Democratic Republic of Congo

Executive summary
Despite its vast natural resources, the Democratic Republic of Congo (DRC) is one of the world’s poorest countries ranking 176th out of 188 countries in the 2015 Human Development Report. The stable economic growth recorded in recent years has been jeopardized since 2016 by the political crisis due to the non-organization of the presidential election, which led to a sudden economic crisis with a 45 per cent devaluation of the local currency.

The year 2017 was marked by the crisis in the Kasai region, which led to the UNICEF Executive Director to declare a Level 3 emergency response (L3) for the Kasai region in August 2017, followed by an Inter-Agency Standing Committee declaration of system-wide L3 in the Kasai region, Tanganyika and South Kivu provinces on 20 October 2017. The violence in the Kasai region led to the displacement of over 2.5 million people as of 31 October 2017, amounting to half of the 4.1 million internally displaced persons across the country. Due to the worsening of the humanitarian situation, the UNICEF Humanitarian Action for Children (HAC) appeal was revised from US$119,125,000 to US$165,067,070 in September 2017. As of the end of December, only 44 per cent of the HAC requirement was realized despite a resource mobilization strategy developed in 2017, which contributed to the mobilization of US$124 million in Other Resources (ORR and ORE).

Despite the funding gap, UNICEF DRC reached more than 1.4 million people, surpassing the 35 per cent target of conflict-affected population set by the Country Programme. In Eastern DRC and the Kasai region, the Rapid Response to Movements of Populations (RRMP) mechanism played a key role in responding to the internally displaced persons and returnee populations through the provision of multisectoral packages comprising non-food items, multipurpose cash transfers, health, education and WASH assistance reaching over 866,000 people. UNICEF ensured a coordinated emergency response to 262 health emergencies, provided essential health care to displaced populations and treated 43,562 severely malnourished children. Case fatality rates were 50 per cent (Ebola), 2.1 per cent (cholera), 1.2 per cent (measles), and cure rate for severe acute malnutrition was 88.8 per cent.

On development programming, a total of 2,542,135 children, under one year of age, were immunized, resulting in a 60 per cent reduction in the number of non-vaccinated children (Pentavalente3) compared to 2016. While 66.7 per cent of infants were exclusively breastfed, only 200,000 (10 per cent) of two million children with severe acute malnutrition were treated. The locations with measles outbreaks were reduced from 77 to 58 health zones. A total of 1,856,400 people in 1,610 newly-certified villages and 133,242 children in 361 newly certified schools gained access to WASH services, resulting in a 70 per cent reduction in diarrhoeal related morbidity for children under 5 years old in the targeted villages.

UNICEF contributed towards the enrolment of more than 2,772,848 children in first grade of primary school, and 142,900 vulnerable children in 5,000 schools were retained in first to third grade through a tailored social protection package.
Application measures for the revised Family Code and the 2017-2026 Action Plan on ending child marriage adopted by the Government, together with the introduction of a mandatory module into the curricula of law faculties across the country are contributing towards improvement in the normative and policy framework for children. More than 1,010,896 births (514,032 girls; 313,224 boys) were registered and 39,906 children (16,500 girls; 23,406 boys) in contact with the law accessed justice for children’s services.

UNICEF DRC supported the social protection system in the country through the dissemination of the National Social Protection Policy and the National Strategy for Social Protection and its action plan, and through government advocacy for the inclusion of child-focused priorities in the National Protocol for Indigence. In partnership with the Ministry of Planning, UNICEF continued to utilize existing analyses to advocate for budget allocations geared towards equitable access of children to basic social services.

UNICEF DRC continued to invest in crosscutting strategies to accelerate progress and amplify results for children through measures to foster programme coherence, communication and advocacy, directed towards rights holders and duty bearers, extensive field presence with supply and logistics capacity and improved approaches to programme monitoring.

The HACT framework was applied by the Country Office (CO) to forge programme implementation partnership. The CO achieved a programme utilization rate of 98 per cent (of total budget US$239,004,745) as of 31 December 2017, due in part to partnerships established with 206 civil society organizations and with the Government at central and provincial levels; 742 out of 797 (93 per cent) planned programme assurance activities were concluded.

**Humanitarian assistance**

According to the updated Humanitarian Response Plan (HRP) of 2017 – 2019, the estimated population of people in need of humanitarian assistance in the DRC increased from 6.9 million (January 2017) to 13.1 million people, including 7.8 million children in December 2017. The situation was complicated in 2017 by the new crisis in the Kasai Region, deterioration of armed conflict in South Kivu and inter-ethnic clashes in Tanganyika provinces, and an Ebola outbreak in Northern DRC. Thus, in October 2017, the Inter Agency Standing Committee declared a system-wide L3 in the Kasai Region, Tanganyika and South Kivu Provinces in the DRC. This followed the declaration of L3 in the Kasai Region by the UNICEF Executive Director in August 2017.

The UNICEF Humanitarian Action for Children (HAC) appeal was revised from US$119 million in January 2017 to US$165 million in September 2017. As of December 2017, the HAC appeal was 44 per cent funded. UNICEF continues to lead the water, sanitation and hygiene (WASH), non-food items and shelter, education and nutrition clusters; as well as the child protection working group.

According to the 2017 Humanitarian Needs Overview, there were an estimated 4.1 million internally displaced persons in the DRC in 2017, of which 2.5 million (as of the end of October 2017) was due to the violence in the Kasai. During the year, there was an increase from 2,300 (in 2016) to 3,200 (in 2017) documented cases of grave violations of child rights, notably on the recruitment and use of children in combat; sexual abuse; looting and destruction of health centres and schools.

In 2017, UNICEF’s humanitarian assistance reached more than 1.4 million people in conflict-affected areas. About 71,000 displaced, refugee and returnee children were provided with safe...
access to community spaces for socialization, play and learning. Over 170,000 children affected by severe acute malnutrition were admitted and treated, 1.4 million children were vaccinated against measles and 26,000 cases of cholera were treated. UNICEF provided basic WASH services for 563,600 people affected by natural disasters and conflicts, and 663,600 people in high-risk zones for cholera.

In Eastern DRC and the Kasai region, the RRMP mechanism was used to provide multisectoral assistance comprised of non-food items, multipurpose cash transfers, health, education and WASH assistance to over 866,000 people. This population included 9,000 children (4,700 girls) reintegrated into emergency-affected schools, and was comprised of 30,000 households affected by conflict in the Kasai region. Multipurpose unconditional cash-based assistance was provided to more than 200,500 people, 82 per cent of the national target of 245,000 people, through UNICEF assistance for early recovery.

In May 2017, UNICEF DRC together with WHO and other partners, supported the Government to respond to the eighth outbreak of Ebola Virus Disease in the country, in the Likati health zone, Bas Uele province in Northern DRC. UNICEF support focused on (1) national and field level coordination; (2) awareness raising and proportion of prevention behaviours; (3) distribution of Aquatabs to improve access to safe water, and sensitization on hand washing and waste disposal; (4) provision of free health care services, using the health kits provided by UNICEF; and (5) provision of 10 motorcycles for community surveillance. Overall, a case fatality of 50 per cent (8 cases and 4 deaths) was recorded.

As a practical approach to the implementation of the humanitarian and development nexus, UNICEF applied the risk informed programming approach to adjust its workplans in the Kasai Region, from what was a development programme, to accommodate life-saving humanitarian response. In the Kasai region, a free health services scheme was introduced to encourage the returnee population to utilize health care services and temporary learning spaces were integrated into the education sector to bridge the gap due to destruction of schools.

**Equity in practice**

UNICEF’s organization-wide shift towards reducing disparities in the enjoyment of child rights initiated in 2010, known as UNICEF’s ‘equity re-focus’, was operationalized through the DRC Country Programme 2013-2017 via evidence generation as well as planning and monitoring approaches at the national, provincial and district levels.

Drawing from the data generated by the most recent Demographic and Health Survey 2013-14 (DHS), UNICEF DRC supported the Ministry of Planning to commission a National Multiple Overlapping Deprivation Analysis (N-MODA). The analysis assessed the extent to which each age group of children (0-23 months; two to five years; six to 11 years; 12 to 17 years) are deprived of priority dimensions of their rights across the country’s provinces. The analysis compares various criteria (geographic location, gender, education, economic quintile, urban/rural) of population groups and how each age group experiences multiple deprivations of their rights at the same time, thereby informing the targeting choices for programmes.

The N-MODA results coincided with the development process of the next National Strategic Development Plan: the N-MODA findings were incorporated into the body of this important document that traces the development trajectory and priorities for DRC over the next thirty years. The development of the next UNICEF Country Programme was also informed by the analysis, notably through the office structure review and situation analysis both conducted in 2017. Through these exercises, the N-MODA findings assisted the CO to prioritize packages of
At the provincial level, UNICEF supported a decentralization process by working with the 26 provincial governments – especially the authorities of the 15 provinces that were newly created in 2016 – to draw up ‘Provincial Profiles’ based on DHS data. The profiles assist provincial governments to understand the specificities and distribution of the deprivation of children’s rights in their jurisdictions, in order to inform planning and targeting for resource allocation at the provincial level.

In 2017, UNICEF DRC worked with partners at the provincial level within the framework of country programme biannual review exercises to design and rollout an approach to programme monitoring that measures the coverage of five social services and practices of childhood (birth registration, immunization, complementary feeding, primary education and potable water). This approach, a programme priority of the Annual Management Plan (AMP), emphasizes closing the equity gaps between provinces’ districts through joint analysis, prioritization of bottlenecks, causal analysis and corrective action planning. It draws from the UNICEF Monitoring Results for Equity System. Through this approach, actors at the provincial level, in particular provincial governments, are sensitized and empowered to monitor interventions and disparity analysis to reach the children left furthest behind.

At the district level (‘health zones’), UNICEF DRC supported the Ministry of Health (MoH) to design and rollout an approach to measure and analyse coverage of services and essential practices for children, known as Improved Monitoring for Action, which draws from MoRES. The approach is led by health zone authorities, but a variety of services and practices across sectors are considered. The MoH adopted the approach in 2015 and it is thus owned by Government.

**Strategic Plan 2018-2021**

The adoption in 2017 of the UNICEF Strategic Plan covering the period 2018-2021 was timely in that UNICEF DRC initiated the development of its next Country Programme during the same year. The CO drew guidance from the Strategic Plan to inform the situation analysis and planning exercises, which will allow for the alignment of the next Country Programme, taking into account the specificities of DRC.

The goal areas framework in the new Strategic Plan, to which multiple sectors’ results are expected to contribute, appears appropriate for UNICEF programming for children in DRC. Specifically, a differentiated programme approach that builds on the goal areas is being considered for the next Country Programme in the DRC to address vulnerabilities, geographic diversities and disparities in children’s rights. A foundation for this approach was defined in the new office structure, approved by the Programme Budget Review (PBR) for the DRC in 2017. This involves identifying an integrated, multisectoral package of interventions to address deprivations and geographic disparities while promoting convergence across sectors in a

interventions at the sub-national level – and to recalibrate its presence across the country accordingly – based on the disparities experienced by children in accessing effective services in favour of their rights.

The Multiple Indicator Cluster Survey (MICS) initiated in 2017 will shed new light on deprivations experienced by children, disaggregated according to new criteria. The MICS will allow for an analysis of the situation of children in each of the 26 provinces of the DRC, which is significant since the data from most recent national household survey (DHS 2013-14) was disaggregated by the former 11 provinces. The MICS will reveal specifically the situation of children who experience a disability, who are subject to child labour and who are subject to forms of violent discipline, among others.

At the provincial level, UNICEF supported a decentralization process by working with the 26 provincial governments – especially the authorities of the 15 provinces that were newly created in 2016 – to draw up ‘Provincial Profiles’ based on DHS data. The profiles assist provincial governments to understand the specificities and distribution of the deprivation of children’s rights in their jurisdictions, in order to inform planning and targeting for resource allocation at the provincial level.

In 2017, UNICEF DRC worked with partners at the provincial level within the framework of country programme biannual review exercises to design and rollout an approach to programme monitoring that measures the coverage of five social services and practices of childhood (birth registration, immunization, complementary feeding, primary education and potable water). This approach, a programme priority of the Annual Management Plan (AMP), emphasizes closing the equity gaps between provinces’ districts through joint analysis, prioritization of bottlenecks, causal analysis and corrective action planning. It draws from the UNICEF Monitoring Results for Equity System. Through this approach, actors at the provincial level, in particular provincial governments, are sensitized and empowered to monitor interventions and disparity analysis to reach the children left furthest behind.

At the district level (‘health zones’), UNICEF DRC supported the Ministry of Health (MoH) to design and rollout an approach to measure and analyse coverage of services and essential practices for children, known as Improved Monitoring for Action, which draws from MoRES. The approach is led by health zone authorities, but a variety of services and practices across sectors are considered. The MoH adopted the approach in 2015 and it is thus owned by Government.

**Strategic Plan 2018-2021**

The adoption in 2017 of the UNICEF Strategic Plan covering the period 2018-2021 was timely in that UNICEF DRC initiated the development of its next Country Programme during the same year. The CO drew guidance from the Strategic Plan to inform the situation analysis and planning exercises, which will allow for the alignment of the next Country Programme, taking into account the specificities of DRC.

The goal areas framework in the new Strategic Plan, to which multiple sectors’ results are expected to contribute, appears appropriate for UNICEF programming for children in DRC. Specifically, a differentiated programme approach that builds on the goal areas is being considered for the next Country Programme in the DRC to address vulnerabilities, geographic diversities and disparities in children’s rights. A foundation for this approach was defined in the new office structure, approved by the Programme Budget Review (PBR) for the DRC in 2017. This involves identifying an integrated, multisectoral package of interventions to address deprivations and geographic disparities while promoting convergence across sectors in a

interventions at the sub-national level – and to recalibrate its presence across the country accordingly – based on the disparities experienced by children in accessing effective services in favour of their rights.

The Multiple Indicator Cluster Survey (MICS) initiated in 2017 will shed new light on deprivations experienced by children, disaggregated according to new criteria. The MICS will allow for an analysis of the situation of children in each of the 26 provinces of the DRC, which is significant since the data from most recent national household survey (DHS 2013-14) was disaggregated by the former 11 provinces. The MICS will reveal specifically the situation of children who experience a disability, who are subject to child labour and who are subject to forms of violent discipline, among others.

At the provincial level, UNICEF supported a decentralization process by working with the 26 provincial governments – especially the authorities of the 15 provinces that were newly created in 2016 – to draw up ‘Provincial Profiles’ based on DHS data. The profiles assist provincial governments to understand the specificities and distribution of the deprivation of children’s rights in their jurisdictions, in order to inform planning and targeting for resource allocation at the provincial level.

In 2017, UNICEF DRC worked with partners at the provincial level within the framework of country programme biannual review exercises to design and rollout an approach to programme monitoring that measures the coverage of five social services and practices of childhood (birth registration, immunization, complementary feeding, primary education and potable water). This approach, a programme priority of the Annual Management Plan (AMP), emphasizes closing the equity gaps between provinces’ districts through joint analysis, prioritization of bottlenecks, causal analysis and corrective action planning. It draws from the UNICEF Monitoring Results for Equity System. Through this approach, actors at the provincial level, in particular provincial governments, are sensitized and empowered to monitor interventions and disparity analysis to reach the children left furthest behind.

At the district level (‘health zones’), UNICEF DRC supported the Ministry of Health (MoH) to design and rollout an approach to measure and analyse coverage of services and essential practices for children, known as Improved Monitoring for Action, which draws from MoRES. The approach is led by health zone authorities, but a variety of services and practices across sectors are considered. The MoH adopted the approach in 2015 and it is thus owned by Government.
defined geographic area of the country.

As part of the country programme preparation, the strategic moment of reflection in December emphasized the need to consider emerging areas related to child rights in the context of the DRC---notably urbanization, adolescence and early childhood development. UNICEF DRC will draw from the Strategic Plan in the design of its next Country Programme to craft a results framework and management arrangements to address these crosscutting emerging areas.

The Strategic Plan will serve as a vehicle to ensure that the Sustainable Development Goals (SDGs) related to children’s rights are addressed by the next country programme. In this regard, the Strategic Plan may be leveraged to inform national development planning. The revisiting of the draft National Strategic Development Plan, initiated during 2017, constitutes an opportunity to advocate for prioritization of SDG targets with a bearing on the rights of children.

Monitoring progress toward the Strategic Plan’s targets will be challenging in DRC due to limited availability of regular, quality, disaggregated data on the situation of children countrywide. The completion of a national household survey in 2018 (MICS) will generate data and set a baseline to assess future progress. A national census is foreseen in 2019 that is expected to provide a better portrait of population distribution and characteristics across DRC’s 26 provinces. Demographic information is currently based on estimates dating back to the last census in 1984.

**Emerging areas of importance**

**Urbanization** is increasingly being recognized as a significant phenomenon in DRC in terms of its effects on children. The population of the capital city, Kinshasa, is currently estimated at 11 million (five million in 1988), and 13 other DRC cities have estimated populations of over one million each. The current population of the country - estimated at 85 million by the National Institute of Statistics, Statistical Annual Report 2015, of which 54 per cent are under the age of 18 years old - is expected to double in the next 25 to 30 years, and 20 cities are likely to be home to one million inhabitants each by 2040.

In 2017, UNICEF DRC gathered the existing information and analyses on the phenomenon of urbanization and its effects on children, and identified knowledge gaps, including the urban-specific factors that give rise to child rights deprivations and disparities across city quarters. This will in turn enable UNICEF DRC and partners to identify relevant programme implementation strategies to reach vulnerable urban children.

Information gathering and analysis conducted by UNICEF DRC in 2017 revealed that urbanization is caused by: population growth driven by a fertility rate of 6.6 children per woman; the scale of formal and informal levies imposed on rural dwellers thereby creating a push-factor; and conflict and insecurity predominantly affecting rural areas. It is understood that rapid, unplanned urbanization is likely to feature characteristics (housing, infrastructure, transportation, water, sanitation, electricity, unemployment, criminality, pollution) that are poor, resulting in inadequate social services for children.

The MICS initiated in 2017 includes a variety of questions designed to understand the situation of children in urban areas. In addition to the MICS, specific knowledge gaps will be addressed by studies to be commissioned in 2018. These will touch on: the effects of urbanization on children with a gender perspective; the combined effects of urbanization and climate change on children; measures to render cities ‘child-friendly’; and child-sensitive approaches to urban governance, including through budget planning and management, youth participation and
citizenship.

**Early childhood development (ECD).** UNICEF DRC’s engagement in early childhood development focused on the roll-out and expansion of the pre-primary class approach to address the low rate of preschool enrolment (4.3 per cent) in a context of high demographic pressure and to ensure primary school readiness of the most vulnerable children. During 2017, UNICEF DRC supported Ministry of Education (MoE) to ensure completion of the second school year of 1,000 pilot pre-primary classes (of which 100 were supported by UNICEF in Haut Katanga, Lualaba and Equateur provinces) by providing: supplies and teaching materials; teacher training (190 trained, 65 per cent women); and parental education for beneficiary communities (330 trained, 43 per cent women). The effectiveness of the pre-primary approach is demonstrated in part by the 92.5 per cent completion rate (3,496 of 3,781 of children enrolled) for the 2016-2017 school year (the first year of the pilot).

Given its longstanding engagement in downstream implementation and upstream policy setting in the education sector, UNICEF DRC is well positioned to generate and utilize evidence on pre-primary education to advocate with stakeholders on the importance of investing in early childhood.

In 2017, as part of the prevention of stunting in DRC, infant and young child feeding module was integrated into the multisectoral module on parental education for pre-primary classes at national level.

**Greater focus on the second decade.** UNICEF DRC supported the Ministry of Primary and Secondary Education to incorporate learning on ‘life-skills’ into the primary curriculum, through participation on a technical committee tasked with the curriculum reform. The life-skills that were integrated into secondary teaching were related to self-awareness, decision making, interpersonal relationship management, critical thinking, stress management and effective communication. Through exploration of these life-skills, children learn about protecting their health, including prevention of HIV infection and reproductive health, adopting hygienic practices, ensuring proper nutrition, protection themselves against forms of violence, and citizenship awareness and engagement.

In addition, the CO set up an adolescent working group to gather evidence on the situation of adolescents and on effective packages of multi-sector interventions for adolescent girls and boys in view of scaling-up programming directed towards this age group in the next Country Programme.

**Summary Notes and Acronyms**

- AMP - Annual Management Plan
- ARCC - alternative responses to communities in crisis
- C4D - communication for development
- CEDAW - Committee on the Elimination of Discrimination against Women
- CMT - Country Management Team
- CO - Country Office
- CPD - Country Programme Document
- CRC - Convention on the Rights of the Child
- DRC - Democratic Republic of the Congo
- EU - European Union
- FAO - Food and Agriculture Organization of the United Nations
- GAVI - Global Alliances Vaccines and Immunization
UNICEF DRC built communities’ capacity by empowering them to promote and adopt positive social norms and behaviours, including demand for essential social services for children. Alongside other partners such as the Global Alliance for Vaccines and Immunizations (GAVI), the CO contributed to the implementation of the national normative framework for community participation, through the establishment of 46,797 community dialogue forums since 2013.

The forums were set up in Kwilu, Kwango, Sankuru and Tanganyika provinces. Approximately 30 per cent of the forums have adopted an action plan which identifies local and feasible actions to promote the adoption of key family practices (KFP) related to health, education and protection in favour of child rights for the most deprived communities, including in emergency situations.

On a day-to-day basis, elected forum members promoted these key family practices among their peers and documented their activities through improved data collection tools. Key partners engaged in these efforts included provincial communication task forces (Manama, Kongo Central, Kinshasa, Equateur, Bas-Uele provinces) and local leaders (mayors, village chiefs). In the areas where this approach was not yet effective, capacity building activities on key family practices were conducted, reaching 22,432 community assistants whose work, for example, contributed to the recovery of 27,068 non-vaccinated children in Kinshasa and to the birth
registration of 51,182 children in Equateur province.

To build national capacity for data collection, analysis and use, UNICEF trained more than 100 national partners in the MICS questionnaire, water and anthropometric tests and use of computer assisted personal interviewing tablets, and the Inner City Fund trained these partners on malaria and anaemia tests. In 2018, additional trainings are planned at the national and provincial levels; for example, survey supervisors and enumerators will be tasked with data collection in 25 provinces, and data processing and analysis.

**Evidence generation, policy dialogue and advocacy**

Evidence-based advocacy by the CO focused on raising the profile of critical issues that bear on child rights, notably: the effects of conflict in the Kasai region; malnutrition; and the necessity of allocating sufficient investment in children in times of economic and social crisis.

Although the national data dates back to the DHS 2013/14, it served to produce equity-focused and child-centred analyses through the 2016 N-MODA and, subsequently in 2017, an analysis of disparities across the 26 newly-created provinces. This was used to inform programmes, office structure review, SITAN, a strategic moment of reflection and dialogue with partners. N-MODA findings were incorporated into the draft National Strategic Development Plan, though it has not been finalized by the Government despite recent efforts, leaving the country with no overarching development and poverty reduction strategy. The N-MODA complements current studies conducted by DfID and World Bank on poverty and vulnerabilities, and will be enriched once data generated by the MICS becomes available.

The MICS, for which planning and training were completed in 2017 along with the survey for Kinshasa city/province, is a key undertaking given the current political uncertainty, conflicts, economic crisis and decentralisation. The MICS, to be completed in 2018, will be a unique source of data on children and the SDGs, and will allow for desegregation across the 26 provinces where data has been severely lacking since their creation. This will advance the equity and child-poverty agenda and support evidence-based advocacy and resource mobilisation.

As the economic crisis continues in DRC, a country already affected by the effects of protracted political and security crises, UNICEF produced two analytical notes exploring the effects of this crisis on children, which informed advocacy directed towards donors and Government.

**Partnerships**

UNICEF DRC explored partnerships with private sector organizations, while adhering to due diligence principles, in view of unlocking their resources and expertise to amplify programme results. This included engagement with mobile network operators to set-up a SMS-based platform to allow for real-time monitoring in humanitarian situations, and to use big data to determine population mobility as a tool for management of epidemics.

The CO facilitated public-private partnerships for manual borehole drilling and permanent on-site monitoring of boreholes by specialized businesses. One major tender was issued, following which businesses were contracted to perform 377 drillings in five provinces.

In collaboration with national universities, the CO launched research projects: on water safety planning (School of Public Health, South Kivu with Tufts University, USA; Kisangani University, Tshopo); and on the impact of water collection on school attendance, especially for girls (School of Public Health, Kinshasa). By tapping into national expertise, these studies generate evidence
to inform decision-making on the Healthy Villages and Schools Programme and in the water sector.

UNICEF DRC streamlined capacity-building implementation partnerships to strengthen and empower Government and civil society organizations (CSOs) to plan, manage and monitor child-centred programmes. Such efforts help ensure that UNICEF assistance produces sustainable results by the presence of competent actors following the expiry of partnership agreements. For example, UNICEF DRC worked with the Ministry of Humanitarian Affairs and national NGOs in 11 provinces to reinforce the national humanitarian surveillance system. In 2017, more than 100 alerts were fed to humanitarian actors, enabling them to investigate and respond to the needs of affected populations in a timely manner. The CO strengthened the capacity of the National Institute of Statistics to design and carry-out a national-scale household survey throughout preparation of the MICS.

**External communication and public advocacy**

UNICEF DRC’s external communication was based on the corporate Global Communication and Public Advocacy Strategy, built around three concepts: voice, reach and engagement. In 2017, communication efforts focused on the fight against chronic malnutrition, which affects 43 per cent of children under five years old; the effects on children of the emergency in the Kasai region; and the celebration of World Children’s Day.

Regarding interaction with the media, over 4,000 media reports on the situation of children were produced during the reporting period in particular by the Network of Journalists Friends of Children. This collaboration ensured that the situation of children, especially the most vulnerable, was documented in reports that reached over 10,200,000 people across the country. This broad reach fostered the engagement of society in favour of children’s rights. In particular, Fally Ipupa, a famous Congolese singer, elevated the issue of chronic malnutrition among children by speaking out about the gravity of this issue and the measures to combat it.

Via social media, from January to November 2017, over 444,125 people were reached by UNICEF DRC. A total of 32,993 acts of engagement (sharing, comments, and reactions) were made by people on the CO’s digital platforms (blog, website and social networks). As of November 30, 2017, UNICEF DRC had 84,836 followers online.

Leading up to World Children’s Day on 20 November, UNICEF DRC organized activities highlighting the role of children and adolescents in achieving the SDGs. Activities included digital communication and press initiatives, ‘take over’ activities involving children, advocacy competitions by children and teenagers, an exhibition ‘For every child, dreams’ and a concert featuring the Congolese musician Lexxus Legal. These activities reached 764,261 people.

**South-South cooperation and triangular cooperation**

UNICEF DRC promoted cooperation between DRC and other developing countries through facilitating capacity building of the private sector, and sharing of best practices.

The CO pursued efforts made since 2013 to improve capacities and scale of operations of Congolese businesses operating in the manual drilling sector. This was achieved through facilitating cooperation with the Chadian business ATPESFORC, specialized in this area, which strengthened small Congolese manual drilling businesses to become certified across several provinces during 2017.
The experience of DRC in rolling-out its pre-primary school programme was shared during the National Conference on Childhood Development organized in Abuja, hosted by the Government of Nigeria, in September 2017. UNICEF COs in Nigeria and DRC supported the organization of the conference. The objective of the conference was to renew engagement of policy makers, practitioners and development partners in integrated early childhood development by expanding access to quality pre-primary education.

The steps taken and lessons learned by DRC to introduce pre-primary education were showcased to Nigerian authorities to inform their reflection on building up this approach in Nigeria. In particular, the following features of the DRC approach were presented: targeting of the most poor and vulnerable children; engagement of families; use of community-based platforms to provide services; and definition of standards.

**Identification and promotion of innovation**

Faced with the sudden conflict in the Kasai region – hitherto considered peaceful in spite of severe rights' deprivations – UNICEF DRC drew on the risk informed programming approach to adapt programmes to meet the needs of populations affected by conflict, while sustaining long-term support towards the region. This involved reassessing the relevance, necessity and feasibility of each activity of the annual workplan to determine whether the activity should be suspended, maintained, modified in terms of its implementation modality or scaled-up. Planned budgets were reallocated accordingly.

In the case of the Health Villages and Schools programme, US$265,000 was reallocated to assist returnee populations to re-establish themselves after prolonged periods of displacement, as a precondition to resuming long-term forms of support. Assistance comprised the provision of basic sanitation kits and WASH kits to returnee households (Jerry cans, buckets, plastic cups) and two health centres (disinfectant/chlorine, buckets, hand-washing infrastructure, Jerry cans), reaching 70,532 people (40 per cent women, 39 per cent children).

This approach allowed the CO to deliver assistance to affected populations early on, drawing from its existing resources, before mobilization of additional funds through a humanitarian appeal.

Given security constraints posed by conflict, UNICEF DRC introduced innovative approaches to monitor the humanitarian response and to strengthen accountability to affected populations. Real-time monitoring approach using an SMS-based platform (RapidPro) was deployed in Kasai province, allowing populations to report on the extent to which quality assistance was received, the evolution of their needs and sudden events requiring a rapid response. A third party monitoring approach was launched across the Kasai region. This allowed external experts to independently verify whether resources transferred to implementing partners were used in accordance with agreed workplans and subject to appropriate internal controls, and whether planned results were achieved.

**Support to integration and cross-sectoral linkages**

The DRC CO is engaged in several key sectors to ensure the survival and development of Congolese children. Despite a presence in all 26 provinces, the coverage and quality of interventions varies by province. Each programme operates in silo, in targeted provinces based on specific criteria, which dispersed implementation of interventions for child development.

N-MODA analyses showed thatCongolese children are victims of multiple deprivations. UNICEF has embarked on the child-friendly community approach to provide an integrated
multisectoral package of interventions needed for child development. This approach engages all sectors such as health, WASH, education, nutrition and protection, and aligns the programmes’ efforts toward the same goal.

Three health zones (one each from the central, western, and eastern regions) were selected to pilot the approach. The initial phase included 11 interventions: vaccination of children, vaccination of pregnant women (against tetanus), treatment of diarrhoea (family kits), use of long-lasting insecticide-treated nets (LLINs), prenatal consultation (family kits), growth monitoring (use of MUAC), deworming, vitamin A supplementation, birth registration, hand washing, and latrine use. Early results are promising with an overall increase in intervention coverage, but more time is needed to draw conclusions on effectiveness.

With this approach, the commitment of local authorities and their leadership is essential to mobilize all stakeholders towards a single objective; the well-being of children. It increases ownership by authorities at different levels. It was within this context that a regional workshop was held in Kinshasa last September to harmonise tools and develop operational plans in five countries: Chad, DRC, Guinea, Liberia and Nigeria.

**Service delivery**

In 2013, the Government of DRC committed to “A Promise Renewed”, a pledge to end preventable maternal and child deaths by accelerating four focus areas of the health system: essential drugs, strategic financing, community mobilization and action-oriented monitoring.

In the health areas, family kits were distributed and health centres received third party financing to reduce user-fees, complemented with community mobilization with the aim to organize local communities. Community workers played key roles in promoting essential family practices, delivering basic services and monitoring.

For action-oriented monitoring, the Tanahashi model is used to analyse data, identify bottlenecks and formulate corrective actions. The periodic monitoring activities engaged actors at all levels and created mutual accountability. Progress was measured against targets using tracer interventions across the MNCH platform. When bottlenecks and barriers to achieve high coverage are identified, remedial actions are implemented with shared responsibilities between community members and service providers to address both supply- and demand-related bottlenecks.

The accountability frameworks were elaborated at the different levels of management with a mechanism of “retro-control”. At the community level, the village chief is responsible for the demand of health, nutrition, education and protection of his community, and ensures that each person takes care of their own health. Nurses are responsible for the coverage of interventions along with provincial supervisors, who are accountable to the Government for the organization of services in their area of responsibility.

The DRC service delivery model has been instrumental in mobilizing and engaging communities in health and nutrition management, including the increase of demand of high quality services. However, the sustainability of this mechanism depends on the ability of the health system at local level to maintain the interest of stakeholders, self-fund the monitoring activities and to improve the quality of services over time.

**Human rights-based approach to cooperation**
The human rights-based approach is in the heart of UNICEF DRC programming principles grounded by the Convention on the Rights of the Child (CRC), Committee on the Elimination of Discrimination against Women (CEDAW) and the Core Commitment to Children in humanitarian situations. In 2017, this approach has been translated into major achievements in policy changes and humanitarian responses.

After 13 years of continuous support on the part of UNICEF DRC, a revised Family Code that was issued last year incorporates significant changes including: banning child marriage; extension of the period for birth and marriage registration from one to three months (now in-line with the national Child Protection law); and the recognition that children’s courts have exclusive power in proceedings involving the determination of the status and capacity of a minor. To ensure that the revised Family Code was implemented, UNICEF DRC supported the development of 59 application measures for the Code, and 220 trainers of trainers were supported to ensure that the new stipulations were understood at the provincial level, a key step towards the effective application of the Code countrywide.

Escalating violence combined with mounting and overlapping public health crises led to a declaration of L3 in 2017 in the Kasai region. UNICEF DRC made considerable programmatic changes to respond to emergency needs. While the CRC, the CEDAW and the Convention on the Rights of Persons with Disabilities (CRPRD) continue to be at the heart of the UNICEF programme in the DRC, the CO stepped up its emergency response in line with core corporate commitments for children in humanitarian action.

UNICEF and MONUSCO raised the profile of the Kasai crisis by conveying the scale of grave child rights violations occurring in this region through a special briefing delivered to the Special Representative of the Secretary-General on Children and Armed Conflict. This enabled the Special Representative in turn to relate the gravity of the situation to the Security Council.

**Gender equality**

UNICEF DRC promoted gender equality through advocacy, policy and programmes. A 2016 gender review’s analysis and findings informed 2017 annual work planning and steps to design the next Country Programme including the SITAN and Strategic Moment of Reflection exercise.

Regarding advocacy, gender equality was pursued through work to end early marriage. A major step forward in 2017 was the Government’s adoption of the National Action Plan on child marriage, promising concerted action to reducing the phenomenon. UNICEF assisted the Ministries of Women, Family and Children as well as Justice in drafting 59 application measures and disseminating the revised Family Code. It contains clarifications regarding the legal age for marriage (now standing at 18 years, in line with national child protection law) as well as better defining sexual violence.

Regarding programmes: the CO included the gender dimension in studies, research and evaluative exercises to ensure evidence and results are gender-differentiated. For example, the health programme provided 142,020 delivery kits to reduce risk of maternal deaths and encouraged recruitment of female community workers. The CO completed implementation of a cross-sectoral programme entitled ‘Women, Men, Advance Together’ which promoted the economic empowerment of women, equal opportunity and gender-sensitivity at school, ending gender-based violence and increased participation of women in society. The CO sought to sustain achievements of this programme by documenting the experience of cash transfers and micro-finance and preparing for an evaluation of the programme to draw lessons for application in future gender-oriented programming, together with the EU. These lessons are to inform the
design of a second phase of this programme, to sustain and scale-up the results achieved so far in a context of economic and social crisis.

With a focus on emergency-affected areas, UNICEF’s support for victims of gender-based sexual violence continued, providing support for medical consultations, psychosocial support, socio-economic reintegration and legal aid. Lastly, the CO conducted a study on menstrual hygiene management to inform programmes in the education and WASH sectors.

**Environmental sustainability**

UNICEF DRC began reflecting on engagement in environmental sustainability and urban poverty through analyses to inform the development of the next Country Programme. An assessment of WASH in peri-urban areas was conducted.

Preliminary findings suggest that demographic growth is rapid (>3.1 per cent) and is accompanied by a rapid urbanization rate (>4 per cent per year). Movement of populations toward urban centres is accelerated by current deteriorating insecurity and conflicts in the Kivus, Kasai region and Tanganyika province, and by employment opportunities generated by economic activities of the mining sector, which harm the environment. It is expected that DRC’s population will double by 2040 with the number of cities that have at least one million inhabitants rising from 14 in 2017 to approximately 20 cities by 2040 (including Kinshasa which at 11 million inhabitants is the third most populous city in Africa). Findings demonstrate that poverty patterns in poor urban areas are similar to those in rural areas, that rapid urbanization leads to additional pressure on natural resources, infrastructure (road, electricity) and social services that are already inadequate and under-resourced. The findings informed the strategic moment of reflection undertaken by the CO to determine the priority areas of the next Country Programme.

**Effective leadership**

The 2017 Annual Management Plan (AMP) was prepared and finalized during the Annual Management Review that was held in March 2017. Given that the CO had undertaken a comprehensive review of the previous year’s AMP in 2016, the 2017 planning exercise focused on updating the risk and control self-assessment and identifying the 2017 programme and management priorities. Five programme priorities were selected: establishment and monitoring of the effective coverage of five tracer interventions across all programme areas in at least 11 former provinces; implementation of the MICS; 3 reaching children in humanitarian contexts; development of a strategic framework for child protection programme; and development of a strategic approach to communication for development.

In the 2017 risk and control self-assessment, four areas were rated as high risk: fraud and misuse of resources; funding and external stakeholder relations; governance and accountability; and ICT systems and information security. Risk mitigation measures were identified and an action plan for implementation of these measures was established and was subject to regular monitoring by the country management team (CMT). Several briefing sessions on the organization’s anti-fraud policy were conducted in collaboration with the Office of Internal Audit and Investigations. An ad-hoc committee on resource mobilization was established and a resource mobilization plan adopted. Measures were taken to strengthen existing ICT security and information systems.

Considering the volatility of the security situation in 2017, a simulation exercise was conducted to test activation of the office business continuity plan (BCP) to maintain staff awareness, especially critical and activated staff, and to remind all stakeholders of their roles and responsibilities in case of a major disruption to normal working conditions.
Financial resources management
Financial transactions were processed centrally at the Kinshasa office; programme budget authority remained decentralised at zone offices. Budget control for all CO and field offices remained centralised in Kinshasa and was a driving factor not only in controlling costs but in assuring proper utilization of planned amounts. Finance and business centre staff supported all payment activities, provided quality control and capacity building to staff at the national office and in the field, through missions and remote support.

Quality of transactions were high, with the business centre processing over 13,000 annual transactions with minimum delay and high quality as demonstrated by the return rate of less than one per cent of transactions sent to the Global Shared Services Centre for processing.

Indicators measuring the performance of finance and business centre were measured via a comprehensive management dashboard and discussed by management on a weekly basis through a scorecard.

Accounts with UNDP on prior year liabilities related to payments were settled and a reconciliation of vendor accounts with the main travel agency was conducted to avoid recurrence of attempts to bill the office for prior year’s payments in the future.

The CO continued to benefit from savings and facility of payments by using the common banking partner of the United Nations system, while encouraging vendors to receive funds via the same facility to reduce administrative costs and bank charges.

The common banking partner agreed to offer all financially sound technology innovations, such as mobile money and other innovative money transfer products, to reach the most remote vendors and partners, contributing to enlarging the innovative means at the disposal of the CO to deliver assistance to vulnerable populations, while delegating risks associated with such novel methodologies to external vendors.

Fundraising and donor relations
The CO established a Resource Mobilization Committee and Strategy in 2017 to clarify the principles on engagement with donors to secure a greater proportion of flexible and predictable income. Under the strategy: financial contributions are to be sought within the framework of the Country Programme and HAC appeal, to fill gaps to achieve planned results; thematic, multi-year contributions are to be encouraged; the pool of donors is to be enlarged both in terms of public sector, and the private sector with emphasis on securing RR contributions from National Committees and engaging with other private entities while ensuring due diligence; and partnership proposals are to include allocation of funds towards operations and programme effectiveness functions.

This strategy was timely in assisting the CO to address a funding gap in non-core resources which amounted to 49 per cent (US$63.5 million) ORR and 69 per cent (US$113.6 million) ORE as of 8 December 2017. Five per cent (US$29 million) of the 2013-17 ORR ceiling remained unfunded.

The CO secured a larger volume of resources from public donors in 2017 (US$ 149 million versus US$ 139 million in 2016). However, resources from private sources decreased by US$ five million to US$19 million.
As the CO addressed its funding gap through resource mobilisation and a forward-looking office structure review, it received a US$ three million exception approval allocation (later reimbursed), and was authorized to use US$10 million core resources to cover the shortfall in non-core resources for staff salaries, on an exceptional basis.

The CO maintained systems whereby management is briefed regularly on budget management performance indicators, through scorecards and upon its monthly meetings. High quality and timeliness submission of donor proposals and reports were strengthened with improved oversight and monitoring by management.

**Evaluation and research**

UNICEF DRC took a systematic and differentiated approach to evaluation in 2017, ranging from formal reviews to evaluability studies and evaluations.

The CO completed the evaluability study of the Framework to Accelerate Reduction of Maternal and Under-Five Mortality, to be followed by a 2018 evaluation. A formal review of the back-to-school campaigns and protective community approach was ongoing.

In collaboration with donors, groundwork was laid for an evaluation of the the rapid response to movements of populations mechanism through preparation of terms of reference with input from more than 10 donors and their publication last November. The recruitment process is underway.

Terms of reference were prepared together with the donor for an evaluation of the EU-funded programme on the promotion of gender equality, which the EU will conduct from February 2018 onwards. Preparatory work was done to define the objectives, process and utilisation of a planned evaluation of the DFID-funded Health Schools and Villages programme, which DFID will conduct from January 2018 with its selected evaluators.

The CO took measures to ensure an evaluation governance structure (i.e. steering committee, technical committee) that gives equal importance to key stakeholders, in particular the concerned ministries, UNICEF and donors, and to ensure an inclusive process to foster national partners’ capacity building and participation.

Despite preparation (reduced number of planned activities) and regular monitoring, delays in implementing Planning for Research, Impact Monitoring and Evaluation (PRIME) were due to the difficulty of attracting competent firms to DRC as well as changes to the planning schedule of certain donors. As of December, of the 36 planned activities for 2017, seven were completed, 12 were on-track, seven were not yet started, five were discontinued and five were postponed to 2018. Corrective measures are planned for 2018.

**Efficiency gains and cost savings**

During its annual management planning exercise, the country management team identified the design and implementation of a greening and cost-reduction strategy as a management priority for 2017. A Greening Committee was established in the CO with the collaboration of the Country Office Staff Association. The Committee launched a communication campaign intended to foster behaviour change among office personnel in the course of their routine activities through such measures as rational use of office supplies and reduced consumption of water and electricity. These measures resulted in a significant reduction of the expenses incurred by the office with respect to electricity and office supplies.
In consultation with the Country Office Staff Association, the practice of allowing private use of official transportation by staff members to and from their residences was discontinued, as was that of collection and drop-off of travellers (personnel and visitors) at the international airport using official transportation. These measures were expected to generate savings by reducing overtime compensation paid to drivers and fuel consumption.

In anticipation of the closure of five field offices in 2018-19 with newly approved office structure, acquisitions of assets (vehicles and ICT equipment) for the field offices in question were frozen, with exceptions authorized on a case-by-case basis.

Although the L3 generated unforeseen operating costs, measures were taken to limit such costs. For instance, vehicles were deployed from Kinshasa towards Kasai province where a field office was opened, and critical ICT equipment was distributed to the same field office from the ICT emergency stock.

All these measures led to a 30 percent reduction of CO operation costs compared to 2016. The savings were used to cover the Human Resource funding gap in the transition period following the approval of the new office structure.

**Supply management**

The inventory value of programme supplies controlled by the CO physically in the warehouse as of 30 December 2017 was US$6,402,658; of which US$634,970 were supplies prepositioned for emergencies.

The value of programme supplies issued from local warehouses controlled by the CO as of 30 December 2017 was US$18,781,653. The remainder of supplies was delivered directly to partners.

In 2017, UNICEF DRC supported MoH to strengthen the supply chain for vaccines through the implementation of the GAVI RSS2 project with construction of a high-tech central hub in Kinshasa ([-/+] 2,340 m3 cold stores and 10,000 m3 dry stores), valued at over US$13 million, that is expected to be finalized in the first quarter of 2018. Support included the finalization of contracts for the construction of two additional warehouses in Lubumbashi and Kisangani, valued at US$3.5 million and US$ 4 million respectively, construction expected to begin in the first quarter of 2018.

UNICEF supported the MoH to respond to the Ebola outbreak with logistics and contributed to the response to the L3 emergency in the Kasai region by supplying non-food items for displaced people worth US$ 2 million (of which US$ 1.4 million was an in-kind contribution from OFDA/USAID).
<table>
<thead>
<tr>
<th>CO DRC 2017</th>
<th>Value of all supply input (goods &amp; services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>US$ 34,407,275.64</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>US$ 1,102,311.17</td>
</tr>
<tr>
<td>Services (excluding construction)</td>
<td>US$ 21,190,077.65</td>
</tr>
<tr>
<td>Construction</td>
<td>US$ 6,727,191.93</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$ 63,426,856.39</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO DRC 2017</th>
<th>Value of supplies channelled via procurement services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Channelled via regular procurement services</td>
<td>US$ 12,043,236.58</td>
</tr>
<tr>
<td>Channelled via GAVI</td>
<td>US$ 65,467,273.66</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$ 77,510,510.24</strong></td>
</tr>
</tbody>
</table>

**Security for staff and premises**

DRC faces chronic and recurrent crises that pose security challenges for UNICEF staff and premises. Three L3 emergencies were declared in the country in 2017. Attention focused on the constraints that hindered access to populations that required humanitarian assistance, and the use of military escorts due to the direct targeting of peacekeeping forces notably in the north and south-east of the country. UNICEF DRC advocated to improve inter-agency coordination on security. The allocation of additional resources to security in 2017 improved security in the field for staff and facilitated road assessments, notably in Kasai and South Kivu provinces. These efforts helped ensure that there were no major disruptions to programme delivery due to security issues.

Measures were taken to ensure that staff were briefed and trained prior deployment to their duty stations (notably the Safe and Secure Approaches in Field Environments training module). The CO also sought additional security training sessions by UNDSS in 2018, in accordance with the requirements of the United Nations Minimum Operating Security Standards.

Geolocation of staff residences has become routine and is regularly updated. A warden system (agency-based) is in place and is regularly tested, as are all emergency communication systems. A simulation of the Business Continuity Management was conducted in December 2017.

Fire safety was addressed in 2017 by acquiring and checking equipment, and raising awareness of staff given the lack of fire marshals in country.

Additional resources allocated to the security function as part of the L3 emergency response were utilized to strengthen security measures for staff and the premises and assets at locations positioned in the theatre of emergency operations.

**Human resources**

In line with corporate human resource reform initiated in early 2017, the CO human resource role evolved with respect to its clients as an advisor and business partner, while shifting towards a more results-based approach to addressing human capital needs of the office. Diversity of staff remained a priority, and for the second year it maintained a balance of 50:50 in terms of gender and geographical origin (programme/donor country) of international staff from 34 countries.
All vacancies and recruitments were vetted in terms of business need and appropriateness of contract type to ensure the efficient use of resources. The CO recruited more than 120 staff on different contracts. Various recruitment methods were used, including direct selection from talent pools, vacancy announcements and staff recruitment of staff on rotation. Progress of ongoing recruitments was tracked continuously, resulting in an increase in recruitment speed by one third to an average of 90 days (for full time staff).

The performance management system launched in 2016 was fully embedded in the CO during 2017, with 100 per cent of staff having completed their annual performance evaluation for 2016.

A learning strategy was launched in 2017, based on which the CO established a learning plan while encouraging staff to build individual learning plans linked to their performance objectives. An action plan was adopted to address issues highlighted in the 2017 Global Staff Survey. The joint consultative committee will monitor progress in its quarterly meetings during 2018.

Human resources took measures to respond to additional staffing needs in three areas where L3 emergencies were declared during 2017, through both internal deployment of CO personnel and external surge recruitment. A Human Resource Mitigation Plan for staff affected by a major review of the office structure was designed and initiated.

**Effective use of information and communication technology**

UNICEF DRC developed and launched the use of mobile technologies using the RapidPro platform, which was fully integrated with all mobile network operators in DRC to support programmes by enhancing efficiency and effectiveness. RapidPro deployment is ongoing in Kasai province as part of the CO response to the L3 emergency across the Kasai region.

Since the declaration of the L3 emergency in the Kasai region in August 2017 and subsequently in South Kivu and Tanganyika provinces, UNICEF DRC leveraged use of cloud technologies such as SharePoint to develop an information management portal to support information flow and reporting whereby access was granted to both the UNICEF Regional Office and Headquarters. The CO emergency coordination team conducted all internal, Regional Office and Headquarters meetings using Skype for Business. With UNICEF’s global partnership and with support from Headquarters’ Information Technology and Communication Division emergency section and the Regional Office, UNICEF DRC acquired and installed VSAT equipment in the newly created Tshikapa field office on behalf of the United Nations system and served as service provider to United Nations agencies operating in this area. In addition, the CO implemented use of mobile and solar technologies to support staff on deployment at emergency locations with a mobile technology deployment kit.

UNICEF DRC served as the lead agency of the United Nations inter-agency ICT working group. In this capacity, the CO led support on the L3 emergency response until the activation of the Emergency Telecommunications Cluster, including implementation of a digital mobile radio network in Kinshasa and Goma. The CO participated in a common United Nations LTA for office connectivity services to reduce connectivity costs and improve efficiency and quality of connectivity services.
ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By end 2017, the proportion of children, new-borns, families who benefit from high health impact quality interventions, including HIV Prevention of Mother to Child Transmission (PMTCT), nutrition, and WASH increases significantly and fairly, particularly in health sub-divisions and communities.

Analytical statement of progress
The child survival and development programme seeks to increase coverage of evidence-based high-impact interventions to reduce maternal, newborn, and child mortality rates in DRC. According to the 2013-14 DHS, pneumonia (13.4 per cent), malaria (14.9 per cent), diarrhoeal diseases (10.3 per cent), malnutrition (45 per cent), and HIV/AIDS (1.4 per cent) account for the under-five deaths in the country.

In 2017, a total of 2,542,135 children (aged less than one year) were immunized, thus maintaining vaccination coverage (Pentavalent 3) above 90 per cent, according to administrative data. In the four provinces of Kinshasa, Ituri, Haut-Katanga and Tshopo where UNICEF supported intensified Immunization Plus campaigns, there was a 60 per cent reduction in the number of non-vaccinated children (Pentavalent 3) i.e. a reduction from 69,558 children in 2016 to 28,186 children in 2017. While DRC maintained the polio-free status that was achieved in 2015, the country is currently responding to an outbreak of vaccine-derived polio in three provinces (Maniema, Haut-Lomami and Tanganyika).

In partnership with GFATM, an integrated approach for the treatment of malaria, pneumonia and diarrhoea was implemented in 1,756 community sites in 128 health zones (the same targeted in 2016), to increase access to health care in remote areas, reaching 121,128 children under five with treatment against pneumonia and diarrhoea through integrated community case management. The mosquito net distribution campaign that reached 1,221,074 people in the Kasai Central province, contributed towards increasing effective use of long lasting insecticide nets (LLIN) among children under five from 29 per cent in 2013 (DHS) to 87 per cent (HMIS) in 2017.

To increase access to treatment against diarrhoea and availability of commodities for deliveries, family kits with ORS, zinc, and micronutrients were distributed in 44 targeted health zones twice in 2017, reaching 1.4 million children under-five, and delivery kits were distributed to 142,000 pregnant women. According to a study on the use of family kits, 92 per cent of parents used the kit they received. In collaboration with PEPFAR and the Global Fund, an additional 1,063 HIV-positive pregnant women were diagnosed during their pregnancy and enrolled in the PMTCT programme.

Through a community-based nutrition approach in 30 health zones and growth monitoring in 159 health zones, 66.7 per cent of infants less than 6 months benefited from exclusive breastfeeding (73,024 out of 109,486). A total of 11,417,357 children aged 6-59 months received Vitamin A supplements through campaigns and routine visits across 23 provinces. However, the coverage of children with severe acute malnutrition that were treated was only 10 per cent, i.e. 200,000 out of two million children; which is lower than the 20 per cent coverage in 2017 due to increased demand and financial constraints.

In 2017, a total of 1,856,400 people in 1,610 newly-certified villages and 133,242 children in 361 newly certified schools gained access to WASH services, resulting in a reduction of diarrhoeal
morbidity for children under five by 70 per cent in the targeted villages. Overall, 4,912,040 people in 5,894 villages and 549,338 children in 1,361 schools were reached over the 2013-2017 period. To sustain the gains of the Healthy Villages and Schools programme introduced in 2008, the post-certification strategy to implement follow-up plans to sustain access to WASH services and ultimately improve health conditions of community members was scaled up from 20 per cent of villages and 30 per cent of schools in 2016 to 80 per cent of villages and 87 per cent of schools in 2017.

Health epidemics were a major concern in the year, with 55,000 cholera cases – the highest caseload of cholera in 15 years - over 42,000 cases of measles, eight cases of Ebola, and 13 cases of polio (12 cVDPV2 and 1 aVDPV1). UNICEF’s response through 75 per cent coverage of measles vaccination reached 1,416,143 children ages 6 months to 14 years out of the 1,902,180 children targeted the provision of primary health care to 235,666 people (79 per cent of target) affected by conflict and disease outbreaks contributed to a case fatality of 50 per cent in Ebola Virus disease and 2.2 per cent in cholera in the year.

Key challenges in 2017 included: (i) delays in disbursements of Government funds for purchase of traditional vaccines; (ii) insufficient funds raised for nutrition which impacted the coverage of severe acute malnutrition treatment; and (iii) insufficient allocation of the national budget towards the health sector.

A correlation between insecurity, difficulty of humanitarian access and deterioration in the economic situation seemed to emerge as a major risk to programme implementation. However, there are opportunities to take forward key interventions in 2018, such as: (1) the identification of RMNCH+A as the starting package for universal health coverage in DRC by the Minister of Health; and (2) strong health sector partnership and coordination fora, including thematic and donor groups on health, nutrition, WASH, for which UNICEF plays a key role. UNICEF is the current chair of the donor group on nutrition, co-chair the WASH donor group and provides secretariat support to the donor group on health.

The results above were achieved with a budget of US$ 133.4 million in 2017 (US$ 85.8 million for health and nutrition, US$ 47.6 million for WASH), which included UNICEF Regular Resources as well as contributions from partners including Belgium, Canada, Japan, Korea, Sweden, Switzerland, UK, USA, EU/ECHO, RMNCAH Trust Fund, GFATM, GAVI, World Bank, UNFPA, WHO, WFP, FAO, UNHCR, Bill & Melinda Gates Foundation, Rotary International, Sabin Vaccine Institute, NGOs, SANRU and the continuous support of National Committees for UNICEF.

**OUTPUT 1** By 2017, maternal and neo-natal tetanus and polio are eradicated, under-five children mortality rate due to measles is reduced by 95 per cent, and vaccination coverage for routine antigens is improved and maintained above 90 per cent and the proportion of non- or insufficiently-immunized children is reduced from 23 per cent to 5 per cent.

**Analytical statement of progress**

UNICEF action on immunisation comprises three objectives: (1) poliomyelitis eradication, (2) measles and maternal-neonatal-tetanus (MNT) elimination, and (3) strengthening routine immunization with emphasis on the hardest-to-reach populations.

The year was challenging for DRC, with 12 cases of circulating-vaccine derived poliovirus type 2 (cVDPV2) in three provinces, however DRC maintained polio-free status. The number of health zones with measles outbreaks decreased from 77 in 2013, to 37 in 2016 to 58 in 2017.
However, compared to 2013, the number of MNT high-risk health zones decreased from 75 to 6 (target 0), and pentavalent vaccine coverage was maintained above the target of 90 per cent. A National Immunization Technical Advisory Group led by the Minister of Health was established, with technical support from UNICEF, to advise the MoH on critical immunization decisions.

In response to cVDPV2, four rounds of campaigns and a mop-up in three health zones with low coverage were organized to reach 28.5 million children under-five. Six million children under-five were vaccinated against measles during follow-up campaigns in eight provinces where UNICEF support focused on vaccine provision, communication, and technical assistance for coordination, planning and C4D.

UNICEF provided vaccines, supported development of response plans with emphasis on quality micro planning, vaccine management and communication with a focus on case management of refusals. During implementation, UNICEF deployed internal staff (HQ, RO, CO) along with five international and 20 national consultants. UNICEF ensured the independent monitoring for mOPV2 management in all health zones. In addition to cVDPV2 outbreak response, one National-Immunization-Day and two sub-National-Immunization-Days were organized to maintain polio-free status.

As part of the MNT elimination roadmap, UNICEF supported the implementation of ‘integrated outreach activities’ in specific areas (low coverage, difficult to reach) of six remaining high risk health zones. Within the framework of RI strengthening, UNICEF supported the “Reach Every Health Zone” in 120 health zones in Kinshasa, Tshopo, Haut-Katanga and Ituri provinces reaching 641,700 children under-one.

To reinforce vaccine supply chains, UNICEF supported: construction of three warehouse hubs; implementation of the Cold Chain Equipment Optimization Platform (CCEOP); installation of 73 solar-refrigerators; donation of 14 trucks, a refrigerated vehicle; and two cold rooms.

UNICEF was a key partner during regular sector coordination meetings led by MoH and advocacy by UNICEF resulted in the signing of US$ 6 million with the Government and the World Bank, a commitment from the Government to fulfilling its obligations on co-financing for vaccine purchase; mobilisation of US$ 49 million for CCEOP; polio legacy strategic plan approval; and establishment of the National Technical Advisory Group.

These results were achieved through partnerships with WHO, USAID, GAVI, the World Bank, BMGF, KOICA, EU, Sabin Vaccine Institute and Rotary.

Key challenges during 2017 were related to: delays in disbursement of Government co-finance funds for vaccine purchase; low coverage in cold chain equipment; and the recurrence of cVDPV and measles outbreaks due to insufficient quality of previous campaigns.

In 2018, UNICEF will focus on the ‘Reach Every Health Zone’ approach, including the introduction of rotavirus vaccine, cVDPV2 management, accelerating MNT and measles elimination, and cold chain strengthening.

**OUTPUT 2** By the end of 2017, coverage of management of the main killer diseases of under-five children (malaria, diarrhoea, respiratory infections, severe acute malnutrition, HIV and neonatal infections) is at least 60 per cent and their impact is reduced.
Analytical statement of progress
To improve maternal, neonatal and child health, UNICEF intensified the distribution of 'family kits' to increased availability of essential drugs in households and health facilities as part of the integrated management of childhood illness (IMCI) approach to address diarrhoea, fever, pneumonia and anaemia among children under-five. The availability of Amoxycillin DT, ORS, and Zinc in 1,756 community care sites within 128 health zones resulted in the management of 85,635 cases of diarrhoea and 46,930 cases of pneumonia. In addition, 2,244,883 IMCI kits delivered to 1,321,472 children under-five contributed towards household treatment of simple cases of diarrhoea. The distribution of 142,020 'delivery kits' to 142,020 pregnant women in 43 health areas improved the quality of care during childbirth and the postnatal period. To prevent malaria, 1,221,074 LLINs were distributed to 435,588 households in 12 health zones in conflict-affected areas of the Kasai region, together with community awareness on the use of LLINs.

A clinical mentoring programme was established to improve the quality of maternal and newborn care. As part of the programme, 14 clinical mentors trained with implementation tools, developed with UNICEF support, are supporting 72 health facilities in Kwilu and Kwango provinces on neonatal and emergency obstetric care, and surveillance of maternal deaths.

Sustaining the implementation of the PMTCT programme in 12 health zones of Haut Katanga and North Kivu provinces resulted in the enrolment of 1,063 HIV-positive women in Option B+. In order to increase the availability of services for early infant diagnosis and provide HIV treatment for children, a concept note on Early Infant Diagnosis and Viral Load testing using ‘point of care’ technologies was developed for pilot testing in 16 sets of four health zones in Kongo Central province. An in-depth analysis on HIV among adolescents, which revealed a lack of knowledge about HIV among adolescents and a lack of adolescent-friendly services, was used to inform the development of provincial action plans. As part of the provincial action plans, 133,245 adolescents were sensitised on HIV in schools and communities of Kongo Central and Kasai Oriental provinces.

These results were achieved in partnership with Sweden, USAID, BMGF and GFATM.

Key challenges were the low capacity of drug supply chain management causing regular drug shortages, low commitment and motivation of health zone managers and care providers resulting in delays in the implementation of activities.

In 2018, UNICEF will focus on generating evidence on several approaches that are considered the most effective to improve the coverage of high-impact interventions, including: (i) refocusing the distribution of family kits to one province; (ii) completing the assessment of the CAO approach; (iii) continuing the documentation of clinical mentoring, Point of Care and ‘All in’ approaches; (iv) introducing the use of rectal artesunate in preferential treatment, and (v) testing the distribution of LLINs through schools in three provinces.

OUTPUT 3 By 2017, multisectoral actions to ensure nutritional security of the most vulnerable groups are undertaken, particularly in malnutrition-affected provinces, and stunting is reduced by at least five per cent.

Analytical statement of progress
In 2017, the nutrition situation of children in the DRC worsened due to conflicts and food insecurity, with an increase in the number of health zones with nutrition alerts from 64 (in 2016) to 101 (in 2017) at the end of September 2017. During the reporting year, the provision of vitamin A supplements to 11,417,357 children aged 6-59 months (73 per cent in targeted areas;
target 87 per cent) and de-worming treatment for 10,034,221 children aged 12-59 months (67 per cent in targeted areas) across 23 provinces reduced child mortality. The number of severe acute malnutrition cases among children under-five years treated in health centres was 209,797, including 43,562 in emergencies, lower than that achieved in 2016 (380,144 severe acute malnutrition cases treated). Lack of funding and reduced capacity of actors were the main constraints.

Feeding practices for infants and young children (0-23 months) were promoted in 3,259 health areas (37 per cent), reaching 933,055 mothers and care-givers using three delivery platforms: (1) services for treatment of cases of severe acute malnutrition in 2,917 health centres; (2) preschool consultations in 2,441 health centres across 159 health zones; and (3) a community-based nutrition approach, which was rolled-out in 342 health areas, spread across 15 provinces. In addition, the pilot of a joint programme on integrated approach to food security, nutrition, and WASH in Bunyakiri health zones, South Kivu province contributed to the reduction of stunting and targeted 9,500 children and 10,000 pregnant and lactating women.

Advocacy through the Scaling Up Nutrition (SUN) Movement, the United Nations inter-agency networks, nutrition donor groups and technical assistance provided by UNICEF and the World Bank for the development of a common narrative on nutrition, endorsed by the MoH in partnership with 15 key stakeholders, resulted in a renewed commitment for nutrition. At sub-national level, the training of 13 Provincial Health Management Teams, (a total of 195 managers) with UNICEF support, improved coordination of nutrition programmes in 13 provinces. UNICEF engaged in supporting coordination mechanisms such as the clusters and provincial committees on nutrition in five provinces (South Kivu, Kwango, Mbuyi-Mayi, North Kivu, Ituri).

Key partners that contributed to achievements related to nutrition included Food for Peace (USAID), DFID, Switzerland, Sweden, Canada, EU and the World Bank.

Principal challenges faced in 2017 were related to an increase in violence and vulnerabilities of populations, the social and economic situation in DRC, increased food insecurity and epidemics that resulted in increased nutrition needs of children.

To address these challenges, in 2018 UNICEF DRC will focus on strengthening interventions to prevent under-nutrition and scale-up its support towards treatment of severe acute malnutrition cases, as well as sustain the political commitment for nutrition, monitoring implementation of the nutrition common narrative by the Government, the United Nations agencies and donors. Advocacy around nutrition will be pursued as a matter of priority.

OUTPUT 4 By 2017, all 207 developmental health zones of the PNDS plan, implement and follow the minimum and complementary packages of activities as defined in the PNDS and the 308 other health zones plan, implement and follow the minimum high impact package at the clinical and community levels.

Analytical statement of progress
UNICEF’s support for health system strengthening in DRC focused on improved coordination, health sector strategy development, provision of health equipment and strategic planning and monitoring at national and decentralized levels.

At the national level, UNICEF hosted the secretariat of the Inter-Donor Group on Health and its working groups, which played key role in the harmonisation of donor support to the health sector. UNICEF as the lead of the Donor Working Group on Governance, Procurement and
Supply Chain Management, facilitated dialogue on decentralised planning for key RMNCH commodities, and established a new planning cycle for provinces to develop action plans before the start of each calendar year. As co-lead of the committees on Service Delivery and Health Financing, UNICEF and partners advocated to the MoH on the necessity of ensuring universal health access and improved management of essential drugs and commodities.

At the sub-national level, the establishment of eight ‘single partnership agreements’ (‘contrat unique’), a common framework for major partners engaged in the health sector support of the Provincial Health Division, harmonized technical and planning support to the health zones (operational level).

On strategy development, UNICEF and partners contributed to the development and adoption of (i) the National Strategic Plan for Essential Drugs, (ii) national procedures which establish a flat rate for health services, (iii) clinical mentoring programme tools, (iv) the Every New Born Action Plan, and (v) the National HIV Paediatric Plan. The findings from the evaluability assessment of the Framework to Accelerate Reduction of Maternal and Under-Five Mortality and a Knowledge, Attitudes, and Practices study on the use of family kits, conducted with UNICEF support, is being used to inform the preparation of a new RMNCH strategy.

On the Government’s commitment to provide 1,200 health facilities with critical equipment, the facilities in 65 health centres were upgraded in 2017. This resulted in an increase in the number of health centres and referral hospitals (1,005 health facilities) improved since the inception of the project in 2014. UNICEF provided technical and logistics services support to the project.

The MoH, following an advocacy for decentralized planning by UNICEF, mandated all health zones, Provincial Health Divisions and health programmes to prepare Annual Operational Plans to align the planning process in the sector. At present, and with support from UNICEF and partners, 516 health zones developed an Annual Operational Plan for 2018, and Health Divisions are in the process of developing equivalent plans to align with the National Health Development Plan.

The main challenges remained the capacities of the Government to operate national coordination structures and the appropriateness of national health strategies that partners align support.

OUTPUT 5 By 2017 all crises (epidemics, disasters, displacement, nutrition) receive appropriate and timely health and nutrition response in accordance with CCCs and a minimum complementary health package is offered in areas with displaced population.

Analytical statement of progress
UNICEF DRC responded to health emergencies caused by disease outbreaks, displacement and widespread cases of severe acute malnutrition.

UNICEF, together with WHO and other partners, supported the Government of DRC to respond to the eighth outbreak of Ebola in the country, in the Likati health zone located in the Bas Uele province. UNICEF support focused on: (i) national and field level coordination; (ii) awareness raising and prevention behaviours; (iii) distribution of Aquatabs to improve access to safe water, plus sensitization on hand washing and waste disposal; (iv) provision of free health care
services, using health kits; and (v) provision of ten motorcycles for community surveillance. Overall, a case fatality of 50 per cent (eight cases and four deaths) was recorded.

The CO addressed cholera by supporting an integrated package of health and WASH interventions. Health interventions included provision of medicines for the management of 26,000 cholera cases and the promotion of community and health system resilience in five provinces through support of a preparedness plan, strengthening community-based surveillance, pre-positioning of stock, as well as communication and promotion of chlorination for cholera prevention, where cholera is endemic (Ituri, North Kivu, South Kivu, Tanganyika, Haut Lomami).

In response to the L3 emergency in the Kasai region, and considering the risk of diseases among the displaced population, a measles immunization campaign combined with deworming, vitamin A supplementation, and LLIN distribution was conducted. Out of 1,474,180 targeted children, 96 per cent were vaccinated against measles. In addition, 435,588 of 477,487 targeted households (90 per cent) in the 13 most affected health zones in Kasai Central province received 1,221,074 LLIN.

In response to measles outbreaks, UNICEF supported measles case management by distributing medical kits to 20,000 children and 1,416,143 children were vaccinated against measles in affected health zones. More than 15,147 suspected cases of measles were reported with 212 deaths. The case fatality rate (1.4 per cent) remained above the norm (1 per cent). Through the RRMP mechanism, 136,826 people displaced by conflict received free health services in four provinces (North Kivu, South Kivu, Tanganyika, Haut Katanga).

Over 200,000 children affected by severe acute malnutrition were admitted and treated with support from UNICEF. This included 43,562 children in 797 health centres in the Kasai region, where there was renewed violence in 2017. The quality of treatment was aligned with international standards, with a cure rate estimated at 88.8 per cent, a death rate of 3 per cent, a default rate of 9 per cent, and a non-response rate of 0.0 per cent.

The national nutritional surveillance and early warning system, supported by UNICEF in 815 sites, identified 101 health zones faced a nutritional crisis, and as the coordinator of the nutrition cluster, UNICEF convened partners to respond to these crises, including the EU, FFP/USAID, KOICA, Japan and NGOs.

In 2018, UNICEF will seek to improve the quality of its response to humanitarian emergencies, through strict adherence to international quality standards. Focus will be placed on resource mobilisation, particularly in areas where the needs of affected children continue to exceed the capacity of humanitarian actors.

**OUTPUT 6** Communities get sustainable access to drinking water and use hygienic sanitation systems, and they adopt improved hygiene practices and undertake to protect and maintain a cleaner environment.

**Analytical statement of progress**

The Healthy Villages and Schools programme is implemented by the Ministries of Health and Education with the financial and technical support of the UNICEF DRC in partnership with more than 90 NGOs.

The Healthy Villages and Schools programme expanded coverage of WASH services by reaching over 1,856,400 people in 1,610 newly certified villages and 133,242 children in 361 newly certified schools in 2017. This represents 81 per cent of the annual target for village
certifications and 116 per cent of the target for school certifications. The programme continued to operate in the conflict-affected Kasai region, thereby sustaining development gains achieved during the 2013-17 Country Programme in spite of a challenging operating environment.

The year was the most fruitful of the last five years, witnessing the greatest number of village and school certifications. As a result, 4,912,040 people (98 per cent of target) in 5,894 villages and 549,338 children (109 per cent of target) in 1,361 schools were reached since 2013. Despite challenges faced in 2015 related to health sector reform with the creation of 15 new provinces delaying the launch of Phase 2 of the Healthy Villages and Schools programme, and issues related to manual drilling, the overall results during the 2013-17 cycle has been very positive. These results have in turn contributed to reducing diarrheal morbidity among children under five by 70 per cent in communities having achieved certification under the Healthy Villages and Schools programme.

The Healthy Villages and Schools programme developed an innovative post-project sustainability approach which involves continuous and low-cost follow-up of villages and schools that were supported, as well as targeted support to recover certification status where required. Following the introduction of the approach by UNICEF in 2015 and 2016, an acceleration plan was implemented in 2017 with strong central government support and ownership on the part of provincial and local government actors. A total of 5,701 and 1,709 post-certification visits were conducted in villages and schools, respectively, which represents 80 per cent and 87 per cent of the planned visits for 2017. It was expected that at least 60 per cent of targeted villages and schools, certified since the beginning of the Healthy Villages and Schools programme in 2008, would maintain or recover their ‘healthy’ certification status. During 2017, 32 per cent of villages and 45 per cent of schools that received post-certification visits had maintained their ‘healthy’ status. The post-certification visits provided rich information to inform activities to improve specific standards in 2018. However, full ownership by parties tasked with implementation has yet to improve to allow for full achievement of targets.

In 2018, UNICEF DRC will take forward the initial lessons learned from the operational research on water safety planning, menstrual hygiene management and the impact of the burden of water collection on school attendance.

**OUTPUT 7** National, provincial and local WASH governance structures can effectively manage and scale-up sustainable WASH results.

**Analytical statement of progress**

UNICEF DRC supported a bottleneck analysis on the enabling environment for WASH in 2017, which informed the development and adoption of a government joint action plan to be validated by the National Committee for Action on Water, Hygiene and Sanitation (CNAEHA). The exercise, that involved key stakeholders including government actors, private sector, academics and CSOs, identified 15 key activities to address current institutional gaps to expand coverage of effective WASH services and improve sector coordination. The draft National Sanitation Strategy and Sanitation Act was developed through UNICEF technical support to the CNAEHA, which constitutes a significant accomplishment in the area of sanitation in DRC.

UNICEF supported the CNAEHA to initiate the development of a ‘knowledge management and sectoral learning’ platform to share sectoral information and innovations. A monthly newsletter launched by UNICEF kept more than 700 partners in the WASH sector informed and encouraged sector level dialogue.
To improve national monitoring systems and institutional accountability, UNICEF facilitated data collection and reporting to the Sanitation and Water for All Partnership, the United Nations Water Global Analysis as well as to the United Nations Water Global Analysis and Assessment of Sanitation and Drinking-Water.

As part of the coordination of the Healthy Villages and Schools programme, UNICEF fostered partnership with the National Service for Rural Hydraulics to analyse the functionality of water points, enabling the service to conduct or request interventions on non-functional water points. The framework to guide the introduction of the Healthy Villages and Schools programme in health care facilities is under development with the training of local health workers in six provinces. Stock-taking exercises on the Healthy Villages and Schools programme by UNICEF and government partners were used to define the priorities in the successor plan (2018-2022).

To improve the performance of Healthy Villages and Schools programme by enhancing ownership at the provincial and local levels, the performance-based financing approach developed in 2016 for the Healthy Villages and Schools programme was scaled-up in 2017 to 10 out of 23 provinces targeted by the programme, and was used to reimburse villages and schools upon the completion of planned activities against defined quality criteria. This approach improved accountability for resources by ensuring provision of funds and supplies directly to operational actors in a timely manner.

UNICEF continued to engage with the private sector by strengthening public-private partnerships for the performance of manual drilling, on-site monitoring by specialised enterprises and fostering of a partnership between Congolese enterprises and the Chadian enterprise ATPESFORC. In 2017, tender to perform 377 drillings in five provinces was issued.

**OUTPUT 8** Between 2013 and 2017, children and families in crisis receive WASH humanitarian response which is predictable, prompt, accountable, universal, non-discriminatory, coordinated, and facilitates crisis resolution.

**Analytical statement of progress**

In 2017, humanitarian crises expanded related to conflict, Ebola and cholera outbreaks combined with decreasing availability of funds for the WASH sector.

During 2017, UNICEF assisted 1,240,005 children and their families through the provision of a quality emergency WASH package. This represents 51 per cent of the target set in UNICEF’s 2017 HAC appeal (2.4 million). In total, organizations forming part of the WASH cluster provided 3,223,153 people with WASH assistance, which represents 45 per cent of the target set in the 2017 HRP appeal (7.2 million targeted).

Specifically, 563,624 people affected by conflict, 663,687 people affected by cholera epidemics and 12,694 severe acute malnutrition children and their families received WASH packages through a combination of RRMP mechanism and WASH emergency programme supported by UNICEF. In total, 24,046 mothers and children were provided with hygiene kits and key hygiene-related communication messages through an integrated ‘WASH in nutrition’ approach providing complementary key inputs to tackle malnutrition.

The year witnessed the most significant cholera outbreaks in the last 17 years with 49,619 cholera cases and 1,061 deaths recorded, as of 25 November 2017. Even though cholera-endemic provinces such as North Kivu, South Kivu and Tanganyika experienced relatively low-intensity outbreaks compared with other provinces, morbidity rates in 2017 (59:100,000 people,
up from 32:100,000 in 2016) were beyond acceptable thresholds (1:100,000). The outbreak spread to areas of the country generally not affected, including the Kasai region where conflict degraded sanitary conditions and displaced populations, combined with low level of natural immunization of populations against vibrio cholera bacteria. In total, 2,240 cholera cases were reported in the Kasai region with a lethality rate of seven per cent. UNICEF delivered WASH emergency supplies to affected populations (i.e. aqua-tabs, soap, buckets, chlorine), coordinated the response, and mobilised resources for the response. Within the framework of the Multisectoral Plan for the Elimination of Cholera, UNICEF supported national and local institutions to implement health sector operational plans at the provincial level in endemic provinces.

In May 2017, the Government declared an outbreak of Ebola following the appearance of nine cases of haemorrhagic fever with a 22 per cent lethality rate reported in Bas-Uele province. In addition to the health and communication sector response to the Ebola outbreak, WASH kits were provided to hospitals, health posts and affected communities to improve the WASH environment and prevent the epidemic from spreading. To ensure sustainability of the initial WASH response, a project was initiated to ensure that health structures were better equipped and health personnel trained in WASH practices to prevent and respond to similar crises.

In 2018, UNICEF will pursue its contributions to implement and evaluate the current multisectoral cholera response plan, and will engage in the preparation of the successor plan covering the next five years. The CO will continue to respond to crises related to nutrition, epidemics and displacement, with a view to improving results through integration of WASH assistance into multisectoral packages.

OUTCOME 2 By the end of 2017, universal access to education, and a significant and fair increase in completion of quality primary education, supported by a life-cycle approach, will be provided to children.

Analytical statement of progress

In 2017, UNICEF support focused on actions to increase access to education, improve quality and governance of the education system, education for peace and the provision of education in emergency situations.

The pilot of the pre-primary education scheme in the 2016-2017 school year with technical support from UNICEF ensured better school preparedness and a smooth transition for 3,496 (1,833 girls or 52.4 per cent) children aged five in 100 pre-primary schools. UNICEF advocated with the Government based on evidence from the pilot on the necessity implement the pre-primary education scheme in 900 other schools (for which the Government already committed as part of the pilot exercise).

More than 2,772,848 pupils aged six and above were enrolled in the first grade of primary school through the back-to-school campaign that comprised media campaigns, social awareness raising and provision of school supplies, and the door-to-door campaign conducted by UNICEF and partners. Launched at the national level, the campaigns were implemented in 26 provinces to mobilise communities and parents. Advocacy conducted by UNICEF with respect to harmonization and prioritization of donor assistance towards promotion of school access for the most vulnerable children contributed in part to securing the financial support of USAID towards the campaigns in four provinces covered by the Accelerating Equitable Access to School, Reading, Student Retention and Accountability Programme (ACCELERE!).
In 2017, 142,900 vulnerable children in the first to third grades in 4,765 schools in 17 provinces benefited from a social protection scheme with UNICEF support, to improve their retention and learning. This scheme entailed the allocation of grants ranging from US$ 1,150 to US$ 1,650 per school to support payment for school fees, kits and learning materials, tutoring, activities for children in need of additional academic support and promotion of community involvement in school management.

As part of efforts to improve quality of education, with UNICEF support at least 1,515 teachers (492 women) acquired knowledge and skills in line with national standards to deliver instruction to at least 75,750 students on reading, writing, mathematics and life skills, in the four national languages (Lingala, Kikongo, Swahili and Tshiluba) with a focus on child centred pedagogy. An early grade assessment in reading and mathematics was ongoing with UNICEF support, the purpose to enable education authorities to measure the change in learning achievement among students in grades one to three, produced in part by the use of local languages in teaching.

In response to emergencies in 2017, UNICEF DRC developed a joint child protection-education strategy to ensure that girls and boys fulfil their rights by learning and growing in protective environments (e.g. provision of school supplies, psycho-social support in classrooms) in the Kasai region. The strategy was a platform for resource mobilisation and coordination of implementation on the field. UNICEF DRC and partners secured access to education for 207,301 children (95,358 girls) in conflict-affected provinces (North Kivu, South Kivu, Tanganyika, Haut Katanga, Kasai, Kasai Central, Kasai Oriental, Lomami, Sankuru), thereby ensuring the continuity of learning for children exposed to violence.

UNICEF led advocacy to support the Government to lift the ban on the construction of temporary learning spaces. Thus, 12 temporary learning spaces were created with UNICEF support to ensure learning for 3,960 children in the Kasai region. In Kwilu province, 9,553 school-aged children among the displaced population from the Kasai region affected by ongoing violence were enrolled in 203 primary and secondary schools, following an authorization secured from the provincial education authority by UNICEF. Community involvement was enhanced to include in emergency settings to increase school performance through improvement plans.

To improve evidence-based planning and decision-making in the sector, UNICEF and partners supported the production of vital statistics in the education sector through the design, planning and setting up of the EMIS in 15 new administrative provinces as well as maintenance of the system in the former 11 provinces. UNICEF supported production of the annual education statistical yearbooks at the provincial level through active data collection on the performance of the education sector for the 2017-2018 school year.

Regarding evidence generation, UNICEF commissioned a study on the situation of out-of-school children in riverside areas of the DRC. The purpose is to draw lessons from local innovative schooling approaches, such as changes to the academic year calendar, to provide better learning opportunities for children exposed to a variety of risks (such as those witnessed in riverside areas) that may compromise access to quality education.

As the coordination agency of GPE, UNICEF’s advocacy led to the establishment of the permanent secretariat to coordinate the ten-year Education Sectoral Strategy (2016-2025) and the issuance of Standard Operating Procedures for the implementation of the Global Partnership for Education grants through the Quality of Education Enhancement Project.
The education sector in DRC faced longstanding challenges related to inefficient national budget allocation, inadequate quality of teachers’ initial training, low intake of young teachers, and high rate of grade repetition (12 per cent) and parents paying school fees despite the free-school policy. UNICEF as a convening partner will intensify its advocacy for more political engagement from the Government.

**OUTPUT 1** By the end of 2017, girls and boys, especially the most vulnerable and marginalized, have universal access to primary education, with a primary net rate of admission that increase from 50 per cent in 2010 to 75 per cent in 2017.

**Analytical statement of progress**

In line with national priorities, UNICEF DRC supported the Ministry of Education to improve access to education, through annual back-to-school campaign, the pilot of pre-primary education classes and the social protection scheme.

As part of the strategy to improve schooling, school kits and materials (such as notebooks, pencils) procured with support from UNICEF were provided to 369,627 children aged six to seven years old in seven provinces. This contributed to equitable enrolment of children in schools by removing the financial burden of school supplies that affects vulnerable families disproportionately. UNICEF and partners at the community level raised parents’ awareness on the importance of enrolling children in school at the right age. A total of 83 per cent (4,886,364 children) of the target for the period 2013-2017 (5,887,871 children), benefited from the distribution of school kits and materials.

UNICEF contributed to the enrolment of more than 2,772,848 pupils aged six and above in first grade; completion of the 2016-2017 school year for 3,496 children (1,833 girls, 52.4 per cent) out of 3,781 (92.5 per cent completion rate) enrolled in 100 pre-primary classes supported by UNICEF. Since 2013, more than 13,010,707 children were enrolled in first grade with UNICEF support. During the 2016-17 school year, school readiness of 3,496 children (approximately 50 per cent girls) aged five years was improved through their enrolment in 100 pre-primary classes supported by UNICEF thanks to USAID funding.

This pre-primary education pilot initiative enables children from rural areas to access preschool and ensures a smooth transition into primary school at the legal age of six to seven years. Pre-primary education will reduce the risk of dropout in primary school. The lessons drawn from this experience were shared at a workshop organized by the Nigerian Government and its partners (World Bank, UNICEF) on the importance of investing in education at an early age. The DRC experience showed that an effective process for rolling out this approach includes baseline study, policy design and curriculum development.

UNICEF DRC’s support continued to the Back to School campaign (comprising mainly media activities, social awareness raising, provision of school supplies) and the Door–to-Door campaign enrolling children reaching legal age for first grade and at reducing the number of out-of-school children. UNICEF initiated a formal review of this approach and examined complementary strategies that place emphasis on advocacy and strategic partnerships to support the Government to accelerate the reduction of out-of-school children aged six and above, by focusing on retention, including through the reduction of school fees – mainly indirect costs, which have risen following the declaration of abolishment of direct costs by the Government.
Data collection and disaggregation was not finalized at year’s end, with gaps on this issue because of the lack of access in conflict areas. Due to major gaps in Government support to schools and the significant burden imposed on parents to cover the educational costs, partners continued to operate service delivery in the country.

**OUTPUT 2** By the end of 2017, the learning results in reading and mathematics from first to 3rd grade and in life skills from first to sixth grade improves for at least 70 per cent of pupils and the primary gross rate of completion increases from 56 per cent in 2010 to at least 85 per cent in 2017.

**Analytical statement of progress**
Implementation of the primary curriculum reform initiated in 2015 was ongoing in 5,000 schools out of 48,147 primary schools across the country through the introduction of the four national languages as languages of instruction at the primary level. Challenges remained in the implementation of curriculum reform related to child-centred methodologies in literacy, mathematics and life-skills, notably school inspection visits and variation in the extent to which teachers received training on these methodologies across administrative units of the education system.

With UNICEF support, teachers were trained with the expectation that they train their fellow teachers with the support of inspectors. The training of teachers was constrained by the implementation modality of the teacher-training plan adopted by the Government: it does not cover for a given area the whole package of training immediately. In addition, the collection of data related to the delivery of this training was a challenge that the CO is seeking to address.

A learning assessment test (early grade reading assessment, early grade math assessment) to monitor children’s learning outcomes in national languages took place in November 2017 in a sample of 480 primary schools across eight provinces. The learning assessment targeted 4,200 children in first and second grades. The results of these tests, once issued, will provide evidence on the effectiveness of instruction related to reading and mathematics delivered in the national languages in the early grades.

Although the apparent retention rate of fifth grade increased from 51.5 per cent in 2012 to 53.2 per cent in 2015, the weak scale up of the curricular reform (with multilingual national languages) combined with the absence of systematic annual learning assessments and the gap in qualified teachers constitute obstacles to reaching expected results related to the quality of education.

Social protection measures were introduced in 2016 to improve learning achievements and to reduce school dropout among 142,900 of the most vulnerable children in grades one to three in approximately 5,000 schools. In 2017, UNICEF DRC continued to support these measures with: (i) distribution of basic school supplies and materials to vulnerable children; (ii) an early warning system to reduce absenteeism; (iii) a tutoring programme for children with learning difficulties; and (iv) school club activities for the promotion of life skills. Approximately 142,900 vulnerable children benefited from this social protection package.

In the beneficiary schools, social protection measures led to positive effects mainly the prevention and reduction of school exclusion factors and the facilitation of learning acquisition for the most vulnerable children. The extracurricular activities contained in the social protection scheme raised among children: (i) attractiveness of school attendance, (ii) interaction and
socialization among children of different households and (iii) a sense of belonging to a school community and sharing of positive school experience with effects on school attendance and learning achievement.

OUTPUT 3 By end 2017, the governance of the primary education subsector has improved at all levels.

Analytical statement of progress
Within the framework of the 2016-2025 National Strategy for Education and Learning, UNICEF strengthened its partnership with Ministry of Primary and Secondary Education, UNESCO and World Bank to improve availability of up-to-date routine data on the performance of the education sector. A national data collection initiative was launched for the 2017-2018 school year through the setup of the Education Monitoring Information System (EMIS) in all 26 provinces with the involvement of Provincial Education Divisions. Up-to-date data will be available by mid-2018.

UNICEF supported existing services at provincial level dealing, at each end of the academic school year, with progress and issues related to access, quality and governance allowing the generation of a certain level of data to compare performance between sub-provinces.

For focused and action-oriented monitoring, UNICEF and provincial authorities supported the design and rollout of an approach to monitor coverage of interventions, to identify bottlenecks and plan corrective actions. This comprised development of indicators, design of reporting tools, fostering ownership of tools by field agents. Due to limitations of EMIS and funding gap, the approach was rolled-out in six selected provinces.

Milestones were achieved with evidence-based decision making in the education sector. UNICEF initiated a study on the situation of children living along the shores of the Congo River in Equateur, Tshuapa, Mongala, North Ubangi and Sud Ubangi, to generate evidence on local innovative approaches that reduce the number of out-of-school-children in remote areas. An analytical review of the Back-To-School campaign was launched to assess the extent that the programme increased access, and to improve evidence-based programming in the education sector. UNICEF completed the midterm data collection in 80 schools as a part of an ongoing impact assessment of social protection measures on quality learning. The baseline study showed that vulnerable children who receive the social protection scheme achieve better performance (in terms of promotion and repetition rates) than those not having benefited from the scheme. This will inform the design of a new social protection programme in the coming years.

UNICEF DRC faced insufficient funding to pursue assistance to social protection measures for vulnerable children at risk of dropping-out. Nevertheless, as a result of its strong partnership with the Ministry of Education, UNICEF advocated successfully that vulnerable children selected for social protection measures were not expelled from school.

The delay in calculating the different funding options (budget simulations) for the education sector plan 2016-2025 was indicative of the challenges related to governance that continue to affect the education sector in DRC.
OUTPUT 4 By the end of 2017, children and adolescents in six conflict-affected provinces benefit from peace education policies and practices in order to accelerate the transition to development.

Analytical statement of progress
UNICEF supported the development of the national strategy for peace education and education in emergencies to render education planning conflict-sensitive. In 2017, the CO contributed to: (i) setting up an inter-ministerial commission and technical committees mandated to address these two topics; and (ii) sourcing external expertise to accompany Government and partners in taking forward the aforementioned strategy.

Approximately 66,000 children (33,264 girls) benefited from activities intended to foster peace building, social cohesion and prevention of conflict through curricular and extra-curricular activities as well as the establishment of peace committees in schools and participatory theatre. The activities fostered the engagement of children under teacher supervision through peace committees to become ambassadors of peace in their schools to prevent conflict and act as mediators.

However, only 50 per cent of targeted schools (200 out of 404) were reached due to the limited resources, displacement of populations initially targeted, the availability of competent implementing partners and persistent conflicts in target areas.

To foster cross-sector linkages and integrated responses to children affected by the crisis, a joint education-protection strategy was implemented in the Kasai region. Under the strategy, UNICEF builds life skills and promotes peace and social cohesion through education as part of the package of assistance delivered to children formerly associated with armed groups to facilitate their reintegration into society.

Conflict in the Kasai region caused, and was fed by, the deterioration of the social relations. UNICEF DRC supported the training of 20 trainers in each of the three provinces. The latter trained 1,200 teachers (332 women) across 200 primary schools in three provinces. Pedagogical material related to peace education and social cohesion was made available to all trained teachers, strengthening their capacities in these related areas.

In 2018, the peace-building approach will be extended to Tanganyika and South Kivu provinces, where L3 emergencies were declared towards the end of the reporting year.

OUTPUT 5 In emergency situations, girls and boys have safe access to quality education.

Analytical statement of progress
In 2017, 207,301 children (95,358 girls) supported by the education cluster, of which 146,074 children (78,432 girls) supported by UNICEF, accessed quality education in conflict-affected areas through the construction and rehabilitation of 106 classrooms and the training of 1,872 teachers (468 women) on learner-centred methodologies, peace education, conflict and disaster risk reduction and psychosocial support. In addition, 122,812 children (66,008 girls) were reached with kit distribution (recreational, early childhood development items and school-in-a-box). Assistance on remedial courses and preparation for end-of-cycle primary school examinations was provided to 5,100 children (including 1,530 girls) in the provinces of Tanganyika, North and South Kivu, and the Kasai region.
The targets for humanitarian assistance were revised upwards (from 210,000 to 349,000 children) due to the necessity of reaching the unexpectedly large number of displaced children in the Kasai region. The majority of education activities focused on preparing for the start of the 2017-18 school year and education activities took place during the second semester because of late distribution of financial resources. As cluster lead for the education sector at national level, UNICEF DRC supported: (i) the establishment of cluster coordination mechanisms in Kananga, Mbuji-Mayi and Tshikapa, and a working group on education in Kikwit; (ii) support for 5,860 children, including 3,164 girls (of which 2,250 children in Tanganyika) to prepare for end of primary cycle examinations; (iii) the rehabilitation of 24 classrooms, and setting-up of 10 tents for temporary education spaces using tents; and (iv) the distribution of kits to 5,600 children (3,024 girls).

Efforts contributed to needs assessments; resource mobilization from global appeal and proposals to donors; and government and civil society partner capacity building to respond to emergency situations related to education, helped prepare the return to school for affected children. This included alternatives for learning frameworks such as peace education, psychosocial support and the promotion of social cohesion.

OUTCOME 3 By the end of 2017, the prevention and protection against all forms of violence, abuse and exploitation, as well as access to state civil service and legal protection, are significantly and equitably reinforced.

Analytical statement of progress
The development of 59 application measures for the Family Code, which was revised in 2016 with technical support from UNICEF contributed to the improvement of the legal framework for children. To optimize the new tool, 227 trainers trained in Kinshasa, Bandundu, North Kivu and Ituri provinces raised awareness on the use of the tool and the new Code.

The draft National Action Plan on child marriage, finalized in 2016 under the leadership of the Ministry for Women, Family and Children with support from UNICEF and partners, was formally adopted by the Government, calling for concerted action to fight against child marriage: a basis to mobilize countrywide action to end child marriage in DRC.

Specifically, the “protective communities” approach developed with UNICEF support was extended to three territories to expand protective measures at the community level reaching 514,395 vulnerable children (230,948 girls; 283,447 boys) with multisectoral services. Also, multisectoral services, including medical, psychosocial, economic reintegration and legal support were provided to 7,370 gender-based violence survivors during the reporting year.

Synergies established between the civil registration and health sectors contributed to securing birth registration for 432,033 additional children in 2017 compared to 2016. The efforts resulted in the establishment of 27 new registration support offices that were implanted in maternity clinics to reduce the distance between service delivery point and families, thus resolving a major bottleneck of access. These improved synergies between the health centres and civil registry offices contributed to the registration of the births of 1,010,896 children, corresponding to 79 per cent of the 2017 target.

Important steps were taken to strengthen justice for children with the introduction of the justice for children system in 11 of 23 provinces. Technical assistance to render three child tribunals in Gemena, Kindu and Songololo were operational in 2017, together with support to mediation
Committees and police child protection units resulted in 18,018 children in conflict with the law and 127,371 children recorded in civil law cases accessing improved juvenile justice services. The number of child tribunals in DRC rose from 19 in 2016 to 21 in 2017.

The introduction of a mandatory child protection module into the curricula of law faculties across the country, with support from UNICEF, was completed this year. This was an important step towards ensuring that all future jurists are equipped with a solid understanding of protection concepts, reducing the need for ad-hoc and costly in-service training programmes.

UNICEF assisted children affected by emergencies despite significant funding constraints. Preparedness activities, coordination and response remained key interventions, reaching over 100,000 children, which represented 121 per cent of planned targets. UNICEF was the key contributor to Disarmament, Demobilisation and Reinsertion, which focuses on demobilizing and reintegrating children formerly associated with armed forces and groups into their communities. Support during the year resulted in 3,442 children (478 girls) receiving special assistance and transit care, 901 unaccompanied and separated children being reunified with their families, and over 85,000 children receiving psychosocial support alongside recreational activities in child friendly spaces.

In response to the protection needs prompted by the Kasai, Tanganyika and South Kivu crises, UNICEF DRC surpassed its initial humanitarian assistance targets by reaching 78,385 children, a 12 per cent increase when compared to the 2017 target of 70,000 children. This response benefited from an integrated child protection-education strategy developed by UNICEF.

In response to the recommendations of the 2016 joint review of the Monitoring and Reporting Mechanism, the co-chairs of this technical Country Task Force (MONUSCO and UNICEF) played a key role in elevating the profile of alerts on the grave violations of child rights. While the DRC armed forces was delisted from the Annex of the United Nations Secretary-General’s Annual Report on Children in Armed Conflict for the recruitment and use of child soldiers, sustained efforts will need to continue to train armed personnel and to monitor the situation.

Although UNICEF was actively engaged in a number of coordination mechanisms at national, provincial and local levels, including the child protection working group, the sector continued to be fragmented, poorly resourced and inadequately coordinated. A key underlying challenge was the absence of a national child protection strategy which could offer a strategic vision, and foster government leadership for both formal and informal child protection initiatives.


Key interventions were implemented jointly with the help of local and international NGOs partners, in collaboration with government entities. Main donor partners were: EU, Canada, Japan, UKAid, Korea, Sweden, USAID/OFDA and Brazil.

Bottlenecks to coverage of child protection services persisted. Adequately resourced and accessible services for vulnerable children remained scarce due to insufficient investment in child protection. Civil registration services were unable to keep up with the rapid population growth (with yearly birth cohort close to a million children and population growth rate of 3.1 per cent), resulting in a steadily declining registration rate (34 per cent of children under five registered in 2001 against 25 per cent in 2014).
OUTPUT 1 By the end of 2017, 2.5 million vulnerable or at-risk children and at least 50,000 survivors of sexual violence are identified by community structures and have access to holistic and appropriate support.

Analytical statement of progress
UNICEF DRC continued to foster close collaboration of social service providers with community-based actors (community volunteers and social workers) to maximize cross-sectoral synergies at the grassroots level. The community-based protection approach was introduced in three new territories in the Kasai region, increasing the proportion of the 239 territories where the approach is utilised from 56 per cent in 2016 to 58 per cent in 2017.

The crises in the Kasai region, Tanganyika and South Kivu provinces placed over seven million children at a high risk of violence. Humanitarian needs were exacerbated by widespread destruction of social service infrastructures. In response, efforts were made to strengthen community-based networks to prevent further escalation of violence through support to close monitoring and follow-up of vulnerable children, and engagement with traditional and religious leaders, teachers and health personnel, parents and other local actors.

A total of 514,395 vulnerable children were identified and 325,162 referred to basic social/protection services and 1,718 survivors of sexual violence received multisectoral assistance. In non-conflict areas, 1,252 survivors benefited from medical consultations, 1,190 from psychosocial support, 461 from socioeconomic reintegration assistance and 613 from legal aid. A decrease in the number of beneficiaries between 2016 and 2017 is explained by funding constraints faced by the CO.

UNICEF DRC pursued advocacy to improve the legal environment to protect children. Assistance was provided to the Ministries of Women, Family, and Child and of Justice in drafting 59 application measures and in disseminating the Family Code, a revised version of which had been issued in 2016. A series of workshops were organised to raise awareness of the Code in five provinces (Kinshasa, North Kivu, Ituri, Kwango and Kwilu). Over 227 trainers of trainers were equipped to raise awareness about the new Code.

An action plan to end child marriage was adopted in 2017 and UNICEF DRC supported a DRC delegation to participate in a regional conference on child marriage hosted by the Government of Senegal, providing further impetus to reforms. UNICEF DRC launched a review of data collection tools used by social workers and "protective communities" to streamline case management, producing a revamped tool which was tested in three provinces.

The absence of a national child protection policy and strategy, limited resource allocation towards social services as well as the limited harmonized and availability of reliable data remain major challenges both at decentralised and central levels.

From 2013 to 2017, 2,365,050 vulnerable children were identified by protective communities (94 per cent of target) and 45,539 SGBV survivors received assistance (94.9 per cent of 2013-2017 target). Despite such results, the vast majority of vulnerable children remain untreated.

Efforts to reach the 2017 targets related to this output are on-track to be met in 2018. Yet, the identification of vulnerable children does not yet translate into systematic and effective access to
formal and informal services. To sustain results, a review of the ‘protective community’ approach in 2018 will identify best practices and potential areas for improvement.

**OUTPUT 2** By 2017, the birth registration rate of children improves from 28 per cent to at least 50 per cent nationally.

**Analytical statement of progress**

As a result of collaboration between civil registration services, health services and communities, at least 43 per cent of new-borns were reached through a ‘power of attorney’ procedure, whereby civil registration officers assist families to register their children directly in maternities or in the community. To improve quality of services, at least 1,150 actors (civil registration, health agents and community mobilizers) were trained on the importance of birth registration, their specific roles and the power of attorney procedure. This approach contributed to reducing the distance between families and services while increasing the demand for birth registration. At the national level, efforts were underway to further enhance synergies of services offered by the Ministries of Interior and Health. In this regard, protocols were developed to be signed.

In 2017, UNICEF DRC supported the registration of 1,010,896 children, raising the number of children registered since 2013 to 4,680,963. While the number of registered children in 2017 is at par with the results achieved in 2016 (1,051,555), the proportion of registered newborns decreased as a result of demographic growth (3.1 per cent annually according to the National Institute of Statistics). Thus, only 25 per cent of newborns in health facilities were registered within the first 90 days compared to 39 per cent in 2016. With UNICEF support, synergies between the social affairs and justice sectors were strengthened, facilitating the registration of 87,647 vulnerable children (of which 1,069 children associated with armed groups) compared to 21,313 in 2016.

While the number of operational registration offices stood at 1,900 offices (of which 104 support offices implanted in maternities) at the beginning of 2017, the conflict in the Kasai region affected the availability and accessibility of registration services. Over 98 offices were pillaged or destroyed, setting back the clock on past investment in the region. Other constraints included the non-payment of a large portion of civil servants across the country and their non-deployment in secondary offices in a several provinces, notably Haut-Katanga, Lualaba, Haut-Lomami, Tshopo and Bas-Uele.

In light of these challenges, in 2018 UNICEF DRC will support the training of focal points from six priority provinces (Kwango, Mai Ndombe, Sud Ubangi, Haut Uele, Ituri, Lomami), equipping them to strengthen the services at provincial and community levels. The CO will continue its advocacy efforts for the creation of new secondary offices and regular remuneration of civil registration personnel.

Although the absolute number of children registered has been increasing since 2013, the target set for 2017 was not reached. During the additional year of the Country Programme in 2018, the strategies to bring civil registration services closer to the populations to which they are destined and to amplify the demand for such services will be sustained.

**OUTPUT 3** By the end of 2017, a juvenile justice system (including juvenile courts, mediation committees, alternatives to custody and child-centred police units) is functional in all 11 provinces of the DRC.
Analytical statement of progress
UNICEF invested in a holistic justice for children approach in line with the rights and needs of children in conflict with the law, victims, witnesses of crimes and those in contact with the law for other reasons. With three new specialized children’s tribunals in Gemena, Kindu and Songololo, their total number now stands at 21, covering 13 provinces.

In 2017, 39,906 children (16,500 girls; 23,406 boys) accessed the juvenile justice system. Forty-seven per cent of children in conflict with the law across DRC were given non-custodial sentences (alternative to detention) while 279 children benefitted from a mediated settlement handled via 21 operational mediation committees. The justice-for-children approach proved to be particularly relevant in the response to the Kasai crisis by ensuring that 427 children (41 girls) suspected of association with armed militias were referred to child protection actors.

Building on years of UNICEF investment to strengthen capacities of judiciary staff, including support to the introduction of a 75-hour child protection course mandatory for all law students as of 2017, support was provided to refine the contents of the teaching material and ensure quality teaching. In 2017, a total of 145 universities taught this mandatory course to 7,122 students (bachelors/graduates), some of whom prepared dissertations relating to the field of child protection. UNICEF supported eight universities, each of which received 50 books on child protection.

The validation of the National Justice Reform Policy and the ongoing development of a priority action plan and medium-term expenditure framework via thematic working groups are welcome steps to clarifying principles and priorities, and strengthening planning in the justice sector. The finalization of the national action plan on mediation, including the production of a training module and the creation of a pool of trainers in criminal mediation are other examples in which UNICEF’s leadership successfully contributed to ensuring that specific justice for children aspects became an integral part of reforms.

Collaboration with the American Bar Association was pursued to introduce a judicial database with specific child-related information aimed at accelerating and professionalising judicial proceedings while safeguarding children’s privacy. The database is currently used in nine of the 21 child courts.

Core government partners in justice for children included the Ministries of Justice and Human Rights; Interior and Security, and High Council of the Judiciary. Development partners comprise the EU, UNDP, MONUSCO, Sweden, France, UK and Korean National Committee for UNICEF.

Progress on planned results related to justice for children was on track with the exception, as in previous years, of mediation. To address this, performance-based payments for referrals to mediation committees were tested via a pilot project in Kinshasa. Initial results were promising and will be closely monitored in 2018. Integration of the justice and social work sectors will continue to be a priority. While the number of specialized children’s tribunals has continually risen since 2013, they are still insufficient to provide adequate justice for children services across the country.

OUTPUT 4 In risk areas, local stakeholders’ coordination capacities to prevent shocks associated with humanitarian emergencies are strengthened and at least 50 per cent of children affected by humanitarian emergencies benefit from protection measures and reintegration.
Analytical statement of progress
As part of its emergency response, UNICEF DRC provided comprehensive lifesaving assistance to more than 8,900 children.

In addition to multiple crises foreseen in the humanitarian response plan, the eruption of a crisis in the Kasai region and deterioration of crises in Tanganyika and South Kivu provinces resulted in DRC hosting the highest number of internally displaced persons on the continent and the activation of L3 emergencies. The impact on children was immense, with an estimated number of children in need of protection doubling from 4.2 million to over 8.3 million in the reporting year. All six grave violations against children’s rights in conflict were reported and the number of violations nearly doubled compared to 2016, as humanitarian needs were exacerbated by the high number of attacks against social services.

UNICEF DRC and partners provided comprehensive care to 2,926 for children exiting armed forces and groups (80 per cent cluster target), 1,918 unaccompanied and separated children (159 per cent cluster target), and 3,927 survivors of sexual violence. UNICEF reintegrated 2,665 children released from armed groups and provided psychosocial support to 71,064 children affected by conflict (142 per cent cluster target). The development of an integrated child protection-education strategy and the integration of child protection into the RRMP mechanism fostered inter-sector linkages that augmented the impact of the response.

In the Kasai region, enhanced humanitarian access and deployment of international NGOs offered opportunities to strengthen local partnerships to scale up the response. Internal redeployment of UNICEF personnel fostered experience-sharing through exchange of good practices, such as the introduction of Capoeira as part of the psychosocial response.

UNICEF continued to support the Government in preventing and addressing grave child rights violations through the Monitoring and Reporting Mechanism on grave violations committed against children in times of armed conflict and monitoring, analysis and reporting arrangements (MARA) on conflict-related sexual violence.

In response to the recommendations of the 2016 joint review of the Monitoring and Reporting Mechanism, the co-chairs of the technical Monitoring and Reporting Mechanism Country Task Force (MONUSCO and UNICEF) played a key role in elevating the profile of alerts on the grave violations of child rights. While the DRC armed forces was delisted from the Annex of the United Nations Secretary-General’s Annual Report on Children in Armed Conflict for the recruitment and use of child soldiers, sustained efforts will need to continue to train armed personnel and to monitor the situation. UNICEF will continuously support efforts to prevent and stop other grave violations, including sexual violence.

Despite donor mobilization, UNICEF’s overall emergency response remains drastically underfunded. In 2018, UNICEF will strive to draw attention to unmet needs and continue to fulfil its role as provider of last resort for an increasing number of complex protection cases. In order to meet its Core Commitments to Children while fulfilling its leading role in child protection, UNICEF will maximise and broaden partnerships with international and local actors, sharing costs and responsibilities, notably through strengthened coordination and referral mechanisms. Partners include Ministries of Defence and Social Affairs, ICRC, MONUSCO, United Nations agencies and international NGOs.
OUTCOME 4 By the end of 2017, laws, social policies, planning, budgets, expenditures, public opinion and social norms are informed by ongoing analysis of the situation of children, monitoring and evaluation and promote an environment conducive to the full-implementation of children's rights.

Analytical statement of progress
Building on the previous years’ achievements, UNICEF DRC supported communities and decision-makers at local, national and provincial levels, as well as the civil society organizations to foster an enabling environment for the fulfilment of children’s rights, especially the most marginalised and vulnerable, in a time of deepening economic and humanitarian crises. In 2017, technical assistance from UNICEF resulted in the production of two analytical reports on the impact of the economic crisis on households and children. The reports were used to inform high-level advocacy towards donors and selected ministries on the necessity of increasing investment in children in times of crisis and reduced fiscal space, as well as that of accelerating progress on public financial sector reform, with a focus on decentralisation and equity in budgetary allocations among provinces. The reports were shared with audiences including donor coordination groups and Government.

A partnership established on the MICS led to the incorporation of a malaria parasitaemia survey, to refine the availability of key information on the well-being of children and women, at the national level and disaggregated across all 26 provinces. Disaggregated, equity-focused analysis will contribute towards promoting evidence-based decision-making with respect to the formulation of national and provincial policies, strategies and programmes. In addition, the CO initiated a risk informed and equity-focused analysis of the situation of children examining a volatile and complex context. Key elements of this exercise served to inform the internal Strategic Moment of Reflection as part of the development of the next Country Programme.

To improve the availability of evidence, the CO launched: (i) a review of the back-to-school campaign to ascertain its effect on school enrolment, (ii) a review of the ‘protective communities approach’ to assess the extent to which it has influenced the availability of child protection services for vulnerable children, (iii) a study on menstrual hygiene to inform programme design, (iv) a review of the community resilience framework and (v) an assessment of the situation of out-of-school children in Equateur province.

UNICEF’s support to national authorities involved the dissemination of the National Protocol on Indigence and the manual on non-contributory social assistance, among others. The CO participated in joint ILO-World Bank studies on vulnerability and targeting mechanisms, and in joint workshops to support the National Social Protection Programme. This joint action contributed to reducing redundancy in donor support and to enhancing the weight of joint advocacy on key issues, notably those related to adequate financing for social protection as well as knowledge gathering.

Communication for development (C4D) interventions to promote key family practices related to health, protection and education, to empower communities, mitigate negative social norms and build positive social norms reached 28,000,000 people in 2017, leading to the adoption of at least three of five key family practices by 71 per cent of caregivers of children. In the context of emergencies, the communication for emergency approach was strengthened in several provinces. This included the preparation and implementation of the national cholera communication plan as part of the CO response to outbreaks of this disease in 22 provinces and social mobilisation for Ebola prevention and risk reduction. In addition, technical support
from UNICEF and partners led to the organization of 46,797 community dialogue forums for peace building in 16 provinces affected by conflict.

C4D action related to large-scale immunization campaigns ensured that the proportion of the target population that received key information remained above 90 per cent. This contributed to reaching 27,068 non-vaccinated children in Kinshasa and to birth registration of 51,182 children in Equateur province.

The technical support for the participation of children and adolescents in decision-making yielded fruit. In 2017, advocacy led by adolescent and youth reporters, trained by UNICEF, generated 270 commitments from national authorities on issues related to children. Children’s committees in Kinshasa province played an important role in guiding 7,200 children that participated in an awareness raising campaign on birth registration. Other instances of child participation in UNICEF programmes in 2017 included awareness raising activities on immunisation with the involvement of 1200 children and adolescents, and a sensitisation programme on WASH-related issues with 120 children.

OUTPUT 1 By the end of 2017, the availability of disaggregated data and ongoing analysis of the situation of children and women inform the development of social policies and budgets for the welfare of all children.

Analytical statement of progress
In 2017, technical assistance from UNICEF resulted in the production of two analytical reports on the impact of the economic crisis on households and children. The reports were used to inform high-level advocacy towards donors and selected ministries on the necessity of increasing investment in children in times of crisis and reduced fiscal space, as well as that of accelerating progress on public financial sector reform, with a focus on decentralisation and equity in budgetary allocations among provinces. The reports were shared with various audiences, including donor coordination groups and Government.

To support evidence generation, UNICEF provided significant technical and financial assistance to the National Statistics Office for the preparation and implementation of MICS 2017. Thanks to the partnerships established with USAID-PMI, the Global Fund, ICF as well as the National School for Biological Research and with support from UNICEF Headquarters and Regional Office, the MICS includes for the first time new modules and new tests (malaria, anaemia, water) for all 26 provinces. All trainings planned for 2017 including those directed towards future trainers and supervisors in provinces were completed. Planning arrangements for the deployment of the MICS teams to provinces were informed by regular analysis of risks related to security, violence and epidemics, and were nearing completion at year’s end. Data collection in Kinshasa province was completed. Delays were observed partly due to the weak capacity of actors at the central and provincial levels, which necessitated the adjustment of the training strategy by enlarging the pool of persons to be trained and extending the duration of the trainings so as to safeguard the quality of field work in the 25 provinces.

To further improve the availability of evidence, the CO launched: (i) a review of the back-to-school campaign to ascertain its effect on school enrolment, (ii) a review of the ‘protective communities approach’ to assess the extent to which it has influenced the availability of child protection services for vulnerable children, (iii) a study on menstrual hygiene to inform
programme design, (iv) a review of the community resilience framework, and (v) an assessment of the situation of out-of-school children in Equateur province.

A structured process was followed with in-house expertise for the evaluations planned by the CO under the auspices of a governance structure to ensure proper oversight of evaluations. Preparatory work for the three planned evaluations (RRMP programme, Healthy Villages and Schools programme (funded by DFID), and the gender-focused ‘Women, Men, Advance Together’ programme funded by EU) was done in close collaborations with national partners and donors. As per the decisions of DFID and EU, the two evaluations will take place in 2018.

The CO initiated a risk informed and equity-focused SITAN examining a volatile and complex context. Key elements of this exercise served to inform the internal Strategic Moment of Reflection as part of the development of the next Country Programme, and will be captured in the SITAN report to be issued in 2018.

**OUTPUT 2** By the end of 2017, vulnerable children/women benefit from specific social protection measures and policies to enable them to access basic services.

**Analytical statement of progress**

In 2017, UNICEF DRC assistance to support social protection was conducted at three levels, based on the National Policy and Strategy on Social Protection. Actions in the social protection sector were delivered in a changing political context characterised by the creation of new ministries, delays in implementation of national action plans, reduced fiscal space, among others.

UNICEF took measures to harmonize the action of donors involved in the social protection sector (notably the World Bank and ILO). The CO participated in joint ILO-World Bank studies on vulnerability and targeting mechanisms, and in joint workshops to support the National Social Protection Programme. This joint action contributed to reducing redundancy in donor support and to enhancing the weight of joint advocacy on key issues, notably those related to adequate financing for social protection as well as knowledge gathering.

Support to national authorities involved the dissemination of the National Protocol on Indigence and the manual on non-contributory social assistance, among others. During 2017, the programme entitled ‘Women, Men, Advance Together’ funded by the EU drew to close and will be evaluated in 2018. Under the leadership of the Ministry for Gender Affairs, this programme contributed to establishing social safety nets and to promoting more equitable gender dynamics in 15 decentralised entities (eight in Kinshasa, seven in the former Bandundu province) through cash transfers (e-money) for 2,000 households, access to savings and micro-loans reaching more than 28,460 beneficiaries (19,542 women).

A number of key success factors observed in this programme were identified, including (i) the participation of the community social assistants trained by UNICEF and now in charge of identifying the most vulnerable and deprived persons, to provide them with guidance on accessing services offered by the programme, and (ii) the inclusion of local opinion leaders (faith-based organisations, traditional chief, local outposts of central ministries) to promote the principles and objectives espoused by the programme to make them champions and models for their respective communities. Despite sustained and expanded interest for this programme as observed during monitoring missions, implementation suffered with lack of local capacity and funding in a context of severe economic crisis and reduced budget transfers towards provinces.
UNICEF DRC advocated for fostering a link between social protection in emergency and the development contexts. A study of the Alternative Response to Communities in Crisis programme, served to strengthen this advocacy by demonstrating the need for greater accountability of national partners in the response to emergencies.

**OUTPUT 3** By the end of 2017, in a favourable social environment, families and communities in targeted intervention areas, adopt essential family practices and promote individual and collective changes necessary for the survival, development and protection of children.

**Analytical statement of progress**

C4D interventions to promote life-saving key family practices related to health, protection and education, to empower communities, mitigate negative social norms and build positive social norms have reached 28,000,000 people in 2017, leading to the adoption of at least three of five practices by 71 per cent of caregivers of children.

Communities adopting key family practices that support the survival and integral development of the child remained the priority of C4D interventions in 2017. The emphasis was placed on the five key practices of vaccination, exclusive breastfeeding, use of ITMNs, treatment of diarrhoea within households and birth registration. During 2017, approximately 28 million people were reached by such interventions (32 million in 2016). This decrease is mainly due to reduced availability of resources. Nevertheless, evidence suggests that community engagement activities to foster the adoption of key family practices is effective, as demonstrated by a KAP survey completed in 2015 according to which 71 per cent of caregivers reached by C4D interventions had adopted at least three of the five practices. During 2017, underperforming provinces (i.e. those in which less than 71 per cent of caregivers had adopted three key practices) were prioritized.

In the context of emergencies, the communication for emergency approach was strengthened in several provinces. In line with corporate CCCs, UNICEF DRC utilized interpersonal and media channels to promote service utilization and maintenance of key family practices, to raise awareness for the protection of children, to mitigate trauma and foster resilience, and to deliver educative entertainment opportunities.

The CO contributed to the preparation and implementation of the national cholera communication plan at part of its response to outbreaks of this disease in 22 out of 26 provinces.

During the Ebola outbreak in 2017, UNICEF DRC C4D focused on promoting healthy behaviours to halt the propagation of the disease, in particular through a community-based approach. A KAP rapid survey indicated a marked improvement in terms of knowledge and behaviours on the part of the at-risk population.

In preparation for the introduction of the Ebola vaccine, UNICEF DRC conducted targeted risk communication and community engagement activities to foster acceptance and demand for the service. The ‘community dynamics’ approach was supported in 16 provinces through the establishment of 46,797 community dialogue forums in Kwilu, Kwango, Sankuru and Tanganyika during the reporting year, of which 1,359 received financial support from other partners notably GAVI and SANRU.
Four polio outbreak response campaigns were implemented in the provinces of Maniema, Lualaba, Technical Advisory Group anyika, Haut Katanga and Haut Lomami with 93 per cent parents informed of the appropriate practices to adopt.

UNICEF DRC C4D interventions were delivered through critical strategic and operational partnerships with Government, civil society organizations, media and artist networks.

The CO undertook a review of the efficiency and cost-effectiveness of interventions, resulting in the definition of strategic axes for C4D: community-based approaches as well as alliances with media, religious, artists’ networks and academic institutions, which are to focus on promotion of key family practices with greater emphasis on adolescents, nutrition and emergency preparedness.

OUTPUT 4 Policy makers at the national, provincial and community levels are involved in the rights of children, and the children are aware of their rights (survival, development, protection and participation) and promote them in their environment.

Analytical statement of progress

In line with the national Child Participation Strategy adopted in 2016 by UNICEF and the Government, the CO focused activities on child participation around three pillars: (1) participation of children in communication and public advocacy, mainly through support towards youth reporters; (2) participation of children in children’s committees interacting with political bodies that take decisions affecting children, as provided for by the 2009 Law on Child Protection; and (3) children’s participation in development, implementation and monitoring of interventions supported by UNICEF programmes.

Key activities in 2017 included training children on children’s rights and as youth reporters, guiding children in general and children’s committees, in particular in their role as advocates of children’s rights, and empowering children as agents of change throughout the implementation of programmes. From 2013 to 2017, 11,900 children were trained on children’s rights in general and on children’s right to participation in particular. More than 288 sensitization activities for adults were organized, focused on the right of children to express their views on issues affecting them.

The above activities expanded and strengthened the group of 600 youth reporters, which remained active throughout the country. Youth reporters produced stories and messages on children’s rights issues, which were published on the UNICEF DRC blog (49 articles), and on social networks (Tweeter, Facebook, InsTechnical Advisory Group ram). Moreover, the youth reporters managed through their advocacy to generate 270 commitments from national authorities on issues related to children. For example, the Minister of Gender committed to sign a ministerial decree on the creation of children’s committees in all provinces.

UNICEF and the Government, with the support of the NGO Network for the Promotion of Child Participation, supported 38 children’s committees at the municipal, territorial and provincial levels in 2017 in the three pilot provinces of Kinshasa, Haut Katanga and North Kivu, in their role as representative structures from which children are empowered advocate towards and influence decision-making and political bodies.
The children’s committees in the province of Kinshasa played a role in guiding 7,200 children who participated in an awareness-raising campaign on birth registration. Other instances of child participation in UNICEF programmes in 2017 included awareness-raising activities on immunisation with the involvement of 1,200 children and adolescents, and a sensitisation programme on WASH related issues with 120 children. These pilot programmes helped UNICEF DRC and the Government partner to acquire more experience and knowledge on fostering the active involvement of children in programme implementation.

The CO programme on child participation was on track and expected that its objectives will be achieved at the expiry of the extended programme cycle. Nevertheless, from a long-term perspective, the programme continued to face the challenge of reaching a critical mass of children, especially in remote areas and among the most vulnerable groups. To tackle these challenges, UNICEF DRC will strive to convene all partners around child participation issues within the framework of the Child Participation Strategy.

**OUTCOME 5** By the end of 2017, the most vulnerable children and their families in crisis situations have received timely and effective assistance; those in post-crisis situations have benefited from improved and equitable access to social services and peaceful conflict mediation.

**Analytical statement of progress**
UNICEF DRC continued to support the Ministry of Solidarity and Humanitarian Affairs to build local capacity for emergency preparedness and response and to support to humanitarian surveillance and the establishment of Provincial Humanitarian Action Divisions. Focus was placed on strengthening the Ministry’s capacity to collect, analyse and disseminate alerts, specifically those related to natural disasters and local conflict. Following the evaluation of the nine-month capacity building pilot projects in 2016, support for capacity development in preparedness and early warning was extended from five provinces in 2016 to 11 provinces in 2017. The support was provided in partnership with the World Food Programme (WFP) and the Office for the Coordination of Humanitarian Affairs (OCHA).

UNICEF DRC provided vulnerable children and their families experiencing crisis situations with effective multisectoral humanitarian assistance. UNICEF reached 36 per cent of the populations affected by conflict with multisectoral assistance since the outset of the Country Programme (target value 35 per cent).

Since January 2017, more than 920,000 people benefited from the UNICEF RRMP mechanism in Eastern Congo. Through this mechanism, UNICEF assisted 36 per cent of the total newly internally displaced persons in Tanganyika, Haut-Katanga, North Kivu, South Kivu and Ituri provinces (total internally displaced people rose from 2.2 million in January to 4.1 million in November 2017). Thus, 56,695 households (313,654 persons) benefited from assistance in the form of non-food items, intended to improve their ability to carry out their essential daily activities with dignity.

Adapting the experience in Eastern DRC, the RRMP was launched in the Kasai region in August 2017 reaching 40,000 people affected by the crisis with essential non-food items; providing 10 health centres with medicines within the Bunkonde health zone in the Kasai Central province and Kamonia health zone in Kasai province; and building capacity and delivering technical support to cover the essential primary care needs of 20,000 people.
At the same time, UNICEF targeted post-crisis areas to improve access to basic services and pursue peace-building objectives. Thus, UNICEF DRC initiated a new phase of a peace-building programme linked with International Security and Stabilization Support Strategy. Under this programme, the CO established partnerships in Ituri and North Kivu provinces, the purpose of which was to invest in social services and strengthen local communities’ resilience.

UNICEF DRC remained one of the leaders in multipurpose cash assistance (the alternative response to communities in crisis (ARCC) programme), following its successful scale-up phase in 2016. Over 200,000 people were reached with this assistance as at 30 November 2017. The ARCC programme was recognized as an innovative approach in DRC. Indeed, given that research and investment in cash transfer approaches was relatively limited until recently, ARCC provided opportunities to respond to the needs of affected populations (such as host communities, internally displaced persons and returnees). It incited the CO to broaden partnerships with the private sector linked to mobile money and banking systems, among others. In response to the crisis in the Kasai region, the ARCC programme was the first large response programme in Kasai Central and Kasai Oriental provinces, starting activities in January 2017, at which time the crisis was deteriorating rapidly. It enabled the provision of immediate support to people who had lost most of their belongings.

In order to respond effectively to this chronic situation, UNICEF DRC’s strategy aligned short term humanitarian relief such as that provided by the RRMP, with a transition and stabilisation programmes such as ARCC and the Participatory & Empowering Community-Based Approaches for Resilience (PEAR+) programme, as a contribution of UNICEF’s efforts to the return, rehabilitation & reintegration (RRR) pillar of the international security and stabilization support strategy (ISSSS).

To preserve its role as a key actor in the emergency response, UNICEF DRC worked to improve the quality of its response by addressing gender, accountability to affected populations and rapidity. The CO invested in analysis and research to determine more efficient and adapted ways to reach the most affected populations, resulting for example in a variety of cash modalities and a non-food items scorecard tool. The CO sought to link emergency response to development programmes, and to strengthen preparedness and local capacity building of civil society and Government. Due to the reduced presence of international humanitarian actors, the CO prioritized active humanitarian surveillance in non-conflict areas.

In spite of the worsening political, economic and social situation combined with limited resources, the funding requirements of the HAC appeal were revised during the course of the reporting year, rising from US$109 million to US$165 million, in line with the CCCs.

However, as at 31 December 2017, only 34 per cent of the funding requirements of the UNICEF HAC appeal 2017 had been met in addition to the carryover of 2016 (about 10 per cent of funds availability in 2017), whereas 52 per cent of the requirements of HRP (according to OCHA) had been met. UNICEF performance in terms of fundraising was lesser than in previous years, which may be explained by the overall decrease in humanitarian funds being allocated towards DRC, combined with the increased needs of affected populations.

**OUTPUT 1** By the end of 2015, a strategy is developed and validated by governmental and non-governmental stakeholders, and the UNICEF ability to respond to new emergencies in an
efficient, responsive, and tailored way is strengthened in order to strengthen national capacities in risk reduction and emergency management.

**Analytical statement of progress**
UNICEF continued to support the Ministry of Solidarity and Humanitarian Affairs to build local capacity on emergency preparedness and response, and to support humanitarian surveillance and the establishment of Provincial Humanitarian Action Divisions. Focus was placed on strengthening the Ministry’s capacity to collect, analyse and disseminate alerts, specifically on natural disasters and local conflict.

The partnership with the Ministry of Solidarity and Humanitarian Affairs, by bringing together all relevant stakeholders at all levels (national, provincial and local), contributed to coordination of humanitarian alerts at national and provincial levels. In Mongala, North and South Ubangi, Equateur and Tshuapa provinces of Western DRC, which enjoy relative stability, for example, approximately 12,500 Red Cross volunteers, 50 Red Cross focal points, 42 staff and members of local NGOs, 6,500 communities, 151 focal points from the Caritas Network, trained with UNICEF support, contributed to early warning alerts in 2017.

The humanitarian crisis in Kasai, Kasai Central and Kasai Oriental provinces compromised their capacity to work on preparedness. Rather, in response to the worsening crisis in the Kasai region, an early warning and alert system was set up via the Caritas Network and with the support of Caritas International Belgium. UNICEF and its partners adjusted the initial workplans for this region by shifting from local capacity-building to humanitarian surveillance; placing an information source on alert in non-accessible areas at the disposal of the humanitarian community, in coordination with OCHA.

Specifically, 772 people from the Caritas Network and members of parishes (587 people), Red Cross Volunteers (33 people), local authorities (34 people) and civil society members (118 people) were trained in Kasai, Kasai Central, Kasai Oriental, Lomami and Sankuru provinces of Caritas International Belgium on early warning and humanitarian response, with the support of UNICEF and partners. The training focused on (i) humanitarian surveillance in the Kasai region; (ii) early warning and humanitarian coordination; (iii) how to send an alert and key elements of an alert; (iv) the transmission channel for an alert; and (v) the profile of the individuals tasked with sending alerts.

UNICEF and Caritas International Belgium developed an SMS-based alert system to allow the rapid transmission of alerts, mostly related to protection and the displacement of populations. An early warning system is in place in Eastern DRC in conflict-affected areas, but is not applied across the country.

Regarding capacity-building in Emergency Preparedness and Response and the Core Commitments for Children in Humanitarian Action: due to the crisis in the Kasai region, a training on the new corporate Emergency Preparedness and Response guidance, targeting the Western area of the DRC, was postponed until 2018.

Overall, the emergency preparedness programme is on-track for achievement of expected results through the implementation of the above activities.
OUTPUT 2 A quick and appropriate response to the humanitarian needs of the most vulnerable is achieved through UNICEF coordination and assistance in order to cover at least 35 per cent of the needs of displaced and returnee populations as identified in the HAP.

Analytical statement of progress
Since January 2017, more than 920,000 people benefited from the UNICEF RRMP and the Alternative Responses for Communities in Crisis in Eastern Congo. UNICEF assisted more than 36 per cent of the total newly internally displaced persons in Tanganyika, Haut-Katanga, North Kivu, South Kivu and Ituri provinces (total internally displaced persons rose from 2.2 million in January to 3.9 million in September 2017).

RRMP teams carried out approximately 38,600 medical consultations (11,000 of which were for women) through 22 mobile clinics and by providing support to 64 health structures that remained functional in spite of crises.

Partners involved in the RRMP provided improved access to emergency drinking water and sanitation to 149,230 people and durable access to water to 113,586 people, together with awareness-raising activities to promote healthy hygiene practices adapted to the specificities of displacement.

More than 38,500 children (20,000 girls) were reintegrated into schools and assisted with school materials; 70 per cent of these children received catch-up courses to facilitate reintegration to school.

In addition, 56,695 households (313,654 persons) benefited from non-food items to improve the ability to carry out daily activities with dignity.

Assistance in the form of multisectoral non-conditional cash reached 269,573 people. In order to emphasize the principle of equitable delivery of humanitarian assistance, Alternative Responses for Communities in Crisis and RRMP interventions determined the package of assistance to be delivered to affected populations based on household size.

The interventions used approaches that promote accountability to affected populations, as well as gender and protection mainstreaming. Needs assessments and periodization of the most vulnerable people were conducted based on the results of rapid needs assessments conducted by RRMP teams and validated by provincial steering committees led by OCHA and UNICEF.

In August 2017, in response to the Kasai crisis, the RRMP was launched and reached 40,000 people with essential non-food items in the Kasai region, supporting 10 health centres within the Bunkonde health zone in the Kasai Central province and Kamonia health zone in Kasai province with medicines, capacity building and technical support to cover the essential primary care needs of 20,000 people.

In addition, 700 children affected by severe acute malnutrition were treated and their caregivers benefited from hygiene promotion kits. Rehabilitation of 10 water points as initiated.

The non-food items/shelter cluster achieved almost 100 per cent of its targets in terms of satisfaction of its members. The cluster produced a guidance note on how to conduct exploratory work on the linkages between food security and non-food items assistance, the assessment of the non-food items scorecard tool in view of enhancing humanitarian assessment in non-food items.
OUTPUT 3  Community resilience and social actors in the transitional areas is increased through sustainable increase in access to basic social services and capacity-building of community structures to manage conflict-related risks.

Analytical statement of progress
The PEAR+ programme launched in North Kivu (Rwanguba health zone, Rutshuru territory) and Ituri (Komanda and Nyakunde health zones, Irumu territory). A competitive bidding process identified the following consortia to implement PEAR+: ADRA (lead NGO), AVSI, Tearfund, Reseau Hakina Amani (Ituri) and CARE (lead NGO), World Vision and UPEDECO (North Kivu).

The consortium ensured the in-house technical expertise required to implement integrated programming, while anchoring the programme strategy in a resilience-focused community-based approach and increasing opportunity for synergy. Programme cooperation agreements were signed with consortia in the fourth quarter of 2017, and launch workshops organised.

The programme refinement exercise ensured that the implementation plan reflects context-specific needs, responds to gaps and builds on opportunities for synergy.

In parallel, two major research initiatives were designed and ongoing in the field. The first study reviews the sustainability of the previous phase of PEAR+ implemented in Bunyakiri health zone in South Kivu province. The findings will help stakeholders to draw lessons learned and feed into the current phase of programme implementation. The second study will analyse community dynamics, including gender, in the programme areas to lay the foundation for sound programme planning and implementation. External expertise was sourced to conduct data collection during the fourth quarter of 2017.

At a more strategic level, UNICEF DRC finalised the terms of reference for an operational research throughout the programme lifecycle which will be led by an external expert. This will serve the purposes of: (i) establishing a methodology to better articulate the concept of resilience, (ii) test the theory of change of PEAR+, and (iii) demonstrate the effects of the programme. The operational research will be performed in a broad manner, extending its scope to measuring the impact of cash transfers on household resilience.

A national transition strategy was prepared and informed the deliberations of CO management during the Strategic Moment of Reflection, to inform design of the next Country Programme. It was shared with National Committees for UNICEF to strengthen the engagement on transition programming in DRC.

Coordination with MONUSCO and other actors that foster stabilization of conflict-affected areas, in the zones of implementation of PEAR+, was pursued to seek better synergies and to facilitate the transition of early recovery communities.

In spite of the initial delays, the PEAR+ programme has advanced as expected during 2017.

OUTCOME 6 Program management and operations in support of an effective and efficient country-program.
Analytical statement of progress

Political tensions increased during the last quarter of 2016, exacerbated in 2017 by the political deadlock that prevailed throughout the year, resulting in the inability of stakeholders to implement the political transition agreement concluded on 31 December 2016. This negatively impacted on the overall macro-economic landscape as manifested by high inflation and devaluation of the national currency, contributing to the deterioration of the social and economic environment.

The increasing number and gravity of conflicts that affected the Kasai region, South Kivu and Tanganyika provinces worsened humanitarian crises, leading to the declaration of three L3 emergencies. The additional workload combined with the gap in OR funds resulted in a shortfall for salaries, negatively affected staff morale.

The CO started the year with a huge financial gap in both ORR and ORE funds, which stood at US$58 million and US$113 million, respectively. During the course of the year, the CO raised only US$ 71 million against a total planned amount of US$130 million for ORR (55 per cent). Following the declaration of the L3 emergencies in the Kasai region, South Kivu and Tanganyika provinces, the planned amount for ORE was increased to US$165 million, but as at the end of the year, only 44 per cent of the resources were mobilized.

This had consequences for the funding of salaries especially for OR-funded posts. Indeed, the funding gap for OR-funded posts for 2017 amounted to US$13 million. The gap was partially compensated by allocation of RR funds, on an exceptional basis, including a US$ 3 million exception approval from the UNICEF Comptroller.

The country management team (CMT) met on-site at the national office in Kinshasa on a quarterly basis, as well as monthly virtual meetings, as determined by the AMP. Standing items on the CMT agenda included: (i) monitoring of the key performance indicators in the CO performance scorecard; (ii) monitoring of the implementation of the annual programme and management priorities set in the AMP; and (iii) monitoring of the risk management action plan.

Four management priorities were identified for 2017: (i) pursuit of a more effective and efficient resource mobilisation strategy; (ii) greening as an entry point for the implementation of the cost-reduction strategy; (iii) strengthening of quality assurance activities; and (iv) talent management and staff development.

An in-depth assessment of the office resource mobilisation strategy was conducted and the new strategy is structured around seven pillars: (i) strengthen the profile of UNICEF DRC within UNICEF; (ii) secure and strengthen funding from existing public sector donors; (iii) attract new public sector donors; (iv) secure and strengthen funding from National Committees that support UNICEF DRC; (v) attract funding from National Committees that are not yet funding UNICEF DRC; (vi) maintain and implement updated Standard Operating Procedures to ensure quality and timely reporting; and (vii) develop high quality programme proposals.

The greening initiative adopted by the CO was used to achieve cost reduction. The greening action plan for 2018 will include all field offices and savings are expected. The CO set a target of 30 per cent reduction of the operating costs in 2017 as compared to 2016. From US$10 million in 2016, the target was to keep the total operating costs within a ceiling of US$7.5 million. However, as a result of costs associate with the office response to three L3 emergencies during 2017, the total operating costs forecasted for year’s end are approximately
US$8 million, representing savings of US$2 million compared to 2016. Efficiency gains were achieved through the introduction of innovative ICT platforms such as RapidPro and the use of cloud technology, which contributed to increasing value for money and accountability in the delivery of UNICEF programmes.

Quality assurance activities were conducted as planned and regularly monitored by the CMT. As regards programme priorities in the 2017 AMP, an approach to monitoring effective coverage of five tracer interventions was designed and rolled-out in partnership with provincial authorities, a strategic framework for the child protection programme and strategic approach to C4D were produced and more than 1.4 million children were reached with humanitarian assistance in conflict affected areas. Data collection fieldwork for the MICS was completed in Kinshasa province, and will proceed to the 25 other provinces of DRC in 2018.

The funding constraints necessitated a comprehensive review of the office structure to align the staffing structure to available resources. This was an opportunity to reassess UNICEF’s presence in the field and to refocus programmes based on recent analyses of child rights deprivations and disparities, as well as priorities projected to emerge and gain prominence over the coming years. The structure review informed the strategic reflective exercise organized as a key step towards determining the priorities for children to be addressed over the next five years, based on which the next country programme will be structured. The review was conducted through a participatory process involving the local staff association, and each phase of the process was closely monitored by the CMT. Technical support was received from the UNICEF Regional Office for West and Central Africa throughout the process, especially in the definition of the human resources strategy, which highlights talent retention as a key priority.

OUTPUT 1 Governance and Systems to support the Direction of Country Operations

Analytical Statement of Progress
The CMT maintained the management oversight over performance indicators, scorecards, quality assurance, HACT assurance, risk management, budget utilization and planning matters for the 13 offices in the DRC. Apart from the monthly CMT meetings with participation of the zone office via TELECOM links, three two residential CMTs over periods of three days and physical participation from zone managers were held at the CO in Kinshasa.

Benefitting from the continuing migration of human resources and finance tasks to the GSSC and introduction of EZHACT, a new SAP VISION Module customized to facilitate the work processes in the emission and liquidation of direct cash transfers, the office underwent a fundamental structural review, including a review of the Business Centre, Finance and all operations units, resulting in structural changes during a programme budget review at the end of the year.

To follow up the previous year’s efforts to work as one with United Nations agencies on site, the UNICEF DRC operations team assisted at the Operation Management Team (OMT) to advance cooperation towards achieving a common Business Operations Strategy for 2018. A Congo Brazzaville training of United Nations partners was attended by the Operations Manager of UNICEF Goma and the Chief of Operations for UNICEF DRC. The OMT worked throughout 2017 successfully towards an agreed Business Operations Strategy, signed by the heads of agencies. The Business Operations Strategy agrees on interagency business harmonization in travel, DATACOM, innovative banking in hard-to-reach areas and fuel procurement.
All collaborative management activities are now utilizing SharePoint as communication platform, allowing savings in local file server hardware and increasing platform independence, productive for more efficient business continuity.

Focus was put on the improvement of security communication methodology and procedures, now a well-practiced habit in preparation for the response to security anomalies in DRC. On the technical side and in cooperation with the United Nations agencies and particular UNDSS, the VHF system was upgraded from analog to digital technology.

**OUTPUT 2** Financial Resources and Stewardship to create the conditions to pursue country Operations.

**Analytical statement of progress**
The CMT reviewed financial performance indicators analytically at its monthly meetings, through the use of a dashboard of key financial performance indicators such as fund utilization, budget shortfalls, DCT aging, HACT assurance compliance, as well as evolution of financial authority assignment via the table of authority.

With more tasks being devolved to the GSSC, the freed-up capacity of the business centre was used to increase engagement in HACT-assurance activities. Indeed, starting at the beginning of 2017, implementing partners of UNICEF DRC were no longer required to submit liquidation documents following disbursement of funds received through partnership agreements, but simply to maintain a filing system for such documents on-site at their premises. The business centre and finance staff engaged with programmes to perform on-site spot checks to verify the documentation associated with expenditure of programme partnership funds. Anomalies were reported and escalated where necessary.

Financial transactions were processed via MyCase, the central software used to submit and monitor payments via the GSSC, while an office-specific tracking database was used monitor speed and quality of processed transactions including payments as well as other necessary business transactions and to ensure oversight and control over process performance.

With the introduction of the EZHACT module, processing of direct cash transfers to implementing partners was decentralised to programme sections and field offices. The business centre was temporarily (until year’s end) designated as an agent of change to facilitate the smooth adoption of new HACT work processes by office units, and to assist to address bottlenecks where required.

**OUTPUT 3** Human Resources have the capacities, skills, morale and motivation to support Country operations

**Analytical statement of progress**
UNICEF DRC maintained a balance in the diversity of international staff at 50:50 with respect to gender and geographical origin (programme/donor country) throughout the year. The office had international staff from 34 countries.

Recruitment was the most labour-intensive activity undertaken by the CO Human Resource unit in 2017. More than 120 personnel were recruited on different contract types including fixed term,
temporary appointment, the New and Emerging Talent Initiative, United Nations Volunteers, interns, individual consultants on special service agreements, temporary assignments and standby partners. UNICEF Human Resource reform was initiated with the revised policy on selection of staff on 1 February 2017. The CO took measures to apply the policy with various recruitment methods ranging from direct selection from talent pools, to specific vacancy announcements, to recruitment of staff on rotation. In addition, 29 CO staff members had their contracts converted to continuing appointments in accordance administrative instructions issued in 2017.

In line with human resource reform, the progress of ongoing recruitments was tracked, resulting in an increase in the speed of recruitments by one third to an average of 90 days (for full time staff).

The human resources unit quality control system, comprising checklists, references and review of candidates’ annual performance evaluations was improved, bolstering the quality of recruitments while reducing their duration.

A learning strategy was launched in 2017 on the basis of which the CO established an annual learning plan. The learning and development committee composed of management and staff, administered by human resources, met every quarter. The majority of staff prepared individual learning plans linked to their annual performance objectives. Most staff completed the Results-Based Management course in AGORA, the organization’s web-based learning platform. A new bulletin on learning was issued quarterly.

Internal redeployment of 40 CO staff (national and international) to emergency locations to support L3 emergency response allowed CO expertise to reach affected populations in a timely manner. Redeployment was complemented by reassignment of 30 staff from other COs towards the Kasai region on surge missions.

The CO undertook a major review of the office structure. The resulting structure, which will come into effect in 2018, involves closure of five field offices and creation of one field office during 2018-2019; the abolishment of 233 posts and creation of 110 posts; and decentralisation of a number of operation functions towards field offices. The CO initiated an Human Resource Mitigation and Support Plan directed towards all affected staff including counselling, career coaching, training and personalised assistance for affected staff to understand the nature and value of entitlements.

The human resource manager was appointed as a human resource reform change agent during 2017 to contribute towards driving human resource reforms throughout the region.

The CO worked with UNICEF NY Headquarters to support staff rotating towards and away from DRC, following completion of their tour of duty at their places of assignment. Four staff joined and five left the CO via the rotation exercise.

OUTCOME 7 Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children

Analytical statement of progress
In 2017, the CO introduced an enhanced annual work planning methodology that required
analysis of the deprivations of the rights of children, identification of effective interventions and addressing bottlenecks which prevent scale up of the intervention. To assure quality of implementation, the introduction of a narrative presentation of the work plan contributed towards a common interpretation of activities.

As part of its commitment to results, and in alignment with the regional priority results, the CO focused on a multisectoral approach to programme monitoring. The tools and partner capacities developed to track progress in the implementation of five key interventions across the life of childhood were used to modify programme strategies and focus in 2017. UNICEF and partners tracked the coverage of immunisation, complementary feeding, birth registration, primary education and access to safe water at the subnational level. The exercise was harmonised with the CO programme review process.

Real time monitoring and third party monitoring approaches were introduced in the context of the CO emergency response in the Kasai region, for the purpose of receiving timely information on humanitarian assistance and events, while strengthening oversight of implementing partners operating in insecure and remote areas.

The programme coordination meeting was a forum to draw lessons from the use of cash assistance in humanitarian settings, to establish a third party performance-based financing model to reduce risks associated with the disbursement of cash. A vision to harness technology for development by the CO resulted in the roll out of an SMS-based platform (RapidPro) in Kasai province, which allowed populations to report on the extent of quality assistance, the evolution of their needs, and sudden events requiring a rapid response.

The CO applied the HACT framework to forge programme implementation partnership. The CO achieved a programme utilisation rate of 98 per cent (of total budget US$ 239,004,745) as at 31 December 2017, due in part to the partnerships established with 206 civil society organisations and with the Government at central and provincial levels. Also, 742 out of 797 (93 per cent) planned programme assurance activities were concluded.

The support of UNICEF at inter-agency level resulted in the effective coordination of the UNDAF working group on social services, cluster coordination in emergency response and partnership with MONUSCO, including through engagement in its strategic review to sustain focus on protection of civilians, including child protection.

As a prominent member of the humanitarian community in the DRC, the UNICEF leadership of the nutrition, WASH, education and non-food items clusters, as well as the child protection working group of the protection cluster, resulted in a coordinated humanitarian response across the country. The CO established multisectoral groups to manage the response to Ebola and three L3 emergencies. The internal deployment of staff in the DRC to the three L3 locations contributed towards early response to affected populations.

A resource mobilization strategy developed in 2017 identified options for donor engagement and quality improvement in donor proposal development and reporting. This contributed to the mobilisation of US$71,568,195 in OR and US$52,033,016 in ORE funds in 2017 alone.

A strategic communication focus on chronic malnutrition and the effects of conflict in the Kasai region on children reached 10,200,000 people in 2017. The expanded presence of the CO on social media reached 444,125 people, fostering their engagement on child rights issues. The celebration of World Children’s Day was an opportunity to mobilize 764,261 people to highlight
the efforts required to achieve the SDGs for children in DRC.

UNICEF action in the DRC continued to benefit from the decentralized field presence, procurement services and supply assistance to programme results. In 2017, supply and logistics support was valued at US$140,934,367, of which 55 per cent were procurement services. This contributed to the timely availability of vaccines. The ongoing construction of central vaccination hubs in Kinshasa, Lubumbashi and Kisangani by the Government, through procurement service support from UNICEF, was a major step towards ensuring vaccine security in the country. The first vaccination hub will be ready in the first quarter of 2018.

To respond to the high level of insecurity in 2017, especially in emergency locations, security measures for UNICEF personnel and premises were taken. These included awareness raising, training and deployment of more security personnel and enforcement of compliance with the United Nations Minimum Operating Security Standards for premises and Residential Security Measures for the lodgings of personnel (95 per cent and 100 per cent compliance rate). A simulation of the CO Business Continuity Plan in eight offices was undertaken during the year.

UNICEF DRC embarked on a series of exercises to design the next country programme through the conduct of an analysis of the situation of children, a strategic reflective exercise on priorities to be addressed during the next five years and an office structure review. A differentiated programming approach to address inequality and vulnerabilities is emerging for the next Country Programme, informed by a multisectoral package of interventions, with a commitment to geographic and thematic convergence. The next UNICEF Country Programme builds on the CO decentralised programme management structure to address inequalities and to bring focus to the nexus of humanitarian and development actions.

**OUTPUT 1** UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes

**Analytical statement of progress**

UNICEF developed a resource mobilization strategy in 2017 to address the trend in funding shortfall. The strategy included options for donor engagement and quality improvement in donor proposal development and reporting. The implementation of the strategy in 2017 resulted in the mobilisation of US$71,568,195 in OR and US$52,033,016 in ORE funds.

The HACT framework continued to be applied by the CO to forge programme implementation partnership. The CO achieved a programme utilization rate of 98 per cent (of US$239,004,745) in 2017, due in part to the partnerships established with 206 CSOs and with Government at central and provincial levels; 742 out of 797 (93 per cent) planned programme assurance activities were conducted.

As part of its commitment to results, and in alignment with the regional priority results, the CO focused on a multi-sector approach to programme monitoring. The tools and partner capacities developed to track progress in the implementation of five key interventions across the life of childhood were used to modify programme strategies and focus. UNICEF and partners tracked coverage of immunization, complementary feeding, birth registration, primary education and access to safe water at the subnational level. The exercise was harmonised with the CO programme review process.
The PCM served as a forum to draw lessons from the use of cash assistance in humanitarian settings, to establish a third party performance-based financing approach to reduce risks associated with the disbursement of cash. A vision to harness technology for development by the CO resulted in the roll out of an SMS-based platform (RapidPro) in Kasai province, which allows populations to report on the extent to which quality assistance is received, the evolution of their needs, and sudden events requiring a rapid response.

As a practical implementation of the humanitarian and development nexus, the CO applied the risk informed programming approach to adapt the UNICEF development programme in the Kasai region to respond to the humanitarian situation. For example, health subsidies and unconditional cash grants were introduced to support returnee populations to access health care and procure household items to support their recovery. A mapping of WASH project sites was undertaken to ensure that the existing development commitments address the needs of displaced populations.

UNICEF continued to be an active member of the United Nations Programme Management Team, serving as lead for the social services working group in the UNDAF. As co-lead, together with MONUSCO, of the Monitoring and Reporting Mechanism Country Task Force, the CO contributed to the development of the Secretary General's report on grave violations against children in DRC. The engagement of UNICEF in the MONUSCO strategic review renewed focus of the United Nations mission’s mandate on protection of civilians, including child protection, and prepared MONUSCO to transfer its role in child protection to UNICEF within available capacity and resources constraints.

As a prominent member of the humanitarian community in DRC, UNICEF leadership of the nutrition, WASH, education and non-food items clusters, together with the child protection working group, resulted in a coordinated humanitarian response in the country.

OUTPUT 2 Advocacy/communication: UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child rights issues with stakeholders.

Analytical statement of progress
UNICEF DRC external communication was based on its public communication and advocacy strategy. The strategy is built around three concepts: to serve as a voice for children, to reach as many people as possible with UNICEF messages and to foster the engagement of target groups in favour of child rights.

In 2017, UNICEF DRC communication and advocacy efforts focused on the fight against chronic malnutrition, emergencies in Kasai region and the celebration of World Children's Day.

The communication and public advocacy work on malnutrition included two press releases, one press briefing, nine television shows on national television stations, one live radio show on the United Nations Radio - Radio Okapi - five radio shows on national radio stations and 39 articles in the printed press. The well-known Congolese singer Fally Ipupa supported UNICEF’s advocacy work on malnutrition with a field visit and communication work on social media that was widely shared. The CO issued an electronic newsletter on malnutrition to its partners and donors.

The CO issued 11 press releases on the Kasai crisis and its impact on children, and two snapshot documents with coverage in the international and national audio-visual and printed
press. The CO issued two electronic newsletters that it shared with its partners and donors and communicated intensely through its blog and via social media.

To mark World Children’s Day on 20 November 2017, UNICEF DRC implemented activities highlighting the role of children and adolescents in achieving the SDGs. Activities included: digital communication and press initiatives, ‘take over’ activities, advocacy contests by children and adolescents, exhibitions on the theme ‘For every child, dreams’ and a large concert featuring the Congolese artist Lexxus Legal. These activities reached 764,261 people.

In support of its advocacy work towards donors, the CO produced a reader-friendly bilingual Annual Report 2017, seven fact sheets on the programme interventions of UNICEF in DRC and 26 provincial fact sheets on the situation of children and UNICEF’s activities.

Regarding interaction with the media: over 4,000 media reports on the situation of children were produced, in particular by the Network of Journalists Friends Children. This collaboration helped to ensure that the situation of children, especially the most vulnerable, was documented in the form of reports that reached more than 10,200,000 people at in communities, decision-making entities and partner organizations. This broad reach fostered the engagement of the active forces in society in favour of the rights of children. In particular, Fally Ipupa, a famous Congolese singer, elevated the issue of chronic malnutrition among children by speaking out about the gravity of this issue and measures to combat it.

Via social media, from January to November 2017, more than 444,125 people were reached by UNICEF DRC. A total of 32,993 acts of engagement (sharing, comments and reactions) were made by people on the CO’s digital platforms (website and social networks). As at 30 November 2017, UNICEF DRC had 84,836 followers online.

**OUTPUT 3** Strategies to address cross-cutting issues related to child rights are developed and applied.

**Analytical statement of progress**

UNICEF DRC invested in a number of measures to enable efficient and effective operations across the country, notably in terms of decentralisation, supply and logistics, and security.

The decentralised structure of the office continued to prove its worth in expanding the ability of UNICEF to reach the most vulnerable populations. 13 field offices were empowered with requisite human, financial and material capacity to establish partnerships with decentralised governments and local CSOs. A new field office was established in Tshikapa, Kasai province, as part of the response to the emergency in the Kasai region.

The proximity of local field offices helped UNICEF to provide partners with targeted capacity-building support. The field offices were well positioned to manage partnership agreements on a day-to-day basis, in particular through the application of risk management measures required under the HACT framework.

To improve efficiency in programme management while maintaining decentralised presence, an office structure review exercise was concluded in 2017 resulting in a two-layer programme management structure as opposed to the previous three level structure. A staffing reduction from 476 to 350 distributed in 13 locations was achieved, comprising one CO in Kinshasa, 10 field offices, one outpost location and one emergency presence. The new structure is expected
to allow UNICEF to better address inequality and vulnerability across geographic regions, while maintaining an adequate presence to respond to emergencies. The structure allows for emerging issues of demographic shift – urbanization and adolescences – to be addressed.

Procurement of goods and services for office operations and programmes, and transportation across the country, remained a challenge due to the inadequacy of infrastructure. The total value of supplies procured during 2017 amounted to US$140,934,367, of which 55 per cent were procurement services.

Support delivered to the MoH in 2017 to strengthen the supply chain for vaccines, under the GAVI RSS2 project, included construction of a large innovative and high-tech central hub in Kinshasa, to be completed in 2018, and finalisation of contracting arrangements for the construction of two additional warehouses in Lubumbashi and Kisangani, to begin in early 2018. The CO supported emergency responses to Ebola in the northern DRC and in the Kasai region through logistics and procurement of US$ 2 million worth of non-food items.

The implementation of partnership agreements in a multitude of remote locations coupled with the poor condition of roads and security constraints necessitated the maintenance of a fleet of vehicles and specialist drivers across the country.

Measures were taken to ensure compliance with the United Nations Minimum Operating Security Standards for premises and Residential Security Measures for the lodgings of personnel (95 per cent and 100 per cent rate of compliance). Staff members were systematically briefed on security measures, and emergency communications equipment and procedures were regularly tested and evaluated.

OUTPUT 4 UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes

Analytical statement of progress
UNICEF continued to invest in planning and monitoring capacity to ensure that the selection of interventions, implementation strategies and allocation of resources are based on coherent and plausible theories of change, and to allow for systematic and action-oriented analysis of results and bottlenecks.

Annual work plans were developed based on an enhanced methodology requiring robust analysis of child rights deprivations, effective coverage and bottlenecks for prioritized interventions and disparities. Biannual programme reviews were organized at the provincial level, culminating at the national level, allowing for stock-taking and corrective action planning jointly with stakeholders while meeting accountability requirements.

UNICEF DRC introduced new monitoring approaches to strengthen, data collection, analysis and utilization results in a timely manner for decision-making and programme improvement. The CO designed and rolled-out an approach to monitor coverage of five priority interventions (birth registration, immunization, complementary feeding, primary education, potable water) spanning across sectors. The approach sought to empower provincial actors to pursue corrective actions to remove bottlenecks impeding effective coverage.

As part of its humanitarian response in the Kasai region, UNICEF introduced a real-time monitoring approach using an SMS-based platform (RapidPro) to collect and act on data on the
delivery of assistance and humanitarian alerts and to strengthen accountability to affected populations. To augment oversight of implementing partners operating in this insecure region, UNICEF DRC developed a third party monitoring approach whereby a firm was recruited to perform assurance activities on behalf of the CO.

In light of political uncertainty and pending the validation of a new national development strategy, the Country Programme was extended until the end of 2018. UNICEF DRC initiated the development of its next country programme through the conduct of a situation analysis and organization of a forward-looking reflective exercise to outline the key priorities for children to be addressed over the next five years.

Budget management was subject to rigorous supervision, including weekly scorecards and a monthly report. As at 31 December 2017, the rate of utilisation stood at 98 per cent, the rate of expenditure was 78 per cent, and the value of direct cash transfers not liquidated six and nine months after disbursement was US$1,511,603 and US$238,780 respectively.

The quality and timeliness of reports submitted to donors were subject to scrutiny through the application of a standard review procedure. Thus, of 94 reports submitted during 2017 up until 31 December, 90 were submitted on time (96 per cent).

The CO ensured that agreements concluded with civil society organizations met the highest quality standards and relevance, through enforcement of the corporate policy on civil society organizations partnerships. As at 31 December 2017, 206 partnership agreements with civil society organizations were concluded during 2017, worth US$62.6 million.

To mitigate risks associated with programme delivery through implementing partners, UNICEF DRC enforced strict adherence to the HACT framework, through coordination of assurance activities that verify achievement of agreed results and application of internal controls (470 programmatic visits conducted vs. 489 planned – 96.1 per cent; 272 spot checks conducted vs. 308 planned – 88.3 per cent).

### Document centre

#### Evaluation and research

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian Cash Transfers in the Democratic Republic of the Congo</td>
<td>2017/001</td>
<td>Research</td>
</tr>
<tr>
<td>Value for Money Review and Strategy</td>
<td>2017/007</td>
<td>Research</td>
</tr>
<tr>
<td>Etude sur le processus post-certification VEA</td>
<td>2017/006</td>
<td>Study</td>
</tr>
<tr>
<td>Operational Research on Water Safety Plans: Study in the DRC</td>
<td>2017/005</td>
<td>Research</td>
</tr>
<tr>
<td>Enquete de couverture post campagne VAR</td>
<td>2017/004</td>
<td>Study</td>
</tr>
<tr>
<td>Etude de l’évaluabilité du cadre d’accélération des progrès vers l’atteinte des OMD 4 et 5</td>
<td>2017/003</td>
<td>Study</td>
</tr>
<tr>
<td>Étude CAP sur l'utilisation des kits familiaux dans les zones de santé de Kungu, Kenge et Mbanza-Ngungu</td>
<td>2017/002</td>
<td>Study</td>
</tr>
</tbody>
</table>
Other publications

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pour chaque enfant, des reves (exhibition)</td>
</tr>
<tr>
<td>Pour chaque enfant, des reves (2018 calendar)</td>
</tr>
<tr>
<td>Fact sheets on the situation of children and UNICEF’s programmes in DRC Provinces (26 issues)</td>
</tr>
<tr>
<td>Fact sheets on UNICEF programmes in DRC (9 issues)</td>
</tr>
<tr>
<td>UNICEF RDC en 2016: événements clefs/UNICEF DRC in 2016: Highlights</td>
</tr>
</tbody>
</table>

Lessons learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson Learned</td>
<td>Good Practices and Lessons Drawn from the Experience of DRC Country Office in Application of Risk Informed Programming in the Kasaï Region</td>
</tr>
<tr>
<td>Lesson Learned</td>
<td>Likati Ebola Epidemic: Community Care Support from UNICEF DRC</td>
</tr>
</tbody>
</table>

Programme documents

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD</td>
<td>DR Congo CPD 2013-17</td>
<td>DRC_CPD_2013-17.pdf</td>
</tr>
<tr>
<td>CPMP</td>
<td>DR Congo CPMP 2013-17</td>
<td>DRC_CPMP_2013-17.docx</td>
</tr>
<tr>
<td>CPAP</td>
<td>DR Congo CPAP 2013-17 Integrated M&amp;E, Research Plan</td>
<td>DRC_CPAP_2013-17_IMEP.pdf</td>
</tr>
</tbody>
</table>