

Country Office Annual Report 2018

(the) Democratic Republic of Congo



Part 1: Situation update in the country

The Democratic Republic of Congo (DRC) has the third largest population in Africa with an estimated 85 million people, of whom 56 per cent are children under 18 years of age. Some 21.8 per cent are adolescents aged 10–18 years, out of whom 11 per cent are female (INS, *Annuaire statistique* 2015). Of the total population, 69.6 per cent live in rural areas. Based on an annual growth rate estimated at 3.3 per cent in 2015, the population will double every 23 years, resulting in short-term and rapid urbanization, as well as increasing pressure on limited social systems.

Despite its wealth of natural resources and potential for economic development, the DRC is one of the poorest countries in the world, with a per capita Gross Domestic Product of US\$462 in 2017. Monetary poverty remains widespread and is estimated at 73.3 per cent, with extreme poverty at 76 per cent (World Bank, 2017). Between 2010 and 2015, the economy saw an annual growth of 7.7 per cent, due to high commodity prices and private consumption that paved the way for macroeconomic stability. This growth, well above the sub-Saharan African average of 4.6 per cent, enabled investments in high-profile projects, but has done little to alleviate inequalities in the country. In early 2016, the socioeconomic situation quickly declined to a growth rate of 2.4 per cent as a result of commodity prices falling, poor governance, and fragile institutions. The country, however, benefited from global economic growth, resulting in a marginal economic growth of 3 per cent in 2017. The Congolese franc depreciated by 30 per cent in 2017, further worsening the impact of the economic crisis on households, especially those who earn their living in the national currency. Agriculture remained the largest employment sector, accounting for almost three-quarters of the total labour force. Other employment opportunities tend to be informal and often for subsistence.

In line with the 2006 Constitution, the DRC operates a decentralized governance structure with 26 subnational provinces. However, limited administrative capacity and resource allocation at both national and subnational levels, remained key challenges of the decentralized governance system. In December 2018, the DRC organized its third-ever democratic elections — presidential and legislative, following a two-year delay. The opposition opponent was declared the winner following results from the Independent National Election Commission (Commission Electorale Nationale Independante — CENI) that were later confirmed by the electorate court.

Considerable human development challenges remain in the DRC, as the country did not meet any of the Millennium Development Goals (MDGs), and the road to achievement of the Sustainable Development Goals (SDGs) is challenging. The DRC was ranked 176 among 188 countries on the 2017 Human Development Index, with high levels of maternal and child mortality. According to the 2013–2014 Demographic and Household Survey (DHS), the DRC had an under-five mortality rate of 94 deaths per 1,000 live births, accounting for 5 per cent of the global burden of child death. Malaria, diarrhoea, and respiratory infections were the leading causes of under-five mortality. This was compounded by a low immunization coverage of 45 per cent and a stunting rate of 43 per cent among children under-five years. Furthermore, other issues affecting children included only 25 per cent of childbirths registered nationally and a total of 7.3 million children out of school (52.7 per cent are girls). The 2016 National Multiple

Overlapping Deprivation Analysis (N-MODA) based on the 2013–2014 DHS data, further revealed overlapping deprivations for all age groups, including by sex and location. The highest levels of deprivations were observed in the former province of Equateur and the Kasai region.

Gender-based discrimination is widespread, including in education, healthcare, economic activities, legal status, land tenure, property ownership, inheritance practices, and decision-making authority, leaving girls and women vulnerable. There are important gender disparities in the high proportion of girls that drop out of school at the secondary level due to cultural and social practices such as early marriage, early pregnancy, or household poverty. The 2013–2014 DHS indicated that 6.5 per cent of girls (aged 15-19 years) were married before the age of 15 and about one-third of women aged 20-24 years were married or in a union before age 18. More than half (52 per cent) of women aged 15-49 years old reported experiencing physical violence at least once since the age of 15, and 27 per cent reported having experienced sexual violence.

The DRC has a long history of conflict with implication for insecurity. Most of the conflicts in the east of the country have been aided by the illicit trade of natural resources such as cobalt, copper, diamonds, gold, tantalum, and tin. In 1999, the United Nations (UN) established the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) as the largest mission in the world with up to 22,400 people and an annual budget of \$1.2 billion. In recent years, UN military personnel have been targeted and attacked by armed groups. The current mandate of MONUSCO is focused on (1) security and protection of civilians; (2) monitoring of the political situation in the DRC and (3) stabilization. The renewed mandate is implemented in coordination with the DRC Government and the UN Country Team (UNCT). At the same a transition plan has been developed to ensure the transfer of tasks from MONUSCO to the Government and to UNCT for sustainable and long-term stability in the DRC. As of 2018, a total of 130 armed groups operate in the DRC, mostly in the eastern part of the country. Insecurity is exacerbated by kidnappings, robberies, ethnic tensions, and civil demonstrations. In addition, violent inter-ethnic/communal conflicts have occurred in the Kasai region and the provinces of Ituri, Tangayika and Mai-Ndombe in the last two years.

The humanitarian situation in the DRC deteriorated over the past year, due in part to the activities of armed groups, inter-ethnic/communal conflicts, and epidemics. In 2018, the UN Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 13.1 million people, including 7.8 million children, were in need of humanitarian assistance. It was also estimated that the DRC has 4.1 million internally displaced persons, the highest in Africa, of whom 60 per cent are children (Humanitarian Response Plan 2018). In addition, the return of over 300,000 Congolese people (out of whom 30 per cent are children under 18 years) from Angola to the Kasai region was documented by the DRC Directorate-General on Migration between October and December 2018. The humanitarian estimates also indicated that 7.7 million people were food insecure (two-thirds of them in the Kasai region alone) and 2.2 million children suffered from severe acute malnutrition in 2018. Between January and September, 210 nutrition alerts were recorded, more than double in the same period in 2017.

In 2018 there were two Ebola outbreaks. In the Equateur outbreak there were 54 reported cases and 33 deaths; and 627 cases, including 334 deaths by the end of 2018 in the ongoing North Kivu and Ituri outbreak. In addition, 28,547 suspected cholera cases with 890 deaths (case fatality rate of 3.3 per cent) were registered in 22 provinces; while malaria, yellow fever, and measles were constant threats to children in the DRC. A total of 20 cases of circulating vaccine-derived poliovirus (cVDPV2) were recorded in five provinces in 2018. The response to

outbreaks and epidemic continued to be led by the DRC Ministry of Health with support from donors and partners.

Although the Congolese Armed Forces were de-listed from recruiting and using child soldiers in 2017, there remain at least 3,240 children still active in armed groups and many cases of sexual and gender-based violence reported daily. An increase in human rights violations were recorded, with 11,542 documented cases of grave violations of child rights between 2014 and 2017. This was a 60 per cent increase compared to the period from 2010 to 2013. In 2018, the Country Monitoring and Reporting Mechanism (MRM) Task-Force verified 3,171 documented cases of grave violations, notably on the recruitment and use of children, sexual violence against children, and attacks, looting and destruction in schools and hospitals.

Overall, the people of the DRC have experienced serious human right abuses with thousands of children enrolled as child soldiers, over six million people killed, and many women raped. Against this backdrop, investment in social sectors and in social protection is key. The allocation to all social sectors combined was less than 16 per cent of the 2016 annual national budget, a level that has not increased due to the Government's efforts to respond to several humanitarian crises.

Despite a second extension of the current Government - UNICEF Country Programme through 2019, it is relevant to address the implications of the current situation on children in the DRC. UNICEF continued to pursue the achievement of the results in the country programme while up-scaling innovative approaches and interventions for equitable results for children in all contexts and everywhere in the DRC.

Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

Goal area 1: Every child survives and thrives

UNICEF's child survival and development programming cooperation aims to increase the effective coverage of evidence-based, high impact interventions to reduce maternal, newborn, and child mortalities while promoting the growth and development of children. Key areas of focus include: (1) immunization; (2) management of the main killer diseases of children under-five; (3) reduction of stunting; (4) health system strengthening; and (5) response to health and nutrition emergencies.

At the national level, the Ministry of Health developed the National Health Development Plan 2019-2022. UNICEF technical support in health disparity analysis, using EQUIST — an analytical tool - led to the prioritization of reproductive, maternal, neonatal, child and adolescent health (RMNCAH) as the basis for universal health coverage. EQUIST was also used to develop the Integrated Strategy for RMNCAH and Nutrition. At the provincial level, UNICEF contributed to the expansion of single partnership agreements ('contrat unique') for improved transparency and accountability within provincial coordination mechanisms, from six provinces in 2017 to 12 in 2018, with UNICEF as lead in three provinces.

UNICEF continued to host the Secretariat of the Inter-Donor Group on Health and contributed to the: (1) development of the strategic plan for supply chain management; (2) establishment of

the national health finance strategy including basket funding at provincial level, and; (iii) simplification of the national and sub-national planning tools.

The Government has developed, with technical support from UNICEF and other partners, the country investment plan on immunization - the Mashako Plan - to increase immunization coverage by 15 per cent in nine priority provinces over 18 months. Administrative data indicated that 2,510,967 infants were immunized for pentavalent3, maintaining coverage at 96.6 per cent compared to 92.6 per cent in 2017. However, the number of unvaccinated children increased to 216,770 compared with 200,286 in 2017. However, in the six provinces directly supported by UNICEF, the number of unvaccinated children decreased from 50,760 in 2017 to 27,831. Cold chain coverage increased from 51.7 per cent in 2017) to 74 per cent, due to the installation of 2,087 solar-refrigerators from the cold chain equipment optimization platform with UNICEF's support. In addition, the national vaccine warehouse, constructed with funding from GAVI, was inaugurated.

Twenty cases of circulating vaccine-derived poliovirus (cVDPV2) cases were recorded in five provinces, compared to 10 cases in three provinces in 2017. In response to cVDPV2, UNICEF's social mobilization efforts resulted in a decline in non-vaccinated infants due to refusal from 0.90 per cent in 2017 to 0.77 per cent. This effort, together with technical assistance in vaccine management, resulted in the vaccination of more than 17,677,201 children under-five (95 per cent of the target) in 17 target provinces. A total of 2,470,873 infants (91 per cent of the target) were vaccinated against measles during routine immunization. However, 100 health zones, compared to 61 in 2017, experienced a measles outbreak. There were 48,172 suspected measles cases and 901 measles-related deaths. This represented a case fatality rate of 1.8 per cent compared to 1.2 per cent in 2017. UNICEF's support resulted in the vaccination of an additional 608,831 children (78 per cent of the target) against measles in 17 health zones. For maternal-neonatal-tetanus elimination (MNTE), supplementary immunization activities implemented in the six-remaining high-risk health zones resulted in the vaccination of 50,000 women and 5,664 children aged under 2 months against tetanus toxoid (TT2+) and DTP3. The number of MNT high-risk health zones decreased from six in 2017 to zero in 2018.

Community-based interventions, including distribution of family kits in community care sites, contributed to a remarkable reduction of the child mortality rate due to severe diarrhoea from 5 per cent in 2017 to 1.2 per cent in 2018 in 43 targeted health zones, and contributed to the national reduction from 3.1 per cent (2017) to 1.1 per cent (2018). A combination of universal distribution of 565,993 long-lasting insecticide-treated bednets (LLINs) which was 99 per cent of the target and school-based LLIN campaigns reached 8,761,316 people compared to 2,000,000 reached in 2017 in four target provinces.

Technical support from UNICEF, including the introduction of point of care diagnostic machines resulted in the enrolment of 4,521 pregnant women who were HIV-positive (37 per cent of the target) in the prevention of mother-to-child transmission of HIV (PMTCT) programme and the early infant diagnosis of 82 infants who were HIV-exposed. However, only 16 per cent (1,487 of 9,100) of women who were HIV-positive were initiated on antiretroviral therapy in four target provinces in 2018. A total of 108,039 adolescents from five provinces were sensitized on HIV prevention and life skills education, with 5,347 tested for HIV and 64 HIV-positive adolescents are receiving treatment.

In 2018, the nutrition situation of children in the DRC worsened, with 210 nutrition alerts

recorded between January and September, more than double the alerts for the same period in 2017. At the national level, UNICEF's leadership of the Nutrition Donor Group resulted in the mapping of stakeholders, the launch of a child alert publication the nutrition situation of children in the Kasai, and dialogue with Parliamentarians for an increased budget for nutrition. It also contributed to the leverage by the Government, of US\$400 million from the World Bank for stunting reduction.

The promotion of infant and young children feeding practices resulted in an increased uptake of nutrition services by 1,107,213 mothers and caregivers, vitamin A supplementation for 13,869,442 children (aged 6-59 months), and the deworming of 10,039,077 children aged 12-59 months (80.9 per cent of the target). UNICEF's technical support and leadership of the nutrition cluster resulted in the quality treatment of 282,705 children (22 per cent of the cluster target) affected by severe acute malnutrition. Of these children, there was a cure rate of 76 per cent, a death rate of 0.8 per cent, default rate of 21.8 per cent, and a 1.4 per cent non-response rate.

The use of trial Ebola vaccines was introduced in 2018. Technical advice from UNICEF contributed to the harmonization of the vaccination protocol to include children aged one year and above to address their risk, and the counselling of 56,330 eligible individuals for vaccination. UNICEF provided paediatric expert advice for the case management of children in Ebola treatment centres and supported the Government to develop a clinical protocol for nutrition care of children and adults in the centres. This improved quality of medical care resulted in a decline in mortality rates during the North Kivu and Ituri outbreak from 100 per cent mortality in July to 30 per cent at the end of November. Malaria prevention and treatment campaigns were implemented to prevent co-infection and 78,333 households received 241,384 LLINs and 411,261 doses of artemisinin therapy.

UNICEF distributed 25 cholera kits and 3,500 litres of Ringer's lactate solution for the treatment of 2,850 severe and 10,000 moderate cases. A total of 28,547 suspected cholera cases, with 890 deaths were registered in 22 provinces: a case fatality rate of 3.3 per cent compared to a 2.1 per cent in 2017. The distribution of emergency kits in health facilities in four provinces contributed to the treatment of malaria, diarrhoea, and pneumonia in 245,707 people affected by conflict and outbreaks.

Key challenges included: (1) timely disbursement of Government funds for procurement of traditional vaccines; (2) the weak national supply chain system; (3) scale-up of quality impact interventions on RMNCAH including HIV; (4) limited funding for nutrition, and; (5) the recurrence of health emergencies (cVDPV2, measles, cholera, and Ebola).

Goal area 2: Every child learns

UNICEF's programming contributes towards universal access to education and an increase in the completion of quality education, supported by the life cycle approach for children. Key areas of focus include: (1) access and quality of education; (2) governance of the education sector; and (3) education in emergencies.

The annual door-to-door, back-to-school campaign implemented by the Ministry of Education (MoE) with UNICEF support, resulted in the enrolment of 3,425,056 children in first grade during the 2017–2018 school year. During the 2018–2019 school year, however, UNICEF transitioned the back-to-school campaign to the national Government, and focused on

community mobilization, sensitization of parents, and distribution of school kits and materials (including notebooks and pencils). A limited door-to-door back-to-school campaign supported by UNICEF in two provinces where enrolment rates were low (Ituri and Haut Uele), contributed to the enrolment of 343,158 children in first grade. A total of 475,465 first grade pupils were equipped with school kits. In total, the back-to-school campaign, with UNICEF's support, contributed to the enrolment of 14,006,073 children in first grade between the 2013–2014 and the 2018–2019 school years. An analytical review of the back-to-school campaign is under way to support full transition of the government strategy.

With UNICEF support, 3,438 children aged five years (1,801 girls which is 52.4 per cent), completed pre-primary classes during the 2017–2018 school year, 92.8 per cent of the annual target. For the 2018–2019 school year, 4,202 children aged five years were enrolled in pre-primary classes amongst whom 2,030 received the 'Bouba & Zaza' learning materials, specifically designed with UNICEF support for pre-primary education. An early learning assessment of children aged 0-6 years entering primary school was conducted in the provinces of Equateur, Haut-Katanga and Lualaba, and the findings will contribute towards the design of the national preschool policy in 2019.

The implementation of the primary education curriculum reform initiated in 2015 is ongoing in 5,000 out of 48,147 primary schools across the country, and included the introduction of the four national languages as languages of instruction at primary level. In 2018, at least 1,008 teachers (464 women) were trained in child-centred participatory approaches by 42 school inspectors with UNICEF's support. A total of 420 teachers, school directors, and members of provincial education units were also trained with pre-primary learning materials which were finalized, translated and printed in two national languages (Lingala and Swahili), with UNICEF's support. The implementation of the new curriculum is, however, constrained by lack of adequate funding and the non-delivery of the entire curriculum package to teachers. The Early Grade Reading and Mathematics Assessment (EGRA-EGMA) to monitor children's learning outcomes in the national languages was implemented during the second half of 2017 with a sample size of 4,200 children in 480 schools and is under finalization, with the report expected during the first quarter of 2019.

Advocacy and technical support by UNICEF during the 2017–2018 school year, resulted in 29,670 vulnerable pupils in 1,000 primary schools in four provinces (Equateur, Haut-Katanga, Lualaba and Tanganyika) benefiting from waived school fees, basic school supplies, and other materials. In addition, grants were given to 1,000 primary schools to allow 29,670 vulnerable children access to education and to complete first to third grade. This initiative aims to reduce financial barriers for vulnerable parents and preventing school drop-out for potential out-of-school children. In the 2018–2019 school year, an additional 112,950 vulnerable children in 3,765 schools are benefiting from the same support. Furthermore, to improve the quality of learning the following were put in place: (1) an early warning system to reduce absenteeism; (2) a tutoring programme for children with learning difficulties; and (3) and school club activities for the promotion of life skills.

The decentralized Education Monitoring Information System (EMIS) was launched during the 2017–2018 school year in all 26 provinces by the Ministry of Primary and Secondary Education. Following its release, it was transitioned into a user-friendly, web-based platform with data from the 2017–2018 academic school year in 10 provinces, with support from UNESCO, UNICEF, and the World Bank. This will allow more transparency and evidence-based decision making in the education sector.

As a contribution to the implementation of the national education sector strategy (SSEF 2016–2025), UNICEF is supporting the MoE to develop the national education in emergency and peacebuilding strategy to build a resilient education sector in conflict-affected areas. In the interim, 6,700 teachers (including 2,800 women) were trained in peacebuilding education and social cohesion in Ituri and Tanganyika provinces, and they have reached 335,000 pupils. The training contributes towards resilience and social cohesion among teachers and around schools in emergency settings.

UNICEF's leadership of the education cluster resulted in the mobilization of US\$1 million from the Education Cannot Wait fund to support education interventions for 14,600 children aged 5–17 years (including 50 children recovered from the militia), in Kwilu province. A total of 12,320 children have benefited from psycho-social assistance interventions in the classroom, funded by Education Cannot Wait.

In emergency settings, 304,041 displaced and child returnees (including at least 115,103 girls) received school kits, recreational kits, and pedagogical materials in five provinces (Kasaï, Kasaï Central, Kwango, Kongo Central and Tanganyika) to support their return to school. Furthermore, 12,264 teachers (4,100 women) were trained on psychosocial support, peace education, conflict and disaster risk reduction and children-centred pedagogy in the same provinces. These teachers cover 674,520 pupils. An additional 13,400 children (7,200 girls) in emergency settings who completed their final primary exam were exempted from paying the examination fee due to UNICEF's advocacy to the MoE at the national level and in Ituri, Equateur and Kwilu provinces.

A national protocol for Ebola prevention in schools was developed by the Government with UNICEF's support, to provide essential information on Ebola transmission and prevention measures in schools. The protocol was also used for the training of trainers in the education sector for preparedness activities in provinces not yet affected by Ebola. To protect school children from Ebola, UNICEF installed WASH kits in 905 schools to promote handwashing and hygiene practices, and distributed infrared thermometers in 444 schools for early detection of fever amongst children and teachers in the affected areas. In addition, 4,877 teachers trained in Ebola prevention approaches reached 105,605 students in the affected areas of Equateur, North Kivu and Ituri provinces.

Key challenges included: (1) limited Government capacity to implement the national law on abolishing school fees; (2) delay in budget allocation in the education sector; and (3) limited funding for education in emergencies, including the ongoing Ebola response. The availability of the national education sector strategy (2016–2025), and strong UNICEF partnership with the Government are opportunities to sustain current gains and upscale results for children.

Goal area 3: Every child is protected from violence and exploitation

UNICEF DRC aims to significantly and equitably reinforce the prevention and protection against all forms of violence, abuse and exploitation, as well as access to state civil services and legal protection for children. Key areas of focus include: (1) access to child protection services; (2) birth registration; (3) child justice administration; and (4) child protection in emergencies.

The child protection legal framework in the DRC was strengthened in 2018 through the

development of 24 measures to implement the revised family code. Improved collaboration and cooperation between social service providers and community-based actors led to the identification and referral to basic protection services of 608,890 vulnerable children. In non-conflict areas, 1,702 survivors of sexual and gender-based violence benefited from medical consultations, 2,101 from psychosocial support, 413 from socio-economic reintegration assistance, and 143 from legal aid.

UNICEF DRC continued to foster close collaboration between social service providers and community-based actors (volunteers and social workers) to link informal and formal protection systems and foster synergies at the grassroots level. By the end of 2018, the community-based protection approach had been implemented in 156 of the 248 territories (63 per cent) in the DRC.

UNICEF continued to strengthen the civil registration system in 2018 through support for infrastructure (main and secondary civil registration offices, support offices) and capacity building of actors involved in the birth registration process. Since 2016, 1,240 civil registry offices have been operationalized and 12,570 actors (3,403 women; 9,167 men) trained in birth registration with UNICEF direct support. Through enhanced cooperation between the health sector and civil registry services, more than 57 per cent of registered newborns (566,995 out of 994,728) were reached through a 'power of attorney' procedure whereby civil registration officers assist families in registering their children directly in maternities or in the community. A particular focus was placed on the most vulnerable children through the issuance of birth certificates by supplementary judgments.

A total of 19,725 children (4,248 girls and 15,477 boys) accessed the juvenile justice system which incorporates alternatives to detention and diversion. Specifically, 62 per cent of the children in conflict with the law were given non-custodial sentences while 788 children benefitted from a mediated settlement. This increased the proportion of children who accessed mediation to 4 per cent, from 3 per cent in 2017. UNICEF continued to invest in the establishment of 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. In 2018, with UNICEF's support, three new specialized Children's Courts were established, bringing the total number of courts in DRC to 21, covering 13 out of the 26 provinces.

In addition, the inter-ministerial order regulating the functioning of mediation committees was amended to ensure their operationalization, especially in the provinces. The number of mediation committees in Kinshasa increased from three to 24. Across the country, over 100 committees have been appointed, however the vast majority of these are not operational. They often do not have the budget, infrastructure, nor the materials required to function, making it impossible for them to reach parties and mediate conflicts.

In response to the persistent insecurity across the DRC, UNICEF provided psycho-social support and activities in safe spaces to 125,741 children in 2018. UNICEF also provided comprehensive and individual care or assistance to 4,977 children exiting armed groups. Temporary care and family tracing services were offered to all of them. A total of 6,044 unaccompanied and separated children have benefited from temporary care, protection, and family tracing services, with 3,758 children (62 per cent) reunified with their biological families. In addition, 4,225 survivors of sexual and gender-based violence received comprehensive assistance.

In response to the Ebola outbreak in Equateur, North Kivu, and Ituri provinces, UNICEF and partners developed strategic guidance for child protection and mental health and psychosocial support for children and families infected and affected.. During the year, individualized mental health and psychosocial support and targeted material support was provided to 1,094 families directly affected by Ebola and to 8,539 contact cases. The child protection response also focused on the identification of individualized and durable solutions for each of 497 orphans. In November, UNICEF created a nursery for children affected by Ebola in Beni to provide care for young children whose mothers were receiving treatment. From November to December, 54 children (26 girls, 28 boys) benefitted from the nursery.

UNICEF continued to support the Government in preventing and addressing grave child rights violations through the Monitoring and Reporting Mechanism (MRM) and the Monitoring, Analysis and Reporting Arrangements (MARA) on conflict-related sexual violence. In 2018, the Country Task Force verified 3,171 grave violations, notably on the recruitment and use of children, sexual violence against children, and attacks on school and hospitals. Through joint monitoring and reporting, advocacy with authorities and working with partners and MONUSCO, UNICEF contributed to securing the release of children from 10 armed groups listed in Secretary-General's Annual Report to the Security Council on Children and Armed Conflict.

In 2019, a focus will be on reinforcing diversion mechanisms, alternatives to detention and legal assistance. UNICEF will also seek to reinforce collaboration with religious institutions to further expand birth registration coverage. Finally, UNICEF will continue to reinforce coordination at both national and provincial levels to prepare for and respond to emergencies while ensuring humanitarian access. A core part of UNICEF's response will be to individualize responses through case management, so as to ensure contextualized, effective reunification, and return to the community.

Key challenges during 2018 included: (1) the absence of a national child protection policy and strategy; (2) limited budget allocation towards social services; (3) outdated legal framework for birth registration; (4) limited scope of the child justice system; and (5) limited funding and capacity for child protection in emergencies. The Family Code which provides the legal framework for child protection in the DRC, continued to offer opportunities to advocate for budget and resource allocation, and the reform of child protection services in the country.

Goal area 4: Every child lives in a safe and clean environment

UNICEF's WASH programming support in the DRC seeks to increase sustainable access of communities to drinking water, use of hygienic sanitation systems, and maintain a cleaner environment. Key areas of focus include: (1) governance of the WASH sector; (2) healthy environment; and (3) WASH emergency response.

The new national plan for the Healthy Schools and Villages Programme (2018–2022) was finalized by the Government, to bring focus to water quality, eradication of open defaecation, and peri-urban WASH. The plan is aligned to the SDGs and the National Health Sector Development plan. Coordination support by UNICEF to the Healthy Schools and Villages Programme focused on post-certification activities, as an investment to ensure the sustainability of WASH interventions. As part of this effort, a study on manual drilling identified areas where environmental and hydrogeological conditions allow for these drilling techniques, as options to increase the availability of drinking water for vulnerable populations.

UNICEF continued to support private sector engagement in the WASH sector. The reinforced public-private partnerships in the WASH sector for the execution of manual drillings established by UNICEF, resulted in the completion of more than 500 boreholes in 2018. UNICEF further developed South-South partnerships, between the DRC private sector and the Chadian enterprise ATPESFORC on manual drilling techniques. Performance-based financing, introduced in 12 out of 26 provinces increased the performance of the Healthy Schools and Villages Programme and enhanced ownership at provincial and local levels. It contributed to significant risk mitigation and increases value for money, leading to a substantial increase in overall results achieved.

In terms of expanding WASH coverage, the Healthy Schools and Villages Programme reached an additional 263,545 people (134,408 men and 129,137 women) and 23,767 school-aged children (11,646 girls and 12,121 boys) in 267 villages and 69 schools during 2018. Since October 2013, a total of 5,579,719 people (2,734,062 women and 2,845,657 men) and 562,719 school-aged children (284,156 girls and 295,754 boys) have benefited from improved WASH services in 6,286 villages and 1,494 schools. As a result, overall diarrhoeal morbidity in children under-five reduced by 64 per cent in targeted communities in 2018 (source: DHIS2).

In terms of sustaining access to WASH services in villages and schools, the Healthy Schools and Villages Programme continued to implement an innovative post-certification (PC) sustainability approach. This involved a continuous and low-cost follow-up process at both village and school levels. A total of 7,068 villages and 2,126 schools received a PC visit since the beginning of 2018 (80 and 90 per cent of the targets respectively) and 49 per cent of villages and 74 per cent of schools maintained their status. Reports indicate that the maintenance rate of “healthy status” increases throughout the PC phase. This was reflected in the fact that while 26 per cent of villages and 60 per cent of schools maintained their status at their first PC visit, 59 per cent of villages and 80 per cent of schools maintained it by the third visit. Additional information generated during the year, however, indicated a lack of adequate menstrual hygiene management and the disproportionate impact of fetching water on school attendance for girls.

In response to emergencies, 660,868 people benefited from life-saving WASH packages that include safe drinking water supply as well as the provision of sanitation and hygiene services in the conflict-affected provinces of Tanganyika, Sud Kivu, and Ituri, as well as in the Kasai region. A multi-sectoral cholera response strategy to provide prevention and response packages was developed by the Government and more than 1,503,276 people nationwide benefitted from UNICEF’s emergency cholera response, compared to 764,410 in 2017. A total of 28,547 suspected cholera cases, with 890 deaths (case fatality rate of 3.3 per cent) were registered in 22 out of the 26 provinces.

Water, sanitation and hygiene interventions were a core component of the Ebola outbreak response in 2018. As part of infection prevention and control, UNICEF provided essential WASH services in 636 health facilities, 905 schools, and 1,727 community sites in affected areas in Equateur, North Kivu, and Ituri provinces. This resulted in 1.3 million people accessing safe water, hand washing and sanitation services. Documentation of this strategy is o-going to reinforce future emergency responses.

UNICEF’s WASH programming was challenged in 2018 by implementation delays, especially due to the restructure of the National Directorate of Hygiene and the two Ebola outbreak in the

country, which occupied the time and resources of many WASH partners to the detriment of other programme areas. However, the establishment of the new Directorate of Public Hygiene, increased partnership in the WASH sector, and the on-going impact evaluation of the Healthy Schools and Villages Programme are opportunities to inform future action.

Goal area 5: Every child has an equitable chance in life

UNICEF DRC's country programme includes a focus on analysis of the situation of children to inform laws, social policies, planning, budgets, expenditures, public opinion, and social norms; thereby promoting an environment conducive to the full implementation of children's rights. Key areas of work include: (1) data analysis and evaluation; (2) social protection; (3) communication for development; and (4) promotion of children's rights (participation).

Data analysis and evaluation

The nationwide household 2017–2018 Multiple Indicator Cluster Survey (MICS)/malaria survey, was conducted to generate evidence and fill knowledge gaps in social data on children and women. The survey included new modules (victimization, learning assessment, child and adult functioning), and tests (malaria, anaemia, water), and was implemented in all the 26 provinces. One national and 26 provincial reports are expected to be generated and disseminated in the first half of 2019.

UNICEF DRC undertook seven evaluations in 2018 which contributed to the implementation rate of the Integrated Plan of Research, Monitoring and Evaluation (PRIME) from 22.5 per cent in 2017 to 39 per cent in 2018. The evaluations included the evaluation of Rapid Response to Movement of Populations programme; the Healthy Villages and Schools Programme (funded by the United Kingdom's Department for International Development); the MDG Acceleration Framework; and the gender-focused "Women, Men Advance Together" programme (funded by the European Union). The findings from all these evaluations will feed into the design of the new Country Programme.

Social protection

UNICEF completed an analysis of budget allocations in the social sectors (2015–2018), which helped to document key public financial issues at national and provincial levels. Key issues identified included: (1) the low budget allocation for social sectors (approximately 16 per cent of the state budget); (2) the budget execution rate was equivalent to about 10 per cent of the state budget; and (3) inequitable budget transfers to the provinces as part of the decentralization process. The findings of the analysis are being used to advocate to Government and donors for social sector reform, budget allocation, and resource mobilization.

In 2018, UNICEF provided an overall volume of cash transfers of US\$9.7 million to 140,852 households affected by displacement. Of this amount, multi-purpose cash transfers amounted to US\$4.5 million for 49,769 households. The remaining US\$5.2 million was distributed as vouchers for non-food items to 91,083 households through the Rapid Response to Movement of Populations programme. In addition, the Participatory and Empowering Community-Based Approaches to Resilience (PEAR+) programme integrated a cash transfer component which provided monthly cash transfers to 2,426 households in Ituri province. Lessons learned from the operational review of the PEAR+ and the Rapid Response to Movement of Populations evaluation are informing risk mitigation and quality control measures to be integrated across all the programmes with a cash transfer component.

A strategy for responding to children in mining communities was developed, based on the findings from the assessment of the situation of children around mines. The strategy is informing UNICEF's advocacy and resource mobilization efforts, especially with the private sector in this area. With the organization's renewed focus on adolescents, UNICEF DRC commenced work on four investment cases on adolescent girls, focusing on gender-based violence, menstrual hygiene management, out-of-school children, and epidemics, as a contribution to the UNICEF Gender Action Plan and Generation Unlimited.

Community engagement and social mobilization

UNICEF played a vital role in strengthening over 47,000 community management structures (Cellule d'Animation Communautaire - CAC) in 22 out of the 26 provinces. The structures reached 27 million people with information on key family practices including routine immunization, exclusive breastfeeding, handwashing, and treatment of diarrhoea. In response to the vaccine-derived polio outbreak, the work of 6,652 community agents and 13,304 social mobilizers engaged by UNICEF resulted in the reduction of community resistance from 1.7 per cent in 2017 to 0.3 per cent in 2018. There was also a decrease in the percentage of children missed by polio campaigns to 2.2 per cent. The national cholera communication plan developed with UNICEF's support was implemented in six at-risk provinces, leading to the sensitization of 2.3 million people on cholera.

UNICEF developed a risk communication, social mobilization, and community engagement strategy for the Ebola outbreaks in the DRC. Fifty-three experts, over 25,000 local leaders and groups, and 15,000 frontline workers engaged by UNICEF to implement the strategy reached 9.6 million people with Ebola prevention messages in Equateur, North Kivu, and Ituri provinces. In addition, 250 short radio spots, nine songs and 64 mini-programmes for Ebola prevention, treatment and care, and clarification of rumours and misconceptions were developed with UNICEF's support. The messages were broadcast in four languages 90,000 times by 113 radio stations, reaching over 12 million at-risk persons. The broadcasts also included testimonials from 29 Ebola survivors. To support awareness-raising, 450,000 posters, 900,000 pamphlets, and 4,500 flipcharts on Ebola were distributed in the affected areas. Thirteen knowledge, attitudes, and practices surveys conducted during the response indicated an increase in knowledge (transmission, symptoms, prevention) related to Ebola among the respondents from 23 per cent to 91 per cent.

In support of community-based surveillance on Ebola, mobile phones provided to 688 village chiefs in North Kivu province led to the documentation of 4,400 alerts. Expert advice by UNICEF for the Ebola vaccination resulted in the counselling of 3,330 individuals in Equateur province and 53,000 others in North Kivu and Ituri provinces.

Children and adolescent participation

From 2013 to July 2018, the Government with the support of UNICEF trained 12,800 children on their rights. This contributed to an additional 230 young reporters being enrolled, bringing the total to 830. The stories and messages developed by the young reporters on humanitarian issues and children's rights issues, particularly on education and protection of children, were published on www.ponabana.com, the UNICEF DRC blog, and on social media networks, reaching more than 8.5 million people. Community-level engagement of the youth reporters resulted in the ratification of 320 commitments, including 50 in 2018, by national, provincial, and local authorities. These commitments were translated into an inter-ministerial decree on the establishment of a children's parliament and the rehabilitation of the water points in a school in Kinshasa.

Key challenges in 2018 included: (1) limited in-country capacity for evaluation; (2) limited budget allocation for the social sector; (3) limited capacity for social data analysis; and (4) the lack of community recovery and preparedness mechanisms to respond to humanitarian outbreaks and shocks. However, the findings of the MICS 2017–2018, offers opportunities to inform budget allocation and social sector reform for children.

Budget

The results in 2018 under the five Strategic Plan Goal Areas were achieved with a total budget of US\$245.1 million: US\$142.6 million for health and nutrition; US\$26.2 million for education; US\$15.4 million for child protection; US\$45.3 million for WASH; and US\$15.6 million for social policy, communication for development, and communication. This included Regular Resources as well as contributions from various partners, including bilateral and multilateral organizations and the continuous support of National Committees for UNICEF.

Humanitarian response

UNICEF's humanitarian response in the DRC is integrated in the five goal areas. However, this narrative seeks to bring focus to: (1) emergency preparedness; (2) multi-sectoral humanitarian response and (3) resilience-building in areas transitioning out of conflict.

The DRC Ministry of Solidarity and Humanitarian Affairs with support from UNICEF extended the humanitarian surveillance and early warning system from seven provinces in 2017 to 12 in 2018. In total, 607 humanitarian alerts were broadcast in 2018 through a community network of 1,859 Caritas network members, 33 Red Cross volunteers, 303 officials of the provincial divisions for humanitarian action, and 188 civil society members supported by UNICEF.

UNICEF, through the Rapid Response to Movement of Populations programme, assisted 1,389,614 million vulnerable persons in 2018, representing 56 per cent of the internally displaced persons in the DRC. This was accomplished through 72 multi-sector humanitarian interventions. During this period, 252,595 medical consultations in mobile clinics and in functional health centres were conducted. Treatment was provided to 4,147 children with severe acute malnutrition, and 4,667 children were vaccinated against measles. UNICEF's provided improved access to drinking water and sanitation facilities to 362,161 people, complemented with hygiene promotion information, adapted to their specific displacement situation. A total of 97,928 children (including 50,922 girls) were reintegrated into schools and assisted with school materials. Catch-up classes were provided to 74 per cent of them to facilitate their full reintegration back into school.

In terms of household assistance, 719,866 persons in 119,978 households received non-food items. Of these interventions, 88 per cent were complemented by food assistance delivered by the World Food Programme (WFP) and other partners. In addition, 330,472 persons (55,978 households) benefited from multi-sectoral unconditional cash transfers.

A total of 378,000 people, exceeding the target of 317,495, benefited from improved coverage of key social services through the PEAR+ programme in North Kivu and Ituri provinces. Since the commencement of its third phase in 2015, 912,000 people have benefited from the programme. The PEAR+ programme is UNICEF's contribution to the Return, Rehabilitation, & Reintegration pillar of the International Security and Stabilization Support Strategy.

To reduce the risk of malnutrition, community-based nutrition interventions, following the

national protocol of “Nutrition Assise Communautaire”, were introduced to nine villages, improving feeding habits and increasing capacity to identify and refer cases of malnutrition. Life-saving medical treatment was provided to 3,161 children suffering from severe acute malnutrition. In addition, 856 households were enlisted into a 10-month cycle of regular cash transfers, socio-economic counselling, and membership into village savings and loans associations.

A total of 455 child protection volunteers and 80 psychosocial assistants were trained on key child protection concepts, including the forms of child abuse, child rights (including the right to birth registration), and the referral system available for cases of abuse. This resulted in the identification of 420 child protection cases in North Kivu province. Of these, 240 were provided with socio-economic support, including placement with a foster family, family reunification support, and vocational training. Ninety other cases were referred to education reintegration services supported by the programme.

Following the gendered Community Dynamics Analysis in PEAR+ zones undertaken in 2017, 130 trained gender champions undertook community-based gender analysis and developed 27 action plans. In addition, 1,530 community leaders received training on identifying and addressing gender disparities. The approach led to the training of an additional 1,230 people on non-violent conflict transformation techniques in Ituri province, and the establishment of 123 peace committees. Seven of the 20 conflicts brought before the committees were resolved successfully, with the others still under mediation. The PEAR+ programme supported the organization of four democratic dialogue sessions, and children and youth were also encouraged to participate in community dialogue.

Key challenges included: (1) limited humanitarian funding - UNICEF mobilized only US\$110.2 million (43 per cent) of the US\$126 million Humanitarian Appeal for Children for 2018; (2) insecurity, especially in areas affected by conflict, and; (3) the increase in the number of disease outbreaks in the country. Continuing donor interest and presence of humanitarian actors are opportunities to continue to respond to the needs of the affected populations.

Part 3: Lessons learned and constraints

Lessons learned

Programming in fragile settings. In a fragile programme setting like the DRC, UNICEF drew on the ‘risk-informed programming’ approach to adapt programmes to rapidly meet the needs of populations affected by conflict and epidemics, while sustaining long-term development results. The re-assessment of the relevance, necessity, and feasibility of the different components of the UNICEF programme in the Equateur and Ituri provinces affected by the Ebola outbreak and inter-communal clashes respectively, informed re-prioritization of UNICEF resources (funds, staff and supplies) in these areas. The flexibility of donors to support re-programming of funds, and the agility of partners to uptake new roles were key lessons that facilitated implementation.

Technology-based solutions (programmatic). The pilot of a real-time monitoring approach using an SMS-based platform (RapidPro) and third-party monitoring was initiated in 2017 to improve field level oversight of programme implementation in the Kasai region. This contributed

to improved quality of programme monitoring and accountability to affected populations in emergency settings. Based on the lessons learned from the pilot, the use of RapidPro was expanded in partnership with the Government, to the education sector to generate citizen's feedback on the implementation of the school fee abolishment in the DRC. Reports will inform advocacy efforts in 2019.

Technology-based solutions (operations). Building on lessons learned from the Ebola outbreak response in the Equateur province, a more secure and efficient cash transfer modality was implemented in North Kivu and Ituri provinces. It used a mobile money platform with the aim to scale-up this innovative approach within the inter-agency business operations strategy (BOS) framework, one of the activities that had been identified in the 2018 BOS. UNICEF was selected to lead the BOS working group on cash transfers. The UNICEF DRC supply strategy was re-structured around four pillars (construction, procurement/contracting, logistics, and procurement services) to ensure timely delivery of essential commodities to populations in need.

Decentralized programme monitoring. The monitoring of the effective coverage of the five key interventions for children (immunization, complementary feeding, birth registration, primary education, and access to safe water) initiated in 2017, was integrated into the programme review process at national and sub-national levels. This resulted in the availability of coverage level information on the five interventions in all 26 provinces, above the planned target of 10 provinces and informed work planning to address observe gaps in implementation.

Donor engagement. UNICEF DRC advanced the implementation of the Resource Mobilization Strategy (2017–2018) with a focus on key donors and engagement with innovative financing like the Pandemic Epidemic Fund from the World Bank and the private sector. This effort, together with the recruitment of a resource mobilization manager, resulted in the mobilization of US\$118.4 million in Other Resources-Regular (103 per cent of the planned amount) and US\$110.2 million in Other Resources-Emergency(43 per cent of planned amount).UNICEF initiated engagement with the mining sector to mobilize multi-year funding. High quality reporting to donors was maintained, with proposals and reports strengthened through improved oversight and monitoring. UNICEF DRC submitted all 111 donor reports on time.

Constraints

Three major constraints were experienced during the year.

1. The delay in the finalization of the Strategic National Development Plan, constrained national investment in human development as well as reduced the opportunity to mobilize development funds.
2. Limited humanitarian response funding in the phase of increasing population displacement due to conflicts and health epidemics (Ebola and cholera) remained a challenge. In 2018, the Humanitarian Response Plan of US\$1.6 billion was 45 per cent funded.
3. The limited humanitarian access due in part to insecurity in areas with active armed conflicts and the difficult geographic terrain in the country continued to be a significant constraint and barrier to reach many children and families in need.

END/

