

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>1. 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).¹¹ The latest household survey (2018), however, indicated that only 48 per cent of children received a DTP3 vaccination (urban: 58 per cent; rural: 40 per cent). At the subnational level, DTP3 coverage is as low as 12 per cent, and 10 provinces have coverage levels below 30 per cent.¹²”</p> <p>Comment: 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>2. 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> <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.</p>

3. 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.

4. 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?

5. 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.

6. 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?

7. 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.

8. 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.

9. 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?

10. 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 curriculum and apply government-recognized alternative learning approaches and curricula.

11. 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.

12. 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?

13. 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 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

Comment: 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.

14. 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>Comment: 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>15. 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>16. 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>17. 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>18. 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>19. Where appropriate, incorporate survey data as means of verification for indicator performance.</p> <p>20. Table, page 13/17: Incorporate national surveillance system data as means of verification for epidemic case fatality rate and incidence indicator.</p> <p>21. DPT3 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)</p> <p>22. Measles: (page 3 section 6) -It is noteworthy that while measles has been circulating in DRC for some time 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</p> <p>23. 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</p>

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.

24. 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.

25. 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.

26. 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.

Response from the UNICEF Regional/Country Office

UNICEF appreciates the comments made by the Government of the United States of America on the draft country programme of cooperation between UNICEF and the Government of the Democratic Republic of the Congo, and the opportunity to offer additional information not captured in detail in the 6,000-word country programme document (CPD).

Point 1. The situation analysis is in alignment to the presidential plan, which renews the government commitment to achieving universal health coverage and health system strengthening. UNICEF's support to the health sector is also well-aligned with the presidential plan, including his recent pledges on routine immunization, polio eradication, through the implementation of the Mashako Plan and, with respect to education, abolition of school fees.

Point 2. We appreciate the comment; text under para 19 revised: *“Building on past experience, region-specific approaches will be tailored to address disparities experienced by children in specific provinces through strengthening coordination and convergence of humanitarian and development interventions within DRC’s triple Nexus agenda (Humanitarian-Development-Peace)”*.

Point 3. Although early childhood development interventions are broad in nature, the country programme of cooperation will focus on three complementary pillars: i) parenting education ii) pre-primary intervention and iii) child health and breastfeeding promotion, including stimulation. The programmatic interventions mentioned will be articulated into joint UNICEF-Government rolling Work Plans including sectoral activities as well as cross sectoral interventions such as improving birth registration through health facilities.

Through a convergence approach, UNICEF currently supports the use of health centers as a delivery platform for multi-sectoral interventions for maternal and child health, including immunization, birth registration and nutrition, to promote synergy across sectors by offering multiple entry points within the health center to reach children and mothers with a comprehensive set of services. The same approach is used in schools to bring education, nutrition, WASH, and protection services together for students and their communities.

Point 4. UNICEF is working with the government at several levels to strengthen health systems and health policies, including work with the central government on budget allocations for health, through constant advocacy, partnership and coordination.

UNICEF provided technical support to the development of the National Health Development Plan (PNDS) 2019-2022, through use of EQUIST - an analytical tool for health disparity analysis - which led to the prioritization of key maternal, neonatal, child and adolescent health interventions as the basis for universal health coverage. Throughout the process, UNICEF built capacity of a core group of experts of the MoH who further used EQUIST to develop the national integrated strategy for reproductive health and nutrition (RMNCAH).

At the sub-national level, UNICEF supports mainstreaming of the “monitoring for action” approach for evidence-based planning and monitoring of effective coverage of key high- impact interventions.

UNICEF supports efforts to improve forecasting of vaccine needs, management of medicines and the supply chain. This requires capacity building at all levels.

UNICEF supports the country's efforts to implement universal health coverage, which will partially address the issue of affordability of care, either through performance-based financing (PBF) or the flat-rate pricing. The Ministry of Health recently developed a strategic document on flat-rate.

Point 5. The U.S. government is mentioned as a key partner under the health Outcome in the results matrix.

The U.S. Government is a major player in immunization in the DRC through multiple interventions to improve routine activities and capacity building, particularly for the management of epidemics. UNICEF supported the holding of the National Immunization Forum as part of the roll out of the Kinshasa declaration initiative, which resulted in a roadmap that took into account the strengthening of routine immunization and surveillance of disease preventable by vaccination.

Point 6. UNICEF works closely with all partners involved in combatting epidemics, including WHO. For example, UNICEF is involved in government-led coordination mechanisms such as the inter-agency coordination mechanism for vaccination, the polio coordination group, the universal health coverage group, amongst others. In particular, UNICEF works to improve the data collection system in communities, building capacity for analysis and to inform decision making. Community-based organizations are at the center of community health dynamics, and UNICEF strongly supports the process of increasing community ownership and engagement.

Point 7. Working with partners, UNICEF's actions will support national efforts to integrate prevention of all forms of malnutrition and treatment for child wasting into routine primary and community health services. The main goal is to ensure that prevention of childhood malnutrition and wasting is a routine component of national primary and community health services, alongside other diseases such as malaria, pneumonia and diarrhea. In addition to this, UNICEF's nutrition strategy aims also to integrate nutrition services into national efforts towards universal health coverage.

Point 8. USAID support to the Integrated Phased Classification (IPC) is mentioned in the CPD results matrix.

Point 9. As noted above, one of the DRC's ECD pillars includes parenting education and pre-primary interventions.

UNICEF plans to continue its support for educating parents on better care for young children (stimulation and early learning activities). UNICEF will also work with the Government around the introduction of one year of compulsory pre-primary education to scale up preschool attendance in DRC (gross rate is currently below 5%, in a context of very scarce resources devoted to this subsector).

UNICEF will continue to build strategic partnerships to advocate for the fostering of initial and in-service teacher training to equip teachers with the nurturing qualities required to provide a positive learning experience for children. The aim is to reduce the impact of adverse early experiences, which, if not addressed, can lead to poor health, low educational attainment, economic dependency, increased violence and crime and heightened risk of substance abuse and depression – all of which add to the costs and burden on society and perpetuate the cycle of poverty.

Point 10. UNICEF supported the development of alternative curricula for grades 1-3 in 2011 and updates in 2016, which served as the basis for the USAID manuals. UNICEF is currently supporting teacher training based on the curriculum reform, as agreed with the Ministry, in regions supported by UNICEF interventions. This has worked well in Kasai, where a joint USAID/UNICEF/DFID programme is currently being implemented to provide children affected by the Kasai crisis with access to quality education in emergency situations.

UNICEF will support the Ministry to develop materials for primary grades 4–6, hence there will be no duplication of efforts.

Point 11. USAID supported, in targeted provinces, an Early Grade Reading and Mathematics Assessment (EGRA and EGMA) for 3 (of the 4) languages being supported.

The results will be used to:

- Support the government – particularly the independent cell in charge of learning assessment created in 2018 (CIEAS) to design and make available a simpler and more systematic learning assessment
- Eventually support the government to modify teacher training (pre-service and in-service) to correct issues raised by this assessment.

In addition, the French cooperation agency (AED) recently funded a country comparative assessment programme on education system analysis (PASEC) in the DRC, the results of which are expected in the second quarter of 2020 and will also inform the support and actions described above.

Point 12. Partnership with the private sector will be an important focus of the country programme, particularly with mining companies. To ensure better coordination – including information-sharing with mining actors and the multi-actor network for corporate social responsibility in the DRC – UNICEF will strengthen/nurture collaboration for joint analysis, programming, coordination, and information-sharing around children living in mining communities. UNICEF has already established in DRC a private sector partnership unit as part of its Communication, Advocacy and Partnerships section.

Point 13. UNICEF appreciates the comments made by the Government of the USA on the risks and mitigation measures, and for underscoring the importance of identifying programmatic and strategic considerations necessary to overcome access and other constraints.

Point 14. The MoH has just developed a plan to strengthen the HMIS, with support from several partners. UNICEF will support the implementation of this plan, including the community-based monitoring component, real-time monitoring of interventions and building the capacity of providers. Other partners (Global Fund for AIDS, Tuberculosis and Malaria, USAID, DFID, etc.) support operationalization of the platform. In addition, a community information system module is being developed with technical support from partners.

Point 15. As per UNICEF’s evaluation policy, all L3 emergency responses undergo corporate evaluations. The UNICEF Country Office in the DRC and the Evaluation Office at UNICEF Headquarters have introduced an innovative evaluation approach involving frequent real-time evaluations to inform timely correction of UNICEF response and positioning. Two evaluations have been already carried out, resulting in changes in the management of UNICEF’s response. Specifically, the establishment of a full-fledged Ebola response team in Beni led by the Ebola Coordinator at D1 level (instead of P5), and the development of an accountability framework that clarified roles and responsibilities of the Ebola response team on the ground and the programme sections at the Kinshasa office.

In addition, after-action reviews supported by the UNICEF Regional Office and HQ are held every six months to measure progress and readjust UNICEF’s approach.

In relation to knowledge management, UNICEF has embedded in its Ebola response team a pool of knowledge management specialists to document and disseminate good practices and lessons learned from the ongoing response. These efforts will be continued and reinforced.

Point 16. The CPD Results Matrix includes key progress indicators at Outcome level. Impact indicators are measured through various surveys, such as the MICS or the DHS.

Point 17. WHO and UNICEF use the WUENIC report, which is available every year. MICS data is only gathered every four years.

The MoH has just developed a plan to strengthen the HMIS with support from several partners. UNICEF will support the implementation of this plan, including the community-based monitoring component, real-time monitoring of interventions and building the capacity of providers. Other partners (Global Fund for AIDS, Tuberculosis and Malaria, USAID, DFID, etc.) support the platform’s operationalization. In addition, a community information system module is being developed, with technical support from partners.

Point 18. UNICEF in DRC has developed and rolled out a programme-monitoring approach: Monitoring for Action. It is based on a bottleneck analysis of the determinants and effective coverage of key impact interventions. An assessment of the approach was undertaken with the aim of mainstreaming it into the HMIS. The quality of health services will be measured through qualitative small-scale assessments and surveys such as the lot quality assurance sampling (LQAS)

Point 19. A reference to the national surveillance system data was added in the CPD Result Matrix table, page 13/17 (as a means of verification)

Point 20. A reference to the national surveillance system data was added in the CPD Result Matrix table, page 13/17 (as a means of verification)

Point 21. The DTP3 coverage rate in 2017 comes from the annual WHO/UNICEF (WUENIC 2017) estimates that utilize the country's administrative data, while the DTP3 coverage rate of 48% came from the MICS survey. These are two different methods of estimating data.

The issue is on data source comparability, not trend analysis. However, often administrative data provide higher coverage than surveys and estimates as the quality control of the data is not systematic resulting sometimes in double counting or under-reporting in some areas.

As mentioned in point 14, UNICEF will support the MoH's plan to strengthen the HMIS.

Point 22. We appreciate and fully agree with your comment on the gravity of the situation with regards to measles as highlighted in the large number of cases mentioned in the CPD (note data is from 2018). The limited wordcount for CPDs does not allow us to include all the richness of our analysis but the programme will address the issue.

Point 23. UNICEF will work with the Ministry of Education to include a new component for the national 'healthy schools' programme, addressing menstrual health and hygiene for adolescent girls.

Point 24. UNICEF took an active part in the GFF's preparatory work in 2016-2017. UNICEF provided technical support to the elaboration of the investment case, programmatic framework and budget, especially the birth registration pillar. UNICEF interventions on birth registration are coherent with the GFF and contribute to its action plan.

Currently, UNICEF coordinates its action in the DRC with World Bank projects on CRVS. Once the civil state reform is finalized (World Bank project ending in December 2020), UNICEF will also contribute to its implementation in the field.

Point 25. UNICEF has embedded in its Ebola response team a pool of knowledge management specialists to document and disseminate good practices and lessons learned from the ongoing response. These efforts will be continued and reinforced.

Point 26. Given the lack of regular assessments in the DRC – for e.g. the last PASEC was done in 2010 – UNICEF utilize the TENAFEP (national end of primary school exam) as a proxy.

This indicator is at outcome level; therefore, UNICEF will contribute to the results together with other partners.

UNICEF will thus continue to advocate for a more regular process for measuring national student achievement and to support the Ministry to systematically mobilize domestic funds to support this process in the upcoming years.