delegation’s comments</th>
<th>Response(s)</th>
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<td><strong>General comments</strong></td>
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<tr>
<td>The United States welcomes the Country Programme Document and its costed evaluation plan.</td>
<td>UNICEF acknowledges and appreciates the comments from the United States of America on its draft Country Programme Document 2025-2029 and welcomes the opportunity to provide additional information that could not be adequately included due to the 6000-words limit.</td>
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<td>This program seems to ignore the fact that you have a non-state armed conflict in several of the eastern provinces. It seems to be a development work plan for a country in transition. It would be good to see more emphasis on how UNICEF is going to adjust its footing in a country which has an enormous humanitarian crisis. There seems to be a mismatch between the document and the reality of the DRC. The geographical focus completely excludes the east which is the epicentre of GBV and protection violations.</td>
<td>UNICEF CO in DRC appreciates the USA comments related to the humanitarian crisis and the importance of specific needs in the conflict-affected areas. As set out in the programme rationale, UNICEF acknowledges the multiple crises with the concomitant humanitarian needs that exist in DRC. Response to the humanitarian crisis in eastern provinces is one of the key priorities of the next programme, as indicated in paragraph 18:..”</td>
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Please consider adding a section that outlines the specific needs in conflict-affected areas and details how UNICEF is adapting its program approach to reflect the realities of those contexts. While “improving community resilience and promoting social cohesion” are admirable goals it may be difficult to do in contexts in which people are being constantly displaced and re-displaced.

The United States encourages UNICEF to include a narrative that recognizes the kinetic nature of the conflicts in N. Kivu, S. Kivu and Ituri and how UNICEF will meet needs in those kinetic contexts; We also note that UNICEF is implementer of an RRM in DRC which doesn’t appear to be reflected in the CPD.

UNICEF CO in DRC acknowledges the importance of specific needs in the conflict-affected areas. Building on recent achievements and lessons learned, the new CPD similarly introduces a stronger focus on equity – particularly in areas where children have the greatest needs – and building resilience as well as enhanced geographic and programmatic convergence. As such, the new CPD reflects a new way of working for UNICEF in DRC.

Instead of attempting to cover the DRC nationwide with interventions spread across the 26 provinces that are often limited in scale and driven by funding opportunities, UNICEF will adopt a more tailored approach. To this end, two categories of priority provinces have been identified:

- UNICEF will support development interventions with geographic convergence in the four provinces of Kasai, Kasai Central, Maniema, and Sankuru.
- UNICEF will undertake humanitarian interventions (following a nexus approach) in the four provinces of South Kivu, North Kivu, Ituri, and Tanganyika.

As per Paragraph 18, responding to humanitarian needs in eastern provinces is key priority for the 2025-2029 programme. Emergency interventions and budgets are comprehensively detailed in the Humanitarian Response Plan (HRP) and Humanitarian Action for Children (HAC), based on continuous assessment of the effectiveness of responses for adjustments as the humanitarian situation, particularly in conflict zones, is highly dynamic.

UNICEF will also deliver more targeted and comprehensive support in the context of child labor in mines, urban development, and Ebola and cholera outbreak response.
In the context of the DRC, gender-transformative approaches will be applied to prevent and respond to SGBV through context-specific and evidence-based interventions. These are mentioned – albeit briefly due to wordcount limitations – under the following sections:

- Health: Paragraph 21 (c)
- WASH: Paragraph 27 (c)
- Education and Adolescents: Paragraph 30 (e) and (f)
- Child Protection: Paragraph 33 (d)

In the context of the MONUSCO drawdown, UNICEF will continue to lead the Children and Armed Conflict (CAAC) agenda and the Monitoring and Reporting Mechanism (MRM). More information about the impact of the MONUSCO drawdown on Child Protection interventions can be found in the Child Protection Programme 2025-2029 and the accompanying strategy note and the workplans.

- Programme Effectiveness: Paragraphs 37 and 38.

**Comments on specific aspects of the draft country programme document**

The United States would welcome additional information about how UNICEF is integrating the 2023 new WHO treatment and prevention of wasting and acute malnutrition in children 0-59 months guidelines into the new country program?

We strongly recommend the inclusion of these plans in the CPD. In general, national level data is not sufficient, especially in DRC. Given that UNICEF is trying to assess its impact from a decentralized approach, the United States recommends to also track how many provinces/states met the target.

UNICEF CO in DRC acknowledges the importance of integrating the 2023 new WHO treatment and prevention of wasting and acute malnutrition.

The recently released WHO guideline on the prevention and management of wasting and nutritional oedema offers a new way to ensure that as many children as possible benefit from coordinated early actions to address and prevent wasting and acute malnutrition in humanitarian settings.

UNICEF, WFP and WHO have jointly proposed a three-year transition plan (2024-2026) in 15 priority countries, including in DRC, to align with the WHO guidelines, based on the mandate and comparative advantage of each agency.

To provide current data on the nutritional situation of children, UNICEF conducted a national SMART survey at the provincial level in 2023.
In DRC, under the leadership of PRONANUT, UNICEF and partners are developing a comprehensive strategy for alignment with the new guideline. This encompasses several critical actions and initiatives:

1. Revision of National Protocols for the Integrated Management of Acute Malnutrition (IMAM). This includes enhancing treatment protocols and nutritional guidelines to effectively prevent acute malnutrition.
2. Following the revision of IMAM protocols and tools, UNICEF will launch national training sessions aimed at equipping trainers with the necessary skills to implement the new WHO guideline effectively.
3. The strategy includes a phased implementation plan, resource mobilization activities and monitoring and evaluation mechanisms.
4. UNICEF plans to pilot the transition plan in three provinces in DRC in 2025 and 2026.
5. Recognizing the urgency in crisis-affected and nutritionally vulnerable areas, UNICEF is scaling up IMAM interventions based on the updated thresholds set out in the 2023 guideline. This includes expanding coverage of nutrition services and strengthening health systems to better address acute malnutrition.

UNICEF will additionally support the government to integrate various training modules relating to the new guideline into university-level courses and certified training programmes for decentralized health personnel. Moreover, both basic and ongoing professional training will cover the new guideline, ensuring that health workers are up to date on the latest standards and practices in nutrition.
We noted a lot of variation in the data sources used to verify the immunization results. We recommend UNICEF DRC to do more than HMIS and campaign reports and to compare routine immunization administrative data with WUENIC (UN Estimates) and note other survey data, if available.

We recommend that UNICEF consider additional or alternate methods of verification for vaccination coverage considering population displacements in the east and difficulties in utilizing administrative coverage alone through HMIS to calculate vaccination coverages. This could lead to overestimations (or underestimations) of coverage and limiting visibility of underdosed or zero dose children within displaced populations.

UNICEF is actively engaging with government officials, healthcare professionals and local communities to effectively communicate and advocate for the new strategy. This aims to ensure comprehensive buy-in from all partners thereby ensuring successful implementation and long-term impact.

UNICEF appreciates this highly relevant comment on the Strategic Approach to Enhancing Data Quality in the DRC.

The quality of data remains a critical challenge in DRC, particular in regard to vaccination data. Recognizing this, UNICEF has successfully advocated with GAVI to conduct annual vaccination coverage surveys through a public health school since 2020. These surveys have revealed discrepancies exceeding 30 per cent, underscoring the need for more accurate data to inform planning. Coupled with WUENIC estimates, these surveys provide a more realistic basis for guiding vaccination programmes and integration of strategies.

To address these challenges and the high costs of annual surveys, the Ministry of Health, supported by UNICEF and other partners, has set forth clear strategic objectives to enhance data quality over the coming years:

1. **Digitalization of Data Collection:**
   - Implementing the DHIS2 system to digitalize data collection processes.
   - Strengthening the National Health Information System to ensure robust and reliable data flows.
2. Capacity Building:
   - Enhancing the skills and competencies of data management personnel at all levels (central, provincial, health zone, health area).
   - Conducting comprehensive training programmes to ensure effective data handling and reporting.

3. Provision of IT and Digital Equipment:
   - Equipping health centers and districts with the necessary IT infrastructure to support digital data collection and management.
   - Ensuring that all relevant facilities have access to modern technological tools.

4. Adoption of Innovative Strategies:
   - Implementing new and creative approaches to improve data collection and analysis.
   - Exploring advanced methodologies to enhance data accuracy and utility.

5. Decentralized Data Validation:
   - Establishing regular data validation meetings and workshops at all levels, starting from health centers and districts.
   - Promoting a decentralized approach to ensure localized accountability and accuracy in data reporting.