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### United Nations Children's Fund

Executive Board

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### **Draft country programme document\*\***

### **Democratic Republic of the Congo**

#### *Summary*

The Executive Director presents the draft country programme document for the Democratic Republic of the Congo for discussion and comments. The Executive Board is requested to approve a global indicative budget of \$43,858,000 from regular resources, subject to the availability of funds, and \$50,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2007.

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\* E/ICEF/2005/L.10.

\*\* In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

*Basic data<sup>†</sup>**(2003, unless otherwise stated)*

Child population (millions, under 18 years)	28.3
U5MR (per 1,000 live births)	205
Underweight (% moderate and severe) (2001)	31
Maternal mortality ratio (per 100,000 live births) (2001)	1 300
Primary school enrolment (% net, male/female) (2001, 1998/1999))	55/49, 35/34
Primary schoolchildren reaching grade 5 (%) (2001)	54
Use of improved drinking water sources (%) (2002)	46
HIV prevalence among adults (%) (2002)	4.5
Child work (%) (5-14 years)	28 <sup>1</sup>
GNI per capita (US\$)	100
One-year-olds immunized against DPT3 (%)	49
One-year-olds immunized against measles (%)	54

<sup>†</sup> Additional data about this country and on women and children can be found at [www.unicef.org](http://www.unicef.org).

<sup>1</sup> Various age groups.

### **The situation of children and women**

1. The Democratic Republic of the Congo, which has a population of 52,770,000, is ranked 168th out of 177 countries, according to the Human Development Index. It is still very difficult to gather basic information about the country; however, a demographic and health survey is planned for 2006. The Common Country Assessment for 2005 calls attention to the recurring armed conflicts, the problems caused by political instability and poor governance, the extreme prevalence of poverty and inequality, the high levels of infant, child and maternal mortality, the spread of HIV/AIDS and the insufficient access to basic social services, employment and social protection.

2. Following the peace accords and the reunification of the country in 2003, the process of political transition is under way. However, pockets of instability and insecurity persist, chiefly in the east of the country. In 2004, about 33,000 children were estimated to be associated with armed forces and groups. Incidents of sexual violence are becoming more frequent (over 15,000 cases were recorded between mid-2003 and 2004, in which 40 per cent of the victims were children, mainly girls). Income per capita fell from US\$ 300 to US\$ 100 between 1991 and 2003, plunging most of the population (80 per cent) into extreme poverty. About one quarter of children under 14 are working. Only 34 per cent of births are registered.

3. The rate of infant and child mortality rose from 199 per 1,000 live births in 1995 to 213 in 2001, according to the multiple indicator cluster survey conducted in 2001. Malnutrition and micronutrient deficiencies are involved in almost half the deaths occurring among children below the age of five. The maternal mortality rate remains very high, at 1,300 per 100,000 live births. Only 46 per cent of the population (83 per cent in towns and 29 per cent in rural areas) and 29 per cent (43 per cent in towns, and 23 per cent in rural areas) have access to safe drinking water and to improved water supply and sanitation, respectively.

4. Recent studies estimate the prevalence rate of HIV/AIDS at 4.5 per cent, with significant local disparities (Lubumbashi 7 per cent; Kinshasa 3.8 per cent; Mikalayi 1.8 per cent), and prevalence peaks are estimated to be much higher in certain areas affected by conflict and by gender-based violence resulting from conflict. In 2004, the estimated prevalence among the 14-25 age group was 3.8 per cent. Only 32 per cent of girls aged from 15 to 19 know three methods of protecting themselves against HIV/AIDS, and an estimated 9 per cent of children are orphans, approximately 40 per cent due to HIV/AIDS.

5. The net school enrolment ratio fell from 59 per cent in 1995 to 52 per cent in 2001 (boys 55 per cent and girls 49 per cent; 72 per cent in urban areas and 53 per cent in rural areas). The school drop-out rate remains in excess of 10 per cent. More than 4.4 million children of school age, including 2.5 million girls and 400,000 displaced children, are not enrolled in school. The quality of schooling is affected by the low rates of pay for teachers, crumbling infrastructure and shortages of educational material, which result in an inefficient school system, with only 25 per cent of pupils reaching grade 5. According to a survey conducted by UNICEF in 2004 in 1,600 primary schools, 59 per cent of schools have no water points and 30 per cent are without functioning latrines. Moreover, in 2001 the rate of pre-school enrolment was only 3 per cent.

6. Several of the recommendations made by the Committee on the Rights of the Child are still valid, including those on strengthening social policies and improving access to basic social services and the equality of these services, preparing a children's code and improving the situation of especially vulnerable groups (children associated with armed forces and groups, children without parental support and child victims of violence and sexual abuse). A National Council for Children has been set up, as recommended, and is playing an important role in strengthening the protections available to children.

### **Key results and lessons learned from previous cooperation, 2003-2005**

7. The DPT3 coverage rate increased from 32 per cent in 2001 to 64 per cent in 2004. Over 7.8 million children aged from 6 months to 15 years were immunized against measles in a mass vaccination campaign in 2004, and 8.1 million children have received two annual doses of vitamin A. In 2003-2004, National Immunization Days against poliomyelitis reached, on average, 95 per cent of children under 5 each year. The rehabilitation of 324 health centres resulted in a 40 per cent increase in their use and improved integrated management of childhood illnesses for 1.4 million children. A survey of 11,000 respondents carried out by the Ministry of Health with the support of UNICEF in 2004 showed that the practice of exclusive breast-feeding for the first six months increased significantly in communities benefiting from the community-based nutrition strategy, by comparison with other communities (48 per cent to 11 per cent). Within the framework of humanitarian assistance, 109,000 displaced families received emergency kits, over 70,000 children suffering from severe malnutrition were treated, and 860,000 persons gained access to safe drinking water.

8. The special emphasis placed nationally on girls' education resulted in a 42 per cent increase in the rate of access by girls to the first year of primary education in 2004-2005. Over 25,000 teachers (20 per cent of the total teaching force) received training in education and key professional skills. In 2003-2005, the programme also

supported improvements in learning conditions for over 1 million primary-school pupils in 2,000 target schools. Tests of learning achievement in these schools, carried out in May 2004, show an improvement in the performance of these children by comparison with pupils in control schools, with at least 10 points' difference in each of the test areas. However, the high cost of schooling for parents of pupils, the poor rates of pay for teachers and the persistence of sociocultural patterns which disadvantage girls remain major obstacles. The programme facilitated access by 25,000 children aged 3-5 years to community early childhood centres where activities combining health, nutrition and hygiene instruction are practised.

9. Under the general oversight of the national multisectoral programme to combat HIV/AIDS, the programme contributed to the preparation of the national strategy for preventing mother-to-child transmission, and its introduction in 90 health facilities. About 430,000 young people have received awareness training in HIV/AIDS, with the help of 1,000 young peer educators trained in life skills. Risk mapping was carried out in seven provinces and five health districts. The programme also provided community-based protection for 43,000 orphans (free schooling for 16,960 of them, improved access to care, etc.).

10. Through collaboration and complementary action with a network of non-governmental organization (NGO) partners, UNICEF helped 4,220 children, including 570 girls, who left armed forces and groups, reuniting 2,945 of them with their families. The special problems of girls in armed forces and groups, what happens to them there and when they leave, call for further study. About 15,765 women and child victims of sexual violence received medical and psychosocial support; 220,760 children were entered in the civil register, 410 social workers were trained to work with children in situations of family breakdown (street children, children accused of witchcraft, children working in mines, etc.), and 24,470 children who returned home to their families or are in the process of doing so received psychosocial, medical and educational support. The programme also identified 1,260 child victims of violence; 560 children in the mining sector accused of fraud were freed from prison, and 540 were supported in court proceedings.

### **Lessons learned**

11. It has proved essential to integrate the emergency response dimension in the country programme for 2003-2005 in order better to address the complex humanitarian situation which persists in the country, to foster a more global and integrated approach to meeting the needs of children and women affected by the conflict and to accelerate the transition to development activities in newly accessible areas. The integrated approach, together with enhanced multiskilling in the team, will be continued in 2006 and will make it possible to retain sufficient capacity for emergency response.

12. Improvements in the vital indicators are being delayed owing to major problems encountered in revitalizing basic social services (crumbling infrastructure, very low pay and difficulties with staff retention, a lack of logistical capacity, extreme family poverty, etc.). While continuing its contribution to national revitalization efforts, the country programme for 2006-2007 will emphasize large-scale, rapid-impact interventions in order to bring swifter improvements in the situation of children and women.

13. The current programme has highlighted the strategic importance of civil society organizations (CSOs) in achieving more rapid and substantial response and in increasing community participation and the sustainability of the interventions. However, it has also shown that the capacities and abilities of many of these organizations are limited. In 2006-2007, the programme will therefore aim to make a better choice of CSO partners and to increase their capacities and professionalism while enabling them to build their own networks.

## Programme of work for 2006-2007

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival	11 000	22 400	33 400
Basic education	7 600	10 800	18 400
Protection	2 400	8 000	10 400
Water supply, hygiene, sanitation	1 600	4 800	6 400
Social planning and communications	5 924	3 000	8 924
Cross-sectoral costs	15 334	1 000	16 334
<b>Total</b>	<b>43 858</b>	<b>50 000</b>	<b>93 858</b>

### Preparation process

14. The proposed short-duration programme covers the period 2006-2007. This is a coordinated decision and has been taken to allow for: (a) a revised timetable for the political transition and elections; (b) the necessity of having a poverty reduction strategy paper (PRSP) as a platform for preparing the United Nations Development Assistance Framework (UNDAF); and (c) the need to take into consideration the new integrated vision of coordinated humanitarian response of the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC). The strategic directions of the programme were positively evaluated during a joint meeting between the Government and UNICEF on 8 December 2004, coordinated by the Ministry of Foreign Affairs and international cooperation partners.

### Objectives, key results and strategies

15. The cooperation programme for 2006-2007 is intended to continue the work of the programme for 2003-2005. Within the framework of the process of national transition, it will contribute to: (a) speeding up the reduction of infant and child mortality and improving school access and retention through large-scale, quick-impact interventions; (b) bolstering the humanitarian response and combating human rights violations and abuses perpetrated against families, children and women affected by the armed conflict; and (c) fostering the development of a climate protective of children and women.

16. To this end, the following main strategic results will be pursued between now and 2007:

(a) 9.3 million children aged from 6 months to 15 years to be immunized against measles in 2006 and 3.5 million aged from 9 months to 5 years in 2007; the DPT3 coverage rate to be increased from 64 per cent in 2004 to 80 per cent in 2007; 11 million children aged 6-59 months to receive two doses of vitamin A each year, and 3 million to be sleeping under insecticide-treated mosquito nets;

(b) Access to the first year of primary school to be secured for 1.7 million children (50 per cent of them girls) by 2007, an annual growth rate of 15 per cent by comparison with 2005, and the quality of learning in 2,000 schools with 1 million pupils (representing 20 per cent of the primary-school population) to be improved;

(c) 12,000 children to leave armed forces and groups, and 15,000 child and women victims of sexual violence to receive adequate care and be reintegrated in the community; 120,000 orphans and other vulnerable children to receive better protection within their communities, and 40,000 to have easier access to basic social services;

(d) The risks of mother-to-child transmission of HIV/AIDS to be reduced by 50 per cent in 190 selected locations; 60 per cent of adolescents aged 10-19 years to receive adequate information about HIV/AIDS, and 100,000 adolescents to receive life-skills training, including in the prevention of HIV/AIDS;

(e) Access to water and sanitation in schools, health centres and communities in the convergence zones to be improved, and morbidity and mortality due to diarrhoeal diseases, including cholera, in areas requiring emergency humanitarian assistance to be reduced;

(f) Availability, quality and sharing of information about the situation of children and women in the Democratic Republic of the Congo to be enhanced.

17. To achieve these results, the programme will intervene: (a) at central government level, in order to help in strengthening national social policies along the same lines; (b) at national or subnational level, through large-scale, quick-impact interventions aimed at securing early improvements in the vital indicators of as many children and women as possible; (c) through the implementation of thematic interventions targeted to respond to the specific needs of especially disadvantaged and vulnerable groups of children or communities in need of special protective measures; (d) in convergence zones selected for support in the development of integrated basic social services.

18. An integrated, transversal approach will be taken to strategies for emergency response and for combating HIV/AIDS. The other resources mobilized through Consolidated Appeals Process for families affected by armed conflict will be used to supplement and reinforce the regular programme activities, thus making it possible to accelerate and strengthen humanitarian interventions. As for the fight against HIV/AIDS, enhanced technical assistance under the programme will permit a greater contribution to coordination at the national level supporting the placement and use of the substantial funds raised through global partnerships (the Multi-Country HIV/AIDS Programme and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria) and helping to clarify strategies for the prevention of mother-to-child transmission of HIV, the care of affected children and their mothers and prevention among young people.

19. Bearing in mind the sheer size of the country and the complexity of the security and political situation, the programme will also build on achievements already made in the process of decentralization. Operational and managerial capacity and security of staff in the eight zonal offices around the country will be improved, and flexibility in apportioning resources among the different geographical areas and strategic themes will be preserved.

20. Regular resources will be used to fund targeted support to priority actions under the UNICEF strategic medium-term plan for 2006-2009, to enhance national policies and capacities and to combat the worst human rights violations. Other resources will be used to accelerate and expand large-scale, quick-impact interventions and to consolidate the revitalization of basic social services in convergence zones.

### **Links with the national and international priorities of the UNDAF**

21. While awaiting the PRSP and the UNDAF, which will be available in 2006, the country programme for 2006-2007 is based on the guidelines of the Minimum Partnership Programme for Transition and Recovery (2004-2008). In line with the Millennium Development Goals, "A world fit for children", the new UNICEF medium-term strategic plan for 2006-2009 and the UNICEF Core Corporate Commitments in Emergencies, the country programme will focus on the following areas: reducing infant and child mortality and early childhood development, basic education, water and sanitation, combating HIV/AIDS, social protection, and also humanitarian assistance for populations affected by the armed conflict and support for the process of disarmament, demobilization and reintegration.

### **Programme components**

22. Emergency humanitarian response, funded largely from the Consolidated Appeals Process, will be systematically integrated in all programmes. In close collaboration and synergy with partner agencies and NGOs, the response will include assistance to displaced families, access to water, preventing and combating epidemics, therapeutic feeding for severely malnourished children, the care of children leaving armed forces and groups, and the care of child and women victims of rape and sexual violence.

23. **Child survival programme.** To speed up the reduction of infant and child mortality, priority will be given to large-scale, high-impact interventions. In stable or newly-accessible areas, the integrated community-based approach will be further developed and documented.

24. The immunization project will bring vaccine coverage rates against target diseases under the Expanded Programme on Immunization to 80 per cent for DPT3, 85 per cent for measles vaccination and 80 per cent for the two doses of tetanus anatoxin for pregnant women. It will also continue supporting the poliomyelitis eradication programme. Control of measles will be stepped up through a vaccination campaign targeting 9.3 million children aged from 6 months to 15 years in 2006, and 3.5 million children aged from 9 months to 5 years in 2007. Within the framework of the project for revitalizing the health system, 3 million children and 520,000 pregnant women will receive insecticide-treated mosquito nets and be given intermittent preventive treatment against malaria. The revitalization of the health system will be continued in convergence zones on a participatory basis. For added

security in the system, programme activities for the supply of essential medicines will be stepped up. The young child nutrition project will provide two doses of vitamin A a year for 11 million children aged 6-59 months, and 9 million children aged 1-5 years will be deparasited at least twice a year. The community-based nutrition programme will be consolidated and will provide a platform for speeding up the introduction of the component on integrated management of illness among mothers, newborns and children at the community level. The project on prevention of mother-to-child transmission of HIV/AIDS will focus on promoting the "Prevention plus" approach (PMTCT-plus) and reducing by 50 per cent the risk of transmission in 190 selected sites, and will contribute to improved care for HIV/AIDS-affected mothers and their children.

25. **Basic education programme.** The main thrusts of the programme are: increasing access to basic education, improving educational standards by building on the gains already made in the institutions receiving support, and fostering participation by adolescents and development of their life skills.

26. The project on early childhood development will seek: (a) to facilitate access by over 30,000 children aged 3-5 years to community-based facilities providing integrated activities for early childhood stimulation, education, health, nutrition and hygiene; and (b) to promote home-based education for parents in areas where the programme is concentrated.

27. The quality basic education project will aim: (a) to secure access to the first year of primary school for 1.7 million children nationally, 50 per cent of whom will be girls, and to provide these children with basic school supplies; (b) to improve indicators of school standards (rates of dropout, repetition, completion and educational success) in 2,000 target schools (out of a total of 16,000), for the benefit of 1 million school-age children; and (c) to achieve access by 250,000 vulnerable children and adolescents (orphans, children leaving armed groups and forces, displaced children, children over school age, etc.) to quality education in target schools or catch-up education centres. In matters of health (deparasiting, immunization, prevention of HIV/AIDS) and in the nutrition and feeding of pupils (school canteens, micro-nutrient supplements), the focus will be on intersectoral synergy.

28. In the project on the development and participation of adolescents and young people, the main results anticipated between now and 2007 will be: (a) 60 per cent of adolescents to receive adequate information about the ways in which HIV/AIDS is transmitted and can be prevented; (b) 100,000 adolescent peer educators to receive training in life skills, including the prevention of HIV/AIDS; (c) a national youth policy to be developed, the skills of youth partners to be improved and a national framework strategy to be completed for combating HIV/AIDS among young people; (d) local situation surveys to be carried out on a participatory basis, to be followed by micro-planning, in high-risk convergence zones; and (e) 15 information, documentation and counselling centres for young people to become operational.

29. **Protection programme.** In protection, the main problems are recruitment into armed forces and groups, lack of civil registration, family and social breakdown, economic exploitation, and various forms of abuse, violence and exploitation. In response to these, the following main results will be pursued: (a) two major national legal instruments (the child protection code and the family code) to be harmonized



with international treaties, and 1,200 officials responsible for applying the law to be trained or retrained in using the legal instruments on protection; (b) 200,000 children to be entered in the civil register in the convergence zones; (c) a national policy to be developed for preventing family breakdown and reintegrating children exposed to it; 1,500 social workers to be trained, and reintegration to be achieved for 75,000 children exposed to violence, social exclusion, family breakdown, stigmatization and the worst forms of child labour, including children associated with armed forces and groups, children working in mines, children living from and in the street and children accused of witchcraft; (d) 12,000 children leaving armed forces and groups and 15,000 women and child victims of violence and sexual abuse to be cared for and reintegrated in their families and/or communities through medical and psychosocial support and income-generating initiatives; (e) 120,000 orphans and other vulnerable children to receive better protection within their communities and easier access to basic social services; and (f) a communication and advocacy plan to be developed to combat the various forms of violence, mistreatment and discrimination, and, in all provinces, community protection mechanisms to be strengthened at the base in order to improve prevention, assistance and follow-up.

30. **Water, hygiene and sanitation programme.** The water and hygiene/sanitation sectors have suffered badly in recent years because of underinvestment, the scarcity or deterioration of infrastructure, and insufficient checks and maintenance. A new programme has been devised to help boost the response in this sector and to facilitate coordination in the sector among United Nations agencies.

31. The water supply project will help to strengthen institutional policies and capacities in this sector and to develop a framework for cooperation among the various partners and actors. In the convergence zones and in residual humanitarian emergency zones (displaced or returnee populations), it will aim to increase the amount of quality drinking water available on a daily basis by supporting: (a) the rehabilitation and construction of water structures and the reinforcement of maintenance systems through appropriate technologies; and (b) enhanced security for the water supply chain (transport, storage and treatment). The hygiene and sanitation project will contribute to providing latrines in schools and health facilities and to promoting low-cost latrines in households. Drawing on teachers, pupils and associations of young people and women, it will encourage the adoption by communities of behaviour patterns essential to sound hygiene. It will contribute to enhanced prevention and response for cholera epidemics, especially in emergency situations.

32. **Social planning and communications programme.** Under this programme, a pool of transversal technical skills will be available to support all the programmes and to provide the necessary technical assistance for the sections and the zonal offices.

33. The social planning, follow-up and evaluation component will aim to improve the availability, quality and use of information about the developing situation of children and women in the Democratic Republic of the Congo for the purposes of social planning for children, programme monitoring and advocacy. It will help to achieve a stronger focus on children's needs in national programming processes (PRSP, UNDAF). The expected results will include the completion of the demographic and health survey and the extension of the *DevInfo* system to the

provincial level. Efforts will continue to strengthen capacity at the central and provincial levels for collecting and analysing sectoral data, especially on the protection of vulnerable groups.

34. The component on coordinating emergency response will ensure that this is given a proper place in every programme, that activities financed from the Consolidated Appeals Process are planned and followed up and that the humanitarian contingency plan is updated.

35. The component on coordinating the fight against HIV/AIDS will strengthen the strategic position of UNICEF within the national machinery. It will enhance the consistency and synergy of responses devised to prevent mother-to-child transmission, to educate children and adolescents about HIV/AIDS and to care for mothers and their children affected by it.

36. The component on advocacy for the promotion of rights will: (a) provide the informational backup needed for the country programme to focus social policies on children, for national and local campaigns to be planned and carried out in support of sectoral programmes and for the necessary funds to be raised; and (b) increase the participation of children by enabling them to express themselves through community facilities and networks.

37. The component on communications for programme support will seek to promote the adoption by decision makers, communities, households, young people and parents of attitudes and behaviour conducive to the care and protection of children and women, the use of basic social services and participation in a process of social development. It will help in identifying and encouraging key behaviours and in developing and implementing integrated communications plans at national and provincial levels.

38. **The transversal costs** are intended to ensure that the necessary human, material and logistic resources are available to support the implementation of the country programme. These resources will be divided between the central office in Kinshasa, the main zonal offices in Goma and Lubumbashi and the six satellite zonal offices in Bukavu, Bunia, Kisangani, Mbuji Mayi, Kananga and Matadi, with a view to further decentralization when the country programme is implemented. The advisability of having a permanent presence in Equator Province will be explored in conjunction with the other agencies on the ground.

### **Principal partners**

39. The country programme is part of the enhanced country partnership between the Democratic Republic of the Congo and all the development partners, representing the Minimum Partnership Programme for Transition and Recovery (2004-2008). It is a contribution to national and international efforts to achieve the Millennium Development Goals.

40. More precisely, three types of partnership are proposed:

(a) With the international development actors (both multilateral and bilateral), in support of the formulation of national policies and plans (e.g., the PRSP) and the implementation of national policies, such as the policies on disarmament, demobilization and reintegration (supported by a collective of 13 international donors) and on fighting HIV/AIDS (in collaboration with the World

Bank, the International Monetary Fund and the Joint United Nations Programme on HIV/AIDS);

(b) With the United Nations system, within the framework of the Common Country Assessment and the UNDAF, in order to strengthen coordination and synergy among agencies and enhance their strategic positioning in supporting the achievement of national priorities and of the Millennium Development Goals, to encourage joint programmes (such as a joint initiative against sexual violence by the United Nations Population Fund, the United Nations High Commissioner for Human Rights and UNICEF) and to diversify strategic partnerships (for example, by working with the World Food Programme on early childhood and the fight against HIV/AIDS);

(c) With civil society organizations (NGOs, community and faith-based associations, the private sector, etc.), to improve the availability and quality of neighbourhood services, thereby supplementing and improving the decentralized public services, and to foster the emergence of a responsible civil society able to support national development efforts.

#### **Programme management, monitoring and evaluation**

41. In 2006 it will be possible, through the findings of the demographic and health survey, to measure many of the basic indicators showing actual progress achieved since the multiple indicator cluster survey was carried out in 2001. Special attention will also be paid to monitoring the priorities of the new UNICEF medium-term strategic plan for 2006-2009. Subsequent studies and evaluations will be made in the context of the integrated monitoring and evaluation plan: a survey of knowledge, attitudes and practices in the adoption of the key behaviours promoted through the programmes, and a comparative study of the impact of interventions under the country programme in convergence zones. The programme will also aim to introduce *DevInfo* in support of the planning, monitoring and review of interventions and basic indicators.

42. Coordination of the country programme will be the responsibility of the Ministry of Foreign Affairs and International Cooperation, which will oversee the work of the Inter-ministerial Committee for Coordination and Monitoring. At the decentralized level, provincial coordination and monitoring committees, comprising all the programme partners, will be responsible for the planning, execution and monitoring of annual plans of action.

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