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### United Nations Children's Fund

Executive Board

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Item 5 (a) of the provisional agenda\*

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

### **Republic of the Congo**

#### *Summary*

The draft country programme document for the Republic of the Congo is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$5,634,000 from regular resources, subject to the availability of funds, and \$25,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2009 to 2013.

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\* E/ICEF/2008/9.

\*\* In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the country programme documents at the Board session. It will then be approved by the Executive Board at its second regular session of 2008.



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*Basic data*<sup>†</sup>  
(2006 unless otherwise stated)

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Child population (millions, under 18 years)	1.8
U5MR (per 1,000 live births)	126
Underweight (% , moderate and severe) (2005)	14
Maternal mortality ratio (per 100,000 live births) (1999-2005)	781
Primary school attendance (% net, male/female) (2005)	86/87
Primary schoolchildren reaching grade 5 (% , 2005)	95
Use of improved drinking water sources (% , 2004)	58
Adult HIV prevalence rate (% , 2005)	5.3
Child work (% , children 5-14 years old)	—
GNI per capita (US\$)	950
One-year-olds immunized against DPT3 (%)	79
One-year-olds immunized against measles (%)	66

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<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

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

1. The rights of children and women were repeatedly violated during the conflicts that wracked the Republic of the Congo in the 1990s. The slow return to peace and security since 2001 has seen a strengthening of the democratic process through the adoption of a new constitution, the beginning of political dialogue and the holding of presidential and legislative elections. The long-marginalized Pool region has gradually returned to the national political scene.

2. The economy has enjoyed sustained growth (6.6 per cent in 2006 and 4 per cent in 2007) as a result of rising oil prices and consolidation of the peace process. The gross national income per capita rose from \$700 to \$950 between 2001 and 2005. Given the country's improved economic situation, the Government could invest in the future and allow the most destitute to enjoy the benefits of growth. Notwithstanding such progress, the incidence of poverty stands at 50.7 per cent and a large part of the population remains without access to basic social services and infrastructure.

3. In 2004, the Congo prepared an interim poverty reduction strategy paper (PRSP) and has since reached the decision point with regard to the Heavily Indebted Poor Countries (HIPC) Initiative. Debt relief of \$1.7 billion was granted, bringing total debt down from 213 per cent of gross domestic product in 2004 to 78 per cent in 2006. In 2007, the London Club signed an agreement with the Congolese Government, cancelling 80 per cent of its outstanding external commercial debt. The Congo will very soon benefit under the HIPC Initiative and has developed a full PRSP focusing on five strategic goals: (a) to improve governance and consolidate peace and security; (b) to promote macroeconomic growth and stability; (c) to improve the population's access to basic social services; (d) to ameliorate the social environment and assimilate vulnerable groups; and (e) to step up the fight against HIV/AIDS.

4. It is not certain whether the Congo will be able to achieve Millennium Development Goals 4 and 5 by 2015. Infant and child mortality remain significant

(75 per thousand and 126 per thousand, respectively), owing to the incidence of infectious diseases. Despite the large percentage of attended deliveries (86 per cent), pregnancy and labour complications nevertheless result in high rates of neonatal mortality (33 per thousand) and maternal mortality (780 per 100,000). Chronic malnutrition (26 per cent) and vitamin and mineral deficiencies are also widespread and exclusive breastfeeding remains limited (19 per cent). HIV/AIDS, the leading cause of mortality in both adults and children aged 5-14 years, takes a harsher toll on women and girls. Access to drinking water and sanitation remains limited (respectively 58 per cent and 27 per cent in 2004). While access to drinking water improved in 2006 (68.5 per cent), albeit with considerable disparities (28.0 per cent in rural areas), the use of sanitation facilities decreased (20 per cent). This is due in part to insufficient and underqualified human resources, mismanagement of health services, and a meagre State budget.

5. In 2005, the Congolese education system had a quantitative performance comparable to that of the early 1990s. Between 1999 and 2005, the gross enrolment ratio rose from 2 per cent to 7 per cent at the preschool level, from 59 per cent to 111 per cent in primary schools, from 35 per cent to 61 per cent in middle schools, and from 13 per cent to 19 per cent in high schools. The Congo is thus well on track to achieve Millennium Development Goal 2. Notwithstanding this progress, the attendance of girls decreases with each level of study, and rural, poor and indigenous (pygmy) peoples are at the same disadvantage. In 2005, one of every four students had repeated at least one grade and there was a 66 per cent rate of completion for primary school. This reflects an inferior quality of education due in part to an extremely high pupil/teacher ratio (76 to 1), mismanagement and insufficient budget.

6. Children's rights to protection are far from guaranteed. The number of orphans and abandoned children is on the rise, with some 200,000 children concerned; in 2005, 20 per cent of children were not registered. Street children and child labourers are issues of growing concern and measures of prevention, care and social reintegration remain inadequate (89 children were reintegrated on a long-term basis between 2005 and 2006). The reintegration of child soldiers is stagnating and sexual violence is still prevalent. Ill-treatment and all kinds of violence are increasingly committed with complete impunity. The issue of indigenous peoples is only just beginning to be discussed and the access of these peoples to basic social services continues to be very limited (27 per cent of children are enrolled in school; 16 per cent of first pregnancies involve prenatal consultations). Major handicaps include the institutional weaknesses of the ministries concerned, the complexity of the challenges faced, and the meagre budget allocated to social protection (0.35 per cent).

7. The low social indicators can be attributed to the poor quality and dysfunctional operation of basic social services, as well as to insufficient knowledge and lack of access to essential commodities. Inadequate sectoral policies and poor governance, together with insufficient budget allocations for social sectors, have hampered investment in human resources, infrastructure and fund-raising, especially in the private sector. Furthermore, the post-conflict situation in the Congo has rendered the country fragile and the concepts of democracy and human rights protection are slow in establishing themselves. It is nonetheless possible to undertake structural and institutional reform and to improve the allocation of public resources for social sectors.

**Key results and lessons learned from previous cooperation, 2004-2008****Key results achieved**

8. The 2004-2008 programme, inspired by the Millennium Development Goals, aimed at achieving the following strategic outcomes: (a) reducing infant and child mortality rates and maternal mortality rates by 20 per cent; (b) ensuring that 80 per cent of children complete one full cycle of high-quality primary education; (c) securing special measures of protection for 40 per cent of children and women victims of violence and exclusion; (d) reducing the spread of HIV/AIDS among children and women and improving the quality of life of those affected; and (e) ensuring that the institutions entrusted with planning and advocacy at all levels provide ongoing follow-up of the situation of children and women and the guarantee of their rights.

9. Although infant and child mortality has increased since 1995 (126 per thousand as against 101 per thousand), the implementation of accelerated child survival strategies has led to better coverage by essential medical services, including vaccination against diphtheria, pertussis and tetanus (DPT3) at 79 per cent; prenatal consultations at 88 per cent; and attended deliveries at 86 per cent. These strategies have also increased the use of essential commodities, such as insecticide-treated nets (92 per cent), vitamin A (95 per cent) and iodized salt (87 per cent). The success of national campaigns has resulted in the implementation of structural measures, including free preventive care and treatment of malaria, and an increase in the budget for health-care services (6.9 per cent in 2007 compared to 3.5 per cent in 2004). The programme has also contributed to the development of other important policies and strategies, such as a broader sectoral approach and the establishment of a national nutrition policy and protocols.

10. The proportion of the State budget for education has increased slightly, from 5.19 per cent in 2005 to 6.55 per cent in 2007. The programme has focused especially on improving teaching quality. Educational service packages have been designed for the establishment of “child-friendly, girl-friendly” primary schools and also for out-of-school youth, in addition to a minimum package of services for community preschools. Bolstering school planning services centrally and regionally allowed for improved follow-up of teaching quality. Internal efficiency nevertheless remains low (66 per cent), with a pupil/teacher ratio of 76 to 1. The recent announcement establishing free education may diminish the impact of poverty and discrimination against women and indigenous peoples.

11. The legal framework has been improved and measures for child protection have been strengthened. A draft code for the protection of children consistent with the Convention on the Rights of the Child has been drafted and submitted to Parliament. The Congo has ratified the African Charter on the Rights and Welfare of the Child and has submitted its first report to the Committee on the Rights of the Child. The drafting of a national plan of action for improving the access of indigenous populations to basic social services has been supported. The campaigns for the late registration of births made it possible to regularize the situation of 7,103 children out of 23,350. Through the mobilization of various actors, it has been possible to extend partnership in order to strengthen preventive action and services in cases of sexual violence or trafficking and also in connection with street children.

12. Despite the sparseness of data for assessing its development, there are hopes of a reduction in HIV/AIDS. The programme has helped in combating the pandemic in accordance with the principle of the four priorities known as the “Four Ps”. The State has announced that screening and services will be free of charge; a policy for the prevention of mother-to-child transmission of HIV has been formulated and such prevention has been adopted in 32 health-care facilities. Ten health centres are currently treating 452 HIV-positive children. Life skills have been incorporated in educational curricula and are also being passed on to young people in non-formal youth settings through 47 clubs. Substantial resources have been mobilized through the Multi-Country HIV/AIDS Programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria in the case of the Four Ps. The impact of these achievements however remains limited and their sustainability is threatened by their dependence on outside funding and by the lack of a strategy for reducing the vulnerability of high-risk categories. Paediatric care is in its infancy and the task of expanding it remains a challenge.

13. Evidence-based analyses have provided a means of making children part of the priority concerns of the PRSP and the United Nations Development Assistance Framework (UNDAF). Single-issue campaigns and the encouragement of essential behaviour patterns have proved their effectiveness and have strengthened the position of UNICEF with respect to social mobilization. The programme has consolidated interventions by strengthening the participation of the community and of local decision makers, as well as partnership with civil society. At Pointe Noire, the urban strategy project designed to improve the access of the population of an outlying district to basic social services produced satisfactory results, and this approach is being used in other areas. However, national capacities with respect to policy development and the collection and analysis of data remain weak.

### **Lessons learned**

14. The national context is marked by a successive emergence from the humanitarian phase, increased growth and a return to peace. The programme will have to draw on the experience acquired in contending with emergency situations and on national campaigns which owe their effectiveness and impact to appropriate coordination between the partners. The prevailing fragility, in particular in the Pool region, will make it imperative to pay attention to humanitarian emergencies while contributing to action aimed at stabilization and the transition towards long-term development.

15. The basic strategies of the future programme will comprise three key areas: (a) the development evidence-based policies; (b) technical support received for the implementation of national programmes funded by national resources and major donors has improved the added value of UNICEF and has made it possible to mobilize additional resources; in association with (c) effective social mobilization and direct targeted interventions, these strategies have facilitated implementation at the national level.

16. By means of advocacy, social mobilization and communication geared to changing behaviour, it has been possible to bring out the comparative advantage and positioning of UNICEF and to develop innovative approaches to social change. That progress will need to be consolidated with a view to bringing about social change. This will be done through the strengthening of communication informed by greater

familiarity with the situation of children and with the main issues affecting their rights, as well as through the analysis of policies and of the economic situation.

17. Underpinning the implementation of the programme is a multisectoral rights-based and results-based approach. However, implementation has been fragmented and unfocused and the results achieved have not been sufficient to bring about a significant improvement in vital indicators or to accelerate progress towards the achievement of the Millennium Development Goals. The programme will therefore need to formulate more strategic and evidence-based outcomes leading to the development of national policies geared to large-scale implementation in the interest of the child.

## The country programme, 2009-2013

### Summary budget

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Childhood survival and development	1 715	9 440	11 155
Basic education and gender equality	1 143	7 560	8 703
Protection of children and women	744	5 000	5 744
Strategic planning, communication and coordination of HIV/AIDS	1 374	2 000	3 374
Cross-sectoral costs	658	1 000	1 658
<b>Total</b>	<b>5 634</b>	<b>25 000</b>	<b>30 634</b>

### Preparation process

18. With the Millennium Development Goals as a frame of reference, the Government has led the programme preparation process with the participation of agencies of the United Nations system and other development partners. It collaborated very closely in the preparation of the PRSP and the United Nations Development Assistance Framework (UNDAF). The preparation of the new programme began with supplementary studies related to the PRSP, the demographic and health survey and the Congolese household survey. The UNDAF for the Congo and the programme documents of each agency form the contribution of the United Nations system to the national growth and poverty reduction objectives. The Congo-UNICEF cooperation programme for 2009-2013 was validated by the Government on 14 March 2008.

### Objectives, expected key results and strategies

19. The overall goal of the cooperation programme is to assist the Congolese Government in achieving the Millennium Development Goals and the right of children to survival, to development, to protection and to participation by promoting universal access to a central package of basic social services, information and high quality essential commodities.

20. Between now and 2013, the programme will focus on achieving the following strategic results: (a) Ensuring access by 85 per cent of pregnant women and young children, in particular the most vulnerable, to essential services, information and the inputs necessary for the realization of their rights to survival and development; (b) defining and implementation by institutional actors of a policy designed to ensure universal access to high quality basic education and the completion of the primary cycle by all children, including the most vulnerable; (c) ensuring access by at least 50 per cent of children up to the age of 18 years and of pregnant women to high-quality information and services with respect to the prevention and treatment of HIV/AIDS; (d) formulation and implementation by institutional actors of a set of policies for the social protection of the most vulnerable and improving their the access to social protection services through empowerment and the promotion of their rights; and (e) strengthening the capacities of institutions and of national stakeholders with respect to analysis of the status of women and children, the development of social policies and of awareness strategies, strategies for partnership and for results mobilization and the promotion of participation by children.

21. The programme will make a contribution to equitable development and the attainment of human rights by supporting investment in human capital and the reduction of disparities and discrimination. It will promote the attainment of national growth and poverty reduction goals in accordance with the goals of the action plan contained in A World Fit for Children, of UNICEF's strategic medium-term plan and of the United Nations Development Assistance Framework. Lastly, it will support the strengthening and implementation of social policies, strategies and sectoral reforms.

22. The following will be the main strategies of the programme: (a) building on what has been achieved in the areas of implementation and capacity-building to enhance the organization of national resources and to expand a package of interventions, information and essential commodities; (b) empowering individuals, households and communities as rights holders by means of communication in order to promote behavioural and social change; (c) integrating the concerns of children, young people and women in the taking of decisions geared to the realization of their rights; (d) ensuring that strategies are structured around the question of the social protection of the most vulnerable groups in order to ensure a reduction in disparities and more equitable growth; (e) extending strategic partnerships and alliances with the private sector, civil society, United Nations agencies and other development partners and donors; (f) promoting the collection and dissemination of strategic information, the utilization of factual data with a view to stimulating political dialogue, guiding decision-making and ensuring effective advocacy; and (g) on the periphery of these principal strategic areas, preparation and emergency response will be an integral part of regular programming and the necessary resources will be mobilized in due time.

23. The implementation of the programme will rest on a rights-based and results-based approach and particular attention will be given to improving the situation of the most vulnerable groups, the reduction of gender-based disparities, community capacity-building and decentralized planning and on the strengthening of inter-agency collaboration and joint programming in the framework of UNDAF. In addition, advocacy on behalf of the expansion and mobilization of resources will be facilitated by the proven effectiveness of action in areas of intervention targeted towards the most vulnerable population groups.

### **Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)**

24. The 2009-2013 cooperation programme supports the attainment of the goals outlined in the PRSP, related to the Millennium Development Goals. It will contribute to achieving the three UNDAF strategic results: (a) national institutions and stakeholders will ensure the promotion and respect of human rights as well as the efficient and transparent management of public resources, with a view to consolidating peace, security and the rule of law; (b) the population will have equal access to quality services in respect of health, education, water and sanitation, social protection and HIV/AIDS; and (c) the rights of the most vulnerable to healthy and balanced nutrition will be ensured.

### **Relationship to international priorities**

25. The programme will contribute to the achievement of the Millennium Development Goals and will also help raise awareness of the need to respect and protect children's and women's rights. It was designed and will be implemented in accordance with the principles set forth in the Paris Declaration on Aid Effectiveness.

### **Programme components**

26. The programme has four components: (a) early childhood survival and development; (b) basic education and gender equality; (c) protection of children and women; and (d) strategic planning, communication and national coordination of HIV/AIDS efforts.

### **Early childhood survival and development programme**

27. The early childhood survival and development programme falls within the UNDAF priority relating to the population's access to quality basic social services. The expected outcome is that, by 2013, 85 per cent of women and young children, particularly the most vulnerable, will have access to essential services, information and the inputs needed to achieve their right to survival and development.

28. In cooperation with the World Health Organization, the United Nations Population Fund, the World Bank and the European Union, the programme aims to strengthen the strategic capacities of national stakeholders to ensure universal access to a package of high-quality essential services that includes health care, nutrition, clean drinking water, hygiene and sanitation, and to mobilize the resources needed to reduce disparities. In particular, it will strengthen national capacities with respect to information and the mobilization of individuals, households and communities to focus on key practices relating to early childhood survival and to ensure the availability of the necessary inputs. With respect to combating HIV, the programme will help the Government develop a large-scale, efficient and sustainable response in coordination with the Joint United Nations Programme on HIV/AIDS (UNAIDS), in order to integrate AIDS counselling and testing with prenatal and paediatric care at health clinics, to develop nutrition guides and tools for infected children and women and to develop the skills of families and communities in the area of health care for AIDS patients.

**Basic education and gender equality programme**

29. Like the UNDAF component on access to quality basic social services, the expected outcome of the basic education and gender equality programme is the formulation and implementation, by institutional stakeholders, of a policy that will ensure, by 2013, universal access to quality basic education and the completion of primary school by all children, including the most vulnerable.

30. In partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the French Development Agency and the World Bank, the programme will support the provision of relevant evidence-based information and the documentation of experiences to inform the selection of educational policies. It will strengthen advocacy and technical support in order to ensure that the resources and mechanisms needed to expand primary and preschool education are made available. At the same time, it will support the participation of communities and parents in the schooling of children, and of girls in particular, promote more affordable education, and raise literacy rates for out-of-school children and adolescents or those who have dropped out of school. In the field, the programme will support the professional development of teachers with respect to educational content and teaching methods, in order to prepare for their dissemination throughout the country. Particular attention will be paid to strengthening partnerships in order to ensure that a child- and a girl-friendly school environment is provided. With respect to combating HIV/AIDS, the aim is to facilitate the access of the most vulnerable children and adolescents to strategic information, life skills education and prevention services.

**Programme for the protection of children and women**

31. With respect to the cross-cutting UNDAF priority “social protection for the most vulnerable”, the aim is to have institutional stakeholders design and implement social protection policies by 2013 and to improve the access of the most vulnerable to social protection services by empowering them and promoting their rights.

32. At the national level, under UNDAF, and in partnership with the United Nations Development Programme (UNDP), the European Union and the World Bank, the programme will contribute to the development and implementation of social protection policies and the enhancement of service capacities with particular emphasis on vulnerabilities; integrating beneficiaries and stakeholders; and putting the case for an increase in the budget for social protection services and caring for the most vulnerable, especially children with HIV/AIDS. Community-based interventions to help in scaling up interventions will be undertaken on the basis of decentralized planning, social mobilization and the implementation of basic social services packages. It will also be necessary to broaden the partnership base by strengthening civil society organizations, networking with non-governmental organizations and ensuring the synergy and complementarity of interventions.

**Programme for HIV/AIDS strategic planning, communication and coordination**

33. The expected outcome of this programme is: “The strengthening, by 2013, of the capacity of national institutions and stakeholders to analyze the situation of women and children and formulate social policies and strategies for awareness-raising, partnership, resource mobilization and participation”.

34. In partnership with the United Nations system, the programme, will assist in the analysis of the situation of women and children by setting up a monitoring agency for the rights of the child and by following up the implementation of the Millennium Development Goals, using the DevInfo database. The programme will contribute to the formulation of evidence-based policies and will support the allocation, by 2013, of at least 20 per cent of the State budget to basic social services. It will focus on the development of an integrated communication strategy aimed at promoting behaviour change regarding children and social change, in order to reduce discrimination; the strengthening of documentation for advocacy and the mobilization of resources and the expansion of partnerships and alliances. Particular emphasis will be placed on strengthening the capacities of local institutions and stakeholders and increasing the participation of communities and civil society in promoting respect for human rights. The programme component on coordination of the fight against HIV/AIDS will focus on enhancing the capacities of national stakeholders to manage the contributions of the various sectors involved and to collect and analyse data.

#### **Cross-sectoral costs**

35. The cross-sectoral costs will ensure the availability of the human, financial and material resources needed to cover the requirements common to the cooperation programme as a whole. The resources will be managed by the Brazzaville office. In view of internal logistical constraints, the capacities of the Pointe Noire sub-office will be consolidated for the implementation of the urban strategy and the management of supplies.

#### **Major partnerships**

36. Collaboration with United Nations agencies within the framework of UNDAF will be the main partnership aspect of the programme. Together with all the development partners, the cooperation programme will contribute to the implementation of the poverty reduction strategy, in accordance with the mandate and comparative advantages of UNICEF, and to the implementation of the sectoral strategies. It will be based on the Paris Declaration on Aid Effectiveness and will focus on strengthening partnerships with civil society, religious faiths and the private sector.

#### **Monitoring, evaluation and programme management**

37. The programme will contribute to the strengthening of capacities for effective planning, monitoring and evaluation. Under the chairmanship of the Ministry in charge of the Plan, the committee of the executive directors of the sectoral ministries will be responsible for its coordination. The monitoring and evaluation of the cooperation programme will be based on the integrated monitoring and evaluation plan and the sectoral mechanisms, in conjunction with the UNDAF monitoring and evaluation system and the Millennium Development Goals. The implementation of the annual work programmes will be monitored through field visits by Government officials and periodic reviews. A midterm review will be conducted to assess progress and make necessary adjustments.