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Country programme document

Democratic Republic of the Congo

Summary

The country programme document (CPD) for the Democratic Republic of 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 \$328,010,000 from regular resources, subject to the availability of funds, and \$766,550,000 in other resources, subject to the availability of specific-purpose contributions, for the period from March 2020 to December 2024.

* E/ICEF/2020/1.



Programme rationale

1. The Democratic Republic of the Congo has an estimated population of 85 million spread over 2.34 million square kilometres, of which 70 per cent live in rural areas and 52 million are children under the age of 18 years, including 18.7 million adolescents (10–18 years). The annual population growth is 3.3 per cent.¹ The country is decentralized into 26 provinces. The peaceful political transition witnessed in January 2019 offers an opportunity for achieving the Sustainable Development Goals, especially as the President's Programme (*Programme du Président de la République*) prioritizes investments in social development, the protection of civilians, good governance, regional and global partnerships and respect for human rights.

2. The country faces significant development and humanitarian challenges. It ranked 176 of 189 countries in the 2018 Human Development Index.² National income per capita is \$432 and 61 per cent of the population live below the poverty line.³ Due to a decrease in commodity prices, the annual economic growth rate fell from 7.7 per cent in 2015 to 3 per cent in 2017.⁴ In 2016, only 5.6 and 10.4 per cent of the national budget was allocated to health and education, respectively.⁵ An estimated 12.8 million people, including 7.5 million children, are in need of humanitarian assistance, 1.3 million of whom are internally displaced persons.⁶ The country is vulnerable to health epidemics, with several outbreaks of Ebola, cholera and polio in the past two years. During 2017 and 2018, the country experienced three outbreaks of Ebola, the third of which occurred in conflict-affected areas, requiring a complex response. The security situation is challenging, with several armed groups active in the eastern part of the country and multiple inter-ethnic and inter-communal clashes across the country. In accordance with Security Council resolution 2463 (2019), the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) is deployed with a core mandate for the protection of civilians and the strengthening of State institutions. The independent strategic review of MONUSCO, called for in that resolution, recommended an exit strategy for the Mission that prioritizes political engagement and good offices to facilitate dialogue and support to key reforms, the protection of civilians and human rights and the strengthening of civil society.

3. Despite the above-mentioned challenges, there has been progress for children. Between 2010 and 2017, the under-5 and neonatal mortality rates declined from 116 to 91 deaths per 1,000 live births and from 41 to 29 deaths per 1,000 live births, respectively.⁷ The maternal mortality ratio decreased from 914 (2005) to 693 (2015) per 100,000 live births.⁸ The primary school completion rate increased from 64 per cent (2013) to 76 per cent (2015) and birth registration coverage rose from 25 per cent (2013)⁹ to 40 per cent (2017).¹⁰

¹ National Institute of Statistics (NIS), Democratic Republic of the Congo, Statistical Yearbook, 2017.

² United Nations Development Programme, Human Development Report, 2018.

³ The World Bank, World poverty estimates, 2018.

⁴ The World Bank, Jobs diagnostics, 2016.

⁵ Ministry of Social Affairs, Review of public expenditures in the Democratic Republic of the Congo social protection sector, 2018.

⁶ Office for the Coordination of Humanitarian Affairs, Democratic Republic of the Congo, Humanitarian response plan, 2019.

⁷ Inter-Agency Group for Child Mortality Estimation, "Levels and trends in child mortality", 2018.

⁸ World Health Organization (WHO), UNICEF, World Bank Group and the United Nations Population Fund, "Trends in maternal mortality: 1990–2015".

⁹ Ministry of Planning, Demographic and Health survey (DHS), 2013–2014.

¹⁰ Ministry of Planning, Multiple indicator cluster and malaria survey (MICS-Palu), 2018.

4. In 2018, the Democratic Republic of the Congo launched the Mashako Plan to renew investment in immunization. Administrative data indicate an increase in the coverage of combined diphtheria/tetanus/pertussis (DTP3) immunization from 74 per cent (2013) to 81 per cent (2017).¹¹ The latest household survey (2018), however, indicated that only 48 per cent of children received a DTP3 vaccination (urban: 58 per cent; rural: 40 per cent). At the subnational level, DTP3 coverage is as low as 12 per cent, and 10 provinces have coverage levels below 30 per cent.¹²

5. The leading causes of child mortality are malaria, pneumonia, diarrhoea¹³ and malnutrition. The prevalence of HIV/AIDS in the general population (15–49 years) is 1.2 per cent (2013). Among adolescents aged 15–19 years, the prevalence is 0.5 per cent, and is higher in girls (0.7 per cent) than boys (0.2 per cent).¹⁴ Despite the fact that 85 per cent of deliveries were assisted by skilled health professionals,¹⁵ the high maternal mortality ratio reveals the underlying poor quality of care. High out-of-pocket expenditure (39 per cent of health expenses borne by households),¹⁶ an inadequate supply of essential drugs and limited coverage of cold-chain systems, indicate weaknesses in the health-care system. In addition, the uptake of health services is affected by sociocultural beliefs (preference for traditional practitioners) and geographic distance. Only 33 per cent of the population regularly uses available health services.¹⁷

6. The re-emergence of health epidemics reveals further weaknesses in the health system. During the second Ebola outbreak in 2018, which was the tenth such outbreak in the country's history, more than 2,000 cases were recorded, with a case fatality rate (CFR) of 67 per cent.¹⁸ In 2018 alone, 28,547 cholera cases (CFR: 3.3 per cent) and 48,172 measles cases (CFR: 1.8 per cent) were recorded.¹⁹ Although the country was certified wild polio-free in November 2015, a total of 42 cases of circulating vaccine-derived poliovirus were reported in three provinces in 2017 and five provinces in 2018.²⁰

7. The country's global acute malnutrition rate is consistently high, standing at 8 per cent in 2013 and 7 per cent in 2018, and its severe acute malnutrition (SAM) rate is 2 per cent. Stunting represents a silent emergency affecting 6 million children, with prevalence among children 0 to 5 years of age remaining static at 43 per cent in 2013 and 42 per cent in 2018 (boys: 46 per cent; girls: 38 per cent).²¹ Stunting prevalence is higher in rural (50 per cent) than urban (29 per cent) areas, and ranges from 16 to 55 per cent across provinces. Seventeen provinces have a stunting prevalence above the national average. Weak multisectoral coordination, low budget allocation and human capacity limit the scale of nutrition services. Social norms around food and poor feeding practices for children exacerbate the situation. Only 47 per cent of children benefit from the early initiation of breastfeeding and

¹¹ WHO and UNICEF, Estimate of national immunization coverage, 2017.

¹² MICS-Palu, 2018.

¹³ Liu, Li et al., "Global, regional, and national causes of child mortality in 2000–13, with projections to inform post-2015 priorities: an updated systematic analysis", *The Lancet*, Volume 385, Issue 9966, pp. 430–440, 2015.

¹⁴ DHS, 2013/2014.

¹⁵ MICS-Palu, 2018.

¹⁶ United States Agency for International Development (USAID), Levels and determinants of out-of-pocket health expenditures in the Democratic Republic of the Congo, Liberia, Namibia, and Rwanda, 2016.

¹⁷ DHS, 2013/2014.

¹⁸ Ebola situation report, June 2019.

¹⁹ Health Management Information System (HMIS), 2018.

²⁰ HMIS, 2017 and 2018.

²¹ DHS, 2013/2014, and MICS-Palu, 2018.

54 per cent from exclusive breastfeeding during the first six months of life. Only 8 per cent of children aged 6 to 23 months receive the minimum acceptable diet.²²

8. The universal availability of safe drinking water remains a challenge, with 34 per cent of households drinking from a basic water service (rural: 19 per cent; urban: 52 per cent) and 60 per cent drinking water with faecal contamination. In five provinces, over 90 per cent of households lack access to basic water services. One third of the population uses improved sanitation facilities (rural: 16 per cent; urban: 54 per cent), 22 per cent have handwashing facilities with water and soap and 12 per cent practice open defecation.²³ A lack of access to safe water and sanitation combined with poor hygiene practices is one of the leading causes of diarrhoeal diseases and child mortality.²⁴ Social norms and inadequate knowledge negatively impact menstrual health and hygiene (MHH) practices among adolescent girls.²⁵ Weak coordination, limited budgets and low human resource capacity are challenges facing the water, sanitation and hygiene (WASH) sector. WASH needs are also exacerbated by conflict, natural disasters and epidemics. The delivery of WASH services is challenged by an underdeveloped private sector, especially in urban areas. In addition, a combination of temperature increase,²⁶ changing rainfall patterns,²⁷ drought and dry periods²⁸ and other climate-related hazards represent threats to WASH systems and services.

9. Between 2007 and 2015, the gross enrolment rate in primary education increased from 83 per cent to 110 per cent.²⁹ However, in 2018, the net attendance ratio in primary, junior secondary and senior secondary schools was 78, 32 and 34 per cent, respectively, and nine provinces had a ratio below the national average for primary education. Gender parity in school attendance ranges from 0.99 (primary) to 0.92 (senior secondary).³⁰ An estimated 7.4 million children and adolescents aged 5 to 17 years are out of school, 53 per cent of whom are girls, with the majority living in rural, conflict-affected or mining areas.³¹ Pre-primary enrolment remains low, at 5 per cent.³² Key underlying factors include the incomplete implementation of the school fees abolishment policy, long distances to school and sociocultural barriers, including child marriage and the perceived role of girls in society.³³

10. The quality of education remains a concern. Eight in ten children in grade four have difficulty with basic comprehension in reading and mathematics.³⁴ The primary school completion rate decreased from 76 per cent in 2015 to 67 per cent in 2018, while the lower- and senior-secondary school completion rates stood at only 54 per cent and 16 per cent, respectively.³⁵ Weak infrastructure and inadequate teacher training and motivation contribute to an unsatisfactory quality of education.³⁶ Education access is further constrained in conflict settings due to looting, destruction and the occupation of schools, with an increased risk for girls of sexual and gender-

²² MICS-Palu, 2018.

²³ Ibid.

²⁴ Liu, Li et al., 2015.

²⁵ UNICEF, Study on menstrual hygiene management in Kinshasa, Haut Katanga and North Kivu provinces – practices, perceptions and barriers, 2018.

²⁶ Climate Service Center, “Climate change scenarios for the Congo Basin”, 2013.

²⁷ Ibid.

²⁸ United Nations Environment Programme, “Post-conflict environment assessment: synthesis for policy makers”, 2011.

²⁹ Education Management Information System (EMIS), 2012–2013 and 2014–2015.

³⁰ MICS-Palu, 2018.

³¹ UNICEF, Out-of-school children (OOSC) survey, 2012.

³² MICS-Palu, 2018.

³³ UNICEF OOSC survey, 2012.

³⁴ USAID, Early grade reading and mathematics assessment, 2014.

³⁵ EMIS, 2014/2015 and MICS-Palu, 2018.

³⁶ Ministry of Education, Education sector strategic plan, 2010.

based violence (SGBV) in and around schools. In 2017 alone, 396 attacks on schools were verified.³⁷

11. The national Child Protection Law (2009) and the revised Family Code (2016), provide the legal framework for child protection services in the country. However, the births of only 40 per cent of children under the age of 5 years were registered (rural: 29 per cent; urban: 57 per cent), with 18 provinces below the national average.³⁸ Weak capacity, inadequate registration materials, long distances to registration offices and parents' lack of knowledge regarding the importance of birth registration contribute to low coverage.

12. Child-sensitive justice services are constrained by the limited coverage of children's courts and mediation committees and inadequate numbers of qualified judicial personnel. Sexual violence is a concern. Among women who have ever had sex, 27 per cent reported an experience of sexual abuse and 16 per cent reported a recent experience of such abuse.³⁹ In 2015, rape constituted 66 per cent of the nearly 20,000 SGBV cases reported in seven provinces, including Kinshasa.⁴⁰ While the National Plan of Action to end child marriage adopted in 2017 is not fully implemented, the proportion of women aged 20 to 24 years reporting having been married before the age of 18 stands at 29 per cent (2018), down from 37 per cent in 2014.⁴¹

13. The Congolese Armed Forces were de-listed from recruiting and using child soldiers in 2017. Non-State armed groups continue to recruit and use children, with approximately 10,000 children associated with such groups every year.⁴² Population displacement due to conflict and violence increases the vulnerabilities of unaccompanied and separated children, including orphans.

14. UNICEF and partners have provided humanitarian assistance to 1.2 million people annually through the Rapid Response to Movements of Populations (RRMP) mechanism since 2004. The evaluation of the RRMP identified areas of improvement in multi-year funding, coordination and integration of humanitarian and development actions.⁴³ UNICEF coordinates emergency clusters in four areas (Nutrition, Education, WASH and Non-Food Items) and the Child Protection working group.

15. In line with lessons learned from the previous country programme, UNICEF will strengthen subnational programming, scale up community approaches and advance programmes for adolescents and in urban settings. Informed by a gender review,⁴⁴ the country programme will promote positive roles and norms to address gender barriers and gaps hindering programme implementation.

Programme priorities and partnerships

16. Aligned to the UNICEF Strategic Plan, 2018–2021, the goal of the programme is for children in the Democratic Republic of the Congo, especially in the most-deprived provinces and in humanitarian settings, to have equitable, quality and sustainable access to basic social services. The programme has been developed in close collaboration with the Government and partners to ensure alignment with national sectoral plans, the Strategic National Development Plan 2019–2023

³⁷ [A/72/865-S/2018/465](#).

³⁸ MICS-Palu, 2018.

³⁹ DHS, 2013/2014.

⁴⁰ NIS, Statistical Yearbook 2015.

⁴¹ DHS, 2013/2014 and MICS-Palu, 2018.

⁴² Global horizontal report, 2018.

⁴³ UNICEF, Evaluation of the rapid response to population movements, 2018.

⁴⁴ UNICEF, Report of the gender review of the UNICEF programme of cooperation in the Democratic Republic of the Congo, 2017.

(validated at the technical level), the President's Programme and the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020–2024. The programme will contribute towards achieving the Sustainable Development Goals and the African Union Agenda 2063 in the country.⁴⁵

17. The theory of change is that this goal will be achieved if: (a) quality basic social services are delivered at scale; (b) region-specific approaches address the child deprivations and gender-based inequalities that characterize each region; and (c) district-level models involving multisector convergence are replicated across the country. The underlying assumptions are that the Government will increase investments in basic social services and decentralization and there will be a reduction in violence and conflict.

18. The programme will address system-wide bottlenecks to social services through: (a) evidence generation for planning and monitoring; (b) strategic advocacy for policy reforms, (c) the strengthening of institutional capacities and community systems for quality service delivery at scale; (d) the influencing of public investment; and (e) the leveraging of resources and partners, including the private sector.

19. Building on past experience, region-specific approaches will be tailored to address disparities experienced by children in specific provinces through strengthening coordination and convergence between humanitarian and development interventions within the triple nexus agenda (humanitarian-development-peace) of the Democratic Republic of the Congo. In areas not affected by conflict, UNICEF will: (a) strengthen systems for social-service delivery to address the multiple vulnerabilities faced by children; and (b) enhance risk-informed programming, including investment in preparedness to build resilience capacity in institutions and communities. In areas affected by conflict, natural disasters and epidemics, UNICEF, together with partners, will: (a) deliver fast, equitable and at-scale quality humanitarian assistance; and (b) harness the opportunity offered by humanitarian action to develop community systems and structures for resilience.

20. To demonstrate the synergy of results in several health zones (districts) selected with reference to equity and partnership considerations, the programme will: (a) model a convergence approach to deliver a minimum package of multisectoral interventions across the life cycle of the child (birth registration, immunization, complementary feeding, primary education and water supply) as entry points to improve local governance, service delivery, community systems and citizens' accountability; (b) invest in secondary education, employability skills and the engagement of adolescents as agents of change; and (c) foster the scaling up of models across the country through evidence generation and strategic advocacy with the Government and partners.

21. The key programme components include health, nutrition, WASH, education, child protection, social inclusion and resilience. Humanitarian action, early childhood development and adolescent development are mainstreamed across programme results. Cross-cutting implementation strategies include: (a) community approaches to address social norms and practices and facilitate demand creation; (b) social protection to build resilience capacity and address financial inequalities inhibiting access to services; and (c) innovations (programme- and technology-driven) to improve situation monitoring, access, uptake and quality of services for children.

22. UNICEF will implement the common chapter of the strategic plans of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the United Nations Entity for Gender Equality and the Empowerment

⁴⁵ African Union, Agenda 2063: The Africa We Want - First ten-year implementation plan, 2014–2023 (2015).

of Women (UN-Women), with a special focus on adolescents, working with UNFPA and UN-Women to address early marriage and with UNDP to strengthen national systems for Sustainable Development Goal monitoring.

Every child survives and thrives

23. The health programme will support the Government on health systems strengthening, with a focus on evidence-based planning and budgeting and the availability of essential drugs. In partnership with Gavi, the Vaccine Alliance and the World Health Organization (WHO), the programme will improve the capacity for routine immunization, optimize cold-chain systems and offer procurement services for vaccines and consumables to protect children from vaccine-preventable diseases. In partnership with WHO and UNFPA, an integrated approach to reproductive, maternal, neonatal, child and adolescent health (RMNCAH) will be promoted, and the quality improvement of the integrated management of childhood illnesses and the Every Newborn Action Plan will be prioritized with support from the Bill and Melinda Gates Foundation and the Swedish International Development Cooperation Agency (SIDA). UNICEF will mainstream HIV prevention, treatment and care for children, adolescents and mothers through RMNCAH. To respond to epidemics, the programme will integrate capacities for surveillance, preparedness planning and humanitarian response into primary health care and strengthen community systems for the timely follow-up and referral of cases. UNICEF will continue to play an active role in the Donor Working Group on health, together with civil society organizations (CSOs).

24. The nutrition programme will support the National Nutrition Programme to strengthen the capacity of health and community systems to scale up SAM treatment, infant and young child feeding interventions and micronutrient supplementation and will contribute to programming in early stimulation of young children. With support from the Department for International Development (DFID) of the United Kingdom of Great Britain and Northern Ireland, the United States Agency for International Development (USAID) and the World Bank, UNICEF will enhance community-based surveillance for the early detection of SAM cases, improve knowledge and address social norms on food and feeding practices through social mobilization. It will also promote a joint package of WASH and nutrition interventions. The programme will integrate appropriate nutrition interventions in outbreak and humanitarian responses and collaborate with the World Food Programme and the Food and Agriculture Organization of the United Nations to address food insecurity. UNICEF will advocate for resource allocation and policies and will strengthen the multisector coordination of nutrition interventions at all levels. The programme will invest in the training of nutrition professionals to bridge capacity gaps and will continue to engage with CSOs and the Donor Working Group on nutrition.

Every child lives in a safe and clean environment

25. The WASH programme will support the Government to improve water safety and sanitation in rural and urban areas. With technical support from DFID, UNICEF will scale up the post-certification of existing WASH infrastructure in schools and villages to sustain current gains. The programme will support local capacity development, sustainable supply chains and markets and private sector participation. Efforts to increase knowledge and address social norms for the greater uptake of WASH services, including MHH, will be prioritized with CSOs. Preparedness efforts and the capacity for response to waterborne diseases and humanitarian assistance to displaced populations will be maintained, with USAID support. WASH services in healthcare facilities will be scaled up as part of infection prevention and the control of epidemics. UNICEF will advocate for increased political commitment and multisectoral coordination of the WASH sector at all levels. The programme will undertake an

energy and climate landscape analysis and implement small-scale interventions in selected areas affected by climate change to generate evidence for replication.

Every child learns

26. The education programme will strengthen the institutional capacity of the Government to improve the Education Management Information System (EMIS), standardize learning assessment methodology, strengthen school management capacities to address gender-based violence and promote hygiene practices. The finalization and implementation of the pre-primary education policy will be supported. Together with the Global Partnership for Education and the United Nations Educational, Scientific and Cultural Organization, UNICEF will advocate for the implementation of the policy on school fees abolishment and for an increased allocation to address gaps in infrastructure and human resources. The social mobilization of parents and caregivers against early marriage and other social and economic barriers to education, especially for girls, will be fostered in conjunction with the child protection programme and in partnership with CSOs in selected provinces. Alternative learning curricula and approaches will be developed to respond to the large population of out-of-school children and adolescents. To improve learning quality, the programme will support teacher training, improve the availability and use of gender-responsive pedagogical tools and learning materials and increase the capacity of school inspectors, with support from DFID, USAID and the Educate a Child initiative. UNICEF will negotiate with communities and local authorities for a safe and protective environment, especially for adolescent girls, and standardize the use of temporary and semi-permanent learning structures in emergencies. Adaptive learning approaches that include the adjustment of school calendars, examination dates and catch-up classes, together with peacebuilding education and psychosocial support, will be scaled up with support from the Education Cannot Wait initiative.

Every child is protected from violence and exploitation

27. The child protection programme will support government institutions at all levels to strengthen the civil registration and vital statistics system and expand synergy with the health sector for birth registration. UNICEF will advocate with the Government to scale up children's courts and alternatives to detention and improve the institutional capacity for mediation. The programme will support the reform of social work to improve community-level networks for the prevention, care and reintegration of vulnerable children, including survivors of SGBV; unaccompanied and separated children; and children in mining communities or affected by displacement. Social mobilization to address child marriage and other forms of gender-based violence, together with the reinforcement of the legal framework against child marriage, will be supported in collaboration with UNFPA and UN-Women. The programme, with support from USAID and SIDA, will contribute to protecting girls and boys affected by armed conflict from grave violations of their rights through advocacy, monitoring and reporting as well as through case management support to identified child victims, in coordination with the Government, MONUSCO and CSOs. The programme will engage closely with the United Nations Joint Human Rights Office to facilitate the consolidation, mainstreaming and transfer of some of the child protection functions carried out by MONUSCO and related resources as part of its exit strategy.

Every child has an equitable chance in life

28. The social inclusion and resilience programme will enable access to child-sensitive and shock-responsive social protection for the most-deprived children and adolescents. In support of other programme components, the programme will promote coherence in social policies and, together with UNDP, UNICEF will advocate for reforms and invest in capacities to address socioeconomic

vulnerabilities. It will partner with the World Bank to generate evidence on disparities and public expenditure and provide expert advice on inclusive social protection and decentralization. Building on past experience, the programme will undertake anthropological and social-data analysis to address gender inequalities and better understand community behaviours to drive social change. UNICEF will analyse and initiate actions to respond to the effects of urbanization on children. Public alliances on children's rights and the participation of children and adolescents in decision-making will be sustained. Humanitarian action across all programme areas will be aligned with the humanitarian response plan and effective leadership will be provided to clusters coordinated by UNICEF.

Programme effectiveness

29. This component will contribute to the efficient and effective planning, management, monitoring and quality assurance of the country programme. It will foster effective coordination and convergence between programme components at both the national and decentralized levels by providing support to meeting programme standards and promoting innovation. External communication and communication for development will support all programme interventions.

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>
Every child survives and thrives			
Health	82 850	330 437	413 287
Nutrition	30 755	16 337	47 092
Every child lives in a safe and clean environment	60 000	177 404	237 404
Every child learns	46 750	74 132	120 882
Every child is protected from violence and exploitation	27 450	50 751	78 201
Every child has an equitable chance in life	24 080	98 028	122 108
Programme effectiveness	56 125	19 461	75 586
Total	328 010	766 550^a	1 094 560

^a This does not include an estimated annual \$326 million in other resources (emergency) funds based on the Humanitarian Action for Children 2019 appeal.

Programme and risk management

30. The Ministry of Cooperation and Development has overall responsibility for the coordination of the UNSDCF and the country programme. UNICEF will work with relevant ministries and departments at the national and subnational levels to ensure efficient and effective programme implementation. UNICEF will lead the UNSDCF working group on social services and contribute to the implementation of the business operations strategy of the United Nations country team.

31. The main risks for the programme are political instability, epidemics, conflicts and insecurity, which could aggravate the humanitarian and human-rights situation in the country; a lack of sustained investments by the Government and partners in the Sustainable Development Goals, including a decline in humanitarian aid; and inefficient financial-management systems.

32. Mitigation measures include: (a) advocacy for ending violence and conflicts; (b) engagement with the Government, donors and partners to sustain development and humanitarian aid; (c) coordination with MONUSCO and other actors to secure humanitarian access; and (d) the strategic deployment of security capacity to safeguard UNICEF personnel and assets. The harmonized approach to cash transfers and the UNICEF policy prohibiting fraud and corruption will be implemented as well as the zero-tolerance policy for discrimination, harassment, sexual harassment and abuse of authority. Subnational field offices will play key roles in programme implementation and monitoring at the provincial and district levels.

33. This CPD outlines UNICEF contributions to national results and serves as the primary unit 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 country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

34. Country programme monitoring activities include midyear and end-year reviews undertaken at the national and subnational levels. UNICEF will strengthen sectoral information systems for data collection and will support equity-based analysis, including through gender, disability and geographical disaggregation. Real-time monitoring approaches will be undertaken to inform timely changes to implementation. Quality oversight of humanitarian information systems will be strengthened. UNICEF will support a multiple indicator cluster survey in 2023.

35. Evaluations will shed light on the effectiveness and sustainability of programme interventions and emergency response. A country programme evaluation is planned. Midterm and end-term evaluations of the UNSDCF are expected.

Annex

Results and resources framework

Democratic Republic of the Congo – UNICEF country programme of cooperation, March 2020 – December 2024

Convention on the Rights of the Child: articles 4, 6, 7, 9, 10, 20, 22, 24, 26, 28 and 29.

National priorities: Strategic National Development Plan 2019–2023: pillars 1–4.

President’s Programme: priorities 8–11, 13, 14 and 20

Sustainable Development Goals: 1–6, 8–10 and 15–17

United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:

- The prevalence of violence and armed conflict is reduced, and the security of people and goods improved, especially for vulnerable people, women and young people.
- The Congolese people, specifically the most vulnerable (women, children, refugees and displaced persons), benefit more from their rights, fair access to justice, including juvenile justice, and improved respect for human rights.
- The Congolese people benefit from inclusive social protection and a demographic dividend enabled by demographic control and the empowerment of young people and women.
- People, especially the most vulnerable, have equitable, quality and sustainable access to basic social services, including HIV/AIDS services.
- People and communities affected by emergencies receive effective and timely assistance through the improved performance of State services in anticipating, responding to and coordinating humanitarian responses, thereby contributing to resilience.

Outcome indicators measuring change that reflect UNICEF contribution:

- Under-five mortality rate
- Maternal mortality rate
- Rate of access to drinking water
- Prevalence of chronic malnutrition among children under 5 years of age, disaggregated by sex
- Net enrolment rate in the first year of primary education, disaggregated by sex
- Percentage of people affected by a humanitarian crisis who have received any form of humanitarian assistance, disaggregated by sex and age
- Percentage of families with sufficient capacity to cope with shocks
- National, provincial and local institutions strengthened in crisis prevention and management capacity
- Rate of women survivors of sexual and gender-based violence (SGBV) accessing protection mechanisms against SGBV
- Percentage of girls and boys (under 5 years) whose births have been registered with a civil authority

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

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification^a</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
By 2024, more children, adolescents and mothers benefit from quality health interventions, including in emergency situations.	Percentage of children (0-11 months) receiving a third dose of diphtheria/tetanus/pertussis-containing vaccine B: 81% (2017) T: 95%	World Health Organization (WHO) and UNICEF estimates of national immunization coverage	The Ministry of Health (MoH) has increased capacity to provide routine immunization services and targeted campaigns. MoH has increased capacity to deliver high-impact reproductive, maternal, newborn, child and adolescent health interventions. Community monitoring systems improve the uptake of health services. Communities and health facilities in targeted health zones have capacity for preparedness and response to health epidemics and emergencies.	MoH, non-governmental organizations, WHO, United Nations Population Fund (UNFPA), Gavi, the Vaccine Alliance, Bill and Melinda Gates Foundation, Sweden, United States Agency for International Development, Canada, Japan, Korean International Cooperation Agency, European Union, World Bank, Rotary International, Civil Protection and Humanitarian Aid Operations of the European Commission (ECHO), Central Emergency Response Fund (CERF), Common Humanitarian Fund (CHF)	82 850	330 437	413 287
	Children (0–59 months) with diarrhoea receiving zinc and oral rehydration salts B: 52% (2018) T: 75%	Health Management Information System (HMIS)					
	Percentage of newborns benefiting from all seven components of essential newborn care in health facilities B: 18% (2016) T: 60%	HMIS					
	Live births attended by skilled health personnel B: 75% (2016) T: 90%	HMIS					
	Percentage of children and adolescents living with HIV who receive antiretroviral treatment B: 0–14 years: 28% (2017)15–19 years: (N/A) T: 0–14 years: 90% 15–19 years: 90%	National HIV/AIDS Control Programme report					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification ^a	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
	Case fatality rate / incidence of epidemics B: Ebola: 62% (2018) Cholera: 2.2% (2018) Measles: 1.4% (2018) Polio: 20 circulating vaccine-derived polio cases (2018) T: Ebola: 35% Cholera: < 1% Measles: < 0.5% Polio: 0 cases	National Surveillance System Data; humanitarian performance monitoring (HPM)					
By 2024, children (0–5 years), adolescent girls and pregnant and lactating women benefit from improved feeding and nutrition services and practices, including in emergencies.	Percentage of children (6–23 months) receiving a minimum number of food groups B: 18.4% (DHS 2014) T: 30%	Multiple indicator cluster survey/Demographic and Health Survey (DHS)	The Government has improved institutional capacity to coordinate and monitor the multisectoral nutrition programme. Communities in targeted provinces have improved access to optimal nutrition practices and services. Children with severe acute malnutrition (SAM), especially in emergency-affected areas, receive quality SAM treatment.	MoH/National Nutrition Programme Civil society organizations (CSOs) Food and Agricultural Organization of the United Nations. World Food Programme, WHO, UNFPA Department for International Development (DFID) of the United Kingdom of Great Britain and Northern Ireland, United States Agency for International Development (USAID)/Food for Peace, The World Bank, ECHO, Switzerland, Germany, CERF	30 755	16 337	47 092
	Percentage of infants (0–5 months) exclusively breastfed B: 48% (DHS 2014) T: 60%	National survey					
	Proportion of adolescent and pregnant women receiving the minimum acceptable diet B: Not available T: 10%	National Survey					
	Percentage of children (6–59 months) treated in health zones affected by nutrition crisis or conflict B: 28% (cluster 2018) T: 60%	HPM					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification ^a	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
By 2024, children and their families in selected rural and urban areas, including in humanitarian settings, live in a climate-resilient environment and use safe and sustainable water, sanitation and hygiene (WASH) services.	Proportion of rural population using basic drinking water services B: 19% (MICS 2018) T: 28%	MICS, HMIS	Government authorities and partners have improved institutional capacity to integrate climate resilience and implement multisectoral WASH plans.	Ministries of Planning; Health; Rural Development; Energy and Water Resources; Environment and Sustainable Development CSOs DFID, Office of United States Foreign Disaster Assistance (OFDA)/USAID, CERF, CHF	60 000	177 404	237 404
	Percentage of population using basic sanitation services B: Rural: 9%; Urban: 20%; National 13.5% (2018) T: Rural:18; Urban: TBD; National: 22%	MICS	Communities demonstrate and maintain improved access to safe WASH services in rural and urban areas.				
	Percentage of the rural population practising open defecation B: 18% (MICS 2018) T: 16.4%	MICS, HMIS	Populations affected by humanitarian crises and epidemics access timely, accountable and equitable WASH services.				
	Percentage of population with a handwashing facility with soap and water available at home B: Rural:15%; Urban: 30%; National: 21% (2018) T: Rural: 29%; Urban: TBD; National 29%	MICS					
	Number of people in humanitarian situations who access and use safe drinking water B: 1,240,005 (2017) T: 3,924,910	HPM					
By 2024, more children (5–17 years), especially adolescent girls, acquire competencies through access to quality and inclusive learning.	Number of out-of-school children and adolescents (5–17 years) accessing quality education B: 1,541,270 (2014–18) T: 3,053,048 (cumulative) (Girls: 50%)	MICS 2018	The Government has improved institutional capacity for education sector governance, policy implementation and planning and monitoring of learning achievements.	Ministries of Primary and Secondary Education; Technical and Vocational Training; Higher Education; and Social Affairs	46 750	74 132	120 882

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification ^a	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
	<p>Apparent survival rate in the fifth grade of primary school B: 53.2% Boys: 54.1%; Girls: 52.3% T: 55% Boys: 55%; Girls: 55%</p> <p>Percentage of children passing the French final exam for primary school students (<i>Test national de fin d'études primaires</i>) B: 66% (2014) T: 75%</p> <p>Gender parity index (on gross enrolment rate) B: 0.93 T: 1.38</p> <p>Number of girls and boys (5–17 years) affected by human-made crises or natural disasters given access to quality education B: 503,578 (2018) T: 2,517,900 (cumulative) Boys: 50%; Girls: 50%</p>	<p>Statistical Yearbook 2014–2015</p> <p>End of primary school national test report</p> <p>Statistical Yearbook 2014–2015</p> <p>HPM</p>	<p>Children and adolescent girls and boys access and continue to use formal and non-formal learning institutions.</p> <p>Learning institutions in target communities affected by crises are operational and accessible to children and adolescents.</p>	<p>CSOs</p> <p>United Nations Educational, Scientific and Cultural Organization</p> <p>USAID, DFID, Global Partnership for Education, Educate a Child (Qatar), Education Cannot Wait</p>			
By 2024, children and adolescents, especially the most vulnerable, are protected from violence, abuse, exploitation and neglect.	<p>Percentage of girls and boys (under 5 years) whose births have been registered with a civil authority B: 40.1% (Girls: 39.9%; Boys: 40.1%) (MICS 2018) T: 55% (Girls: 55%; Boys: 55%)</p> <p>Number of children at risk or victims of violence, abuse and exploitation who benefited from State child-protection services B: 150,938 (2018)</p>	<p>MICS, DHS, Administrative data</p> <p>Administrative data</p>	<p>National institutions have improved capacities to implement policies and deliver services to better prevent and respond to violence, abuse, neglect and exploitation.</p> <p>Community child-protection practices are strengthened to prevent and respond to violence, abuse, neglect and exploitation.</p> <p>Vulnerable children in humanitarian settings, especially</p>	<p>Ministries of Health; Education; Defence; Interior; and Justice</p> <p>United Nations Organization Stabilization Mission in the Democratic Republic of the Congo, other United Nations agencies, CSOs, community organizations</p>	27 450	50 751	78 201

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification ^a	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
	<p>T: 1,350,000 (girls: 50%; boys; 50%)</p> <p>Percentage of territories implementing the community-level child-protection network B: 62% (2018) T: 85%</p> <p>Number of vulnerable children affected by humanitarian situations who have received protection services B: 135,720 (2018) T: 2,445,000</p>	<p>Administrative data</p> <p>HPM</p>	<p>children associated with armed forces or armed groups, unaccompanied and separated children, displaced children and survivors of sexual and gender-based violence, are monitored and benefit from a package of child-protection services.</p>	<p>Sweden, Canada, Belgium, USAID/OFDA, World Bank, CERF</p>			
<p>By 2024, children, especially the poorest, the most excluded and those affected by crisis, have access to child-sensitive and shock-responsive social services, benefit from positive community practices and are empowered to be agents of change within their communities.</p>	<p>Existence of national social protection policy B: No (2018) T: Yes</p>	<p>National social protection policy approved</p>	<p>National institutions use equity-based information to develop child-sensitive policies and programme.</p> <p>Adolescents, especially the socially excluded in targeted locations, have greater opportunities to exercise their citizens' rights and demand accountability from decision makers.</p> <p>Communities adopt evidence-informed behaviours necessary for child survival, development and protection.</p> <p>Partners are well coordinated for multisectoral humanitarian assistance and have greater resilience capacity for crises.</p>	<p>Ministries of Planning; Social Affairs; Humanitarian Affairs and Solidarity; Gender, Children and Family; and Youth</p> <p>United Nations agencies</p> <p>CSOs, religious and community leaders</p> <p>CERF, CHF</p>	24 080	98 028	122 108
	<p>Percentage of public social sector spending benefiting children B: 16.8% (2018) T: 20%</p>	<p>Budget expenditures analysis report</p>					
	<p>Number of adolescents empowered to express their views and opinions (cumulative figure) B: 12,800 (2018) T: 50,000</p>	<p>Administrative data</p>					
	<p>National child-sensitive resilience strategy developed B: No T: Yes</p>	<p>Availability of the strategy</p>					
<p>By 2024, the country programme is efficiently designed, coordinated, managed and supported</p>	<p>Percentage of key performance indicator benchmarks met B: 100% (2018)</p>	<p>InSight</p>	<p>UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes.</p>	<p>United Nations agencies</p>	56 125	19 461	75 586

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification ^a	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
to meet standards in achieving results for children.	T: 100%						
	Percentage of other resources mobilized against planned resources B: 62% (2017) T: 100%	InSight					
Total resources					328 010	766 550	1 094 560

^a Baseline source indicated where different from means of verification.