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EXECUTIVE SUMMARY

While the overall situation of children in the Democratic Republic of the Congo (DRC) is a matter of great concern, significant progress has been made in terms of young children's health during the last decade. With malaria being one of the primary causes of child mortality, the widespread distribution of long-lasting insecticide treated mosquito nets has increased the percentage of children sleeping under bed nets from 1 per cent in 2001 to 38 per cent in 2010. While vaccination coverage remains insufficient, the proportion of children completely vaccinated has increased from 23 per cent in 2001 to 42 per cent in 2010. Maternal mortality remains high, though women have increased access to antenatal care. In 2010, almost nine women out of ten have had access to at least one prenatal consultation and 74 per cent were assisted by a skilled attendant upon delivery.

Despite this progress and ground for hope, none of the Millennium Development Goals will be reached by 2015 and the DRC continues to be one of the worst protracted crisis situations in the world. In a country as large as Western Europe with a population of about 70 million, the challenges are multiple ranging from continued violence by various armed groups in Eastern DRC resulting in about 1.6 million displaced and 822,608 returnees, to chronic malnutrition of which almost one in two children is suffering. A little less than half of the population has access to safe water and sanitation facilities exposing them to water-borne diseases such as diarrhoea and cholera, which spread in 2011 to non-endemic areas in Western DRC. Public health and education services are underfinanced, depriving the population from basic services. In 2011, DRC is ranked lowest in the human development index.

During 2011, despite this challenging environment and the added constraints caused by national elections, UNICEF has been able to engage in valuable partnerships with the Government, donors, national and international non-governmental organizations and communities advancing the achievement of the rights of the child. Following 93 new polio cases, 14 million children received oral polio vaccine through three national campaigns. More than 13 million children aged 6-59 months were reached with vitamin A supplements and de-worming. 2.2 million children registered for school, some of whom received UNICEF support via learning and teaching materials. Child diarrhoea morbidity rate has dropped from 28 per cent to 5 per cent in the intervention zones of the water, sanitation and hygiene (WASH) programme. Furthermore, thousands of children and women have accessed protection activities and medical and psychosocial support has been provided for victims of sexual violence. Emergency assistance in non-food items, WASH, and education was provided to 1.4 million conflict-affected people.

The Country Office continued to capitalize on past successes and lessons learned. UNICEF developed several innovative approaches such as integrating the needs of the most vulnerable among the displaced in a partnership with Handicap International within the humanitarian programme and an online database for the healthy village, healthy school programme, which is updated with data from the field via SMS.

COUNTRY SITUATION

In 2011, the population in DRC continued to be in **need of large scale humanitarian assistance** due to the protracted crisis caused by the volatile politico-military situation. Some 1.6 million Congolese are displaced mainly in Eastern DRC. The chronic emergency situation causes entire communities who had returned to their villages to become displaced again. As such there are about 822,608 returnees and 120,000 host families. This continuing 'state of transit' disrupting the lives of the ordinary people has long lasting implications for the chances of survival and education of children, but also for their social and psychological development and future prospects.

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The Multi-indicator cluster survey (MICS) 2010 data^[1] accessible under http://www.childinfo.org/mics4_surveys.html provided all key-statistics and was together with UNICEF's MDG analytical report^[2] used for the second Poverty Reduction Strategy Paper.

Although child mortality has reduced, vaccination coverage improved and school attendance increased, none of the MDGs will be achieved by 2015. According to the MICS 2010, **43 per cent of under-five year old children are suffering from chronic malnutrition**, which was the same in 2001. Several indicators, such as on hygiene, access to safe drinking water and knowledge of HIV/AIDS show **stagnation** over the past decade. In 2010, only 14 per cent of the population had access to improved sanitary facilities compared to 9 per cent in 2001. Similarly in 2010, **47 per cent of the population has access to safe drinking** water compared to 46 per cent in 2001. In 2010 only 15 per cent of 15-24 year old women had comprehensive knowledge about HIV/AIDS, which is the same percentage that was found in 2001.

With malaria being one of the primary causes of child mortality, the widespread distribution of long-lasting insecticide treated mosquito nets has increased the **percentage of children sleeping under bed nets** from 1 per cent in 2001 to 38 per cent in 2010. Maternal mortality remains high, though women have increased access to antenatal care. In 2010, almost nine women out of ten have had access to at least one prenatal consultation and 74 per cent were assisted by a skilled attendant upon delivery.

In 2011, 93 polio cases have been notified. Since 2010, **measles outbreaks** are becoming frequent and 11 million children in Kinshasa, Bas Congo, Bandundu and North Kivu are at risk. **Cholera** has broken out in new areas and is quickly spreading along the Congo River.

While vaccination coverage remains insufficient, the **proportion of children completely vaccinated** has increased from 23 per cent in 2001 to 42 per cent in 2010. Health services have not been functioning well in the past years. Total health expenditure in 2008 and 2009 in the DRC was US\$13 per capita, which is far from the US\$20 per capita that the Ministry of Health considers the minimum requirement and is far from the US\$34 per capita that the WHO advises.^[3]

Financing **health services** is mainly directly paid for by the population through "out-of-the-pocket payment". In 2009 not less than 42 per cent of the health expenditure was paid by households, 36 per cent by donors and international NGO's, and 10 per cent by private enterprise. The Government contributed 12 per cent.

A substantial part of the health costs paid by households concern costs of medication in addition to levies and related unofficial administrative costs at health facilities. It is estimated that less than half of the health staff is officially registered and salaried, and that the remaining unregistered health workers do not receive a salary. They are paid from the money generated by the health facility itself. In rural areas, particularly in the East of the country, this proportion of unsalaried health staff is substantially higher than in urban settings.^[4]

An equally problematic situation is found in the **education sector**. Even so primary school attendance has risen in the last 10 years from 52 per cent to 75 per cent; only 51 per cent of 15 – 24 year old women are literate with substantial differences between rural and urban areas, 37 per cent and 79 per cent respectively. Differences in terms of socio-economic well-being are even bigger: **28 per cent of the 15-24 year old women in poorest households are literate** compared to 89 per cent in the wealthiest households.^[5] Out of 100 children in the DRC there are 75 who attend primary school, but only 56 will complete the sixth year, of whom 30 boys and 26 girls. ^[6] The measures related to the abolished school fees are not implemented. Only two out of three schools have a budget for the acquisition of books.^[7]

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In urban as well as rural areas, in poor as well as in wealthy households, **birth registration has been declining** over the last 10 years and nationally reduced from 34 per cent of under-five year old children to 28 per cent in 2010. Between provinces there are differences, such as Bas Congo (61 per cent) and Bandundu (57 per cent) compared to Kasai Occidental (9 per cent) and Katanga (10 per cent).

[1] Multiple Indicator Cluster Survey 2010 (MICS), Kinshasa 2011, Ministry of Planning DRC, National Institute of Statistics, and UNICEF-DRC

[2] « *Les progrès vers l'atteinte des Objectifs du Millénaire pour le Développement en République Démocratique du Congo* », Kinshasa February 2011, UNICEF-RDC, Programme Planning, Monitoring & Evaluation.

[3] National Health Accounts 2008-2009, May 2011, USAID Health 20/20. A study for which data had been collected through the MICS 2010.

[4] "Enquête UNICEF sur le financement du secteur de la santé", report in draft.

[5] MICS 2010

[6] MICS 2010

[7] « *Evaluation nationale des Produits essentiels pour la survie et le Développement de l'enfant en République Démocratique du Congo* », septembre 2011, John Snow Inc. This Country Assessment of Essential Commodities. Study conducted by the JSI in collaboration with School of Public Health, Kinshasa, initiated by the Government of DRC and UNICEF.

Who are the deprived children in your country context?

Around 80 per cent of the population in the DRC lives in conditions of deprivation. The most disadvantaged are the children among the 1.6 million displaced populations in the East and Northeast of the country and those of poor families in rural areas throughout the country, in particular in the provinces Equateur, Maniema, Katanga, the two Kasais [1] and those children who live in the urban slums.

The children of the rural poor are most at risk. Under five mortality rate in rural areas is 174 per thousand against 111 per thousand in urban areas. In the poorest families, the under-five mortality rate is 172 per thousand compared to 88 per thousand in the wealthiest families.

In the absence of functioning health insurance systems, only half of the patients are able to pay their health services bills, a situation that is contributing directly to further impoverishment of the population of whom 70 per cent lives below the poverty.[2]

The majority (71 per cent) of 5 – 14 year old children who attend school also work (boys, 75 per cent and girls, 69 per cent).

[1] « *Les progrès vers l'atteinte des Objectifs du Millénaire pour le Développement en République Démocratique du Congo* », (Progress on the MDGs in the DRC), Kinshasa February 2011, UNICEF DRC

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[2] National Health Accounts 2008-2009, May 2011, USAID Health 20/20. A study for which data had been collected through the MICS 2010.

Data/Evidence

A **knowledge base on disparities and deprived children** does exist in the National Statistical Institute which keeps databases of national surveys, such as Enquête 1-2-3 of 2004, Demographic Health Survey 2007 and MICS 2010, which include data on disadvantaged children disaggregated by socio-economic, geographical, sex, and cultural categories. The National Statistical Institute also keeps demographic data bases and makes the projections based on the 1984 census. The line ministries, such as Health, Education, are maintaining databases on service delivery based on routine data of the Health Management Information System, such as vaccination delivery, and the Education management Information System such as school attendance.

Evidence is also provided by statistical analysis of MICS 2010 data on **child deprivation and access to basic social services** in the areas of health, nutrition, water and sanitation, education, protection, and HIV/AIDS. A report on progress made by the DRC toward the achievement of MDG has been produced and key surveys, studies and evaluations have been completed in 2011: (i) the study on the out-of school children; (ii) the country analysis of essential commodities; (iii) a diagnostic study on child sensitive social protection in DRC; (iv) Nutritional surveys in a certain number of territories in the province of Bandundu and (v) the mid-term evaluation of the project of Basic education in Eastern DRC. The Government has also finalized the second Poverty Reduction Strategy Paper with the support of UN agencies and the other development partners.

UNICEF has reinforced its capacities in **cartography at national and provincial levels** to better identify areas where the most deprived children, families and groups are living. In the coming year the UNICEF Country Office will undertake further analysis to identify more precisely which are the populations who are most excluded from social services and what the bottlenecks and barriers are causing these social services to not be delivered. In this regard, community based monitoring of key interventions supported by UNICEF will be developed.

The **analysis of causes of vulnerability** is ongoing in particular of disadvantaged children in the provinces of Maniema, Equateur, Katanga, Kasai Oriental and Kasai Occidental where the situation of children is the worst. The social statistics provided by nationwide surveys of MICS, Demographic Health Survey and Enquête 1-2-3 require further explanation about the background and causes responsible for the vulnerability of children in particular among the rural poor. The continuing analysis of the situation of children and women will provide some explanation of causalities. Analysis and the use of existing databases on disadvantaged children for decision making will be challenging at all levels – national and provincial- to influence national policies and inform the new country programmes supported by the UN agencies and the other development partners in DRC.

Monitoring Mechanism

Key mechanisms such as the Programme Coordination Meeting and the Country Management Team are functioning within the office to **track, assess and evaluate achievement of results for the most deprived children**, families and groups. An equity analysis based on MICS data has been conducted to identify and shows socio economic groups who have no access to basic social services.

The CO is periodically carrying out **equity analysis and monitoring** to show the progress the CO made in favour of the most deprived children, families and groups. UNICEF DRC will address in 2012 the challenges in monitoring the results for the most deprived children, families and groups at community level where equity monitoring is weak due to the non-use of appropriate tools to analyse

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bottlenecks of UNICEF supported interventions in the areas of health, nutrition, water and sanitation and education.

Within the on-going situation analysis of children and women, data from MICS 2010 and administrative data collected by the ministries of health and education are being analysed by UNICEF to **address the key bottlenecks and barriers to access to basic social services** at national and provincial levels. The recruitment of Monitoring and Evaluation Specialists within the sectoral programme sections (health, education, water and sanitation) will help to implement an equity monitoring at community level.

Support to National Planning

Mid and annual reviews of activities implemented by each country programme component have been conducted at provincial level in collaboration with the provincial coordination and monitoring committee and the interministerial committee of coordination and monitoring to **evaluate the key results achieved for children in each programme**. Field visits in the project sites conducted by the national counterparts, UNICEF staff and implementing partners from NGOs and community-based organizations helped to identify the strengths and the weaknesses of the programme implementation and monitoring. At national level, a joint annual review of the country programme action plan supported by the Ex-Comm agencies (UNICEF, UNDP, UNFPA, WFP) has been held under the coordination of the government to evaluate progress made within the implementation of planned activities.

UNICEF **supported the National Institute of Statistics** at national and provincial levels to implement DevInfo, and produce provincial bulletin of statistics updated with the MICS data and administrative data collected and treated and analyzed in each province.

UNICEF has also **reinforced the capacities of line ministries** such as the Ministry of Health and the Ministry of Education to update routinely social statistics data and produce sectoral report of statics on education and health.

Any other relevant information related to data/evidence?

The following evaluations, surveys and studies have been carried out in 2011 and can be accessed under the Document Centre:

Type of Report | Title

Evaluation| Mid-term Evaluation of Project of Basic Education in Eastern DRC

Survey| Multiple Indicator Cluster Survey, DRC 2010

Survey| Nutrition Surveys in Territories of Bandundu

Study | Child Sensitive Social Protection in DRC: a Diagnostic Study

Study| Analysis of the Availability of Essential Commodities in DRC

Study| Out of School Study in DRC: Situation Analysis (first part)

COUNTRY PROGRAMME ANALYTIC OVERVIEW

UNICEF DRC has built in 2011 on past programming successes and continued to support innovative programming in favour of the most vulnerable children. In addition to following the recommendation of the 2010 Mid-Term Review to continue support to large scale, high impact interventions without losing attention to upstream work, 2011 saw the establishment of several fora to provide

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momentum to innovative programme approaches and build constructively on lessons learned. As such, the Country Management Team has enshrined innovation as one of its core approaches naming it the "Country Office Management & Innovation Team". Furthermore an innovation task force has been created, which will document past innovation successes, review new ideas and provide support for promising new approaches. UNICEF management and every single staff member is encouraged to search for innovative approaches in programming as well as in daily operational procedures for better results.

Cross-cutting strategies will be further enhanced in order to improve programme implementation. As such, advocacy efforts will continue to focus on key stakeholders. Capacity development of partners including the government, communities and UNICEF staff is key to achieving a sustainable positive impact for the Congolese children. Communication for development has so far mainly focused on health issues, but will now increasingly be streamlined into all UNICEF programming to encourage positive behaviour change among populations. Given the weak governance and government capacity, UNICEF will continue to concentrate its support on the decentralized capacity building, close to where services reach families. At the same time, UNICEF will participate at the upstream policy advocacy table, although realizing that national plans and policies do not automatically translate into action. UNICEF will continue focusing on delivering services in health, nutrition, water, sanitation and hygiene, education, protection and multisectoral humanitarian response. Campaigns such as immunization against polio and measles, distribution of long-lasting insecticide treated mosquito nets and the back-to-school campaign have especially been an important part of UNICEF programming and will likely remain a substantial part of future programming given the weak government capacity. In order to do so, good partnerships with government partners, national and international non-governmental organizations, communities and donors are essential for UNICEF and will be further enhanced. The CO will also set up a system for knowledge management to document lessons learned, innovations and share information easily.

The human rights based approach, gender equality and environmental sustainability are the basis for all UNICEF programming in the DRC. The next situation analysis which will be published in 2012 will analyze these principles and the Country Programme Document for the programming cycle 2013-2017 will include them as foundational pillars.

Innovation will be guiding the strategic approaches and normative principles in 2012 and allow UNICEF to achieve even better results for the children and women of the Democratic Republic of the Congo, especially the most vulnerable.

EFFECTIVE ADVOCACY

Mostly met benchmarks

The **results of the fourth Multi-indicator Cluster Survey** launched in 2011 were fundamental for all advocacy efforts.

In the area of Water, Sanitation and Hygiene, **strengthening of key alliances** (eg. DFID) to support the Hygiene Direction of the Ministry of Public Health in the framework of the Healthy Village programme, allowed for a continuation of the successful community-led hygiene and water concept to another 80 villages. A sanitation strategy aiming at strengthening the government counterparts and calling upon development partners to streamline their technical and financial assistance was prepared by the technical sanitation commission composed of different governmental institutions in charge of water and sanitation and facilitated by UNICEF.

With regards to Child Survival development, UNICEF advocated for the systematic integration of

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public health interventions including the minimum health package of large-scale, high-impact activities to reduce neonatal and child mortality within the national five-year plan, to reinforce ownership by all partners and ensure integration of the minimum health package in partners programming budget. Within the minimum health package, UNICEF strongly advocated for a full integration of nutrition to fight against malnutrition in DRC through a sustainable long term strategy. In parallel, the elaboration of the National Health Development Plan 2011-2015 was supported. UNICEF has been increasingly vocal towards the government with regards to the early **declaration of epidemics**, especially cholera and measles, and the planning of rapid responses to prevent propagation and further outbreaks. In addition, UNICEF elaborated a **two-year operational plan for polio eradication** in 2012, with the purpose to leverage and better coordinate resources in the fight against polio transmission and refocus efforts on high-risk health zones and unreached children. Joint efforts of the **African network against malaria parliamentary group** and UNICEF resulted in tax exemptions on all malaria prevention and treatment of imported materials. Following UNICEF's successful negotiation with its partners the Takahashi method of planning and monitoring based on bottleneck-analysis was accepted by the European Union in its support-project to the 2011-2015 National Health Development Plan.

In 2011, UNICEF continued to be a strong player of the **humanitarian community, promoting effective response** analysis and considerations to cash-based programs. One major advocacy forum for these topics was an event co-hosted with ECHO and facilitated by the Overseas Development Institute.

Each year at least two **innovations are documented** and shared as part of the UNICEF DRC Annual Report with a large public. In 2011, the featured innovations are the partnership of the Rapid Response to Movements of Populations (RRMP) with Handicap International benefiting disabled persons in humanitarian crises and thus addressing critical equity and human rights concerns. Furthermore, in the area of Water, Sanitation and Hygiene, UNICEF DRC has developed an online database which is fed with data transmitted from the field by SMS (both accessible in the document centre).

Changes in Public Policy

National sectoral strategies for health and education, and a child protection law promulgated in 2009, have been consistently used as opportunities to influence public policy by **focusing on deprived children**. The second Poverty Reduction Strategy Paper was finalized and data from MICS 2010 have been used to ensure that the most disadvantaged children are considered. In 2011 UNICEF has supported the development of 5-year development plans for growth and employment in the provinces of Bas-Congo, South Kivu and Kasai Occidental, putting deprived children on top of the political agenda.

Persistent advocacy, done jointly with education cluster partners, positioned the need for countrywide **gratuity of primary education** as a top priority and resulted in an official decree which is so far applied in nine out of 11 provinces. Though, unofficial school fees and lack of quality of schooling remain major concerns.

Following UNICEF's advocacy as lead of the **response to sexual violence**, four protocols on standards to be respected in the provision of medical, psychosocial, socioeconomic reintegration/schooling, and judicial referral were adopted by the Government and all involved players.

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Leveraging Resources

In addition to the US 32,989,525 rephased from previous years, the **Country Office mobilized USD 69,266,271 Other Resources** for the rolling workplan for the period 2011 - 2012. In addition, **USD 66,628,039 or 58 per cent** of the total budget against the **UNICEF Humanitarian Action for Children Appeal** for 2011 were mobilized. Of the amount received against the humanitarian appeal, 37 per cent was received from Multi-donor Trust Funds such as the Pooled Fund and the Central Emergency Response Fund, whereas overall, 13 per cent of the funds utilized in 2011 were received through Multi-Donor Trust Funds including the UN Trust Fund for Human Security.

Strong partnerships are in place with numerous donors, including but not limited to DFID, ECHO, Japan, USAID, SIDA, CIDA, KOICA, AusAID, Belgium, the World Bank, the Bill and Melinda Gates Foundation, Rotary International, Micronutrient Initiative and multi donor trust funds such as the Central Emergency Response Fund and the Pooled Fund as well as several UNICEF National Committees (the US Fund, the French, Swiss, Italian, Belgian, Spanish, Luxembourg, Canada and Austrian Committees for UNICEF).

In addition more than USD 8.5 million was received via the Thematic Funds (Yound Child Survival and Development, Humanitarian Response, HIV/AIDS and Children, and Child Protection), providing UNICEF the flexibility to utilise the funds where the needs are the most urgent.

UNICEF DRC developed two **Natcom donor toolkits for Child Survival and Education**, which are accessible to all UNICEF National committees on the new fundraising portal. Future funding from Natcoms will whenever possible be channeled through the toolkits reducing administrative costs while still providing high quality information to Natcoms.

UNICEF's continued lobbying as co-manager of the **Rapid Response Mechanism for Population Movements**, which was mirrored by high-quality projects on the ground, resulted in a continued flow of resources for assistance to displaced and returning populations in the East. A strong partnership with the **World Bank** resulted in the mobilization of over USD 70 million for large-scale distribution of 14 million insecticide treated bed nets, while the interaction with various bilateral donors allowed for fast funding of the cholera epidemic in four provinces (August-November) and sufficient vaccine supply for all 11 polio and six measles campaigns. Throughout 2011 UNICEF was actively involved in advocacy with the government on its World Bank allowance for 2012. As a result, parts of the USD 25 Million World Bank allowance will be dedicated to vaccines, immunization equipment and improvement of the national cold chain.

CAPACITY DEVELOPMENT

Mostly met benchmarks

UNICEF DRC has focused across its programmes on capacity development of the Congolese people, partner organizations and the society as illustrated in the following examples.

A **national training of the Expanded Programme of Immunization (EPI) logisticians** was organized by UNICEF in 2011. All EPI logisticians at national level as well as logisticians of several provinces received a comprehensive training in vaccine and cold chain management. In communication for development, the capacities of 102 representatives of provincial immunization and communication teams were reinforced in **strategic communication planning** in a 5-day training. 104 community communication teams in High Risk Health Zones were revitalized and received a 2-day training.

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While managing emergency responses through partnerships with international NGOs, UNICEF DRC ensured that implementing partners were involved in the **capacity development of health human resources in implementing zones**. The management teams of health zones were trained and technically supported so as to be able to face future emergencies due to the same type of epidemics and community involvement was stimulated.

In 2011, UNICEF and RRMP partners enhanced the use of RRMP as a vehicle for **on-the-job capacity development of local civil society actors** by involving them in needs assessments, interventions and monitoring. As national and provincial lead of the NFI/Shelter Cluster, UNICEF and partners hosted several training events in 2011 including workshops on fuel and firewood and improved monitoring tools for voucher fairs.

Capacity building was also a key strategy for UNICEF's work in the education sector. School inspectors in all provinces were trained via the **Child-Friendly Schools initiative** and are now managing the roll out and integration process. UNICEF is also supporting capacity development related to improvements on the quality of data. Consensus has been reached with the Ministry of Education and UNESCO on a joint programme of support to the decentralisation of the **Educational Management Information System (EMIS)** to ensure timely access to quality data.

In terms of internal capacity development, an intensive training on **programme implementation monitoring** was developed to strengthen CO capacity and support the management decision to enhance field monitoring. The training has been conducted in the Southern, Eastern and Western zones of the country with over 70 participants from Zone and Provincial offices. The training enabled staff to adequately plan and budget for programme monitoring.

COMMUNICATION FOR DEVELOPMENT

Mostly met benchmarks

UNICEF developed in 2011, in consultation with its main governmental and non-governmental partners, a **strategic vision for C4D**, identifying the general framework and main strategies for individual and social change at all levels. With the long term vision to create a family and community environment conducive to healthy and full development of children, it envisages as specific objectives to: conduct social and anthropological research in order to inform the planning; promote social and community dialogue and participation; establish partnerships with religious, media, academic and civil society networks able to scale up C4D interventions; create the capacity for C4D and help establish functional C4D coordination, monitoring and evaluation mechanisms in each social sector.

UNICEF and its partners promote a set of **five key family practices**, essential to achieve sustainable reduction of child mortality and morbidity: use of mosquito nets, exclusive breastfeeding up to 6 month, hand washing with soap, rehydration at home in case of diarrhea and full vaccination before the first anniversary. In 2010, the promotion of these life-saving interventions was further advanced by integrating them into the outreach and media communication by the **five faith-based organizations partnering with UNICEF**, development of video and audio messages, development of theater performances and initiation of the community dialogue.

Specific **communication strategies** were developed in the areas of: vaccination, in particular for polio eradication, prevention of measles and introduction of the new pneumonia-vaccine; promotion of the use of insecticide-impregnated mosquito nets for malaria prevention; and cholera prevention.

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A solid base for **evidence based strategic communication for polio prevention** was created: most at risk areas identified, clear results and indicators at all levels established, research on reasons for non-vaccination of children conducted; and communication data-base at national level created. All provinces and 104 most at risk health zones received training in strategic communication planning for immunization and developed full-fledged evidence based communication plans.

A **national plan for cholera prevention** was developed in a national workshop with the participation of all important stakeholders.

The **capacities of provincial coordinators of the Ministry of Communication and Media** were reinforced in communication for development in order to ensure better management of communication programmes.

SERVICE DELIVERY

Mostly met benchmarks

Given the limited availability of public social services, service delivery continued to be an important strategy for UNICEF during 2011 in assisting Congolese women and children in fulfilling their rights.

In an effort to minimize the large disparity in routine immunization coverage rates between health zones, in 2011 UNICEF prioritized the implementation of **Intensified Immunization Activities** in provinces where routine immunization coverage was very low, targeting rural and difficult to access health zones. UNICEF contributed to increase routine immunization coverage and reducing the number of children unvaccinated from 586,252 in 2010 to 266,111 in 2011 (from 20% to 9%, administrative data) from January to August 2011, with a completeness of 94%. The national coverage in three doses of Diphtheria, Tetanus, Pertussis was of 85% in 2011 against 67% in 2010 for the same period (January to August). This strategy was driven by regular updates and analysis of equity gaps (immunization coverage survey) and service delivery capacity gaps (i.e. study on the status of cold chain). These evaluation mechanisms were conducted in parallel with capacity strengthening of government partners in all 515 health zones to improve routine immunization and provide a structural response to polio, measles and other preventable disease epidemics.

While treating **malnourished children** in areas with acute malnutrition, UNICEF also strongly advocated in 2011 for a full integration of nutrition in the minimum health package to fight against global malnutrition in DRC through a sustainable long term strategy. Support received by major partners such as ECHO and the group of health sector donors will enable key-partners in the field of nutrition to speak up and act as one towards reducing chronic malnutrition. This is part of a strategy to work towards prevention via routine nutrition surveillance and treatment in local health facilities, transitioning away from emergency service delivery.

UNICEF responded to three major **epidemic outbreaks (cholera, polio and measles)**, in close collaboration with partners (government, World Health Organization, NGOs). To further improve emergency response capacities and the quality of its services, UNICEF will need to increase both its financial and logistical capacity for rapid response to emergencies (through stand-by emergency funds, buffer stocks of vaccines and other supplies) and in parallel, must strongly advocate for governmental financial contributions to structural response and prevention efforts against these epidemics.

In the area of education, UNICEF continued to support the **Back to School Campaign**, with the

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delivery of learning materials to 1.5 million children especially in hard to reach areas. Major issues on scale relating to high transportation and other logistics costs of supplies which are under review are expected to influence the development of a sector policy on learning materials.

STRATEGIC PARTNERSHIPS

Fully met benchmarks

UNICEF DRC engaged in numerous collaborative partnerships with the Congolese Government, civil society, donors and communities.

The strengthened partnership with the **European Union** for the development and implementation of integrated and comprehensive health plans enabled the scaling-up of integrated management of acute malnutrition treatment in Eastern provinces as well as in non-conflict areas, and a rapid response to measles outbreak in one Eastern province.

The partnership with **Sweden** allowed UNICEF to strengthen the health system and provide rapid response to emergencies in 2011 thanks to the flexible nature of the thematic funds provided to Child Survival.

In addition, partnerships with DFID, Japan, Canada, Korea and Belgium have been critical in allowing UNICEF to strengthen immunization, improve nutrition and access to water, sanitation, and education, as well as provide protection services and respond to crisis situations.

The **Bill and Melinda Gates Foundation** is a strategic partner for polio eradication in DRC and supported the national response to polio epidemic in 2011 through several contributions. Its support has been most valuable in the field of social mobilization activities, technical assistance and other operational costs for mass campaigns.

UNICEF jointly with UNFPA, WHO, the World Bank and UNAIDS have formed a **strategic partnership to better coordinate efforts for reduction of maternal, child and newborn mortality** called the H4+ initiative. A roadmap for the monitoring and implementation of efficient interventions to accelerate the achievement of the Millennium Development Goals was elaborated in 2010 and implemented in 2011. This initiative is contributing to progressively reducing duplications of interventions and increase aid efficiency to the benefit of the children and women of DRC. Within this framework maternal health and prevention of mother to child transmission of HIV/AIDS interventions will be increased in 2012 to better address urgent needs.

Along with DFID, World Bank, Belgian Cooperation, French Cooperation, Spain, and USAID, UNICEF contributed to the elaboration of the Interim Plan for the implementation of the **Education Sector Plan**. Building on this partnership, UNICEF is currently co-financing with the World Bank, the external appraisal of the Interim Plan in preparation for the DRC's submission for financing to the Global Fund for Education.

UNICEF has also pursued its work on the innovative partnership of the **Rapid Response to Population Movements (RRMP)** programme originally created in 2004 by OCHA and UNICEF, which enhanced the capacity of the DRC humanitarian community to respond in a timely and effective manner to life threatening crises, with pre-positioning of relief items and pre-funded partnerships with international **Non-Governmental Organisations** responsible for the field level implementation. By **collaborating with Handicap International**, RRMP being tailored to reach big numbers of people, could also integrate new methodologies to better identify and respond to the

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“forgotten vulnerabilities” of conflict-affected people. More on this new innovation is accessible in the document centre under “lessons learned”.

UNICEF is also **leading four clusters:** Non-food Items and Shelter / Water, Sanitation and Hygiene / Nutrition / Education and the Child Protection Working Group.

Mobilizing Partners

The country programme has mobilized 447 partners including Governmental partners, national and international non-governmental organizations, community-based organizations and religious communities to foster more equitable results for children and scale-up rapidly the progress for deprived children and women.

The healthy village and healthy school programme through UNICEF support signed nine **agreements with local radio networks to create and sustain an enabling social environment for behavior change.** The partnership aims to empower communities to be able to decide by themselves to improve water, hygiene and sanitation.

UNICEF further advanced the partnership with **four out of five major religious groups:** Eglise du Christ au Congo, Eglise de Reveil, Kimbanguist church and Islamic Community, as well as with a part of Catholic dioceses in different provinces. This partnership aims to promote life-saving health practices at family and community levels.

The Country Office continued to expand **partnerships with FAO and UNDP in joint programming initiatives** in complement to UNICEF’s PEAR Plus program. These partnerships aim to ensure a holistic multi-sector approach to moving highly vulnerable communities into recovery. A partnership with **Search for Common Ground** to include a **conflict mapping and peace-building** component was also expanded in 2011.

KNOWLEDGE MANAGEMENT

Partially met benchmarks

The DRC Country Office continues to **undertake and support local research** to address the situation of the most disadvantaged. The latest MICS survey, conducted in 2010 and published in 2011 under the leadership of the DRC National Institute of Statistics has provided nationally representative data which has been critical for on-going equity analysis. Other examples of knowledge products useful and relevant to partners include the analysis of the availability of essential commodities in DRC (see document centre).

Nonetheless, the CO recognizes that it does not currently have a **common strategy for the creation, organization, sharing and use of knowledge for better organizational performance and development results.** As such, this area has been identified as an area for focus in 2012. Initial contact has been made with the Regional Office to identify resources and best practices for CO knowledge management strategy development. As described in the actions below, in 2012 the CO expects to define its knowledge management strategy and begin to implement it.

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RIGHTS BASED APPROACH TO COOPERATION

Mostly met benchmarks

The Human Rights Based Approach to Cooperation has been a foundational pillar of all the programming work of UNICEF in DRC.

UNICEF contributed through the ECHO-funded project to empowering local communities through its **community-based approach for integrated management of acute malnutrition**. Local resources including community health workers were trained to support nutrition surveillance at health zone level and community-based management of cases of severe acute malnutrition that are not associated with medical complications.

The **right to water** and thus the right of every Congolese to safe water, sanitation and a healthy environment is at the very basis of the national healthy village, healthy schools programme. The individuals are the rights holders and the government recognizes by participating in the programme their role as duty-bearers of these rights. The programme is community-driven and allows the population to claim their right to water by participating in the healthy village, healthy school programme. UNICEF is supporting the government and the communities in taking up their rights and working towards a healthier environment reducing significantly morbidity due to diarrhea among children.

The DRC Government has presented its first **report on the Optional Protocol on Children Affected by Armed Conflict to the CRC** Committee in Geneva. UNICEF has supported this process by calling for inter-sectoral meetings on behalf of the Inter-Ministerial Committee for Human Rights mandated by Government for ensuring the implementation, monitoring and follow-up of the recommendations of the CRC Committee. The CRC session focused on the rights of children affected by armed conflict, however several of the questions of the Committee referred more generally to the overall lack of policies and social protection measures enhancing the vulnerability of all children in the country. Although recommendations are not yet made public, UNICEF has already informed its 2012 programming through a careful analysis of the questions asked by the Committee and has discussed them in different fora such as the Child Protection Working Group, the Protection Cluster and the Social Protection Thematic Group to ensure inclusion of some of the critical issues in their sectoral work-plans for next year. Furthermore, some thematic areas touched upon by the Committee have also been included in the UNDAF results framework.

In early 2011, UNICEF and partners within the Rapid Response to Movements of Populations (RRMP) completed **guidelines on the use of different vulnerability approaches** aimed at ensuring that assistance in populations affected by population movements can be oriented to those communities and families most in need of assistance. The guidelines are based on the human rights based approach which prioritizes more rigorous analysis of vulnerabilities and needs. Furthermore, RRMP has piloted a new approach with Handicap International addressing the specific needs of physically disabled people (further detail in Document Centre).

GENDER

Partially met benchmarks

UNICEF DRC has assessed the implications for women, men, girls and boys in the programme design whenever possible ensuring that all benefit equitably and inequalities are reduced.

Currently there are 11,096 **women active in 3275 village committees** represented in **healthy**

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villages in the DRC. This equates to almost 39% of all village committee members. The number of girls represented in school brigades is impressive with 36,624 girls as members in 1,138 school brigades which amount to 52 per cent of all school brigade members.

Involvement of **women as community relays for mobilization and sensitization on health activities** emerged as a key element of success and has been increasingly promoted in 2011. It was found that women were generally more available and involved in their mission and were less likely than men to move out of their community shortly after having been trained, therefore reducing the dropout rate.

In the area of emergency response, UNICEF DRC continues to be at the forefront of agency efforts to mainstream gender equality and responsiveness into all humanitarian response programs. This work has included adopting and training partners on the practical application of '**Core Gender Commitments**' in **four clusters lead by UNICEF**: Non-food Item and Shelter / Water, Sanitation and Hygiene / Nutrition / Education.

ENVIRONMENTAL SUSTAINABILITY

Partially met benchmarks

UNICEF DRC is committed to reducing the risks of natural disasters and environmental degradation, and their impacts on children (such as increased child mortality, under-nutrition and loss of education).

To treat diarrhea, one of the main risks to child-survival -which closely relates to poor environmental conditions and which is enhanced by climate change- UNICEF DRC is supporting a **national community-based programme "Healthy schools and villages"** aimed at improving water and sanitation conditions in rural and peri-urban villages and schools. A large part of these efforts is oriented towards increasing environmental awareness through hygiene education, implementing best practices of waste management, and the environmental protection of water sources and larger water-basins.

Furthermore, healthy environment constitutes one of the core norms of UNICEF DRC education programme of **"Child-friendly Schools"**.

As all these interventions are focused on an approach centred on demand, UNICEF DRC advocates for **community participation** in the improvement of their living environment and the maintenance of minimal standards. These interventions also constitute community-based adaptation practices to climate change.

Moreover, UNICEF DRC has supported the **government in developing a "Water Code"** (Code de l'Eau), norms for spring-catchment and a national sanitation strategy for rural areas to respond to related environmental challenges. In so-doing UNICEF DRC consults with partners with dedicated environmental expertise, including UNEP and other UNDAF counterparts.

In 2012, UNICEF DRC will further focus on environmental sustainability in programming ensuring that development takes place without compromising the ability of future generations in meeting their needs and realizing their rights.

SOUTH-SOUTH AND TRIANGULAR COOPERATION

No input for 2011.

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COUNTRY PROGRAMME COMPONENT: Survival of the child

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
At least 60 per cent of children under age 5 are covered by the minimum package of large-scale, high-impact activities to reduce neonatal and child mortality		3 FA1OT13 (a), FA1OT13 (b), FA1OT5, FA1OT7, FA1OT9, FA1OT1

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	32738000.00	18135053.42	17776783.45	98.02
OR-R	27658919.00	21718210.80	19889755.92	91.58
RR	15107957.00	16883001.35	15226428.39	90.19
Total	\$75,504,876.00	\$56,736,265.57	\$52,892,967.76	

Results Achieved

In 2011, UNICEF contributed to strengthening the health system in the framework of the National Plan for Health Development 2011-2015.

The number of children unreached by routine immunization decreased from 586,252 in 2010 to 266,111 (20 per cent to 9 per cent -Administrative Data EPI, 2011), demonstrating progress towards the 2012 target to reduce the number of children missed to 10 per cent. However, in health zones difficult to access, populations remain insufficiently covered; therefore, in an effort to raise coverage in such health zones, UNICEF implemented Intensified Immunization Activities in 2011. Furthermore, 14 million children 6-59 months (>95 per cent) were provided with oral polio vaccine through a minimum of three national rounds, to face outbreaks.

UNICEF provided reproductive health and comprehensive Prevention of Mother to Child Transmission (PMTCT) support to 75 health zones in 2011. A total of 159,815 pregnant women were sensitized on PMTCT during antenatal care. 73,898 pregnant women were screened and informed of their results. 288 children born from HIV+ mothers benefited from clinical and laboratory monitoring at the Heal Africa facilities. Trainings in PMTCT and HIV paediatric care and treatment for health workers, social mobilization teams and other partners resulted in strengthened capacities for paediatric treatment of HIV+ mothers and children and a greater capacity for early diagnosis of HIV-exposed children.

Significant results were achieved in Malaria prevention in 2010 and 2011: 38 per cent of children under five and 43 per cent of pregnant women now sleep under long-lasting insecticide-treated bed nets (MICS 2010), while in 2001 only one percent of under-five were sleeping under an insecticide treated mosquito net. In 2011, UNICEF raised 70 million dollars for a large-scale distribution of 13.7 million nets taking place in 2012 in four provinces. 19 health zones were also supported for treatment of malaria cases (essential drugs, trainings, equipment), which benefited 700,821 children.

More than 13 million children aged 6-59 months were reached with vitamin A supplements and deworming through the 2011 campaigns on child health. These campaigns were partially integrated

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into other mass activities such as the November polio immunization campaign held in all 515 health zones, reaching a national coverage of more than 96 per cent. These figures, however, hide discrepancy at the health zone level, with coverage below 50 per cent in 6 health zones and over 100 per cent in health zones affected by insecurity, population displacement and/or where donors' interventions are concentrated. The 2011 global coverage of 96% rate is similar to rates obtained in 2010.

The objective of Universal Salt Iodization promotion in 2011 was to evaluate the significance of local production and to advocate with local authorities for semi-industrial production to allow for small scale iodation. The foremost results of this effort is the purchase of land and the eventual large scale industrial production of salt by a private sector entrepreneur scheduled to begin in the coming months.

Infant and Young Child feeding (IYCF) was also promoted through training in IYCF counselling and promotion of 2,409 health service providers and 7,406 community workers, including 1,712 from faith-based group.

A nutrition surveillance system piloted in the Katanga province in 2010 has been validated and extended to two more provinces (Kasai Oriental and Kasai Occidental); 121 sentinel sites are currently functional and report data on a regular basis. Thus far, the system alerted of two potential nutrition crises, one of which was confirmed following a SMART survey. The mapping of the nutritional situation at the administrative territory level that began in 2009 has been maintained and the city of Kinshasa and the Oriental province have been covered in 2011.

To overcome a shortcoming in funding for preventive interventions such as infant and young child feeding, the project opted to integrate IYCF in the new protocol for the management of acute malnutrition that was revised and validated in early 2011. This allowed for training on the counselling and promotion of optimal IYCF to 2,488 health service providers and 3,094 community workers.

National nutrition coordination capacities in the field continued; through 18 functional clusters and sub clusters, with a total of 48 members, 123 coordination meetings were held at national and provincial level, representing 76 per cent of the targeted 160 coordination meetings planned for 2011.

Most Critical Factors and Constraints

Overall constraints remain, including: limited government funding for health activities and supply delivery, degradation of basic infrastructure and insecurity which hinder access to several health facilities, weak performance of health personnel due to low salaries, and lack of equipment and adequate facilities. There were many conjectural constraints, such as the beginning of the rainy season during the measles and cholera outbreaks, complicated access to beneficiaries and, the election period as of November 2011 which increased tensions and limited the availability of national actors, especially the government. Several emergency activities planned in December 2011 (Measles response in Kinshasa, Polio Sub-national Immunization Days in high-risk zones) could not be implemented in time due to election-related insecurity.

Epidemiological surveillance remains insufficient, there is a need for a 24h early warning system for immediate notification of new cholera cases and tracking of affected patients.

Absence of a cross-border strategy with Congo Brazzaville and Central African Republic for addressing cholera, polio and measles.

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Immunization faces major challenges such as regular stocks shortages of traditional vaccines and injection equipment at all levels, due to insufficient availability and lack of national funding. Other causes include: resistance to polio immunization mass campaigns caused by repetition of activities and rumours; insufficient cold chain equipment and means of transportation; and lack of supportive supervision.

Insufficient integration of Prevention of Mother To Child Transmission within the reproductive health services at health centres level, limits the scaling-up of PMTCT with only 40% of health zones covered by PMTCT services. Insufficient funding, frequent stocks shortages of HIV supplies and lack of ownership by health zone management also limit the implementation of PMTCT efficient protocol.

Also a concern are the financial risks due to limited governance capacity of some implementation partners.

The decision by the government to ban the importation of a series of molecules including de-worming tablets (mebendazole and amoxicillin) is a major constraint. This decision has led to delayed customs clearance of these supplies, the reason for which de-worming was not coupled with vitamin A supplementation during round 1 of 2011.

Persistent insecurity in the east, in addition to logistical constraints (difficult geographical access) nationwide limited the scale of nutrition interventions and the ability to reach the population most in need of nutrition assistance. Strategies such as mobile clinics for the treatment of severe acute malnutrition have been implemented to partially overcome this constraint.

Key Strategic Partnerships and Interagency Collaboration

A major innovation in terms of partnership was the conclusion of contracts with the **World Bank** through two national organizations (Unite de Coordination des Projets and Programme d'Appui a la Rehabilitation du secteur de la santé) for malaria prevention totalling about US\$ 70 million. In 2012, these funds will finance the **large-scale distribution of 13.7 million long-lasting insecticide treated nets** in Bandundu, Katanga, North Kivu and South Kivu provinces. A strong partnership was developed with the **World Health Organization and the World Bank** to address to raise part of the funds required for vaccines, injection consumables and cold chain equipment for the routine Expanded Programme of Immunization.

Thanks to the flexible nature of thematic funds provided by Sweden to the Child Survival Programme, the partnership with Sweden allowed UNICEF to pre-finance the purchase of supplies for emergency measles response campaigns and cholera outbreaks in the western provinces including Kinshasa. The thematic funds also greatly contributed to strengthening the health system, at intermediate/ provincial and district levels, in the context of the decentralization of the Ministry of Health.

The strengthened partnership with the **European Union**, through collaboration for the development and implementation of integrated and comprehensive health plans in three provinces (Kasai Oriental, Kasai Occidental and North Kivu) included a joint mission conducted in several provinces and enabled, thanks to funding from ECHO, the scaling-up of **integrated management of acute malnutrition treatment** and a **rapid response to measles outbreak** in one Eastern province.

UNICEF Nutrition programme has maintained a strong partnership with **ECHO** and with the **group of health sector donors** (GIBS) that has set up a **thematic group on nutrition** (composed of ECHO, USAID, The Belgian Cooperation and UNICEF) whose role is to advocate for a full integration of nutrition in the minimum health package. The project has maintained collaboration with the World Food Programme which allowed the national nutrition programme to complete the mapping of

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malnutrition and mortality in the administrative entities of Bandundu, Kinshasa and Oriental province.

UNICEF, WHO, UNFPA, World Bank and ONUSIDA joined the **H4+ initiative** to accelerate reduction of maternal and neonatal mortality in DRC, through the implementation of integrated interventions in terms of technical support, advocacy, fundraising and direct funding.

Joint cross border meetings were conducted with **UNICEF country offices** in the Republic of Congo and Angola, to increase synergies to interrupt the spread of **polio and cholera epidemic** outbreaks across borders.

In 2011, **partnerships with the following donors** allowed programme implementation in child survival: ECHO, Thematic Child Survival and Development Fund, Sweden (SIDA), United Kingdom (DFID), Japan, Consolidated Fund from Natcoms, United States Fund for UNICEF, USAID, Canada, Central Emergency Response Fund, World Bank / DRC, United Nations Foundation, Pooled Fund, Republic of Korea, French Committee for UNICEF, GAVI Fund, Italian National Committee for UNICEF, Australia, Swiss Committee for UNICEF, Thematic Humanitarian Response Fund, Denmark, UNAIDS, German Committee for UNICEF, Polish National Committee for UNICEF, Bill and Melinda Gates Foundation, and Thematic HIV/AIDS Fund.

Humanitarian Situations

The Child Survival component supported the recovery process, nearly 250,000 people benefitted from the PEAR+ transition programme: UNICEF contributed to the construction and rehabilitation of health centres, distribution of medical kits and refrigerators and the distribution of maternal medical kits.

With regards to health emergencies, UNICEF responded to measles outbreaks in nine provinces (Katanga, Kasai Occidental, Kasai Oriental, Bas-Congo, Province Orientale, Equateur, Maniema, South Kivu and Kinshasa), vaccinating more than 13 million children aged 6 months to 15 years old. In 2011, 131,650 measles cases and 1,609 deaths were recorded in DRC, with a high lethality rate of 1.2 per cent. Considering the continuing spread of this outbreak in other provinces (with numerous cases reported and an outbreak starting in Kinshasa), UNICEF DRC is planning additional responses for the first quarter of 2012 as a timely and adequate preventative measure in some high-risk zones in Bandundu, Bas-Congo, North-Kivu, Province Orientale, Kasai Oriental and Maniema.

In addition to the Eastern provinces where cholera is endemic, cholera outbreaks in three Western provinces were quickly addressed by distributing essential drugs to 17,486 people of which roughly 20 per cent were children. Furthermore, implementing partners assisted in the medical treatment of confirmed cases by supporting the Cholera Treatment Centres, the alert system, case monitoring and supported prevention measures such as sensitization activities using theatre. A total of 50 cholera kits, able to treat 25,000 cases, were purchased. An additional stock of 40,375 litres of Ringer Lactate was dispatched to the provinces (in Katanga/Kalemie and Lubumbashi, North and South Kivu, Bandundu, Kisangani, Bas Congo, and Kinshasa), part of which is still available for further needs in 2012.

With regards to nutrition activities, as of end of October 2011, 1688 treatment centres for the management of severe acute malnutrition, including 300 inpatient centres (58 more than in 2010) and 1388 ambulatory centres (455 more than in 2010), have been managed by 21 partners. 110,607 patients affected by severe acute malnutrition were admitted to therapeutic feeding centres for treatment (17,036 patients more than in 2010). With the number of children currently covered, the country has now reached 10 per cent administrative coverage. The overall cured rate is 85.2 per cent, the death rate is 4.2 per cent and defaulter rate is 6.6 per cent and 4 per cent did not respond

to the treatment. Compared to 2010, admission rate, cured rate and defaulter rate have improved but death rate has increased most likely as a result of better death notification. Out of 515 health zones, 255 (46 per cent) are covered by the programme which represents 2 health zones less than in 2010. This minor reduction is due to the fact that some programs have closed down because of the departure of implementing non-governmental partners working in these health zones in 2010.

UNICEF is also supporting the coordinating of humanitarian activities by leading the Nutrition cluster.

Summary of Monitoring, Studies and Evaluations

The UNICEF/Center for Disease Control collaborative pilot project on the use of Lipid-based nutritional supplements (LNS) for home fortification of complementary food initiated in the Katanga province in 2009 is on-going. The project aims to reduce anaemia and improve growth of children aged 0 to 12 months through home fortification of complementary food with LNS as a component of an integrated IYCF strategy. The project has three phases namely a formative phase, a pilot phase and a scale-up phase. As of November 2011, the formative phase has been completed and the main results include the following: a) information is available on acceptability, appropriate use, motivators and barriers to the use of LNS; b) a draft packaging design, a name and IYCF message were developed; c) information available on the kind of foods young children eat- food variability and meal frequency; d) summary of reported IYCF practices is available; e) summary of facilitators of and barriers for each recommended IYCF practice is available; f) a list of the positive and negative characteristics attributed by the mothers to certain foods available in the community is available; g) feedback from health care providers on the proposed enhanced IYCF program and h) the baseline for the pilot phase has been completed and awaiting results.

There has been no critical study in the field of health in 2011.

Future Work Plan

In order to reach the Global Immunization Vision and Strategy 2012 immunization targets, the Immunization unit will align with UNICEF's vision on two principles: Equity and Quality, with the following objectives:

- Strengthen routine immunization: The proportion of children having completed the entire antigen doses increases from 48% to 90% by end of 2017;
- Interrupt the wild polio virus circulation in DRC by the end of 2012;
- Control and eliminate Measles;
- Eliminate Maternal and Neonatal tetanus.

In order to increase prevention of mother to child transmission (PMTCT) in 2012, the mapping of PMTCT interventions will be disseminated at national and decentralized levels and will provide precise information for the development of the 2012 annual plans at health zone level.

The strengthening of the health system will remain a priority in 2012, through an active support at provincial level in order to strengthen capacities of all health zones and increase planning and monitoring for minimum and complementary packages delivery.

UNICEF will strengthen communication to promote the utilization of Long-Lasting Impregnated Treated Nets (LLITNs) and mobilize local communities through mass media, through religious confessions and other local groups. The programme will conduct three surveys with local universities on key indicators for malaria before distribution of LLITNs to households, providing the baseline for monitoring of the impact on malaria prevention. UNICEF will also support the National Program against Malaria in elaborating its new strategic plan, monitoring & evaluation strategy and

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cartography of interventions against malaria, as well as for the universal distribution campaign in four provinces in 2012 (Bandundu, Katanga, North Kivu and South Kivu), where 13.7 million mosquito nets will be distributed.

UNICEF will continue to support the fight against the cholera outbreak in the three affected Western provinces as well as in the Eastern provinces where cholera is endemic, reaching about 30,000 people with cholera treatment. Measles vaccines will be provided for 11 million children.

In 2012, efforts will focus on ensuring a scale-up and real integration of the treatment of severe acute malnutrition in the minimum health package. To achieve this, UNICEF will partner with large NGOs and health projects to coach and strengthen the capacity of the health zone especially the development health zones (defined in the national health development plan) to fully implement a lifesaving package including community based treatment of diarrhoea, treatment of pneumonia and iron/folic acid supplementation and deworming of pregnant women. UNICEF will also support the government to maintain high coverage of population oriented services (vitamin A supplementation and deworming) in all health zones. Community-based counseling and promotion of adequate infant and young child feeding will be maintained through international and local NGOs and associations and through faith-based groups. UNICEF will support the government to initiate innovative approaches such as conditional cash transfer for preventative and curative nutrition.

Supplies and assistance will be given to treat 154,000 undernourished children. Deworming treatment and/ or Vitamin A supplementation will be provided to 14 million.

COUNTRY PROGRAMME COMPONENT: Education

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
At least 800,000 adolescents learn life skills and participate in activities promoting peace, HIV prevention and violence and sexual abuse		2 FA3OT6, FA3OT8
The percentage of children with access to primary education increases from 64 per cent in 2006 to 90 per cent in 2012 with a rate of completion of at least 60 per cent in 2012 (56 per cent in 2009)		3 FA2OT1, FA2OT3, FA2OT5, FA2OT6, FA2OT7, FA2OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	16845000.00	1813159.05	1812959.58	99.99
OR-R	5384730.50	8973194.35	8934297.65	99.57
RR	8477752.00	8252544.04	8209477.74	99.48
Total	\$30,707,482.50	\$19,038,897.44	\$18,956,734.97	

Results Achieved

UNICEF led the elaboration of the policy on early childhood development and the national youth development action plan. Among other partners, UNICEF is assisting the finalization of the national Education Interim Plan and DRC's proposal writing for the Global Education Fund. The Government

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expanded the coverage of free primary education from grades 1-3 to grade 4. UNICEF, with DFID funding, supported advocacy and communication in an effort to influence Government to increase budgets for education, resulting in positive responses from the Governor of Katanga and the parliamentarians in Bandundu provinces. Community awareness and local officials' understanding of the various official circulars accompanying the policy were enhanced. 120 adolescents and youth contributed to the elaboration of the National Strategy for Growth and Poverty Reduction.

To increase access to early childhood development opportunities, 59,877 children aged 3 to 5 years (116,774 planned for 2011 and 2012) were provided with early child care services in 613 community-based early childcare centres.

To increase access to primary education, the 8th back to school campaign was organized, registering a total of 2,254,622 out of the planned 2,004,882 children in school. Innovative "Child-to-Child" activities of 900 primary school age facilitators (53% girls) in 45 pilot schools in Equateur and Kinshasa provinces led to the new enrolment of 3,600 children in primary schools. Catch-up literacy classes were provided for 82,612 children and adolescents (45% girls) out of school of the planned 333,326. To improve quality, the same 2,254,622 children registered, 73,738 children and adolescents out of school and 45,000 teachers in six provinces with the lowest enrolment rates received basic learning and teaching materials. More than 2,000 national and provincial government professionals were trained on the Child-Friendly School's (CFS) approach; they opted to integrate its principles across the education system and developed ten core standards for quality education. The testing of these quality standards through a multi-sectoral package of quality interventions has been initiated in 1,250 schools (4% of total number of schools), benefiting 600,000 students. Training and awareness raising manuals for school inspectors, teachers and students have been produced to tackle the high incidence of psychological and physical violence at school.

96,798 out of the planned 158,000 adolescents have acquired HIV, reproductive health, sexual violence, citizenship, and peace building based life skills education.

22 adolescent friendly centers were built or rehabilitated and 1,147 adolescent clubs supported to provide life skills-based learning opportunities for 129,732 adolescents out of the 142,000 planned. Adolescents and youth were trained on radio broadcasting techniques and went on to produce 275 radio broadcasts on issues related to their development out of 312 planned. 3,170 out of school and most at risk adolescents out of 5000 planned have become literate. 380 adolescents most at risk of contracting HIV out of the 500 planned for 2011 were provided with vocational skills training. Three adolescent girls who participated in international meetings on HIV prevention are mentoring their peers.

Most Critical Factors and Constraints

The programme has continued to witness a reduction in the level of available funds for programme delivery, partly due to the negative impact of the global economic crisis as well as the high unplanned shipment costs for externally procured learning materials.

No major increase in government financing of education has been observed despite the large increase in the numbers of children enrolled. Though the Ministerial Decree on Free Education for grades 1-4 has increased participation of children, including those from poor families, it has at the same time raised concerns about quality with the lack of efficient accompanying measures. The payment of salaries of teachers and running costs of schools continue to be delayed, leading to demotivation, increased repetition and higher dropout rates. Communities continue to bear the burden of the high direct and indirect costs of schooling.

Responsibility for the education of out-of-school children remains problematic. On the one hand, the

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formal education system is highly regulated and inflexible. On the other, the non-formal education system is underdeveloped. The three ministries involved in education do not have a harmonized policy for out-of-school children and adolescents. This limits access for a large number of children. The sector strategy seeks to redress this situation.

Insecurity, poor infrastructure and unpredictable logistical services for field travel make implementation, monitoring and evaluation difficult and result in increased costs and continued weaknesses in accountability for results. The costs of transportation and distribution of education supplies are exorbitant and unsustainable. Thus the education programme is exploring new local strategies aimed at reducing logistical costs.

Key Strategic Partnerships and Interagency Collaboration

UNICEF is an active member of the financial and technical group of partners coordinated by the World Bank, along with DFID, USAID, the French Cooperation, UNESCO, and the Belgian Cooperation. Opportunities exist and discussions have commenced for the development of a joint sector support programme to complement the Global Fund, though further negotiation is required. Bi-laterally, opportunities exist for new partnerships with the Belgian Cooperation for adolescent life skills, gender and employable and skills development; with the World Bank on early childhood development; with USAID on early reading literacy and with DFID on issues of exclusion. Furthermore, UNICEF is seeking synergies with international and local NGOs to improve both access to and quality of education through the sharing of programme approaches and tools. UNFPA and UNICEF are jointly supporting the development of the National Youth Policy Action Plan. UNICEF is collaborating with WHO, UNFPA, and USAID on the KAP study. UNESCO and UNICEF jointly support the EMIS, while through FAO UNICEF is exploring ways to enhance income capacities of parents for sustainability of community-based early child care services, as well as on scaling up of the school gardens pilot project.

In 2011, **partnerships with the following donors** allowed programme implementation in education: United Kingdom (DFID), United States of America (USAID), Japan, Thematic Basic Education and Gender Equality Fund, Netherlands, Sweden (SIDA), Pooled Fund, United States Fund for UNICEF, French Committee for UNICEF, UN Trust Fund for Human Security, Central Emergency Response Fund, Thematic Humanitarian Response Fund, and United Kingdom Committee for UNICEF.

Humanitarian Situations

In transition areas, 17,110 internally displaced children and adolescents enjoyed their right to education and life skills learning in areas of return through the rehabilitation of 206 learning spaces. The Programme of Expanded Assistance to Returnees Plus assisted the continued learning of 9,547 children aged 3-5 years and 64,449 6-12-year-olds through the rehabilitation of 101 learning spaces.

In zones affected by the humanitarian crises, more than 106,985 children (45 per cent girls; 56,622 planned) have had improved access to education and psycho-social support through the rehabilitation and equipment of 350 adapted protective spaces and the training of 2665 educators and teachers (23 per cent female), reducing risks of psychosocial stress among children in crisis situations. The education cluster coordinated by UNICEF, developed guidelines for partners and enhanced their capacities on standards, gender, protection, HIV / AIDS and early recovery.

UNICEF is also supporting the coordination of humanitarian activities by leading the Education cluster.

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Summary of Monitoring, Studies and Evaluations

A study on the cognitive, socio-emotional and psychometric benefits of holistic childhood education is underway. UNICEF is contributing to an improved knowledge base on equity in education through studies on the situation of out-of-school children and bottleneck analyses. The findings from the secondary data analysis of the MICS 2010 survey data showed that there are 7.6 million children and adolescents out of school, the majority are girls, and those living in rural areas. The second phase of the study will collect field data on causal factors and the effectiveness of existing policies and strategies. The KAP on adolescence, HIV/AIDS, reproductive health and violence and the Evaluation of the Basic Education programme underway will provide key results and lessons. Basic Education in the Eastern DR Congo project (PEAR+) funded by USAID and the mid-term review have informed strategic thinking for the new 2013-2017 programme. All studies and evaluations will inform the strategy development for the new 2013-2017 programme

Future Work Plan

The key results for 2012 remain largely unchanged despite a few alterations in targets to be achieved as proposed at the end of year review. Programme efforts will focus on strategic re-orientations towards equity, quality and accountability for results. All studies and evaluations will be completed to guide the development of the new programme. This programme will be developed using consultative processes and be guided by the Strategic Result Areas and the priorities of the government's Education Interim Plan.

Secondly, the programme will complete the testing of the Child Friendly Schools' quality intervention package and tools in June 2012 to draw lessons from. Thereafter, emphasis will be on the application of principles and standards of the Child-Friendly Schools approach first in 1,250 schools and followed by a national scaling up.

Thirdly, the programme will support the decentralization of the Education Management Information System and will strengthen capacities in the management of data systems, monitoring and evaluation to improve policy analysis, evidence-based policy decision-making and accountability, with an emphasis on restoring institutional capacity.

Fourthly, the programme will support the renovation and restoration of government systems in transition zones and will help to identify sustainable solutions for children and adolescents in emergency zones.

In humanitarian situations, an estimated 275,000 vulnerable and crisis-affected children will receive quality formal and non-formal education, including professional training and socio-economic insertion. Training will be provided for 5,000 teachers and educators.

EXECUTIVE SUMMARY

COUNTRY PROGRAMME COMPONENT: Water, Sanitation and Hygiene

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The population with access to safe water and adequate sanitation facilities in rural areas increases from 29% and 25% respectively in 2006 to 54% and 50% in 2012, and thus an increase of 9 million people reached		3 FA1OT8, FA1OT12, FA1OT13 (b)

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Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	15123000.00	3132206.71	3108436.09	99.24
OR-R	19575800.00	18967326.49	18023845.18	95.03
RR	6116240.00	4202893.86	4192551.86	99.75
Total	\$40,815,040.00	\$26,302,427.06	\$25,324,833.13	

Results Achieved

During 2011, a total of 676 additional communities out of 1259 new villages were declared 'healthy' benefitting almost 562,200 right holders (117,500 women – 105,100 men – 339,600 children). Currently, 38 per cent of all village committee members are women. During 2011, more than 309 schools of 470 new schools were declared healthy benefitting 129,700 students (62,950 girls-66,750 boys); 51 per cent of all school brigade members are girls.

As of November 2011, a total of 194 health zones out of 515 are involved in the healthy village and healthy school programme with 45 newly targeted in 2011. Only slight growth, 8.5 per cent compared to 2010 performance in terms of number of new targeted villages, was recorded due to the significant time and effort spent on capacity building. As such, 376 health zone teams were trained on the programme strategies and community empowerment facilitation. Notably, the child diarrhea morbidity rate has dropped from 28 per cent to 5 per cent in the intervention zones, which represents a reduction of 82 per cent following WASH interventions (average in all villages based on comparison of initial KAP survey and KAP survey after programme completion). This performance is higher during the last 2 years as a result of an appropriate communication strategy for behavior changes. In 2010, ten pictorial booklets, two practical handbooks, three posters and a documentary film were developed to support healthy villages in sustaining their social changes.

The healthy village and healthy school programme databases (<http://www.ecole-village-assainis-bdd.cd/ea/> and <http://www.ecole-village-assainis-bdd.cd/ea/>) were made available online for public consultation, offering total transparency and real-time information on the programme's outputs and progress in all of the provinces, proving to be a key tool for effective planning. The databases are updated on a daily basis by 36 database focal point employees of the Ministry of Health for healthy villages and of the Ministry of Education for healthy schools. At the health zone level, 51 focal points are collecting data in the field and ensure regular transmission by SMS. A total of 491 staff were trained on data collection and 255 participated in SMS data transmission training sessions. The national health information system hosts the two databases and has total capacity for continuous functioning on a 24 hour basis.

Information days were organized at national and provincial levels; programme advocacy packages, the 2010 ATLAS and posters were distributed during these sessions. Main guests included donors, ministers, leaders of political and administrative authorities, partners of UN agencies, NGO partners of the WASH sector and press; the turnout totaled 634 people. A documentary film and multimedia were produced to illustrate the importance of a dialogical approach as well as community empowerment and ownership within the healthy village programme:
<http://www.youtube.com/user/INFEAUCONGO>

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Most Critical Factors and Constraints

Among the various stakeholders, the boundaries between areas in need of emergency response or development programmes are not clearly defined. The Government has not instituted strategic guidance for healthy village/ healthy school programme on this matter. Emergency response organizations who conduct supply driven interventions with low community ownership within the healthy village/ healthy school programme creates confusion and is counterproductive.

Further training on programme methodology and financial management procedures is required in order to reinforce the capacity of Government counterparts and NGOs. Training should be required prior to implementation, with the involvement of the NGOs in the process.

Key Strategic Partnerships and Interagency Collaboration

Partnership with local radio network development aimed to:

- (1) create a demand for the fulfillment of rights related to water and sanitation and to trigger communities and families to request the assistance of the Healthy Village-Healthy School programme;
- (2) encourage self-supply and self-reliance to reduce the dependency on external support for reaching minimum household sanitation standards;
- (3) facilitate the exchange of ideas and experiences among communities to build endogenous competencies, foster self-reliance and build social cohesion.

The preliminary impact of this partnership is the increase in the number of new villages involved in the process. 1259 communities decided to join the programme in 2011.

In order to apply a "complementary strategy", the programme finances capacity building initiatives in the health zones where previous water and sanitation activities have already been funded. The programme concentrates on increasing skills pertaining to competencies around participatory and dialogic communication as well as hygiene promotion. Eight pertinent partnerships have been inventoried nationwide to implement the "complementary strategy" in order to target about 800 villages and 200 schools. The African Development Bank, World Bank and European Union are donors among the pertinent partnerships identified.

In 2011, **partnerships with the following donors** allowed programme implementation in water, sanitation and hygiene: United Kingdom (DFID), Central Emergency Response Fund, Japan, Sweden (SIDA), Belgian Committee for UNICEF, United States of America (USAID), French Committee for UNICEF, Pooled Fund, Spanish Committee for UNICEF, Thematic Humanitarian Response Fund, United States Fund for UNICEF, UN Trust Fund for Human Security, UN Office Geneva, and German Committee for UNICEF.

Humanitarian Situations

In transition areas, 126 villages and 26 schools are part of the Programme of Expanded Assistance to Returnees Plus. 88 villages and 12 schools with 11,572 households and 5,069 students located in transition areas were certified in 2011.

In emergency situations, more than 630,000 people affected by cholera and displacement have improved hygiene knowledge and have also gained access to safe water, sanitation facilities and emergency water supply.

In 2011, a major cholera crisis occurred in the western part of the country. The first cases occurred in Kisangani in March 2011 and the epidemic spread along the Congo River to Equateur and Bandundu province, eventually reaching Kinshasa in July 2011; 5,380 cases of cholera and 259

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deaths were reported in these three Western provinces, adding to the total of 21,426 notified cholera cases and 497 deaths in throughout the country in 2011. 379 chlorination points were established targeting 282,964 beneficiaries to gain access to safe water. 20,138 households were provided soap and water treatment products. With very few exceptions, the health zones targeted in the VA-EA programme were not affected. Because of the polio and cholera crisis along the Congo River, four new health zones highly affected by the outbreaks were integrated into the healthy village programme. An information campaign on the healthy village programme was conducted by the health zone teams. 24 villages have expressed interest in joining the programme from these four newly targeted health zones.

UNICEF is also supporting the coordination of humanitarian activities by leading the Water, Sanitation and Hygiene cluster.

Summary of Monitoring, Studies and Evaluations

A third party contract, with two consultancy firms (MDF and HYDROCONSEIL) covering six provinces, was signed in order to improve and obtain more objective and accurate monitoring reports, especially in zones which are out of reach by UNICEF staff. Final recommendations for the western and southern regions focused on: the need for close monitoring at health zone level to ensure correct implementation of the soft components of the programme, regular quality control of water and sanitation facilities, mitigating misuse of materials and fuel as well as facilitation of communication between NGOs and local Government partners. Discrepancies on financial bonus application from disbursement to effective allocation and eventually to the final beneficiaries, negatively impact the programme performance because of the low motivation of actors at the lower level. In addition to internal sanction to be applied by the healthy village/ healthy school programme, common reflection with all programmes implemented in the same area should be conducted to define risk management measures. Improved information flux from provincial level to health zone level via an intermediate focal point nearest the health zone is strongly advised. Convergence between healthy villages and healthy schools targeting the same community should be systemized to improve impact on behavior change. The preservation of the 'healthy' status should be addressed with an appropriate monitoring mechanism.

The healthy village and healthy school programme databases were used extensively during 2011 as analytical tools to identify appropriate action for poorly-performing villages, schools and health zones. Monthly analysis was conducted at the level of national programme coordination to inform programmatic and strategic decision-making for further development of the programme.

Future Work Plan

Based on the results of the 2010 Mid Term Review, the key results planned by 2012 is to support at least 3 million people from 4,500 villages and 500,000 students from 1,000 schools living in rural or peri urban areas to realize their right to safe water, sanitation and hygiene.

In 2012, the WASH programme will increase support to 2,564 rural and peri-urban communities in 250 Health Zones and 795 primary schools to extend WASH access to a population of 1,047,583 men, women and children. Integration of healthy school within communities targeted by the healthy village programme will be systematized. The emergency/development complementarity strategy presented above will also be one of the core guiding strategies for 2012, as well as ensuring sustainability of the programme outputs on the long term.

The healthy village approach demonstrates that a large scale and high impact WASH programme is possible even in a fragile state, ill-equipped in public infrastructures. The scaling up of the programme and its impacts will be sought further by UNICEF and its partners in 2012.

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In 2012, scaling up activities and strategy will be improved further by UNICEF and its partners by facilitating the networking and coordination of provincial stakeholders so that their assistance to rural and peri-urban areas is compatible and complementary.

To achieve the 2012 results, the WASH section will apply the use of low cost technology, build skills of NGO partners in project management, continue Monitoring and Evaluation by a third party contractor and facilitate an "On-the-Job training model".

COUNTRY PROGRAMME COMPONENT: Child Protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2012, children and their families have a better access to quality social, legal and protection services through strengthened national and community mechanisms		2 FA1OT1, FA3OT8, FA4OT1, FA4OT2, FA4OT3, FA4OT4, FA4OT6, FA4OT7, FA4OT8, FA4OT9, FA4OT10

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	12600000.00	5313785.95	5313251.91	99.99
OR-R	3328949.00	9527107.79	9527169.71	100.00
RR	7833001.00	8401527.68	8355605.68	99.45
Total	\$23,761,950.00	\$23,242,421.42	\$23,196,027.30	

Results Achieved

Upstream efforts in justice have stemmed into four ministerial decrees defining technical and geographical responsibilities of child-friendly courts and their staff and community mediators. Seven provinces have operationalized child-friendly courts; staff has been appointed, trained and deployed (12 magistrates for children, 63 social assistants and 24 auxiliaries, now operational) benefitting 1,335 children (123 girls).

Upstream efforts in birth registration have focused on shortcomings identified by MICS 2010: a ministerial decree from the Ministry of Health has included birth registration as a compulsory element in pre- and post-natal follow-ups, while a review of system bottlenecks has identified lack of cooperation between Ministries as a major issue. Downstream work has focused on coupling routine vaccination campaigns and enrolment in Early Childhood Development spaces with birth registration. Despite UNICEF support, the 2011 national registration rate was 47.7 per cent, compared to 52 per cent in 2010.

465,073 vulnerable children (241,731 boys and 223,342 girls) have been identified in targeted provinces as needing care, protection and support and have been referred to appropriate basic social services, a target which exceeded expectations and represents an increase of over 500 per cent of planned targets. The increase is due to the establishment of the "protected communities" system which allows communities and Government institutions to take responsibility for ensuring access to services for vulnerable children, rather than leaving this responsibility to development and

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humanitarian agencies. .

Upstream efforts have included the establishment of a database to facilitate data collection and the development of standards of care, protection and support. Downstream work has focused on scaling-up "protected communities". A community is "protected" when it has four conditions to create a system able to prevent violence, abuse and exploitation. These conditions include 25 volunteers, coordination between actors, 2 social workers and a referral system to social services; by end of 2011, 146 territories throughout the DRC feature one or more of the four conditions. 372 social workers and 4,996 community volunteers were trained and deployed and are now operational, while 465,073 vulnerable children (48 per cent girls) have gained access to basic social services or were referred to specialised structures.

Most Critical Factors and Constraints

It is difficult to catalyse donors' and other partners' interest in issues beyond child protection in emergencies. Ministries are affected by inadequate national budgetary allocations, obsolete internal structures and lack of motivated staff. UNICEF advocacy resulted in an organizational audit of the Ministry of Social Affairs funded by the World Bank.

Key Strategic Partnerships and Interagency Collaboration

UNICEF, USAID and the World Bank have partnered to support the Government to review tools for vulnerable children programming to facilitate coordination of interventions and standardisation of approaches: all partners funded by the three agencies use the same vulnerability criteria, offer similar packages of support and adopt the same strategies. In Kinshasa, UNICEF and the World Bank have also partnered to coordinate and implement programmes targeting children on the streets. UNICEF and the World Bank have established a joint Management Unit for common identification of implementing partners and appraisal of programmes and joint field monitoring.

In 2011, **partnerships with the following donors** allowed programme implementation in child protection: Pooled Fund, Sweden, Japan, United States of America, World Bank, Italian National Committee, Belgium, Swiss Committee for UNICEF, Canada, Central Emergency Response Fund, Spanish Committee for UNICEF, German Committee for UNICEF, French Committee for UNICEF, UNFPA, Luxembourg Committee for UNICEF, UNMAS, United Kingdom Committee for UNICEF, United States Fund for UNICEF, Canadian Committee for UNICEF, Norway, and Austrian Committee for UNICEF.

Humanitarian Situations

In transition areas, protected communities conditions have been fully met in four territories of the 11 planned. 544 people received training on child protection and 4 Community-Based Child Protection Committees were set up. Eight listening points were established, providing children with psychosocial support. Four child-friendly spaces (CFS) were established where 4,500 children participated in activities each month. Gender discussion groups held in the CFS provided a forum through which youth tackle subjects of their choice, such as SGBV, hygiene, HIV / AIDS and STIs. These discussion groups have been attended by 1,794 children (796 boys and 998 girls).

Upstream work has continued through the coordination of the Sexual and Gender Based Violence Multi-Sectoral Assistance pillar, Child Protection Working Group and 1612 Task Force. 1,971 children (266 girls) have been demobilised from armed forces and armed groups; 2,855 children (543 girls) have benefited from support through six Transit and Orientation Centres and 366 foster families; 2,155 children (316) have been reunified with their families and communities; 5,403 children (1,915 girls) have been enrolled in reintegration programmes; and 19,858 cases of Sexual Violence (6,140

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children – 2 per cent boys) have been reported to UNICEF and partners. UNICEF's support provided a holistic package of services to 10,966 adults and 6,140 children, representing an increase from 2010 of 57 per cent. Furthermore, 71,000 children had access to activities organised in 42 Child Friendly Spaces in displacement and transition zones.

UNICEF is also supporting the coordinating of humanitarian activities by leading the Child Protection Working Group.

Summary of Monitoring, Studies and Evaluations

An evaluation of the Children Associated with Armed Forces and Armed Groups programme has identified three major best practices which will be brought to scale in 2012. Local NGOs should be chosen for the implementation of reintegration and follow-up programmes as they facilitate sustainable interventions; INGOs and UN Agencies should play a role in capacity strengthening of local actors; broader prevention and reintegration work should take into consideration other vulnerable children as this lessens stigmatization.

An analysis on birth registration bottlenecks was undertaken. Birth registration in DRC needs to become a holistic system, better integrated to primary health care and birth delivery, and needs more financial investment from Government and donors.

The Child Protection section has started piloting third-party monitoring in areas difficult to reach and where the security situation is very volatile. A case in point is the monitoring of child protection programmes in Dungu (Haut and Bas Uele), in conflict-affected areas where UNICEF staff cannot go, monitoring has been sub-contracted to international NGOs.

Future Work Plan

The Legal Protection component will bring to scale current work on justice for children e.g. continuous streamlining of children's issues in national reforms and field implementation of operational plans on justice for children. This will include seven additional child-friendly courts – bringing the number to fourteen – and the deployment and training of mediation committees for each child-friendly court.

Innovative solutions on birth registration will be brought to scale e.g. mobile teams will facilitate community outreach in urban centres; routine immunization campaigns will continue to be linked to birth registration and a moratorium will be undertaken at the national level to facilitate catch-up of all unregistered children between 0 to 18 years. UNICEF will focus the provision of additional capacities to health staff to facilitate access of birth certificates at health centre level.

425,000 children, 500 per cent of 2012 target, were reached by end of 2011 due to the adoption of the "protected communities" approach which is more efficient and cost-effective than direct service delivery. This approach will be maintained, and the target will be raised to 750,000 children.

The Social Protection for Vulnerable Children component will continue to support the Government for the continuous development of holistic standards for care, support and protection (including the development of a national strategy for social work) and the scaling-up of "protected communities." It is expected that 143 more territories will have the conditions of protected communities by end of next year.

The Emergency and Post-Conflict component will continue to focus on community-based prevention work and implementation of Security Council Resolutions 1612, 1882 and 1960 through the implementation of the new Monitoring Analysis and Reporting Arrangements on conflict related

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sexual violence (MARA) mechanism, demobilization and reintegration of children associated with armed forces or groups and other vulnerable children, improved quality and accessibility of sexual and gender-based violence survivor-centered services and prevention of children's separation during displacement.

In transition areas, seven additional territories will be targeted with the "protected communities" approach.

COUNTRY PROGRAMME COMPONENT: Planning, communication and coordination

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Data and strategic analysis on the evolving situation of children and women, especially the most vulnerable children, are available and informative in the process of decision-making, planning and monitoring of interventions for children and women	0	FA6OT9, FA5OT5, FA5OT6
The programme coordination ensures quality and efficiency of the programme planning and implementation	1	FA6OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	815000.00	681176.07	697327.27	102.37
OR-R	1857451.00	3867980.47	3740617.09	96.71
RR	8448328.00	7112722.46	6964505.12	97.92
Total	\$11,120,779.00	\$11,661,879.00	\$11,402,449.48	

Results Achieved

Planning: UNICEF led the UNDAF working group for health, education, protection, water and sanitation and HIV/AIDS, and assisted the United Nations Resident Coordinator's office preparing the UNDAF 2013-2017.

Communication: A communication strategy was adopted in mid-2011, focusing on **equity, child participation and rights** as core principles. Within this framework a young reporter program was started with 120 children in six provinces. Trained on CRC-principles and media these youngsters contributed their voice to advocacy efforts at the local and provincial level. Outreach beyond DRC was achieved via different websites, including a dedicated Facebook site for Young Reporters in DRC "Banardcongo". In the same aim of developing alternative channels to traditional communication, eight radio broadcasters and staff of local child protection associations designed and produced four radio programs, in cooperation with 30 students and children living in the streets. The final broadcasts were an illustration of the meaningful involvement of children on issues of their concern; they served as an additional platform to disseminate the results of MICS 2010. The newly trained broadcasters increased the ranks of the 'Network of Child-friendly Journalists' to 75, whose purpose

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is to ensure quality reporting on children's issues.

A fruitful **collaboration with local and international media** resulted in the publication of 125 articles in local and international media. 32 press releases were disseminated, 24 articles published on the global UNICEF website and 29 on the CO website, as well as ten audio-visual packages produced. Besides facilitating media-visits on the ground, UNICEF DRC received UNICEF's Executive Director and the Swiss UNICEF National Committee. Special days celebrated with a wide range of players included the Day of the African Child, Global Handwashing Day, UN-Day and the Convention of the Rights of the Child Anniversary. The partnership with national Goodwill Ambassador Lualua was extended until 2013 and an agreement reached with the football club "Tout Puissant Mazembe" to collaborate from 2013.

C4D: UNICEF and its main governmental counterparts developed a strategic vision for C4D, identifying the objectives and strategies for individual and social change. As such, four communication plans at national level and 58 at province levels were developed in response to cholera, poliomyelitis, and measles, as well as for the promotion of the new pneumococcal vaccine, routine vaccination and key family practices.

The promotion of **five key family practices** (use of mosquito nets, exclusive breastfeeding up to 6 month, hand washing with soap, rehydration at home in case of diarrhoea and full vaccination before child's first birthday) was further advanced with the participation of major religious groups partnering with UNICEF, with more than 6,200 religious community workers trained, who promoted actively key family practices in the provinces of Kinshasa, Katanga and Nord Kivu. Five audio and five video spots, murals and theatre presentations for children were produced and used.

The communication for **polio eradication** was reoriented towards evidence-based, decentralized planning. The capacities of 102 representatives of provincial immunisation and communication teams were reinforced in strategic communication planning in a 5-day training. 104 community communication teams in High Risk Health Zones were revitalized and received a 2-day training. A total of three National Immunisation Days and ten sub-national immunisation days were supported by communication campaigns, conducted in a difficult environment of rumours, resistance and fatigue due to repetition of the polio campaigns. Independent monitoring showed a substantial increase in the knowledge-level of the population (from 87% to 93% nation-wide), while the levels of refusals remained high (13% of non-vaccinated children), mostly due to the opposition to vaccination by conservative religious groups. Specific strategies to respond to this challenge included mapping of resistance, targeted advocacy based on active listening techniques with its leaders and involvement of previously resistant leaders in local mobilisation activities. By the end of the year, 40 out of 61 groups were persuaded to accept vaccination. Other strategies involved public vaccinations of celebrities and politicians, active involvement of people living with polio in social mobilization, including a public march of more than 200 people living with polio on the main streets of the capital and large use of testimonies. More than 9,000 community leaders were involved in the active research of missed children.

Most Critical Factors and Constraints

The limited capacity of the National Institute for Statistics -the immediate counterpart- is hard to remedy due to insufficient Government funding and the continued dependency on support from UN agencies for implementation of social research.

The continued financial, supply and technical support received from UNICEF for DevInfo is finally beginning to show results in the form of reports from the provinces using available data bases and the software providing simple analyses of the situation of the social sectors. So far the National Institute for Statistics in the provinces of Katanga and bas Congo have published reports. Technical

support needs to continue particularly to ensure that the quality of the analyses published in the INS reports improves.

The voices of journalists and children were used to bring child issues continually into the public space. This progressive shift from communication about children to advocacy with, by and for youngsters triggered a sharpened focus on children's participation, as a factor of added value to the cooperation between UNICEF and its partners

Promotion of the demand for social services, including immunization, is confronted with a deeply rooted resistance by a number of conservative religious groups, especially in North Katanga. This diminished the success of the programmatic efforts. The resistance is due to a general dissatisfaction with the social and economic development issues and requires a complex response by applying community development approaches.

Key Strategic Partnerships and Interagency Collaboration

UNICEF is an activate member of DRC's United Nations Communication Group. A significant headway towards harmonized UN-communication was the transformation of the weekly MONUSCO press briefing into a One UN press conference, integrating the activities of all UN agencies. UNICEF participated in humanitarian press briefings organized by OCHA and contributed to the production of joint communication material such as the One UN brochure. Joint advocacy action with other agencies included regular press releases with WHO on polio, cholera and measles and the celebration with UNFPA of the 7 billion people threshold in DRC (October). On the public sector side, Vodacom partnered with UNICEF for the gathering and dissemination of information via Mobiles-for-Development (M4D). Following polio-recurrence in Northern Angola a cross-border approach to polio-advocacy had been initiated, including the publication of a related web-story and the agreement on joint communication-priorities.

The strategic partnerships with five major religious groups and with community media were further strengthened and proved efficient in the promotion of vaccination, cholera prevention and promotion of the key family practices. The National Radio and Television broadcasted the cholera messages free of charge, based on a request from the Ministry of Communication and Media.

In 2011, **partnerships with the following donors** allowed support to programme implementation via Planning, Monitoring and Evaluation, Advocacy and Communication for Development: Bill and Melinda Gates Foundation, Pooled Fund, Rotary International, Thematic Humanitarian Response Fund, United Kingdom (DFID), Central Emergency Response Fund, Australia, French Committee for UNICEF, United States of America (USAID), US Fund for UNICEF, Japan, Thematic Young Child Survival and Development Fund, ECHO, and Consolidated Funds from Natcoms.

Humanitarian Situations

With C4D, in response to the **cholera outbreak**, relevant partners' capacities in communication were reinforced and plans developed in workshops organized in Kinshasa, Bandundu and Equateur provinces. A key messages package and three communication tools (audio and video spots and booklets) were developed, multiplied in 100 copies and largely used. Four leaders of major religious groups (Eglise de Christ au Congo, Eglise de Reveil au Congo, Kimbanguist church and Islamic Community) recorded and broadcasted their messages on cholera prevention.

Summary of Monitoring, Studies and Evaluations

The official launching by the Minister of Planning of the final report of the **Multi Indicator Cluster Survey** (MICS) was an important step forward. The MICS reports are available on

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www.childinfo.org/mics4_surveys.html and the data base will be made accessible for a wider audience to facilitate secondary analysis and further studies to identify bottlenecks and barriers for social services.

UNICEF published an **analytical report on MDG progress** in the DRC over the past 15 years at national and provincial levels. Together with the MICS it is a key-document for better understanding equity and disparity in the DRC and for identifying to what extent geographical and socio-economic factors determine exclusion from social services. Both the MICS and the MDG analysis have been used extensively by the Government and others preparing DRC's second Poverty Reduction Strategy Paper.

UNICEF provided technical support to the **National Health Accounts** 2008-2009 study in the questionnaire development and by combining the data collection with the MICS survey. The study shows that most of the health services costs are paid by the patients. In 2009 for example, 42 per cent of the costs were paid for by patients, 36 per cent by the international community of donors and international NGO's, 10 per cent by private enterprises and 10 per cent by the Government. Studies, for example in Senegal and Kenya, show much higher Government expenditures of 36 per cent and 34 per cent respectively.

UNICEF commissioned together with the Ministry of Planning, the **Country Analysis of Essential Commodities** published in 2011, which provides excellent information about barriers and bottlenecks of the supply systems in DRC's health and education sectors and explains causes responsible for the high costs for the end-users of health and education services and indicates where interventions could take place to reduce the financial burden on households.

In C4D, UNICEF supported a **national study on non-vaccinated children**, whose results will be published in early 2012. The collected data will be used to inform the communication strategies, in particular to address the chronic mistrust in supplementary vaccination and to reach most difficult to reach families.

Future Work Plan

Data and Analysis: In 2012, in collaboration with the Ministry of Planning and the provincial National Institute of Statistics offices, the dissemination of the MICS results will be completed by publishing and launching provincial MICS reports in each of the 11 provinces together with the report on MDG analysis. The Situation Analysis of children and women in the DRC will be finalized early 2012, contributing to the identification of the major barriers and bottlenecks that hamper delivery of social services. In collaboration with the Ministry of Planning preparations will be made for planning the next MICS survey and/or support a Demographic Health survey.

Planning: UNICEF will support the budget analysis for national and provincial sectors conducted annually by the Ministry of Planning through the Platform for Managing International Assistance, which combines national and international resources including bilateral and multilateral aid. UNICEF will complete the cartography showing provinces and sub-provincial administrative areas where programmes and projects are implemented with UNICEF assistance and possibly also other agencies and donors. In collaboration with the United Nations Population Fund, UNICEF will support the population census when the Government's plans to conduct the census in 2012 are confirmed.

Studies: In 2012 a Social Policy approach will be developed in conjunction with concrete recommendations for interventions in social sectors and based on the MICS, MDG analysis, Analysis of the Availability of Essential Commodities in DRC and the Situation Analysis of children and women in the DRC. UNICEF's management response will be strengthened to enhance the strategic use of recommendations and lessons learned from evaluations conducted in the past years.

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Advocacy: The systematic integration of children’s participation will be further enhanced to ensure added value of UNICEF DRC’s advocacy activities, both inside the country and abroad. Along the three strategic action axes – promoting child rights, mobilizing youth and making UNICEF’s impact visible – the shifting focus towards young people and the continued cooperation with sector programs through a synergy lens increases the authenticity of UNICEF DRC’s voice, both in the country and with donors. Children are in the same time producers, users and subjects of media, and their perspective on progress and challenges is the most efficient communication-tool – by triggering understanding and compassion within communities and among donors. The network of media interested in children’s issues will be expanded, fostering the capacity of local journalists with regards to investigative quality reporting on child issues.

C4D: Activities will focus on capacity building for national counterparts in strategic C4D planning and creation of a framework of dialog and exchange in the area of C4D with all pertinent organisations and agencies. The Key Family Practices will be promoted at community levels through the creation of a model of community participatory adopting lifesaving practices through major religious groups. An anthropological study will be conducted in order to reveal the ethnic and cultural roots of the resistance to social services in North Katanga and a complex, comprehensive approach to promote health practices in resistant religious communities will be developed.

COUNTRY PROGRAMME COMPONENT: Emergency Coordination and Multisectoral

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Effective and coordinated humanitarian response to crisis is enhanced benefiting children, women and the most vulnerable populations		1 FA1OT13 (b), FA2OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	39160000.00	32817659.66	30390481.42	92.60
OR-R				
RR				
Total	\$39,160,000.00	\$32,817,659.66	\$30,390,481.42	

Results Achieved

An Early Warning Early Action exercise at national level was launched, in the context of election preparedness, and all UNICEF DRC offices were trained in emergency preparedness and UNICEF’s Core Commitments for Children in Emergencies (CCC).

UNICEF strengthened its role in Cluster Leadership of the five clusters (Education, Child Protection, Non-Food Items (NFI), WASH, Nutrition) by supporting the access to funds for Cluster Reinforcement, and playing a major role in Inter-Agency contingency planning, and Common Humanitarian Funding (CHF). Furthermore, UNICEF maintained leadership of the DRC NFI/Shelter Cluster with a focus on strengthening strategic contingency stocks and funds, targeting NFI assistance in vulnerable communities, and developing M&E tools.

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Emergency assistance was provided to 1.4 million conflict-affected people with the Rapid Response Mechanism for Population Movement (RRMP) which assisted 710,950 people with NFI/Emergency shelter material, 672,500 people with Water, Sanitation and Hygiene activities (WASH), and 64,540 pupils, teachers and school directors in education through improved learning conditions (rehabilitation of classrooms, distribution of kits for pupils and teachers, training of teachers).

UNICEF expanded the Alternative Response to Communities in Crisis (ARCC) and assisted 20,239 families with household items and livelihood assets via non-food item fairs and 2,674 families with pilot Cash Based Response (CBR). UNICEF promoted CBR through new partnerships, organization of trainings/workshops, and development of guidelines for the humanitarian community.

The Peace Building Component of PEAR Plus (Programme of Expanded Assistance for Returnees Plus) was rolled out with an early recovery package in Health, WASH, Education and Protection targeting recently stabilised areas, with the new objective to reinforce social cohesion and capacities of the communities in conflict prevention/resolution, reaching 250,000 people in 22 health areas of Ituri, North and South Kivu.

Most Critical Factors and Constraints

Logistical access remained a constraint in all areas of implementation (because of poor road conditions, particularly during the rainy season). DRC's abysmal transportation infrastructure and security situation impede delivery of assistance to affected populations in hard-to-reach and unstable areas.

Protection of beneficiaries: the military presence in intervention areas raised protection risks for the communities involved in the program. In this context, all intervention must include a Do No Harm analysis to make sure that assistance does not jeopardize safety of the assisted population.

Insufficient resource mobilization to address the consequences of structural collapse and underdevelopment in the context of complex emergencies: In the context of a protracted crisis, the consequences of structural collapse and underdevelopment have an impact on the environment of emergency assistance. RRMP, by adopting a more comprehensive and equitable prism to assess vulnerability of affected populations and by taking into account the vulnerability of the host communities as a whole when developing target beneficiary profiles, opened several complex and technical issues related to the targeting of emergency assistance. RRMP faces the lack of mobilizing resources and programming on Linking Relief to Rehabilitation and Development (LRRD) in post-conflict and fragile contexts.

Volatile security limits access to the population and to the areas of intervention; resurgence of conflicts/clashes result in new displacements (Beni and Oicha in the north of North Kivu, Bunyakiri in South Kivu).

The threats to the PEAR plus program are related to the global challenges on peace and stability in eastern DRC:

- Volatile politico-military situation, protracted crisis and large-scale humanitarian needs in certain ISSS target areas leading to renewed displacement of the civilian population and hindering access to the areas.
- Persistent human rights violations on civilian populations setting protection risks for beneficiaries: the conditions do not always allow for the durable return of IDPs and key protection benchmarks are not clearly met, even in PEAR Plus areas.

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Key Strategic Partnerships and Interagency Collaboration

The RRMP is based on a strategic partnership between UNICEF, OCHA, and NGOs (Solidarites, IRC, NRC, AVSI, Save the Children and DRC). The most valued impact of the RRMP partnership is that it has effectively created predictability in the humanitarian response to population movements in a continually changing landscape of violence and relative stability. This mechanism has thus allowed the DRC humanitarian community to enhance its capacity to respond in a timely and effective manner to life threatening crises through a conducive partnership. The Humanitarian Donors to RRMP provide financial resources, strategic orientation, and ensure accountability and monitoring through their different reporting requirements. RRMP is known as the DRC Humanitarian Coordinator's analysis and response mechanism.

UNICEF has used this partnership and leadership in Clusters to advance humanitarian issue agendas and to advocate the use of programmatic innovations such as the use of cash-based approaches to NFI, norms and standards on gender and other human-right based programming.

The ARCC partnerships (Solidarites, Concern, Care, AVSI, Caritas Kindu and Catholic Relief Services) is anchored in the piloting of new initiatives on Cash Based Assistance and innovation.

PEAR Plus partners are: Oxfam GB, AVSI, COOPI and Search for Common Ground. The partnership with Search for Common Ground has enabled the program to integrate the Peace Building Component, and advance the reflection of UNICEF and its partners on the link between social services and social cohesion 1) to promote positive community dynamics and to strengthen local capacities of good governance in fragile context, and 2) to prevent and resolve local conflicts, by building on the community dynamics to promote practices of dialogue, cooperation, mutual understanding, and mediation amongst the communities.

Inter-Agency Partnerships for Stabilisation/ Transition Programs are also conducted in the framework of **Joint Projects with FAO and UNDP**, responsible for agriculture and economic recovery respectively. The joint programs contribute to the stabilization of post-conflict areas through: Restoration of health, sanitation and education systems / Behavioral Change / Consolidation of social peace and Inter Communities connections / improvement of the quality of daily life and access to social services is perceived by the communities as a step towards stabilization and peace.

All these Partnerships enable UNICEF to promote strategic reflection and Programming on Linking Relief to Rehabilitation and Development (LRRD) in post-conflict and fragile contexts.

UNICEF is Developing PEAR Plus as a Peace Building and Social Cohesion Programme and is considered as a major contributor in the rehabilitation of basic social services and community development in transition frameworks (International Security and Stabilization Support Strategy (ISSSS) and Peace Consolidation Plan (PCP).

In 2011, **partnerships with the following donors** allowed programme implementation in emergency response: Pooled Fund, ECHO, Japan, United Kingdom (DFID), Sweden (SIDA), United States of America (USAID, OFDA), Australia, Thematic Humanitarian Response Fund, French Committee for UNICEF, and Central Emergency Response Fund.

Humanitarian Situations

In 2011, UNICEF estimated USD 123,070,000 was needed for its humanitarian work in the Democratic Republic of the Congo, out of which 58 per cent or USD 66,628,039 were received from donors.

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UNICEF's Rapid Response to Movements of Population assessed the needs of 1.8 million people and provided essential household items and shelter materials to over 65,000 families, and access to water and sanitation to more than 200,000 conflict-affected persons in Eastern DRC. UNICEF also provided therapeutic feeding supplies for over 95,000 children with severe acute malnutrition, achieving 78 per cent of the target. In a humanitarian donor environment where there is increasingly need for UN agencies to demonstrate their added value, the RRMP partnership exemplified how the UN and NGOs can come together to maximize their complementary strengths. UNICEF plays a central role on the strategic and programmatic side, drawing on its field experience and technical expertise to join the partner technicians in designing all programmatic aspects of the interventions in line with UNICEF's Core Commitments for Children in Emergencies.

UNICEF is also supporting the coordinating of humanitarian activities by leading the Non-food item and shelter cluster.

Additional sectoral humanitarian response is reported under the programme sections, Child Survival, Water, Sanitation and Hygiene, Education and Child Protection.

UNICEF ensures all aspects of the overall coordination and management of the RRMP partnership in the DRC including: strategic planning and leadership, technical oversight of the programme, capitalisation of lessons learnt, scaling up of best practices, and development of innovative approaches. UNICEF plays a crucial role in the prepositioning supplies and the operational and financial support to partners. Finally, UNICEF ensures the Monitoring and Evaluation of the Program, financial monitoring and effective use of resources.

UNICEF and partners are measuring the program outputs and outcomes in a variety of ways. One of RRMP's achievements in terms of monitoring was the creation in 2009 of an on-line activity and output tracking system called Activity INFO. Using simple standardized activity reporting templates implementing partners provide data in real time on all project activities via a web-based interface—numbers of emergency latrines constructed, number of children reached through basic education activities, etc.—which feeds into a national-level database capable of generating information products for reporting, analysis, and decision-making.

Future Work Plan

The Early Warning, Early Action / Emergency Preparedness through the training of NGOs to RRMP methods, standards, tools) in Southern and Western Zone will be reinforced. UNICEF will maintain the cluster leadership with a focus on strengthening strategic contingency stocks and funds, improving targeting of assistance in vulnerable communities, and developing Quality and Protection Standards, and M&E tools.

The RRMP will assist 1.5 M affected people (displaced/returnees/host families). The ARCC will be expanded, and Cash Based Response (CBR) projects promoted, develop a laboratory for new CBR experiences (pilot projects, publications) and provide technical support for UNICEF sections and the humanitarian community.

PEAR Plus will be developed as a Peace Building and Social Cohesion Programme through the publication of a new program document, the launch of an external evaluation to assess potentials and achievements of the program in the field of social cohesion and the expansion of the program in new areas in Ituri, North and South Kivu and Tanganyika.

UNICEF will contribute significantly in the rehabilitation of basic social services and community development in transition frameworks International Security and Stabilization Support Strategy (ISSSS) and Peace Consolidation Plan (PCP).

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UNICEF will also promote strategic reflection amongst donors and actors on Linking Relief to Rehabilitation and Development (LRRD) in post-conflict and fragile contexts. Activity Info, a monitoring and reporting database will be expanded to all sections/UNICEF Clusters for monitoring and reporting.

Innovations/lessons learned of programs launched by the Emergency Section since 2004 will be documented: RRMP, ARCC and PEAR Plus, as well as the strategic and programmatic reflections on LRRD and Transition in fragile contexts.

COUNTRY PROGRAMME COMPONENT: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Effective and Efficient Programme Management and Operations Support to Programme Delivery		0 Support 1, Support 2, Support 3

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	599220.00	995128.49	960152.87	96.49
OR-R	4639619.00	799764.22	263216.45	32.91
RR	14704026.00	15584962.73	14879757.31	95.48
Total	\$19,942,865.00	\$17,379,855.44	\$16,103,126.63	

Results Achieved

In 2011 supplies continued to be a significant component of Operations focus. The total value of supply input reached USD 38 million, compared to USD 31 million in 2010. Total off-shore procurement was at USD 24 million (63 per cent of total supply throughput) and included items such as: vaccines, devices for immunization, cold chain equipment, primary health care kits, mosquito nets, drugs, F100/F75, Plumpy'nut, therapeutic milk, school and recreation kits, pipes and fittings, emergency cooking sets, tarpaulins, clothing, plastic sleeping mats, vehicles, and submersible pumps. In all cases, off-shore procurement was timely and major supplies were received in reasonable time at the port of entry.

In Human Resources a major recruitment exercise followed the 2010 mid-term review: 106 positions were created and 50 eliminated. Although some key posts are still under recruitment, head-hunting is on-going and it is expected that all posts will be filled in the first trimester of 2012.

In preparation of VISION roll-out at the beginning of 2012, the CO invested major time and major financial and human resources in training for 40 super users who organized in-house trainings for 180 staff office-wide and who supported other Country Offices in the Region and beyond.

Finally, UNICEF moved to new MOSS compliant premises in November 2011 creating a better and safer work environment.

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Most Critical Factors and Constraints

The complexity of DRC's current environment continues to produce significant organizational risks that hamper efficiency and effectiveness of operations. Lasting insecurity in some geographical areas critical for UNICEF programming, weak banking infrastructures at both national and provincial levels, lack of reliable transportation and distribution networks continue being compounded by important governance and management challenges, insufficient Government and private long-term economic and financial investments and persistence of humanitarian crisis, that have a direct impact on overall operations management.

As an example, and as UNICEF continues focusing on the delivery of large-scale, high-impact interventions to achieve its programme results, major challenges faced by the supply, logistics and contracting functions have continued creating risks in timely programme implementation and quality of basic supplies for beneficiaries. More specifically, insufficient cash liquidity on the market has made it difficult for suppliers to satisfy UNICEF credit payment terms and conditions. Furthermore, the existence of limited suppliers operating on the local market hampers delivery of timely programme results, along with general shortage of commodities, high operational costs and fluctuating prices, especially for rehabilitation and construction works and fuel. More generally, local market prices are not competitive compared to offshore or regional purchases.

Warehouse management continues also to be an issue of concern as are warehousing practices in handling, storing, moving and distributing. A third party will be contracted in 2012 to enforce discipline and protocol expected in warehousing and stock movement documentation. The appointment of an experienced Logistician at L4 level will also facilitate the task.

Telecommunications and other utility costs represent another issue to be addressed: utilisation of newly installed Voice over IP system will be enforced for all communications between staff throughout the country while a new top-up telephone card system will be introduced for all but essential staff. Fleet management with currently 91 vehicles throughout 11 provinces needs to be reviewed for efficiency and productivity, rationalization of costs and assurance that appropriate vehicles for UNICEF office and partners are purchased. Driver competencies will also be addressed for risk prevention and reduction through the development of a code of conduct.

Recent legislation on Value Added Tax (VAT) promulgated by the Government has been the centerpiece of a tax reform in the country: the VAT, of a standard value rate of 16 per cent, has been introduced on January 1, 2012 and will be applied to all supplies and the importation of goods and services. The United Nations Country Team is collectively trying to limit its implications on agencies' operations in the country. Additional costs created by the tax are already creating challenges in programme implementation as they have an impact on supply, transport and delivery.

Key Strategic Partnerships and Interagency Collaboration

Participation in the UN Country Team monthly Operations Management Team meetings has greatly enhanced the UNICEF Country Office's capacity of influencing major decisions jointly taken on operational matters and practices by the UN.

Humanitarian Situations

Not applicable.

Summary of Monitoring, Studies and Evaluations

With a view of reducing over-dependency on offshore procurement, the CO initiated and undertook a **comprehensive market assessment of availability of essential commodities**. Plans are

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underway for a complete review and enlistment of new suppliers and industries over the first quarter of 2012.

Transport market surveys were regularly undertaken and sharing of logistics information with other UN/NGO partners on transport rates was a common practice during the year to avoid transporters taking advantage of poor inter-agency information flow and inflate transportation rates.

Future Work Plan

The Operations work plan in 2012 will focus on two major exercises, the preparations of the Country Programme Management Plan for the new 2013-2017 Country Programme and for the internal audit which is scheduled for late October. Also some of the above mentioned issues and constraints will be addressed.

EFFECTIVE GOVERNANCE STRUCTURE

With regards to emergency preparedness, all western provinces developed detailed Emergency Preparedness and Response Plans (EPRP). In August, the Country Office organized a weeklong Emergency Preparedness and Response training with trainers from the Office of Emergency Programmes (Geneva) and the Western Africa Regional Office. In preparation for potential humanitarian consequences related to the presidential elections at the end of the year, zonal and national planning exercises were organized including program criticality matrices, mappings of stocks and potential partners, and pre-identification of surge capacity needs. The CO is working on completing and ensuring regular updating of the online Early Warning Early Action (EWEA) system.

Business Continuity Plan has also been reviewed and updated after an analysis of overall emergency and security processes, to also include possible threats caused by Presidential elections held in November: a list of critical staff has been completed, compulsory radio and phone checks included and critical responsibilities assigned to appropriate staff.

Country Management Team terms of reference have recently been revised to better reflect the CO's overall thrust for programmatic and managerial innovations; the newly established Country Office Management and Innovation Team (COMIT) will guide the Representative in the identification and follow-up of innovations throughout the country. An Innovation Task-Force within the COMIT was created and is tasked by the Representative in the analysis of innovations identified to facilitate their documentation and replication.

In an effort to streamline efficiency of major mandatory corporate processes, a thorough review of internal committees has recently been undertaken. The number of committees has been brought down from 24 to 16. Their composition has also been revised in order to have an overall more equitable representation between programme and operations staff for better management of potential risks.

All audit recommendations but three have been addressed through a systematic approach consisting of regular CMT discussions (the audit is a standing item of all CMT agendas) and monthly programme and operations meetings.

A solid donor reporting system has been put in place for the 127 reports due in 2011, which has allowed the CO to improve the timeliness of donor report submission significantly over the year from 69 per cent in the first quarter to 100 per cent in the fourth quarter achieving overall 87 per cent.

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STRATEGIC RISK MANAGEMENT

Challenges for both Operations and Programmes are frequent and complex to deal with in a country with such a demanding environment, lack of infrastructure and recurrent emergencies. Complex financial and economic landscape keeps on creating opportunities for misuse of funding. In order to mitigate these risks, training in risk management has been undertaken in February 2011: all senior managers have been trained, including all chiefs of provincial offices. Ethics trainings for all UNICEF staff in Kinshasa, Goma and Lubumbashi have been organized in June.

Supply management keeps on being a concern and considered as a major office risk. The last programme budget review approved creation of a Logistics Specialist at P4 level who will primarily provide technical guidance on best practices in warehousing and inventory management as well as daily supervision of staff and activities in the warehouse. The staff once on board is expected to enhance capacity and reinforce necessary discipline/protocol expected in warehousing and stock movement documentation. The CO has tendered for an experienced third party company that has carried out physical stock verification in Kinshasa and field offices under the western zone offices, as well as Goma and Lubumbashi offices. The outcome of the exercise has provided a reliable and an accurate picture of physical position of commodities in all warehouses.

All Long-Term Agreements with major service providers have been revised and renegotiated to ensure more transparent dealings with national market and local providers.

A new Table of Authority has been elaborated: it reflects definitions of new roles as per passage to VISION and represents a sounding-board for ensuring that rights and responsibilities of staff are known and respected.

Regular multi-sectoral missions by the Chief of Operations and technical Operations staff from all units have proved to be an efficient way of enhancing overall office risk management and responding to needs and queries from Provincial and Zonal offices in a sustainable and coherent manner. Field visits facilitate response from the central level in Kinshasa and simplify workflows and processes through delivery of better and more appropriate results.

EVALUATION

Of the 14 studies and seven evaluations that had been planned in 2011, there are four studies and one evaluation completed.

The Multi-Indicator Cluster Survey (MICS) 2010 was launched officially by the Minister of planning. The MICS served as one of the key-documents for the PRSP-II published in November by the Government. Eleven provincial MICS reports are being printed that will be disseminated in each province preferably in the provincial parliaments and in combination with the analytical report on provincial MDG achievements.

The Country Analysis of Essential Commodities was completed and published by the Steering Committee chaired by the Director of Social Services of the Ministry of Planning. This analytical document has been very well received both inside and outside UNICEF and is one of the reference documents for the preparation of the new Country Programme 2013-2017. The Situation Analysis that has begun mid 2011 is in its final stages and will be finalized early 2012 and published by the end of the first quarter. It will be accompanied by a bottle-neck analysis which will be set in motion in the beginning of 2012.

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In the province of Bandundu a survey has been completed to reveal in more detail the nutritional status of under five year old children. The study provides more detailed information than the MICS survey, since its data and statistics are representative for the sub-provincial level of territories. The results of the study will enable programmes and projects to better target and fine tune their interventions.

Another 10 studies and 5 evaluations are still in process and will be completed in 2012. Throughout the year the Integrated Monitoring and Evaluation Plan has served as a monitoring tool and a fixed point on the monthly management agenda. Even so, while the total budget invested in studies and evaluations has increased since the previous year, it still falls short of the mark of 3 - 5 per cent of the total programme budget as recommended by headquarters.

EFFECTIVE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

The Regional ICT Chief's visit in April 2010 resulted in 55 recommendations for the improvement of ICT services. While 87 per cent of the recommendations have been addressed, 13 per cent remain open due to budget constraints. Additional financial investments will be made in 2012 to continue upgrading ICT services for better connectivity and enhanced productivity.

Major accomplishments in 2011 include: 1) Interconnection of all offices via VoIP to improve collaboration between staff, UNICEF and its partners and significantly reduced turn around response time to enable timely lifesaving interventions. 2) Installation of Video conferencing at the Country Office and two zone offices in Goma and Lubumbashi also to improve collaboration and cut down on operational cost: for example about US 40,000 in travel costs were saved by holding management meetings via video conference. 3) Migration to Windows 2008, Windows 7 and MS Office 2010 to enhance staff productivity. 4) Migration from ProMS PnP to VISION/SAP HR and technical support during VISION training for 105 staff in Kinshasa. 5) Upgrade of data/voice cable network in four offices for improved system performance. 6) Enforcement of standard security measures on all UNICEF systems through systematic update of virus signatures and operating systems. 7) Provision of more reliable ICT services to colleagues in Dungu (Haut Uele) and Kindu (Maniema) at UN compound. 9) Increase of bandwidth capacity which improved connectivity for VISION and other business systems and addressed the risk identified during the office Risk and Control Self-Assessment exercise

DRC Business Continuity Plan including the ICT component for the Emergency Preparedness and Response Plan was updated and staff briefed on roles and responsibilities. Mission critical data stored on all servers was continually backed up daily in all offices. Data at the CO is backed up on tape locally and at UNICEF Brazzaville via a radio link specifically set up for BCP purposes.

FUND RAISING AND DONOR RELATIONS

In addition to the USD 32,989,525 rephased from previous years, the **Country Office mobilized USD 69,266,271 Other Resources** corresponding to 130 per cent of the ceiling in the Country Programme Document, however these funds were mobilized for the rolling workplan for the period 2011 - 2012. Out of the USD 102,255,795 Other Resources available in 2011, USD 63,853,584 were allocated to 2011 and USD 38,402,211 rephased to 2012. In addition, the CO mobilized, **USD 66,628,039 or 58 per cent** of the total budget against the **UNICEF Humanitarian Action for Children Appeal** for 2011. Of the amount received against the humanitarian appeal, 37 per cent was received from Multi-donor Trust Funds such as the Pooled Fund and the Central Emergency Response Fund. Overall, 13 per cent of the funds utilized in 2011 were received through Multi-Donor Trust Funds such as the Pooled Fund, Central Emergency Response Fund and the UN Trust Fund for

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Human Security. The status of funds utilization was a standard agenda point in the Country Management Team and Programme Coordination meetings in 2011, which enabled the CO to monitor the utilization of funds and avoid unnecessary extension of grants: of the 149 PBAs in 2011, the CO requested an extension for 9 PBAs. 99.74 per cent of the funds expiring by the end of 2011 were fully utilized before expiry.

The CO has exchanges regularly with its **donors** resulting in excellent **partnerships**. Several bilateral donor officials and UNICEF National Committees have been accompanied to visit project activities. Out of **127 donor reports** due within the year, 110 were sent in time or 87 per cent. Timeliness has gradually improved over the year from 69 per cent of reports due sent on time in the first quarter to 100 per cent in the fourth quarter of 2011. The quality and timeliness of reporting has increased significantly as opposed to 2010 thanks to increased capacity of programme staff in contribution management including reporting.

MANAGEMENT OF FINANCIAL AND OTHER ASSETS

Contribution Management was a standing agenda item in the Country Office Management Team and two trainings in the zonal offices of Lubumbashi and Goma have been carried out by the Budget and Reports Officers in order to increase the capacity of staff in effective contribution management.

Good performance on key indicators: the Country Office spent 96 per cent of RR and is thus over the good performance indicator of 95 per cent. 94 per cent of the programme budget allotments (PBAs) were used within the original duration of the PBA life. 99 per cent of the emergency funds were used within the original life of the grant and there are only 2 per cent of outstanding DCTs over 9 months.

In a move to enhance overall office accountability, management of assets has focused on reinforcing systems within the Harmonized Approach to Cash Transfers (HACT) amongst others through 1) completion of assessments and regular multi-sectoral spot-checks and 2) internal and external trainings. More specifically, 23 out of the 44 partners' audits planned for 2011 have been carried out while 21 are still in progress. Micro-assessments of 65 partners have been planned and implemented while 102 spots checks throughout the country were conducted by UNICEF Operations and Programme staff.

In order to accrue internal capacities, all UNICEF DRC Finance staff from Kinshasa and Zonal and Provincial offices has participated in a massive Ex-Com training that has focused on HACT concepts and undertakings of spots check. After identification of major gaps in terms of basic accounting procedures, 50 partners have been trained in financial management to this effect, and an institutional contract has been signed with KPMG. Further trainings are planned for 2012. Moreover, six trainings on HACT and UNICEF internal rules and regulations have been organized throughout the provinces: 324 delegates from about 90 partners and UNICEF staff have participated.

SUPPLY MANAGEMENT

The total value of **supply input reached US\$ 38 million** in comparison to US\$ 31 million in 2010 and remained thus a significant component of programme delivery. The CO maintained continuous and close contact with Supply Division in Copenhagen and the regional Supply in Kenya where most supplies bound for eastern DRC activities are procured. The total **off-shore procurement value was at US\$24 million** and included items such as: vaccines, devices for immunization, cold chain equipment, primary health care kits, mosquito nets, drugs, Plumpy'nut, therapeutic milk, school and

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recreation kits, emergency cooking sets, tarpaulins, clothing, plastic sleeping mats, vehicles, and submersible pumps. Off-shore procurement was timely and major supplies were received in reasonable time at the port of entry but delay due to slow customs clearance was of concern.

Although this year **local procurement** including direct ordering contributed only 37 per cent of the total, the country office continues to explore opportunities to increasingly procure from the local market to ensure sustainable availability of essential commodities, develop the local market, and contribute to local job creation/opportunities.

With a view of reducing over-dependency on offshore procurement, the CO initiated and undertook a **comprehensive market assessment of availability of essential commodities**. Plans are underway for a complete review and enlistment of new suppliers and industries over the first quarter of 2012. The major items procured locally included: printing materials, motorcycles, school materials, generators, jerry cans, bathing soap, water treatment materials, campaign materials, and school uniform material. The CO is also working to establish Long-Term Agreements with local service providers mainly for printing services and office supplies, transportation, maintenance and IT service providers.

The distribution and storage of supply needs were largely met in a satisfactory manner. However, the **inventory management tool** (UNITRACK) had multiple problems including programme bugs, difficulties in integration with ProMs and backup failures.

The **country-wide stock position in warehouses** in Kinshasa and the field offices was about US\$ 10 million by the end of the year (programme and operations supplies). However, to increase and sustain sufficient capacity, a dedicated UNICEF warehouse in Kinshasa, of about 6,000m² of surface space, will be acquired in 2012 so as to relocate and consolidate all warehousing operations under one roof.

Transport market surveys were regularly undertaken and sharing of logistics information with other UN/NGO partners on transport rates was a common practice during the year to avoid transporters taking advantage of poor inter-agency information flow and inflate transportation rates.

Based on the lessons learnt in 2009 and 2010, UNICEF proactively **pre-positioned emergency supplies** at the provincial level for the prevention of cholera outbreak and population displacement in various parts of the country. Emergency distributions had a target of supplies being released and on the way to the affected community within 24 hours of the request for support.

HUMAN RESOURCES

The CO took a results-based approach to the design and development of its human resources capacity needs. 2011 saw the implementation of PBR results from the mid-term review with 106 positions being created. Throughout the development and implementation phases for recruitment, all staff were systematically informed of relevant processes and objectives to ensure common understanding, transparency, objectivity and fairness. Staff Association was a strategic partner with HR by participating in counseling and coaching sessions as well as by organizing informative all staff meetings.

DRC continues to face recruitment challenges at the senior professional levels to meet its programme needs. Positions at this level require competencies and capacity beyond the existing staff profiles; therefore, critical positions such as P-5 Chief Social Policy, P-4 Logistics Specialist and two P-4 Chief Field Office positions have remained vacant despite several advertisements and

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outreach efforts. The CO is now focused on head-hunting strategies through professional networks and associations to identify and attract qualified candidates.

Staff well-being, safety and security continue to be of paramount concern to the senior management team in DRC. A national security officer position responsible for coordinating all aspects related to the security of international and national staff members with UNDSS was initially created during the 2010 mid-term review solely. However, despite several efforts to recruit, the position remained vacant. Therefore an international security specialist position was subsequently created and is under recruitment.

Following two fatal incidents (April 2011, fatal UN air crash at the Kinshasa Airport and July 2011, national aircraft crash with several UNICEF Government partners on board), counseling services were immediately made available to all staff through partnership with MONUSCO Staff Counselors. Respect for staff confidentiality was closely guarded. New staff members were provided with security briefing and weekly routine radio-checks are conducted.

Eleven medical evacuation cases were managed from provincial offices to Kinshasa. Three cases were referred to medical facilities in South Africa and one case was referred to the place of Home Leave.

Discussions related to e-PAS have a clear connection between expected results and individual objectives. By the closing of the mid-year review of the e-PAS, 71% completion rate was reported for International Professional Staff. In terms of the paper based PAS completion rate, 87% of all national staff had prepared objectives by 30 August 2011.

In 2011, 73 additional staff member from Kinshasa and the provincial offices were trained in Competency Based Interviewing, which will continue in 2012. Staff Induction over 3 days was also completed for 17 staff members. The Ethics Office conducted training in Kinshasa and Goma for over 200 staff members. VISION training was carried out in December 2011 in Kinshasa and all provincial offices for 262 staff members.

Out of previously 25 Peer Support Volunteers trained, as of December 2011, 20 UNICEF Staff members are still available. 150 staff members are enrolled at different levels in English language proficiency. The CO has implemented nine of the ten minimum standards on HIV/AIDS in the work place. Staff Association is represented in all Country Management Meetings with JCC meetings at quarterly intervals.

EFFICIENCY GAINS AND COST SAVINGS

Thanks to the implementation of **E-Banking system**, time for financial transactions has been minimized, while a reduction of forgery and fraudulent transactions has also been observed.

In an attempt to enhance staff performance and efficiency, new premises for the **Kinshasa office** were identified and the move completed by end of November just before the presidential elections: the new environment is cleaner, healthier and MOSS compliant, being very close to one of the peacekeeping missions (MONUSCO) headquarters and equipped with surveillance cameras and electronic access to offices.

In 2011, UNICEF has worked with Non-Governmental Organizations (NGOs) and the national **nutrition** programme to set up a system, where the National Nutrition program is the implementing partner for most surveys and the NGOs concentrate on project implementation. In the past, surveys have been mostly conducted by NGOs, which has led to a great number of surveys, but often with a

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lack of objectivity in the results and projects being implemented in places with no great need. The new surveillance system has improved the quality and consistency in survey results as well as the equity since the projects are oriented towards the ones most in need.

In 2011, UNICEF renewed its efforts to conduct **integrated child survival activities** whenever possible financially and logistically. Two national polio immunization campaigns were integrated with vitamin A supplements and de-worming in May and October 2011, targeting all 515 health zones of DRC, a highly efficient approach that resulted in cost savings.

Since 2011, the planning of distribution of **Long-Lasting Impregnated Mosquito Nets** is based on a count of all household members and therefore takes into account the size of each household. This new method enabled to better target the real needs of each household, with greater equity, to limit the waste of mosquito nets and reduce costs of distribution.

Since 2011, UNICEF DRC encouraged donors to coordinate closely all interventions in **support to health zones**, within the framework of annual operational plans elaborated by the zones. This helps prevent duplications of interventions and increases aid efficiency. Major donors such as the European Union have collaborated in this way with UNICEF for a more effective support to health zones. In the same way, the H4+ multi-donor initiative implemented in 2011 enabled coordination between donors (UNFPA, UNICEF, WHO, UNAIDS and others), defining specific contributions of each in the national roadmap to Accelerate Support for Maternal and Newborn Health.

UNICEF also continued the promotion of the **non-food item (NFI) fair approach** allowing people to choose the items they need (as a preferred alternative to in-kind distribution), which has allowed UNICEF and partners to increase the value for money of these humanitarian programs. Over 50 per cent of UNICEF NFI assistance in DRC is now being delivered using the fair approach. While cost savings vary significantly from one region to another based on context, the average fair intervention will cost USD 100-110/ household versus USD 125-150 for an in-kind distribution.

CHANGES IN AMP AND CPMP

2011 saw the continuation of the implementation of the recommendations of the 2010 mid-term review in terms of CO structure as defined in the 2011 AMP. Through the bi-annual and annual review processes, programmes assessed their progress towards the two-year 2011-12 work plan without identifying major changes. As such, no significant changes are envisaged to the 2012 AMP or the CPMP.

However, given that 2012 represents the last year in the current country programme cycle, this year will see significant focus on the preparation of the CPMP for the next country cycle.

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SUMMARY NOTES AND ACRONYMS

In 2011, the following amounts were received from donors, who partnered with UNICEF to support the children and women of the Democratic Republic of the Congo. UNICEF is grateful for these valuable partnerships and hopes for a continued support in 2012.

Donor

Programmable Amount received at country level in USD

(without 7 per cent recovery cost retained at headquarters)

1 Pooled Fund	21,081,986
2 United Kingdom	19,988,011
3 European Commission, ECHO	16,552,459
4 United States of America	11,350,543
5 Japan	10,000,220
6 Thematic Fund: Young Child Survival and Development	7,159,429
7 Sweden, SIDA	5,139,599
8 Canada	5,108,391
9 World Bank / DRC	5,032,740
10 German Committee for UNICEF	4,121,878
11 Bill and Melinda Gates Foundation	4,040,975
12 Central Emergency Response Fund	3,051,284
13 United States Fund for UNICEF	2,659,950
14 Thematic Fund: Basic Education and Gender Equality	2,500,000
15 Rotary International	1,491,928
16 Consolidated Funds from Natcoms	1,475,045
17 Swiss Committee for UNICEF	1,458,559
18 Thematic Fund: Humanitarian Response	1,355,258
19 Italian Natcom for UNICEF	1,232,663
20 Belgium Natcom for UNICEF	1,209,774
21 UN Foundation	1,084,434
22 French Committee for UNICEF	918,053

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23 Belgium	745,549
24 UNFPA	727,119
25 Spanish Committee for UNICEF	581,405
26 Micronutrient Initiative	537,470
27 Korea	467,300
28 Thematic Fund: HIV/AIDS and Children	228,331
29 Luxembourg Committee for UNICEF	225,628
30 Canadian Committee for UNICEF	188,978
31 GAVI Funds	105,022
32 UNMAS	66,884
33 Austrian Committee for UNICEF	15,672
34 Thematic Fund: Child Protection	13,006

TOTAL

131,915,543

ABBREVIATIONS:

ARCC	Alternative Response to Communities in Crisis
C4D	Communication for Development
CFS	Child Friendly Schools
CIDA	Canadian International Development Agency
DRC	Democratic Republic of the Congo
DFID	UK Aid from the Department for International Development
ECHO	European Commission Humanitarian Aid and Civil Protection
EPI	Expanded Programme of Immunization
FAO	Food and Agriculture Organization
IYCF	Infant and Young Child Feeding
IRC	International Rescue Committee
LLITNs	Long-lasting Insecticide Treated Nets
LNS	Lipid-based Nutrition Supplements
LRRD	Linking Relief to Rehabilitation and Development
MDGs	Millennium Development Goals
MICS	Multi Indicator Cluster Survey (latest carried out in 2010 and published in 2011)
NGO	Non-governmental Organization
NRC	Norwegian Refugee Council
SIDA	Swedish International Development Cooperation Agency
SMART	Standardized Monitoring and Assessment of Relief and Transitions
PEAR+	Programme of Expanded Assistance to Returnees Plus
PMTCT	Prevention of Mother-to-Child Transmission of HIV/AIDS
RRMP	Rapid Response to Movements of Population
WASH	Water, Sanitation and Hygiene

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DOCUMENT CENTRE

Evaluation

	Title	Sequence Number	Type of Report
1	Mid-term Evaluation of project of Basic Education in Eastern DRC (BEED)	2011/003	Evaluation
2	Analysis of the availability of essential commodities in DRC	2011/002	Study
3	Nutrition surveys in territories of Bandundu	2001/004	Survey
4	Child sensitive social protection in DRC: a diagnostic study	2011/001 (uploaded by error by HQ under sequence number 2011/002)	Study
5	Multiple Indicator Cluster Survey - DRC 2010	2009/009	Survey
6	Out of school study in DRC- First part: Situation Analysis	2011/005	Study

Other Publications

1	Multiple Indicator Cluster Survey- DRC 2010- Final Report
2	Multiple Indicator Cluster Survey - DRC 2010: Summary report (French/English)
3	Progress towards the achievement of MDGs in DRC
4	MICS in action in DRC (video production)- French version
5	Progress towards the achievement of MDGs in DRC (CD- ROM Production
6	Child poverty and disparities in DRC
7	Annual report 2010 (French version)
8	All children at school (documentary film) in French
9	T-Shirts and flags for cleaned and healthy villages/schools
10	T-shirt for the third open house of WASH Program (French)
11	Participatory approaches and ownership of projects/programmes in communities (documentary film)

Lessons Learned

	Title	Document Type/Category
1	Reaching the most deprived: Assisting people with disabilities in emergency situations	Innovation
2	Efficient and real-time monitoring and evaluation: online WASH data collection via SMS	Innovation

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Programme Documents

	Title	Document Type
1	DRC Simplified Results Matrix for 2011-2012 (apres la MTR 2010)	CPD Results Matrix
2	Plan d'Action du Programme Pays , 2008-2012	CPAP
3	Plans de travail roulants des programmes, 2011-2012	AWP/RWP
4	Plan Integre de Suivi, Evaluation et Recherche pour 2011	IMEP