ANNEX - UN/WB SUPPORT FOR IMPLEMENTATION OF NATIONAL AND SUB-NATIONAL MDG ACCELERATION

COUNTRY NAME: DEMOCRATIC REPUBLIC OF CONGO

ACCELERATION FOCUS AREA: REDUCE THE INCIDENCE, PREVALENCE AND MORTALITY BY HIV/AIDS AND MALARIA

PART 1: UN/WB SUPPORT FOR ACCELERATION SOLUTIONS CURRENTLY UNDER IMPLEMENTATION OR EXPECTED TO BE IMPLEMENTED[1]						
Activity under existing project or programmes	Priority Bottlenecks	Indicate if action is required at: National or Sub-national	Related Government implementation effort that is expected to be supported[2]	Who is supporting implementation?	How is the support expected to be provided and over what duration?[3]	Assessment of expected gaps in UN agency/ WB support[4]
Strategy (Intervention Area) 1: Improving provision through greater harmonisation and coordination of interventions						
1.1. Support for reinforcement of national leadership and governance on HIV and malaria control matters	Insufficient operational coordination between health structures and stakeholders involved in HIV/AIDS and malaria control. Lack of institutional audits.	National sub-national	Coordination of partners supporting integrated implementation of priority interventions at all levels. A regulatory framework for implementation of PBF. Leadership and political commitment to mobilise domestic resource coordination and harmonisation to	UNAIDS, WHO and health sector partners UNICEF UNDP, WB, UNFPA UNAIDS	Reinforced coordination committees, regular meetings held at operational level (DPS, Health Zone). Support for reform of the Ministry of Health and proceedings of the National Health Steering Committee and the Global Fund National Country Coordinating Committee.	Resources for the reform launch and monitoring and evaluation phase, as well as operational support for the Provincial Health Divisions. Resources necessary for monitoring and evaluation of high-impact interventions. Non-alignment of stakeholders, loss of qualified human resources.

[1] Countries are expected to conduct a desk review exercise to **map existing efforts** (initiatives, projects and programmes by the UN system) being implemented to support the country to accelerate progress in the specified MDG target. These include activities which implementation are currently ongoing or expected to start soon that are benefiting from support of the UN/World Bank (e.g. MAF Action Plan, UNDAF Action Plan, Annual Workplans, etc.).

[2] For example this could include MAF Action Plan solutions to be incorporated into relevant sector plans/ budgets; or to be included in other national/sub-national initiatives.

[3] For example this could be through technical advisory, budget support, special initiative, direct implementation of action plan activity, pilot project etc.

[4] Please indicate possible limited coverage of implementation effort to date; pilot results not scaled up etc.

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			advance EMTCT, Treatment 90-90-90 and Zero discrimination agenda.		Multi-sectoral coordination capacity-building with a particular emphasis on the Technical Assistance group, institutional support, 3 years Support in tracking new resources from the government (round table of stakeholders, synergies efficiency gains), from key private sector companies at provincial level, Mayors and governors, and promote other innovative funding mechanisms. Support for HIV prevention coordination targeting key populations and pregnant women.	Sub-national Aids Committee (CNMLS) sessions at are not yet effective. -Governors' annual budget and plans have not yet included HIV/AIDS and private sector resources not yet mobilised. -Civil society weakly involved in national and sub-national coordination and implementation.
1.2. Conduct a review of the DRC legal framework surrounding HIV/AIDS.	Existence of several draft bills. Ratification of several international and regional conventions, which are not reflected in the country	National Sub-national	Harmonisation of legislation	UNDP, UNAIDS, UNWOMEN	Production of a legal instrument analysis document.	Lack of implementing decrees for various acts.

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1.3. Development and testing of Performance-Based Financing (PBF) implementation tools.	Insufficient operational coordination between health stakeholders involved in HIV/AIDS and malaria control. Delays and poor availability of high-quality data.	National sub-national	Coordination of partners supporting integrated implementation of priority interventions at all levels. A regulatory framework for implementation of PBF. Negotiate single performance contracts with Provincial Health Directorates (PHD).	World Bank, UNAIDS, UNICEF, WHO, Global Fund, GAVI	Workshops and training sessions, January-June 2015 in 153 health zones. Development of the "single contract" for harmonised support for the PHDs, on a performance basis.	Revision of tools used for the expansion phase. The funding of plans for new PHDs will require financing.
1.4. Support for the implementation of a package of malaria and HIV/AIDS prevention, screening and treatment interventions, under the PBF model, in 153 health zones, taking account of the humanitarian context (IPDs, returnees, local population).	Low coverage of the comprehensive intervention package. Low coverage of HIV and malaria prevention, treatment and support services for populations with humanitarian needs.	National sub-national	Development of the funding strategy, law on universal health coverage. Incorporate the specific requirements of populations with humanitarian needs into the various coordination mechanisms, programmes and projects.	World Bank, UNICEF, UNFPA, UNAIDS, UNHCR, Global Fund, GAVI, and PNMLS/PNLT/OCHA	Funding of results-based "business plans"; related technical support, impact assessment conducted by the World Bank; family kits supplied by UNICEF; HIV and malaria inputs supplied by Global Fund; vaccinations supplied by GAVI. (2015 -2019)	Gaps for expansion to other health zones/provinces. Insufficient funding.
1.5. Support for modernisation of the national Health Management Information System (HMIS), including nutrition, as part of the transition towards a	Delays and poor availability of high-quality data.	National sub-national	Accelerate finalisation of the new national health sector plan. Integration of nutritional support intervention data into the national system.	World Bank, WFP, HCR, Global Fund, DFID, NGOs, provincial programme coordinating bodies.	Purchase of equipment, training, workshops, country visit, 2013 to 2017. Initially, production of nutritional report matrix. Ongoing exercise.	Low coverage of the system at country level. No financial gap.

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decentralised, web-based system.						
1.6. Service Delivery Survey.	Service quality, including adequate diagnosis and treatment and rational use of drugs.	Sub-national	SARA survey.	World Bank	Survey in four provinces, October 2015, second survey two years later, action plan following each survey.	Specific gaps will be identified when producing the action plan, based on the results of the survey.
1.7. Health equity study.	Access to high-quality healthcare for the poor.	National sub-national	Increase public subsidies; Combat inequalities in the distribution of public subsidies. •Reduce heavy dependency on "out-of-pocket" expenditure for all and improve financial protection for health.	World Bank	Analysis report finalised with the MSP, dissemination workshops scheduled for July 2015.	Support for implementation of recommendations. Fixed-price charging structure required to reduce disparities between quintiles.
1.8. Scenario costing study for scale-up of interventions and analysis of evidence from nutritional support programmes.	High level of malnutrition, which reduces HIV/AIDS treatment compliance and effectiveness. Problems linked to physical access and financial limitations.	National Sub-national	Costed national plan to combat malnutrition. Government focus and advocacy on nutritional support issues.	World Bank, UNICEF, WFP, NGOs, provincial programme coordinating bodies	Consultants, report preparation, workshops, Jan 2014-June 2015 Financial support.	The government and donors must commit to funding one of the scenarios from this costing exercise. No such commitment at present. Analysis of evidence from nutritional support programme. Only conducted in eight cities in the country so far.
1.9. Healthcare human resources study in DRC.	Availability and quality of human resources.	National and sub-national	To be determined.	World Bank, DFID	Conduct the study, dissemination and political dialogue (January 2015 to June 2015).	Support for implementation of the recommendations of the study: HR management, involuntary retirement, payment method.
Strategy (Intervention Area) 2: Increasing the availability of drugs and other high-quality inputs						

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2.1 Support for the Division of Pharmacy to improve logistics regulation, planning and information system (SPSR Plan - condoms, STI drugs, etc.).	Improve the quality of drugs including ACTs and ARVs. Poor availability and accessibility of high-quality inputs.	National	See support for Fedecame and PNAM below.	World Bank, WHO UNFPA	Long-term consultant (July 2015-June 2017), training programmes, country visit, development of a business plan for the transition. Technical capacity-building for stakeholders. Study to improve logistics management in several provinces.	Specific gaps will be identified and costed in the business plan.
2.2 Pre-positioning of drug stocks for the PDSS project in 140 zones.	Increase the availability of inputs in the national drugs distribution system.	Sub-national	Support within the framework of the PDSS project in 140 health zones.	World Bank PARSS project	Procurement of drugs, including ACTs, temporary warehousing, distribution and management by the SNAME. (drugs available from July 2015 to June 2016)	No gaps, this is initial support. The FOSAs will have funding to open lines of credit with Fedecame at a future date.
2.3 Support for Quality Assurance Management (QAM) (including drug monitoring quality control).	Poor availability and accessibility of high-quality inputs.	National Sub-national	Build the capacities of the National Essential Drug Supply System (SNAME). -Reinforce implementation of an essential drug input quality control and regulation system.	WB, UNFPA, UNICEF, WHO, WFP, GAVI, GF, USAID, DFID, PEPFAR, CTB, GIZ, CIDA, SIDA, Japan, KOICA	Improve input ordering and distribution monitoring within the SNAME. Exploit profitable logistics opportunities, based on the example of the MoU between the Global Fund and UNICEF.	Resources necessary for reinforcement of the distribution system. Reinforcement of the logistics management information system. Resources necessary for reinforcement of the quality assurance system.
2.4 Nutritional support for PLHIVs.	Depletion of input stocks.	National Sub-national	Improve planning and programming. Updating of patient waiting-list databases.	WFP, HCR, PNLS, NGOs, provincial programme coordinating bodies.	Development of stakeholder monitoring and coordination tools.	Low national coverage. Many needs not covered.

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			Universal roll-out of NACS at sites.			
2.5 Support for reinforcement of universal bednet coverage through mass household distribution campaigns.	Poor availability and accessibility of high-quality inputs.	National Sub-national	Support for micro-planning and programming. Ensure that bednets are available in households at all times. Community mobilisation to promote bednet usage.	UNICEF, Global Fund, NGOs, provincial programme coordinating bodies.	Development of intervention planning and monitoring tools. Mobilisation of resources for regular replenishment of bednetss. Organisation of mass bednet household distribution campaigns.	National Malaria Strategic Plan (gap analysis).
2.6 Build the capacities of the SNAME in terms of supply, distribution and quality control of essential drugs and inputs.	Poor availability and accessibility of high-quality inputs.	National Sub-national (Nord & Sud Kivu, Maniema, Bandundu, Kinshasa, Bas Congo, Katanga, Orientale Province)	Improve regulation.	WB, UNFPA, UNICEF, WHO, WFP, GAVI, GF, USAID, DFID, PEPFAR, CTB, GIZ, CIDA, SIDA, Japan, KOICA UNFPA	Improve input ordering and distribution monitoring within the SNAME. Exploit profitable logistics opportunities, based on the example of the MoU between the Global Fund and UNICEF. Build technical capacities. Secure sources of funding.	
2.7 Funding for drugs and other inputs in the 153 health zones, supported by PBF via lines of	Increase the availability of inputs in the SNAME.	Sub-national	Other aspects of the PBF model, other technical support for the SNAME, inputs supplied by the Global Fund and UNFPA.	World Bank	Financial support, July 2015-2019.	No gaps for the health zones covered by the project.

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credit with the Fedecame.						
2.8 Strengthen the financial viability of the Fedecame.	Increase the availability of inputs in the SNAME.	National	See support for DPM and PNAM.	World Bank	Long-term consultant (July 2015-June 2017), training programmes, country visit, development of a business plan.	Specific gaps will be identified and costed in the business plan.
Strategy (Intervention Area) 3: Strengthen community platforms						
3.1. Pilot experiment prior to scale-up of integrated treatment of childhood diseases at community level, and partnership with the MSP and NGOs.	Lack of synergy between the community system and health services.	National Sub-national	Document existing experiences and implement a community health strategy.	WHO UNICEF GF, USAID/PMI	Project evaluation in 2016 and plan for scale-up in 50% of the health zones. Evaluation and documentation of experiences in progress in 2016 and scale-up phase from 2017 to 2020.	The regulatory framework covering community-based interventions is incomplete. Lack of capacity among civil society organisations in terms of HIV, tuberculosis and malaria strategy and treatment.
3.2. Capacity-building of members of parliament on human rights, laws and HIV/malaria.	Lack of engagement among members of parliament on human rights and HIV issues.	National Sub-national	National ownership for implementation of MP networks, parliamentary control, adoption of laws that respect human rights.	UNDP, UNAIDS	Four networks are set up in three years.	Lack of financial resources.
3.3. Capacity-building for judges, police officers and civil society stakeholders on human rights and HIV issues.	Poor knowledge, lack of interest, discrimination.	National Sub-national	Fair judgement during trials, knowledge and application of legislation, ownership of the subject. Reduction in discrimination.	UNDP, UNAIDS, UNWOMEN	Introduction of rights and HIV networks in the provinces (4), support for and implementation of legal advice clinics for PLHIVs and key populations.	Lack of financial resources. No strategy for implementing legal advice clinics.
3.4. Capacity development and involvement of civil	Lack of synergy between the community system	National	Strengthening operational and institutional capacity of	UNAIDS, UNFPA, UNICEF, WHO, WFP, GF, UNDP	Scale-up UNAIDS experience on updating civil society organisations	

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society (including PLAH, MSM, Youth and Women and religious networks) in national response.	and health services.		community-based organisations to promote women's leadership and human rights. Resource mobilisation to support community-based response. Conduct a review of existing experiences. Conduct a pilot study.		on prioritising and lobbying; Logistics support and RBF; Empowerment of women and girls. Review of existing experiences in 2016, followed by a pilot implementation protocol which will take place from 2016 to 2017.	
3.5. Coordination capacity-building for CSOs.	CSO empowerment, institutional audits.	National Sub-national	Supervision of interventions, personal training. Micro-grants.	UNDP, UNFPA, UNAIDS, UNFPA, UNHCR, etc.	Technical assistance, institutional support. 3 years	Non-alignment of stakeholders, loss of qualified human resources.
3.6. Study of the social factors that hinder access to comprehensive services for key populations.	Lack of data, insufficient number of trained personnel to meet their needs.	National Sub-national	Reduction in stigmatisation and discrimination.	UNDP, UNFPA, UNAIDS, UNESCO, UNHCR	Incorporation of the specific needs of this target audience into action planning.	Lack of specialist centres for target populations. Poor knowledge of their specific needs, lack of financial resources.
3.7. Study of community-based approach experiences to improve health outcomes in DRC.	Lack of synergy between the community system and health services.	National sub-national	Use of direct support from partners for service provision.	World Bank	Consultants to conduct the review, feedback workshops, development of an action plan with budget and road map (July 2015 to March 2016).	Specific gaps will be identified during the study.
3.8. Support for the community-based strategy to combat habits and customs that have an adverse impact on gender and exposure to HIV	Poor knowledge of HIV transmission and prevention issues in the rural community. Abuse and exploitation of women (physical and	National Sub-national	Community ownership of the approach, abandonment of backward customs, respect for women's rights, promotion of education for young	UNDP, UNFPA, UNICEF, UNESCO, UNWOMEN	Introduction of educational programmes on community radio stations; involve community opinion-leaders. Creation of a pool of community coordinators;	Lack of financial resources.

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infection (Stepping Stones).	sexual violence).		girls.		development of context-specific educational kits.	
3.9. Support for the community-based dynamic (community diagnosis, promotion of demand and use of high-quality services; participation in management bodies).	Lack of synergy between the community system and health services.	National Sub-national	Formulate a community-based health strategy along with an integrated communication plan.	UNICEF WHO UNFPA UNAIDS	Community involvement and ownership. Lobby community leaders and introduce a support mechanism for community-based organisations (CBOs). Outreach work on key family practices through home visits.	Integration of all community-based actions. Improvement of the community intervention reporting system.
3.10. Support at community level and for health facilities in the prevention of sexual and gender-based violence and treatment of victims.	Importance of sexual violence as a HIV transmission vector.	Sub-national ** health zones in Nord and Sud Kivu, in collaboration with Panzi Hospital in Sud Kivu and Heal Africa Hospital in Nord Kivu.	Support for health interventions for women and children in the same health zones.	World Bank	June 2014 – June 2018	Financial gap to extend this approach to the country's other provinces.
3.11. Promotion of the home visit and community activity approach in the PDSS project in 140 health zones.	Lack of community involvement in controlling HIV/AIDS and malaria.	National Sub-national	Support evaluation of the community-based approach study.	World Bank, UNICEF	Impact analysis to evaluate the effectiveness of these approaches: baseline study October 2015, endline study October 2017.	No gaps for this specific approach. Scale-up from 2017 may require additional funding.
3.12. Production of educational materials on nutrition in PMTCT.	High level of malnutrition, which reduces HIV/AIDS treatment compliance and effectiveness.	National	Reinforce inclusion of the support package in other communication materials. Universal roll-out of education for female clients.	WFP, NGOs, provincial programme coordinating bodies.	Support for the design and production of matrices in conjunction with other technical and financial partners (PEPFAR, etc.).	Resources to produce additional materials and distribute these materials to all sites.
3.13. Training for	High level of	National	Updating of training	WFP, PNLS	Organise training sessions.	Limited resources due to

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service providers on nutritional support for PLHIVs.	malnutrition, which reduces HIV/AIDS treatment compliance and effectiveness.	Sub-national	materials. Inclusion of training in the health zone package.			the high number of beneficiaries.
Strategy (Intervention Area) 4: Increasing health funding						
4.1. Organisation of the resource mobilisation round table.	Insufficient contribution from central government to controlling malaria and HIV.	National Sub-national	Increase in the government's contribution to HIV and malaria response.	UNDP, ILO, UNAIDS, UNFPA, UNWOMEN, UNHCR, WHO, UNESCO, etc.	Development of resource mobilisation tools, consultation framework. Partner forum, experience-sharing.	Lack of necessary resources for organisation and monitoring.
4.2. Support the development of the national health funding strategy, preparation of national health accounts, and the law on universal health coverage.	Insufficient government funding for health. Limited health funding mechanisms.	National sub-national	Increase in the government's contribution to health funding.	World Bank, WHO	Advocacy, technical support, workshops, training (January 2014 to December 2015).	No gaps.
4.3. Public expenditure review in health.	Insufficient funding, inefficiency.	National sub-national	Develop a funding strategy and pass a universal health coverage bill.	World Bank	Study conducted by World Bank experts (June 2014 – June 2015).	

PART 2: HIGH IMPACT INTERVENTIONS CURRENTLY UNSUPPORTED BY UN/WB[5]					
Identified intervention that is unsupported (Gap)	**Priority Bottlenecks**	**Action required at:** **1. National** **2. Sub-national**	**Related government** implementation underway? (Y/N)	**Anticipated** need of UN/WB support	**Potential to meet the anticipated support needed[6]**
1. Extend partnership activities to ensure that at least 80% of the population has access to a comprehensive package of services, drawing inspiration from the existing health system improvement platform and focusing on the use of "Performance-Based Financing" (PBF).	- The fragmentation of stakeholders and partnerships is a significant bottleneck, reducing health intervention effectiveness, efficiency, fairness and opportunities. - Lack of household access to high-quality healthcare due to financial constraints. - Insufficient coverage of the requirements of populations with humanitarian needs.	National Sub-national	Y	60% of PLHIVs need ARVs. 10% of health zones (52 health zones) lack the minimum comprehensive intervention package for malaria. Structural support for the intervention platform and approach. Develop a PMTCT operational plan, a Fast Track & Treatment 90-90-90, and implement these in four cities (Kinshasa, Lubumbashi, Goma, Mbuji-Mayi). Support the provision of HIV/AIDS and malaria services to populations with humanitarian needs. Technical and financial support, similar to the support provided in zones that already receive it (negotiation and application of fixed-price charging structure, etc.).	Coordination capacity. UN Joint Plan and PEPFAR. The National Strategic Plan on HIV 2014-2017, which classifies the population with humanitarian needs as a priority sub-group, and the PAH, which includes HIV and malaria issues. UNICEF/WB/GF MoU
2. Increase national and international investment in health.	- Insufficient funding for health in DRC. - Lack of a health funding strategy and mechanism in DRC.	National sub-national	Y	Technical and financial support, and additional advocacy for: - The development of a health sector funding and resource mobilisation strategy. - The drafting and adoption of the law on universal health coverage. The health funding business case.	The Global Financing Facility for health.
3. Accelerate modernisation of the	Shortcomings of the HMIS, as a result of which it is not possible to:	National Sub-national	Y	Technical and financial support for modernisation of the HMIS.	Support for the HMIS by the GF.

[5] These should include the **identified gap areas** where support would need to be provided to the Government in order to accelerate progress on the off-track MDG target area.

[6] For instance, included in forthcoming work plan; joint work among agencies or other partners; programmable resources available etc.

HMIS and develop a national, integrated, real-time monitoring system.	- access regular, high-quality routine data, collect survey data on an ongoing basis. - conduct in-depth key indicator analyses.			Inclusion of nutritional indicators in the HMIS. Develop the integrated surveillance module.	Existence of a partnership to support the HMIS.
4. Support capacity-building among human resources involved in HIV and malaria control efforts.	Lack of human resources with specific HIV/AIDS and malaria skills and knowledge, combined with unequal geographical distribution and poor knowledge of guidelines for handling populations with humanitarian needs. Lack of a health personnel training plan, and inappropriate technical support centre.	National Sub-national	Y	Put the DPSs into operation by providing them with qualified human resources under the framework of health system reform. Technical and financial support for capacity evaluation and implementation of a training plan, with a particular emphasis on HIV and malaria. Capacity-building workshops for various stakeholders in the 5 health zones with humanitarian needs in the Equateur Nord region. 2 health zones in Sud Kivu, 3 health zones in Nord Kivu	Partners
5. Guarantee the availability of essential drugs and inputs, and improve the national supply system.	Poor access to HIV/AIDS and malaria prevention, diagnosis and treatment inputs. Low coverage of nutritional inputs for PLHIVs. Insufficient operational capacity of the SNAME to guarantee the availability of essential drugs and inputs. Reduced access to malaria prevention, diagnosis and treatment inputs.	National Sub-national	Y	The agencies are determined to use the existing National Essential Drug Supply System. Improve the distribution system, the logistics management system and the quality assurance system for drugs and other inputs. Support for Fedecame at national, CDR and operational level. Increased nutritional support coverage in the other health zones.	GF (UNICEF, WFP), WB
6. Conduct wide-scale distribution of long-lasting insecticidal mosquito nets (LLINs) every three years.	Irregularities and disparities between LLIN distribution cycles. Lack of funding.	National Sub-national	Y	Resource mobilisation and technical and financial support, including specific planning for low-coverage zones. Inclusion of displaced population movements in the LLIN distribution plan.	GF
7. Support a	- Poor coordination and lack of	National	Y	Technical and financial support to:	PMI

community mobilisation strategy in at least half of the country's health zones.	synergies between the community system and health services. - Low service usage rate, hindering the deployment of morbidity and mortality reduction activities within the community. - Lack of community involvement and ownership. - Lack of funding for community-based approaches in the country. - Persistence of forms of behaviour that hinder disease control.	Sub-national		- Improve the regulatory framework covering community-based interventions. - Improve household support and build the capacities of civil society organisations in terms of HIV and malaria strategy and treatment. - Formulate a community health policy and strategic plan.	UNICEF, UNAIDS, UNFPA, WB.
8. Build the capacities of civil society organisations, members of parliament and the justice sector on human rights and HIV/AIDS laws.	Poor knowledge, lack of interest, discrimination, lack of engagement from members of parliament.	National Sub-national	Y	Support for the introduction of rights and HIV networks in 11 provinces, and legal advice clinics for PLHIVs and key populations. Creation of MP networks.	UNDP, UNAIDS, UNFPA.

PART 3[7]: NEXT STEPS – UN AGENCY/WB ASSESSMENT OF THEIR PRIORITIES TO ADDRESS GAPS YET TO BE FILLED	
UN agency/WB name	**Top three priorities for addressing unfilled gaps** (based on parts 1 and 2, and indicating their catalytic potential for accelerating progress on the off-track MDG target and sustainability over time). This includes priorities to be recommended at the CEB Session (at national or sub-national levels). UN and World Bank Country Teams should ensure to make specific proposals here which are aligned on what is recommended under the country note. (Part 3 will be used to complement the commitments made by Heads of Agencies at the CEB formal session to form the basis for the tracking sheet of commitments).
UNAIDS	1a. To scale up EMTCT option B+ and Treatment 90-90-90 in cities (Kinshasa, Lubumbashi, Goma et Mbuji-Mayi).
	1b. To support effective implementation of country regulatory framework related to gender-based violence.
	1c. To obtain commitment from Governors/ Mayors on the effective implementation of a city action plan including mapping of focus areas in the city and the private sector and civil society involvement and improvement of data quality.
WHO	2a. To support capacity-building for human resources involved in HIV and malaria control (Improving the managerial capacities of 12 new DPSs and monitoring and evaluation of projects and interventions).
	2b. To support improvements to the distribution system for drugs and other inputs, and the logistics management information system, particularly at central and provincial level.
	2c. To support the community mobilisation strategy through the creation of a national policy and a community health strategic plan, including capacity-building for civil society organisations in terms of HIV, tuberculosis and malaria strategy and treatment.
	2d. To support financial resource mobilisation via the Global Financing Facility process.
	2e. To support reinforcement of the MHIS, and the monitoring module in particular.
UNDP	3a. To build the capacities of civil society organisations, members of parliament and the justice sector on human rights and HIV/AIDS (Networks implemented and outreach and ownership of Stepping Stones approach).
	3b. To extend partnership activities to ensure that at least 80% of the population has access to a comprehensive package of services, drawing inspiration from the existing health system improvement platform and focusing on the use of "Performance-Based Financing" (PBF) (Structural support for the intervention platform and approach).
	3c. To support capacity-building among human resources involved in HIV and malaria control efforts (Requirements and training modules identified and training plan produced).
WB	4a. To support the harmonisation model, based on the PBF approach, in 153 health zones (25% of the population).
	4b. To improve the essential drug supply system (technical support for DPM, Fedecame and PNAM).
	4c. To support financial resource mobilisation via the Global Financing Facility process for maternal and child health.

[7] Indicates the **identified priority areas/actions by respective agencies (either individually** or through joint-programming) to support the country to accelerate progress. This section provides areas of commitments by agencies and should be aligned with the last part of recommendations provided in the country note. **It is important to note that part 3 of the CEB matrix provides the first set of commitments to be monitored under the CEB process.**

	4d. To support strengthening of the MHIS.
UNICEF	5a. To implement the HIV/AIDS EMTCT Plan via scale-up with option B+, early screening and treatment of 90% of exposed newborns (Early Infants Diagnosis), and assistance for community support groups in service usage and treatment compliance.
	5b. To cover the reproductive health and HIV needs of at least 50% of adolescents.
	5c. To support malaria control through: (i) free, universal mosquito net distribution campaigns to households, (ii) support for community monitoring of household LLIN usage, and (iii) monitoring and evaluation within the framework of malaria control efforts.
WFP	6a. To provide nutritional support for PLHIVs with a view to increasing prophylactic and antiretroviral treatment compliance.
	6b. To provide training for service providers on nutritional support for PLHIVs, with a view to improving the quality of PLHIV services in treatment centres.
	6c. To support the PLHIV nutritional assistance monitoring and evaluation system, in order to access the necessary real-time data and to track quality, performance and monitoring indicators.
UNHCR	7a. To support HIV and malaria service provision in areas under humanitarian crisis (Equateur, Orientale Province, Nord and Sud Kivu and Katanga).
	7b. To conduct regional, national and operational advocacy efforts to support HIV and malaria needs with available funding (Global Fund, etc.).
	7c. To engage in capacity-building for humanitarian stakeholders on HIV and malaria guidelines for populations with humanitarian needs – 5 health zones in Equateur Nord, 2 health zones in Sud Kivu, 3 health zones in Nord Kivu
UNFPA	8a. To improve the drug supply system and condom programming.
	8b. To support HIV prevention services targeting high-risk populations.
	8c. To support integrated HIV prevention and maternal health services (to be made specific).
UNWOMEN	9a. To improve community resilience through SGBV prevention and protection activities, focusing on changing social norms and reducing vulnerabilities in seven provinces (Sud Kivu, Nord Kivu, Orientale Province, Maniema, Equateur, Katanga, Kasaï Orientale).
	9b. To support community mechanisms to enable minorities and vulnerable populations to access HIV, SV, tuberculosis and malaria prevention and treatment services in seven provinces (Sud Kivu, Nord Kivu, Orientale Province, Maniema, Equateur, Katanga, Kasaï Orientale).
	9c. To support men, women and community leaders in women's rights and minority rights promotion initiatives, focusing in particular on service access, in seven provinces (Sud Kivu, Nord Kivu, Orientale Province, Maniema, Equateur, Katanga, Kasaï Orientale).