



Economic and Social Council

Distr.: Limited
2 April 2013
English
Original: French

For action

United Nations Children's Fund

Executive Board

Annual session 2013

18-21 June 2013

Item 7 (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 \$6,145,000 from regular resources, subject to the availability of funds, and \$45,000,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2014-2018.

* Reissued for technical reasons on 30 May 2013.

** E/ICEF/2013/10.

*** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the draft country programme document at the 2013 annual session of the Executive Board. The revised draft country programme document will then be presented to the Executive Board for approval at the second regular session of 2013.



*Basic data†**(2011, unless otherwise stated)*

Child population (millions, under 18 years, male/female)	1/1
U5MR (per 1,000 live births)	99
Underweight (% , moderate and severe, 2005)	11
(%, male/female, urban/rural, poorest/richest)	12/11, 8/15, 13/5
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	560 ^a
Use of improved drinking water sources (% , 2010)	71
Use of improved sanitation facilities (% , 2010)	18
One-year-olds immunized with DPT3 (%)	90 ^b
One-year-olds immunized against measles (%)	90 ^b
Primary school enrolment (% net, male/female)	92/89 ^c
Survival rate to last primary grade (% , male/female)	93/92 ^c
Adult HIV prevalence rate (% , male/female, 2005)	3.3
Prevalence rate among pregnant women (% , 2009)	2.8
Child labour (% , 5-14 years of age, male/female, 2005)	24/25
Birth registration (% , under 5 years of age, 2005)	81 ^d
(%, male/female, urban/rural, poorest/richest)	81/81, 88/75, 69/91
GNI per capita (US\$)	2 270

† More comprehensive country data on children and women, and methodological notes on estimates, are available at www.childinfo.org/.

^a The figure given in the above table is the adjusted maternal mortality ratio calculated by the United Nations Maternal Mortality Estimation Inter-Agency Group. The estimate reported by the country is 781 deaths per 100,000 live births (2005), as indicated in the 2005 Demographic and Health Survey. The 2011-2012 Demographic and Health Survey shows an improvement in some indicators, but the data have not yet been validated.

^b The immunization figures given in the above table are the inter-agency estimates developed by the World Health Organization (WHO)/UNICEF. The gender breakdown according to the 2005 Demographic and Health Survey is as follows: DPT3: male 68 per cent, female 69 per cent; measles: male 64 per cent, female 69 per cent.

^c The estimate for this education indicator is based on data from the survey of nationally representative households rather than on administrative data.

^d Refers to children registered between the ages of 0 and 9, rather than the standard age range of 0 to 4.

Summary of the situation of children and women

1. The Congo, a middle-income Central African country with a highly urbanized (67 per cent) population of 4.1 million (annual growth of 2.7 per cent), is making strenuous efforts to accelerate its development. However, its progress is constantly threatened by recurring emergencies, weaknesses in governance and decentralization, and a still-developing pool of human capital. With average annual economic growth of 6 per cent between 2005 and 2011, in 2010 the country reached the completion point under the Heavily Indebted Poor Countries Initiative. The economy is largely oil-based but there is a trend towards diversification; the mining sector in particular is very promising. Although the Congo has an overall budget surplus and considerable fiscal space, its poverty rate stands at 46 per cent and is especially high

among people living in rural areas (75 per cent), children (48 per cent), female-headed households and indigenous populations.

2. In recent years, the country has benefited from the consolidation of peace and security and from a degree of political stability (presidential elections in 2009 and legislative elections in 2010). However, it has been affected by conflicts in neighbouring countries (since 2009, 134,000 refugees have fled to Likouala from the Democratic Republic of the Congo, 40,000 of whom have returned home); outbreaks of polio in 2010 (causing 206 deaths, particularly in the 15-25 age group) and of measles and cholera in 2011 and 2012; and a number of accidents (train and plane crashes and an explosion in Brazzaville in 2012, causing 200 deaths and leaving 17,000 homeless).

3. Efforts have been made to improve access to basic social services through the adoption in 2007 of fee-free measures, a 66-per-cent increase in the health budget in 2012 (the Year of Health) and a 10-per-cent increase in the education budget between 2011 and 2012, but the progress made in social indicators masks significant geographical, rural/urban, interurban, economic, ethnic and gender disparities. The children who are most deprived of their rights¹ live in six departments, three of which (Likouala, Sangha and Lékoumou) are home to the majority of the country's indigenous population. Targeted programmes have improved their situation, but indigenous populations are still discriminated against and particularly vulnerable, with rates of access to services two to three times lower than those of other groups: their school enrolment ratio is 44 per cent, while their civil registration rate is 32 per cent.

4. The country is on track to achieve goals 4 and 5 of the Millennium Development Goals in 2015. Maternal mortality has decreased from 781 deaths per 100,000 live births in 2005 to 560 in 2010. It remains high, however, despite high rates of antenatal care (88 per cent in 2005 and 93 per cent in 2011) and births attended by skilled health personnel. The infant and child mortality rate fell from 126 deaths per 1,000 live births in 2006 to 99 in 2011, as a result of the use of mosquito nets, the improvement in maternal and neonatal health care, and advanced strategies.² Although the majority of births take place in hospital wards, neonatal mortality, caused mainly by premature birth, asphyxia and infection, accounts for over 50 per cent of deaths among children under 1 year of age. The other causes of infant and child mortality are malaria, diarrhoea and pneumonia.

5. Dietary and breastfeeding practices, inadequate nutritional knowledge among mothers and the limited number of fortified products lead to micronutrient deficiencies and increase the incidence of malnutrition. Although acute malnutrition decreased slightly between 2005 and 2011, from 8 per cent to 6 per cent, and chronic malnutrition decreased over the same period from 24 per cent to 20 per cent, anaemia increased among children and, in particular, among pregnant women (from 60 per cent to 69 per cent), while exclusive breastfeeding rose only slightly, from

¹ These departments have privation scores equal to or greater than 30 per cent (aggregate of seven indicators: percentage rates of chronic malnutrition, non-enrolment in primary school, non-immunization with diphtheria, pertussis and tetanus (DPT3) vaccine, unattended births, lack of HIV awareness, non-use of latrines, and unregistered births).

² Secondary analysis of data from the 2011 Demographic and Health Survey (UNICEF West and Central Africa Regional Office, 2013).

19 per cent to 21 per cent. Disparities between rich and poor and among departments are large.

6. Seventy-seven thousand people, including 40,000 women and 7,900 children, are infected with HIV. Within any given age cohort, twice as many women as men are infected, and prevalence is higher in urban areas and in certain departments. In 2011, 86 per cent of HIV-positive pregnant women still had no access to antiretroviral drugs, and paediatric care is increasing slowly (44 per cent).

7. Only 71 per cent of households, particularly in urban areas, use a source of safe drinking water, and only 18 per cent use an appropriate excreta disposal system. Poor hygiene conditions and practices in urban areas have resulted in recurrent cholera and polio epidemics. The lack of a national sanitation policy and appropriate institutional frameworks is an obstacle to progress.

8. Early pregnancy, sociocultural norms and the low status of women and girls limit the exercise of their rights, accentuate their vulnerability and increase maternal, infant and child deaths and HIV infection. Progress is hindered by the ineffective national health system, the poor functioning of the central drug procurement and distribution agency, financial barriers, insufficiently stimulated demand for services and little systematic and holistic application of essential family practices.

9. The lack of qualified teachers and the shortcomings in the system's governance mean that the right of children to high-quality, inclusive and universal education is not ensured. Between 2005 and 2011, the primary school net enrolment ratio increased from 87 per cent to 89 per cent and the primary completion rate rose from 66 per cent to 92 per cent, while the gender parity index (in secondary education) fell from 0.97 to 0.81. The transition to secondary education and the completion rate at that level (especially for girls) are bottlenecks, in particular because of the early pregnancy rate (50 per cent among 15-year-olds).

10. Despite the adoption of the Child Protection Act and the Act on the Promotion and Protection of the Rights of Indigenous Populations (the first of its kind in Africa), the protection of children and the exercise of their rights remain a matter of concern. Recent studies show a relative decrease in the number of homeless children, from 1,900 in 2003 to 910 in 2009, but the scale of trafficking in children is not well known, although it is estimated that 1,800 children are victims of internal and cross-border trafficking in Brazzaville and Pointe-Noire. The civil registration rate for children under the age of 5 is high (81 per cent), but 14 per cent of such children (22 per cent in rural areas and 9 per cent in urban areas) have no birth certificate.

11. Despite the country's wealth and the progress it has made, development indicators for the Congo remain similar to those of low-income countries because of systemic weaknesses in programme areas and national policies, insufficient budget allocation/implementation rates in the social sectors, poor systems management and inequitable distribution of wealth and services. It is therefore necessary to better realign programmes with a more equitable development approach in order to ensure that the most vulnerable, women and children can take advantage of opportunities and duly exercise their rights and strategic interests.

Key results and lessons learned from previous cooperation, 2009-2013

Key results achieved

12. In the field of social policy, UNICEF has successfully served as a catalyst for the promotion of a non-contributory social protection system. Since 2009, the generation of strategic information has fed into evidence-based advocacy and political dialogue, leading to tangible results: the Government's adoption of the social action policy, a pilot project on social transfers that is being co-financed by the World Bank and the Government, with technical support from UNICEF.

13. The scaling-up of high-impact child survival interventions has been encouraged and supported by UNICEF in conjunction with the Government, civil society and other development partners. As a result: (a) 86 per cent of households have received mosquito nets; (b) 15,000 families have been made aware of essential family practices by 1,500 trained outreach workers; (c) immunization coverage has increased from 66 per cent to 90 per cent; (d) 75 per cent of children have received vitamin A supplementation; (e) 124 antenatal care facilities offer services for the prevention of mother-to-child transmission; and (f) open defecation has ceased in 187 villages with a total population of 102,461, within the context of the community-led total sanitation initiative.

14. Studies on the cost of free schooling, schools applying the *observer, réfléchir, agir* (observe, think, act) (ORA) methodology for indigenous populations and school enrolment for girls were taken into account in the development of the national education strategy, which served as the foundation for the plan of action under the Global Partnership for Education. The implementation of the child-friendly, girl-friendly school model in 50 schools is allowing 37,000 students to learn and fulfil their potential in an appropriate environment.

15. The programme has contributed to the improvement of the legal framework (the Child Protection Act and the Act on the Promotion and Protection of the Rights of Indigenous Populations), the organization of the universal periodic review, the Government's signing of a bilateral agreement with Benin on child trafficking and the Congo's membership of the United Nations Human Rights Council and the United Nations Permanent Forum on Indigenous Issues.

16. Political and social recognition of indigenous issues has strengthened under the leadership of UNICEF, and has brought together various ministries and agencies of the United Nations system. Mobile strategies targeting indigenous populations have made it possible to register the births of 5,000 children, train 300 young people in life skills and HIV, and improve the education resources offered to 2,169 children (including 650 girls) in ORA schools, compared with 1,543 children (including 654 girls) in 2009.

17. The programme's capacity to provide a prompt, effective and multifaceted response to emergencies has gradually improved, as demonstrated in 2012 following the explosions at an ammunition depot (psychosocial support, child-friendly spaces, water and sanitation facilities, support for education, nutritional surveillance and education, and innovation, with the inclusion of risk education for children).

Lessons learned

18. Long-term contracting has allowed UNICEF to receive high-level technical assistance and help the Government to develop the national social action policy and the non-contributory social protection system. This initiative has been successful because it was based on a dynamic workplan, the same consultant was used for the three years of ad hoc support, and UNICEF staff have directly provided additional ongoing technical support. In following such an approach, however, UNICEF must ensure that the importance of its strategic role and technical support remains clearly perceived, valued and sought by the Government and the other partners.

19. Mobile and advanced strategies are not in themselves enough to ensure immunization coverage above 90 per cent, since children in the last 10 per cent are harder to reach. It is therefore necessary to strengthen both routine initiatives and alternative and innovative strategies, based on a strong social mobilization component.

20. Breastfeeding did not increase significantly between 2005 and 2011 (from 19 per cent to 21 per cent), despite awareness-raising measures, social mobilization and the inclusion of breastfeeding promotion in the community outreach service package. Detailed knowledge of the obstacles to the promotion of breastfeeding is needed.

21. It is necessary to make better use of the experience gained (anti-trafficking measures, birth registration, rehabilitation of street children) by reorienting the programme towards the implementation of a child protection system.

22. New initiatives have been introduced within the programme (child-friendly schools, girl-friendly schools, mobile and integrated approaches), but their use to influence scaling up has been hindered by the lack of any formal mechanisms for systematic documentation and assessment. The ORA school assessment indicated that UNICEF should not confine itself to that model alone and recommended that it should explore alternative strategies (mobile or seasonal schools) more suited to the children's way of life.

The country programme, 2014-2018

Summary budget

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Social policy, planning, monitoring and evaluation	1 500	6 500	8 000
Child survival and development	1 500	15 500	17 000
Education and gender equality	1 000	10 500	11 500
Child protection	1 225	7 500	8 725
Cross-sectoral			
Communication for development	275	1 000	1 275
Cross-sectoral costs	645	4 000	4 645
Total	6 145	45 000	51 145

Preparation process

23. The 2014-2018 cooperation programme is the outcome of a participatory process conducted under the joint leadership of the Government and UNICEF through the national Country Programme Coordinating Committee, chaired by the Director-General of Planning. The rights-, gender- and equity-based analysis of the situation of children and women has provided input to the discussions at sectoral meetings, planning workshops and strategy sessions involving civil society (including representatives of organizations of young people, women and indigenous populations), the United Nations system, development partners and the UNICEF Regional Office. Group discussions with 60 young people (including 30 girls) and seven associations ensured that the stakeholders could participate fully and that their needs were taken into account.

Programme components, results and strategies

24. The 2014-2018 cooperation programme will contribute equitably to the acceleration of progress towards the Millennium Development Goals, the UNICEF medium-term strategic plan for 2014-2017 and the exercise of the rights of children, in particular the most vulnerable children, in the following priority areas: child survival and development; education; protection and vulnerability reduction; anti-discrimination; and analysis, generation and use of factual data and knowledge for evidence-based programme implementation and for bolstering advocacy at the national level.

Social policy, planning, monitoring and evaluation

25. The aim of this component is to ensure that, by 2018, girls and boys in the most vulnerable areas will benefit from inclusive social policies and increased resources owing to evidence-based advocacy. It will support the other programme components in the formulation, analysis and monitoring of child-friendly sectoral policies and strategies focused on equity, including the non-contributory social protection system and fee-free measures. It will also stress the development of national capacities for (a) social planning and budgeting through capacity-building for the preparation of the medium-term expenditure frameworks of the social ministries, and (b) good governance and accountability (budget analysis and traceability of public expenditure). Evidence-based advocacy and political dialogue, as well as modelling, will be carried out with a view to increasing social budgets, scaling up successful experiences and implementing sectoral approaches. To support the decentralization process, the programme will influence capacity-building for local government authorities in the development, implementation and monitoring of child-sensitive participatory local plans, results-based management, the rights-, gender- and equity-based approach, the mobilization of local resources and the decentralized monitoring of bottlenecks.

Child survival and development

26. The new programme will be based on the initiative “A Promise Renewed” to step up progress towards goals 4 and 5 of the Millennium Development Goals by 2015 and consolidate gains in the post-2015 agenda. It will be structured around the following major cross-sectoral strategic areas: (a) support for policies and budgeting;

(b) revitalization of public health districts; (c) community approaches; and (d) communication for development. This component consists of four subcomponents.

Maternal and child health

27. To ensure that by the end of 2018 at least 90 per cent of pregnant women, mothers and children under age 5 in the most vulnerable areas have access to and are using a package of high-impact, quality interventions for survival during and after childbirth and for the prevention and treatment of avoidable diseases in children under 5, the programme will concentrate on the following: (a) intensified basic emergency obstetric and neonatal care and quality postnatal care for the prevention, early detection and effective treatment of life-threatening complications in newborns; (b) accelerated scaling-up of high-impact interventions; (c) intensified actions to combat malaria, diarrhoea and acute respiratory infections; (d) reinforcement of routine immunization combined with the promotion of strategies targeting the hardest-to-reach 10 per cent; (e) use of new technologies (mobile phones); (f) intensified comprehensive treatment of childhood diseases (in clinical and community settings); (g) support for fee-free health measures and the gradual establishment of a universal health insurance system; and (h) integration of community outreach workers into the health system.

Nutrition

28. Cross-sectoral strategies will be given priority to ensure that, by 2018, 90 per cent of children under 5 and pregnant and breastfeeding women, especially the most vulnerable, will have improved nutritional status and that girls and boys enjoy optimal growth. Strategically, the programme will support implementation of the Scaling Up Nutrition (SUN) and Renewed Efforts Against Child Hunger (REACH) initiatives to eliminate child hunger, and will also support the essential package of nutrition interventions, the scaling-up of supplementary feeding and actions to combat micronutrient deficiencies through supplementation and food fortification, including in the home. A realignment of interventions based on qualitative studies and analysis of bottlenecks will facilitate an increase in the exclusive breastfeeding rate.

Measures to combat HIV

29. By 2018, at least 90 per cent of eligible pregnant women, children and adolescents in the targeted areas, especially the most vulnerable among them, should be using HIV prevention and treatment services. The programme will therefore support the implementation of: (a) the plan for eliminating mother-to-child transmission; (b) an HIV prevention policy both within and outside schools for those adolescents most at risk; (c) a national treatment strategy for infected children, especially adolescent boys and girls; (d) mainstreaming of HIV in social protection policies and measures; and (e) HIV screening during antenatal care visits at private medical facilities in Pointe-Noire and Brazzaville, which serve more than 50 per cent of pregnant women.

Water, hygiene and sanitation

30. The programme will support the mobilization of national and local resources and the implementation of the national water, hygiene and sanitation plan, through

strategies adapted to urban, peri-urban and rural settings, to ensure that 85 per cent of the rural, peri-urban and urban populations are using safe water and that sanitary facilities are available to and used by 30 per cent of the population. More specifically, this will include (a) infrastructure surveys and support for infrastructure construction and renovation; (b) promotion of community management committees to ensure investment sustainability; (c) scaling-up of community-led total sanitation and water, sanitation and hygiene (WASH) facilities in schools; (d) modelling of low-cost, non-polluting latrines; and (e) promotion of in-home water treatment.

Education and gender equality

31. The programme will help to meet the two main challenges facing the national education system (lack of equitable access and low quality of services) to ensure that girls and boys are school-ready and are able to complete an inclusive, high-quality education. Overall, it will support processes related to education reform, development and implementation of the Global Partnership for Education and promotion of in-school medical visits in collaboration with the health sector.

32. To improve equitable access and allow 100 per cent of children and adolescents (both boys and girls) not enrolled in school to benefit from alternative forms of education, the programme will carry out studies to (a) improve understanding of the barriers to access, retention and success faced by the most vulnerable; and (b) identify alternative forms of education, including skills training, for children not enrolled in school, especially indigenous children and girls. It will support the elaboration of a more inclusive national education policy and its integration into local development plans, implementation of school enrolment initiatives for girls, non-formal education and fee-free measures.

33. To guarantee quality education for all and a girls' secondary school completion rate of 70 per cent, the programme will support: (a) development and implementation of a national early childhood policy; and (b) modelling and scaling-up of the child-friendly, girl-friendly school approach and early-childhood learning activities, through parental education and community outreach on education. For lower secondary school, interventions will focus on: (a) improved awareness of bottlenecks affecting the quality of formal and non-formal education and the retention of girls in secondary school; (b) development and implementation of a national teachers' continuing education policy and strategy; (c) children's participation in school life; (d) gender and life skills training for teachers; and (e) advocacy and support for experimentation and development of a more workplace-oriented educational system, especially for girls.

Child protection

34. The goal is to ensure that by 2018, 50 per cent of girls and boys, especially the most vulnerable, will be better protected against violence, exploitation and discrimination. High-level advocacy will be carried out to create a political environment conducive to child protection and strengthen the regulatory framework for the enforcement of existing protection laws. The programme will focus on support for the national social action information system, mainstreaming of child rights protection in training programmes (especially for the police and gendarmerie) and local development plans; regular submission of alternative reports at the

international level; support for a more child-sensitive legal system; and implementation of the national social action and birth registration plan.

35. The establishment of a national child protection system as part of the national social action plan will strengthen the gains made in the political and legal spheres. Organizing communities around more functional formal and non-formal structures and changing social norms, including by enhancing the social status of indigenous populations, will be key elements of the new programme. An integrated model for child protection, including during emergencies, will be developed. A strategic partnership will be established with the Government, the education sector and civil society to support approaches leading to the empowerment of girls and boys who are not in school.

Cross-sectoral

36. At the programme level, communication for development will be the subcomponent and the cross-cutting strategy within all the components and will be mainstreamed in national policies. It will be oriented primarily towards: (a) qualitative/quantitative studies to achieve greater knowledge of the sociocultural and behavioural factors that create bottlenecks hampering access to and use of services; (b) identification of influence networks; (c) strengthened partnership with the Government, civil society (including youth networks) and the media; (d) intensification of a participatory and inclusive community approach; (e) partner capacity-building; (f) scaling-up of life-saving skills; and (g) advocacy with various ministries to create a budget line for communication. The public relations component will aim to increase the visibility of activities and advances.

37. Cross-cutting costs will support operational and logistical costs (equipment, supplies) related to the operations of the two offices (in Brazzaville and Pointe-Noire), as well as managerial capacity-building, both internally and with partners (harmonized approach to cash transfers). Such funds will also cover salaries.

38. Social policies (at the macro level) will be the main focus of the programme. All programme components will include support for the development of evidence-based social policies and budgeting to facilitate the appropriate allocation of national resources to social sectors and the effective use of those resources. The emphasis will be on high-level technical assistance to support the Government. Interventions at the operational level (meso/micro) will target a limited number of departments and districts, **demonstration and modelling zones** that are representative of the problems hampering the full realization of girls', boys' and women's rights (urbanization, neonatal mortality, poverty rates, rates of deprivation of rights). The following strategies will be given priority.

39. **Capacity-building:** the programme will work on **strengthening the capacities** of decentralized and local offices (four departments in urban and rural settings), local authorities, the Government and civil society for (a) the development of child-sensitive and gender-sensitive departmental plans; (b) the drafting of sectoral budgets (central and local levels); and (c) the strengthening of systems for real-time monitoring of progress in reducing bottlenecks and building resilience in vulnerable communities. The capacities of UNICEF and its partners to mainstream gender, rights and equity in sectoral policies and programmes will be developed in accordance with gender audit recommendations.

40. **Factual data production, research and knowledge management:** the community-level (micro) and intermediate-level (meso) response will be in the form of pilot projects in collaboration with the Government and real-time monitoring of the progress made in reducing disparities and bottlenecks in supply, demand and the environment. These pilot projects will be assessed and systematically documented, budgeted and modelled to produce factual data. Those that are most effective, in terms of change, will serve as models for evidence-based advocacy, political dialogue and scaling-up by the Government. Long-term contracts with specialized institutions and promotion of South-South cooperation will be used in additional studies. Area office involvement will be bolstered for decentralized follow-up and modelling in urban settings.

41. **Political dialogue, advocacy and communication:** the programme will continue its activities and better communicate its successes, as well as strengthening strategic partnerships.

42. **Innovation:** innovation will be encouraged through the use of new technologies (mobile phones, solar energy, modern latrines, innovative water filters) and the development of **strategic partnerships** with the private sector and national and international academic institutions.

43. **Direct service delivery:** this will be limited and will take place mainly through non-governmental organizations and associations, as well as in emergencies. Responsibility for distributing inputs and for immunization will gradually be handed over to the Government on the basis of joint planning.

44. **Communication for development:** this will be mainstreamed in all strategies for improved understanding of the sociocultural determinants of the adoption of key practices and barriers to the use of services and programme performance.

45. **Urban approaches:** the rapid urbanization of the Congo is at once an opportunity and a challenge, owing to pockets of poverty and increased vulnerability in peri-urban areas. Cross-sectoral urban strategies will be implemented in all programme components. Community participation, cottage industries for young people (especially girls) and prevention and management of certain infectious diseases that spread easily in urban settings (cholera and malaria) will be explored.

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

46. The UNICEF-Congo country programme is aligned with the UNDAF (2014-2018), and both are, in turn, aligned with and support the implementation of the national priorities set forth in book II of the National Development Plan and the Poverty Reduction, Growth and Employment Strategy Paper, specifically in relation to the following pillars: (a) governance; (b) social development and inclusion; and (c) balanced, sustainable development. Through their alignment with the UNDAF, the interventions of the UNICEF-Congo cooperation programme for 2014-2018 will essentially help to produce the following effects: (a) departmental administrations and communities will take ownership of local development; (b) the most vulnerable groups will have quality basic social services and appropriate financial services; and (c) vulnerable groups will have the benefit of a non-contributory social protection floor.

Relationship to international priorities

47. The programme is aligned with the strategic outcomes of the 2014-2017 medium-term strategic plan. It is part of the efforts to accelerate the achievement of goals 4, 5 and 6 of the Millennium Development Goals and of continued actions in support of the implementation of other major cross-sectoral priorities, including “A Promise Renewed”, elimination of mother-to-child transmission of HIV, the SUN initiative, the Global Partnership for Education and the Global Initiative on Out-of-School Children (goals 2 and 3). By promoting equity, rights and protection for children, the programme contributes to national outcomes related to the primary commitments contained in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

48. Emergency preparedness and response, support for the development and implementation of the national and sectoral contingency plan and the strengthening of the non-contributory social protection system have been included as strategic dimensions of all the programme components in order to ensure an effective response to crises and to improve the resilience of vulnerable populations.

49. Environmental impact: the activities proposed in this programme (drilling, low-flow water wells and construction of shallow pit latrines) do not require an environmental impact study. During implementation, environmental issues will receive special attention, in cooperation with the relevant governmental bodies, and wells and latrines will be appropriately spaced.

Major partnerships

50. Strategic alliances within the United Nations system (World Health Organization, United Nations Population Fund, United Nations Educational, Scientific and Cultural Organization) and with the Government, civil society and international institutions (European Union, World Bank) will be strengthened in order to support international priorities, child-friendly budgeting and improved monitoring of public expenditure. The partnership concerning indigenous populations will be broadened and strengthened. Through the UNDAF, joint programmes (Millennium Villages) and a coordinated emergency response will help to strengthen partnership within the United Nations. New alliances and more targeted partnerships will be developed (private sector, Ministry of Finance) to raise non-regular resources. Catalytic funds are nevertheless necessary for gathering reliable data, using them to raise national resources and supporting scaling-up. The Government of Japan and the European Union are the key donors and technical partners. Other possible sources of financing include the United Nations Trust Fund for Human Security, the Global Partnership for Education and the United Nations Indigenous Peoples’ Partnership.

Monitoring, evaluation and programme management

51. Programme component outcomes and key indicators are defined in the results matrix and will serve as the basis for the integrated monitoring and evaluation plan aligned with the UNDAF monitoring and evaluation plan. The programme will be implemented under the general coordination of the Ministry of Planning; follow-up and necessary readjustments will be performed on a participatory basis (duty-bearers and rights-holders) through joint Government-UNICEF reviews and the mid-term review. The National Centre for Statistics and Economic Research will

receive support for the conduct of national surveys (a demographic and health survey, the Congolese household survey, a multiple-indicator cluster survey, a seroprevalence survey and an AIDS indicators survey) and for the implementation of a centralized and harmonized socioeconomic database. Operational research (pre- and post-intervention data collection) and the systematic documentation and evaluation of pilot projects will build the programme's capacity to influence scaling-up of successful experiences. Functional mechanisms will be established for the periodic follow-up of international conventions and commitments. The harmonized approach to cash transfers will be the tool used to optimize the management of financial resources and to minimize risks.
