

**United Nations Children’s Fund (UNICEF)**  
Office of the Secretary of the Executive Board

**Template for delegations providing comments on the  
country programme documents**  
2020 First Regular Session

Delegation name:   United States  

Draft country programme document:   DRC  

Delegations are kindly invited to use this template to share their comments on any of the draft CPDs being presented during the forthcoming Board session.

In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline will be made public on the Executive Board website, and considered by the respective regional office, in close consultation with the country office and the concerned Government.

General comments	<i>(Delegations providing comments may wish to include details, such as the page number X, paragraph number X, or annex (results and resources framework).</i>
Comments on specific aspects of the country programme document	<p>Paragraph 4:”In 2018, the Democratic Republic of the Congo launched the Mashako Plan to renew investment in immunization. Administrative data indicate an increase in the coverage of combined diphtheria/tetanus/pertussis (DTP3) immunization from 74 per cent (2013) to 81 per cent (2017).<sup>11</sup> The latest household survey (2018), however, indicated that only 48 per cent of children received a DTP3 vaccination (urban: 58 per cent; rural: 40 per cent). At the subnational level, DTP3 coverage is as low as 12 per cent, and 10 provinces have coverage levels below 30 per cent.<sup>12</sup>”</p> <p><b>Comment:</b> To highlight this critical initiative, we recommend referencing the Mashako Plan in the context of the DRC President’s new Kinshasa Declaration for Strengthening Routine Immunization (RI) and Eradicating Polio, which was launched in July 2019 and represents a first-of-its kind pledge to provide free vaccines for all Congolese children. The Declaration includes a target of at least 80 percent of children fully vaccinated before their first birthday by 2024. President Tshisekedi has mandated dedicated national and provincial budget line items for RI and required all 26 provincial governors and National Assembly members to pledge their accountability for these budget commitments. The DRC Government should be driving implementation of this plan, with UNICEF and other partners positioning their immunization support within this governance framing (in addition to a national health security framing).</p> <p>Paragraph 19: “Building on past experience, region-specific approaches will be tailored to address disparities experienced by children in specific provinces. In areas not affected by conflict, UNICEF will: (a) strengthen systems for social-service delivery to address the multiple vulnerabilities faced by children; and (b) enhance risk-informed programming, including investment in preparedness to build resilience capacity in institutions and communities. In areas affected by conflict, natural disasters and epidemics, UNICEF, together with partners, will: (a) deliver fast, equitable and at-scale quality humanitarian assistance; and (b) harness the opportunity offered by humanitarian action to develop community systems and structures for resilience.</p>

**Comment:** We are pleased to see investment in preparedness and resilience-building capacity as one of UNICEF’s key approaches. As noted in the annexed Results and Resources Framework, developing and using resilience analytics and metrics will be critical to adaptive programming and learning under this approach. Lastly, in the final sentence of the paragraph, we suggest adding explicit mention of strengthening coordination and integration of humanitarian and development activities.

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

**Comment:** Recognizing the importance of nurturing care in improving early childhood development outcomes, does UNICEF plan to incorporate specific elements of nurturing care into programming for young children? If so, how? Also, we suggest linking birth registration and immunization as an approach to reduce missed opportunities for vaccination.

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

**Comment:** Beyond immunization, please clarify how UNICEF will support the Government of the DRC (GDRC) to strengthen “evidence-based planning and budgeting and the availability of essential [maternal, newborn, and child health] drugs” at the national and subnational level. Noting the importance of improving sustainable, country-led access to essential medicines, moreover, does UNICEF plan to support the GDRC’s progressive rollout of the tarification forfaitaire? If so, how?

The U.S. Government works closely with and provides support to UNICEF for immunization, including to strengthen local capacity for epidemic preparedness and response; this collaboration should be reflected here, as well as in the table on page 12/17 as a major partner for the outcome “More

children, adolescents, and mothers benefit from quality health interventions.” Please also see earlier comments re. reframing UNICEF’s immunization assistance as supporting the rollout of the presidential Kinshasa Declaration initiative.

Re. the sentence that begins, “To respond to epidemics,” how will UNICEF strengthen coordination and collaboration with WHO while providing strong leadership with respect to community-level activities?

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

**Comment:** Please include mention of UNICEF programming to strengthen the integration of nutrition in integrated community and facility case management of childhood illness (iCCM and IMNCI), which is an area of USAID support.

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

**Comment:** Please include mention of USAID support for UNICEF’s preparedness efforts related to WASH services in healthcare facilities and infection prevention and epidemic control. Paragraph 26: “The education programme will strengthen the institutional capacity of the Government to improve the Education Management Information System (EMIS), standardize learning assessment methodology, strengthen school management capacities to address gender-based violence and promote hygiene practices. The

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

**Comment:** Per the above comments under Paragraph 20, it is important to incorporate specific elements of nurturing care into programming for young children to strengthen resilience. How will UNICEF do this?

Please note that USAID has supported the Government of DRC to update and revise their Accelerated Education Curricula for levels 1-3. UNICEF should avoid duplication of efforts and instead utilize this updated curricula and apply government-recognized alternative learning approaches and curricula.

USAID has supported the Government of DRC to develop and early grade reading curriculum, materials, and teacher training. Please note how UNICEF will build upon and complement efforts in early grade reading.

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

**Comment:** How will UNICEF foster information sharing between other public and private sector partners to enhance UNICEF’s programme effectiveness?

Paragraph 31-32:

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

32. Mitigation measures include: (a) advocacy for ending violence and conflicts; (b) engagement with the Government, donors and partners to sustain development and humanitarian aid; (c) coordination with MONUSCO and other actors to secure humanitarian access; and (d) the strategic deployment of

	<p>security capacity to safeguard UNICEF personnel and assets. The harmonized approach to cash transfers and the UNICEF policy prohibiting fraud and corruption will be implemented as well as the zero-tolerance policy for discrimination, harassment, sexual harassment and abuse of authority. Subnational field offices will play key roles</p> <p><b>Comment:</b> The U.S. Government appreciates the references to the risks and mitigation measures. We underscore the importance of identifying the programmatic and strategic considerations that are necessary given the range of shocks including epidemics conflict, floods, or other shock, as well as what mitigation strategies are necessary to overcome insecurity-related access constraints and ensure continued flexible response.</p> <p>Paragraph 34: “Country programme monitoring activities include midyear and end-year reviews undertaken at the national and subnational levels. UNICEF will strengthen sectoral information systems for data collection and will support equity-based analysis, including through gender, disability and geographical disaggregation. Real-time monitoring approaches will be undertaken to inform timely changes to implementation. Quality oversight of humanitarian information systems will be strengthened. UNICEF will support a multiple indicator cluster survey in 2023.”</p> <p><b>Comment:</b> Given the data challenges and inconsistencies referenced earlier (e.g., paragraph 4), support to improving the Health Management Information System (HMIS) and other routine sources of data seems to warrant more than a passing reference. How will UNICEF work to strengthen the HMIS, and with what partners?</p> <p>Related to monitoring and evaluation, how will UNICEF contribute to the documentation, dissemination, and uptake of lessons learned from current Ebola response efforts?</p>
	<p>Annex: Results and resources framework</p> <p>Outcome indicators, page 11/17: The U.S. Government requests the addition of newborn mortality rate and immunization coverage indicators (e.g., coverage of first dose measles-containing vaccine). Re. the outcome indicator, “percentage of families with sufficient capacity to cope with shocks,” please clarify how UNICEF will measure this outcome (as this does not appear to be a measurable indicator as currently stated).</p> <p>Table, page 12/17: Percentage of children receiving a third dose of DPT vaccine: The baseline of 81% is using administrative data - the MICS showed a much lower percentage of children receiving DPT3. It would seem more useful to use this household survey data as a baseline. Additionally, it would be important to clarify how UNICEF plans to improve the quality and reliability of routine data (also related to the comment above related to the Mashako Plan, as this is a key component).</p> <p>Given the paragraph 18 reference to “the strengthening of institutional capacities and community systems for quality service delivery at scale,” please further detail how UNICEF plans to measure improved quality health services, particularly for children. Most of the indicators on this page measure coverage of key interventions, not quality.</p> <p>Where appropriate, incorporate survey data as means of verification for indicator performance.</p>

Table, page 13/17: Incorporate national surveillance system data as means of verification for epidemic case fatality rate and incidence indicator.

**DTP3 data:**

Page 3: The staggering decrease in DTP3 coverage (from 81% in '17 to 48% in '18) is very concerning. Is this perhaps an issue of comparability with these two data sources? It would be worthwhile to find out why there was such a staggering decrease in coverage in a period of one year.

In 2017, DTP3 81% (source: WHO & UNICEF Estimate of national immunization coverage, 2017)

In 2018, DTP3 48% (source: MICS)

**Measles: (page 3 section 6)**

-It is noteworthy that while measles has been circulating in DRC for sometime and its in all 26 provinces and the cases & deaths have increased significantly. I think the following this Background Rationale piece is important to include (perhaps section 6 page 3); **About a quarter of a million people in DRC are thought to have been infected by measles this year alone, more than three times the number infected in 2018. Three-quarters of cases, and around nine in 10 deaths, involve children younger than five years old**

**Menstrual and Hygiene Practices:**

Page 4-there is a reference to menstrual and hygiene practices background information but its not mentioned that how you are working on this. Since its referenced as background I would suggest you reference your work in this area or perhaps leave it out if no work in this area is being done.

**Global Financing Facility/CRVS:**

Page 7-Global Financing Facility (GFF) -DRC receives funding for working on civil registration and vital statistics (CRVS) so it would be important to explain how UNICEF is connecting with GFF's CRVS work.

**Ebola prevention, treatment and post-treatment care for children:** In the first 6 months of the outbreak, which was declared on Aug 1, 2018, just under 100 deaths in children had been reported. However, in the 6 months that followed, over four times as many have died.

As this outbreak appears to be winding down, it would be useful to carry out an assessment to document key lessons learned (with recommendations for improvement) related to Ebola prevention, treatment and post treatment care for children.

Page 15/17: Please note that the National End of Primary School Exam is not a standards-based assessment of learning outcomes.

As a result, this may not be an effective means of measuring learning outcomes and will be difficult to attribute change to UNICEF investment.

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