

## Democratic Republic of Congo

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### Executive Summary

Despite noticeable progress in some dimensions of children's rights and significant Gross Domestic Product (GDP) growth, the Democratic Republic of Congo (DRC) is a challenging place for most children and their families, particularly for those living in conflict-affected and hard-to-reach areas. The national Multiple Overlapping Deprivations Analysis, conducted in 2015 with UNICEF support, revealed that 80 per cent of children aged zero to 15 experience at least two deprivations. Not surprisingly the study confirmed that deprivation in at least three dimensions were significantly more frequent among stunted children than non-stunted children. The percentage of children experiencing the deprivations or more is highest in Kasai Occidental and lowest in Kinshasa. Twenty five per cent of children belonging to the wealthiest quintile experience at least three deprivations simultaneously, an indication that relative wealth does not protect against child deprivation.

The situation in the East and South of the country remains extremely volatile due to the persistence of armed groups. The UNICEF-coordinated Rapid Response to Population Movements (RRMP) programme is one of the largest humanitarian response programme in DRC. In 2015, it provided multi-sectoral assistance to 2.1 million conflict-affected people. Under the co-leadership of UNICEF and MONUSCO, grave violations of children's rights in situations of armed conflict were monitored and reported. Overall, more than 45,000 children in conflict areas were provided with essential services. Almost 3,700 Children Associated with Armed Forces and Groups (CAAFAG) and over 1,500 Unaccompanied and Separated Children (UASC) were cared for pending their family reunification and over 40,000 children received psychosocial support and gained access to recreational activities in Child Friendly Spaces (CFS).

Severe Acute Malnutrition (SAM) is a silent emergency that threatens the lives of an estimated two million children, 80 per cent of whom are in areas not affected by conflict. By October 2015, a total of 270,526 severely malnourished children (90 per cent of the target) were reached and treated with support from UNICEF and its partners. Also in the nutrition sector, vitamin A supplements and deworming tablets were provided to 15 million children aged six – 59 months (98 per cent of all children in the age range) and to 13 million children aged one to five years old (95 per cent of all children in the age range).

Despite significant gains in child survival, eliminating all preventive child deaths was still a priority. Immunization efforts achieved 91 per cent coverage for pentavalent vaccine. In 2015, DRC was declared polio-free, a major achievement that must be maintained. The measles outbreak response reached about 1.3 million under 15-year old children in 17 out of the 23 HZs in Katanga Province. In 2015, 717,600 children under the age of five living in 31 HZs benefited from family kits for home treatment of diarrhea, fever and home-based fortification of complementary food, and 158,368 pregnant women received safe delivery kits. Long Lasting Insecticidal Nets (LLIN) to combat malaria were distributed to 423,000 under five children and 90,000 pregnant women in 425,000 households in 18 HZs in Equateur Province. During 2015, the Healthy Villages and Schools (HVS) Programme reached over 531,538 people in 718

newly-certified villages and 89,831 children in 196 schools. UNICEF and its partners are supporting the integration of Option B+ to scale-up the Prevention of Mother to Child Transmission of HIV (PMTCT).

In education, UNICEF support helped the DRC achieve in 2014 (date of latest available data) a primary Gross Enrolment Rate of 106.8 per cent (up from 101.3 per cent in 2013) and a completion rate of 68.7 per cent (up from 63.8 per cent in 2013). The Back-to-School (BTS) campaign and the Door-To-Door (DTD) outreach programme reached 1.9 million primary-age children in 2015. Bearing in mind respective targets of 110 per cent and 85 per cent, access indicators were on track while quality indicators continued to be a challenge. At policy level, UNICEF served as Coordinating Agency for the Global Partnership on Education.

The boost to massively increase birth registration in DRC saw the registration of 799,361 children by civil registration offices while efforts to maximize facility-based deliveries to reduce missed opportunities is rapidly expanding.

In DRC, UNICEF enjoys the trust of a number of resource mobilization partners including the Governments of Belgium, Brazil, Canada, Estonia, Germany, Japan, Netherlands, Norway, South Korea, Spain, Sweden, Switzerland, UK, USA, the European Union, private foundations such as Bill and Melinda Gates Foundation, GAVI, The Micronutrient Initiative, Qatar EAC, Rotary International, as well as the Common Humanitarian Fund and UNICEF National Committees.

## Humanitarian Assistance

In line with the 2015 Humanitarian Response Plan (HRP), UNICEF and partners focused on four humanitarian priorities in DRC: (i) armed conflict, violence, and population movements; (ii) malnutrition; (iii) epidemics; and (iv) natural disasters. The consequences of armed conflict, violence, and population movements continued to dominate the humanitarian context of the DRC and UNICEF's response. While difficult to provide exact figures, OCHA's estimate for internally displaced persons in 2015 was over 1.6 million. Conflict-affected areas also witnessed grave violations of child rights.

In 2015, an estimated 80 children were directly killed in conflict-related violence, 60 maimed, and 195 abducted. While significant progress was made in 2015 for the release of children associated with armed forces and armed groups (CAAFAG), an estimated 487 children were newly recruited into armed groups. Gender-based violence (GBV) continued to be widespread; the MARA report includes 201 documented cases against children in 2015. Also in 2015, there were 22 attacks on schools and six against hospitals and other health facilities.

Severe Acute Malnutrition (SAM) is a silent emergency in DRC, threatening the lives of an estimated two million children, 80 per cent of whom in areas not affected by conflicts. Unfortunately, due to limited resourced and access, only 15 per cent (300,000) of these children could be targeted for case management programmes. As of the end of October 2015, a total of 270,526 severely malnourished children (90 per cent of target) were reached and treated.

Epidemics, such as measles and cholera, posed significant challenges in 2015. Despite a decrease in overall cholera cases (33 per cent drop in cases in North Kivu and Tanganyika compared to the previous year, due to expanded preparedness and prevention activities), DRC reported more than 15,000 cases in 2015: almost 20 per cent of the total caseload in the West and Central Africa Region. In addition, 2015 saw the largest measles outbreak in DRC since

2011. In the provinces of Tanganyika, Haut Lomami and Haut Katanga, 36,110 cases of measles were reported by the end of October, (80 per cent of total cases nationwide) with a fatality rate of 1.3 per cent.

Natural disasters, particularly flooding, remained a humanitarian threat. Over 380,000 people were affected by floods in 2015.

In terms of response, UNICEF and partners reached an average of 63 per cent of targeted beneficiaries, with a particularly strong performance in the education sector (106 per cent of planned beneficiaries reached); nutrition (90 per cent reached), and NFI and multi-sector cash-based assistance (66 per cent reached). The Rapid Response to Movements of Population (RRMP) programme provided multi-sectoral assistance to 2.1 million conflict-affected people. The two-year Alternative Responses for Communities in Crisis (ARCC) programme reached 42,500 new beneficiaries in 2015 through multi-purpose cash transfers, while detailed analysis and documentation of the entire programme (117,400 beneficiaries in total) will be completed in early 2016. The PEAR+ programme, with a focus on addressing the transition needs of conflict-affected communities, reached an estimated 400,000 people in three provinces, providing improved access to health, education and WASH services. UNICEF and partners contributed to the flood response, reaching over 31,400 people through the RRMP as well as technical and material support provided to local government.

The coverage of UNICEF-supported early warning system by the national programme for nutrition (PRONANUT) increased from 390 Health Zones (HZ) to 511 HZ with a total of 270,526 children treated. UNICEF made significant investments in strengthening partners' capacity for SAM treatment, providing training to 2,580 health workers and 14,125 community workers. UNICEF and partners developed better synergies between WASH and Nutrition to prevent chronic malnutrition, through finalization and implementation of a national WASH in Nutrition strategy. UNICEF also provided health supplies to treat more than 84 per cent of all cholera cases in DRC and reached a total of 2.1 million beneficiaries, including measles-affected populations. UNICEF programmes provided reintegration support to 4,851 CAAFAG, exceeding set targets. However, funding constraints limited UNICEF's ability to meet targets in other areas including providing longer-term care for separated and unaccompanied children, operating Child Friendly Spaces (CFS), and providing support to GBV survivors. In education, a total of 131,989 children were assisted through provision of adequate learning spaces, school materials, and psychosocial care.

UNICEF remains a key player in humanitarian coordination, leading four (NFI/Shelter, Nutrition, Education and WASH) out of eight active clusters in DRC as well as the Child Protection Working Group.

## Summary Notes and Acronyms

ARCC – Alternative Responses to Communities in Crisis  
BCP - Business Continuity Plan  
BCV - Business Centres VISION  
BR - Birth registration  
BTS – Back to School  
C4D - Communication for Development  
CAAFAG - Children Associated with Armed Forces and Groups  
CFS - Child Friendly Spaces  
CPiE - Child Protection in Emergencies

CMAM - Community-based Management of Acute Malnutrition  
CO – Country Office  
COMIT – Country Office Management and Innovation Team  
CPD – Country Programme Document  
CPWG - Child Protection Working Group  
CRC - Convention on the Rights of the Child  
CRVS – Civil Registration and Vital Statistics  
CSO – Civil Society Organizations  
DDR - Disarmament, Demobilization and Reintegration  
DHS - Demographic Health Survey  
DTD – Door to Door  
DRC - Democratic Republic of the Congo  
EAC - Educate a Child  
ECD - Early Childhood Development  
EFP - Essential Family Practices  
EMIS – Education Management Information System  
EPI – Expanded Programme of Immunisation  
EPR - Emergency Preparedness and Response  
EVD - Ebola Virus Disease  
GAP - Gender Action Plan  
GAVI - Global Alliances Vaccines and Immunization  
GBV – Gender Based Violence  
GFF - Global Financing Facility  
GPE - Global Partnership for Education  
HAC - Humanitarian Action for Children  
HACT - Harmonised Approach to Cash Transfers  
HAP - Humanitarian Action Plan  
HIV/AIDS - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome  
HRBA - Human Rights Based Approach  
HRP – Humanitarian Response Plan  
HVS - Healthy Villages and Schools  
HZ - Health Zone  
ICT - Information and Communications Technology  
IDP - Internally Displaced Person  
IMA - Improved Monitoring for Action  
IYCF - Infant and Young Child Feeding  
JCC – Joint Consultative Committee  
KPI – Key Performance Indicators  
LLIN - Long-Lasting Insecticide-Treated Net  
MDGs - Millennium Development Goals  
MICS - Multiple Indicator Cluster Survey  
MNCH - Reproductive, Maternal, New-born and Child Health  
MNT - Maternal and Neonatal Tetanus  
MoRES - Monitoring Results for Equity System  
MOSS - Minimum Operating Security Standards  
MRM - Monitoring and Reporting Mechanism  
MTR – Mid Term Review  
NFI - Non-food Item  
NGO - Non-government Organisation  
N-MODA - Multiple Analysis of Child Deprivation  
OOSC - Out-Of-School Children

PCA - Project Cooperation Agreement  
PEAR + - Participatory & Empowering community-based Approaches for Resilience  
PESS - Project of Health Services Equipment  
PMSEC – Multi-sectoral Plan for the Elimination of Cholera  
PMTCT - Prevention of Mother-To-Child Transmission  
PRISS - National School Infrastructure Construction and Rehabilitation Programme  
PRONANUT - National Nutrition Programme  
RRMP - Rapid Response to Movements of Populations  
SAGE - Strategic Group of Experts on Immunization  
SAM - Severe Acute Malnutrition  
SGBV - Sexual and Gender Based Violence  
SitAn - Situation Analysis  
SNIS - National Health Information System  
SNSAP - National Nutrition Monitoring System and Early Warning  
SOP - Standard Operating Procedures  
SUN - Scaling-Up nutrition  
ToC – Theory of Change  
UASC – Unaccompanied and Separated Children  
UN – United Nations  
UNDSS – UN Department of Safety and Security  
VAC – Violence Against Children  
WASH - Water, Sanitation and Hygiene

## Capacity Development

A third of the cash UNICEF transfers to partners goes to Government. There is a strong capacity development element to each transfer, in keeping with best practice on working in fragile states. Much of the investment in civil society partners also contains provisions for the capacity development of beneficiaries and supporting institutions. For example, UNICEF is working with Caritas to build the capacity of local organizations in Equateur Province to recognize the onset of humanitarian shocks and learn to report on them and promptly ensure a response. Elsewhere, UNICEF brought the Association of Manual Drillers of Chad, a country world-renowned for its capacity in the manual drilling of rural wells in challenging environments, to the DRC. They built up the capacity of over 60 local businesses, with a view to launching a genuine sustainable market for these services. Finally, UNICEF helped the Government develop a normative cross- and inter-sectoral manual of procedure for community participation, describing a minimum package of health-nutrition-WASH, education, protection, and resilience, while being sensitive to gender.

It was consistent with the Theories of Change developed for each outcome area that capacity development of Government partners, local authorities, small home-grown businesses, and communities played an important role in our work. Nuanced approaches that are sensitive to contexts of fragility; community capacity and resilience; and interventions that draw on evidence increasingly form UNICEF's strategy in DRC.

UNICEF DRC reinforced the Network of Journalist Friends of Children. The Young Reporters programme was an example of capacity building. Some, now adults, work as child friendly journalists or created HR/CR Civil Society Organizations (CSOs).

## Evidence Generation, Policy Dialogue and Advocacy

National data-collection systems were generally weak in DRC, and often evidence generation in social sectors was driven by UNICEF DRC. UNICEF supported the strengthening of national data systems across all basic social sectors, and was at the forefront of producing quality reliable data for decision-making.

A new situation analysis of the education sector was published in 2015 to guide policy-making in the education sector but also provide recommendations relevant to other social sectors. Key knowledge products that UNICEF DRC supported included equity-focused provincial profiles, based on Demographic-Health Survey (DHS) 2014 and other data, atlases on health-gender, and a National Multiple Overlapping Child Deprivation Analysis (N-MODA). Analysis and mapping exercises were important contributions to the national report on evaluating progress towards the achievement of the Millennium Development Goals (MDGs), the UNDAF Mid-Term Review (MTR) as well as the MTR of the DRC-UNICEF CP.

This evidence base and UNICEF analysis on public spending in social sectors, formed the UNICEF DRC advocacy strategy to guide policies and programming and for increased fiscal space and transparency. This was conducted through national/provincial budget analysis, a high-level workshop with social and budget/finance ministries and on-going collaboration with the public finance working group.

UNICEF DRC engaged in policy-making processes in key areas such as education, health, child protection, social protection and WASH. This included the development of the social protection policy and strategy, the adoption of the law on water and the draft law/strategy for universal health care, drafting the law on social action. UNICEF DRC's work on evidence generation ensured a good position in all relevant policy debates at national and provincial levels and effective advocacy. It ensured that UNICEF was perceived as a credible partner with an ability to provide evidence-based, highly competent technical and policy advice on public financial management.

## Partnerships

UNICEF DRC strengthened partnerships with civil society organizations (CSOs) to support implementation, capacity building, and participation of communities/children to promote social/bottom up accountability. Partnerships were reinforced to increase dialogue between the Ministry of Budget and social sector ministries. However, expanding the fiscal space and reducing the dependence of Government and actors on development assistance over time remained a challenge.

As an active member of the UN Country Team (UNCT), UNICEF DRC promoted joint-strategies on nutrition security and social protection. Leading 50 per cent of all humanitarian clusters, UNICEF DRC invested resources to ensure coordinated humanitarian assistance to crisis-affected populations. In 2015, UNICEF chaired the health and WASH donor groups. In partnership with WFP, WHO and FAO, UNICEF was an active member of the UN-group supporting the roll-out of the Scaling-Up Nutrition (SUN) movement.

In order to support maternal, new-born and child survival, UNICEF DRC entered into a partnership agreement with World Bank, GAVI and the Global Fund (Aids, TB and Malaria) to scale-up high impact services and practices in Equateur and Bandundu provinces.

UNICEF supported DRC's memberships in the Global Partnership for Education (US\$ 100 million pledged), the Global Financing Facility and the Sanitation and Water for All initiative. UNICEF continued its role as coordinating agency of the Global Partnership for Education. The work around the GFF brought together stakeholders in child/adolescent health with the goal to end preventable maternal, new-born/child and adolescent deaths by 2030. With UNICEF support, both the Ministry of Health and Ministry of Interior were associated with that platform.

Partners included the Governments of Belgium, Brazil, Canada, Estonia, Germany, Japan, Netherlands, Norway, South Korea, Spain, Sweden, Switzerland, UK, and USA, and the European Union; foundations such as Bill-Melinda Gates, GAVI, Micronutrient Initiative, Qatar EAC, and Rotary, as well as the Common Humanitarian Fund and UNICEF National Committees.

## External Communication and Public Advocacy

UNICEF adopted a communication and public advocacy strategy derived from the global strategy. Within this context, the Country Office (CO) carried out activities in support of all programme components. Particular attention was given to the activities targeting child mortality (in the context of the "A Promise Renewed" initiative), the Back-to-School campaign, birth registration (BR) and humanitarian action.

In 2015, UNICEF and partners successfully advocated for the establishment of a multi-sectorial committee on nutrition through a decree signed by the Prime Minister. Advocacy work by UNICEF and the donor community resulted in the adoption by the Parliament of the Water Code. In education, UNICEF contributed with its advocacy work to a significant policy shift with the establishment of a pre-primary education scheme. Advocacy and communication work on prevention and mitigation of child marriage contributed to the adoption by the government of an action plan to reduce child marriages.

The photo-exhibition "ECHO and UNICEF, allies in emergency response" was a powerful advocacy tool. It was presented online and in a print version in Kinshasa, Goma, Lubumbashi and Kisangani. Young reporters trained in child rights and participation contributed to the communication and advocacy efforts. Young reporters produced human-interest stories, participated in nine thematic advocacy programmes (The Voice of the Child on the national television RTNC) and met with several decision makers at national and provincial level to advocate for child rights and for their participation.

UNICEF developed digital communication activities to guarantee a voice for children and their rights in DRC, to reach more people and to engage target audiences to become actors of change. Through its blog and its social media platforms, UNICEF DRC reached 75,000 people in 2015.

## South-South Cooperation and Triangular Cooperation

In 2015, UNICEF promoted and facilitated South-South cooperation through knowledge exchange, sharing of good practices and technical cooperation. Three main examples illustrate the extent to which UNICEF promoted South-South cooperation in 2015.

In the case of Ebola, UNICEF supported the initiative of DRC Government to train and send to Guinea and Mali multidisciplinary teams ready to assist EVD responses. In addition to this South-South cooperation between African Governments, UNICEF sent key staff from Health,

WASH, Operations and C4D sections to support affected countries in their EVD responses. The operational lessons learned in the DRC context were shared with these countries and were reflected in their response to contain the Ebola outbreak in the entire region.

The collaboration between the National Association of Manual Drilling of Chad and DRC moved impressively to scale in 2015 and over 60 small Congolese businesses were trained. UNICEF developed an action plan to scale up manual drilling in DRC. The non government organization, Tchadienne pour la Promotion des Entreprises Spécialisées en Forage à Faible Coût, was reselected through a bidding process to provide support in yet-unreached provinces yet to be reached that in September 2015 in the south and east part of the country. Ninety five small and medium size enterprises and 55 controllers were trained.

Finally, to reinforce Government technical capacity and commitment to the Civil Registration and Vital Statistics (CRVS) agenda, UNICEF sponsored the DRC's participation in the 3rd Pan-African Ministerial CRVS Conference in Ivory Coast in February 2015. The Government members received policy and programme guidance and learned from the success and challenges of about 30 African countries in implementation of CRVS programmes and links to good governance and child protection (particularly with birth registration).

### **Identification and Promotion of Innovation**

The 14 innovations documented in 2014 were sustained and in some cases scaled up in 2015. Six additional innovations were documented and will be included in the 2015 Global Innovation Map. Such innovations included the SENSI-SMS project that enrolled women who give birth in health centres, and their partners, to receive, at pre-defined periods, messages and tips related to Key Family Practices (KFP). This project increased the number of registered women in health centres.

Another innovation included strengthening UNICEF monitoring capacity with the recruitment of 10 Monitor and Evaluation (M&E) UN Youth Volunteers. Under the HACT framework, UNYVs conduct programmatic visits to implementing partners and carry out spot checks, monitoring recommendations made to partners and ensuring actions are taken. This new approach proved to be an efficient way to improve monitoring and capacity-building systems.

Other examples included: (i) the documentation of the Health Atlas, an equity-based analysis through visual and graphic representations on the situation of children and women, identifying bottlenecks and disparities per province; (ii) a pilot project that monitors online 25 water pumps in Biyela, Kinshasa, to reduce the time that communities spend without water and (iii) the introduction of the political economy of education in the SitAn, which allowed a more detailed analysis of political economy factors that influence children's access to education.

The uptake of initiatives for outreach and monitoring with mobiles and smartphones was not rapid in DRC. The telecom infrastructure was not ready for scale-up, and some initiatives remained localized or limited to urban areas. The field was evolving rapidly however, and the full installation of the RapidPRO platform in DRC, completed in 2015, is an entry point to further developments in 2016.

### **Support to Integration and cross-sectoral linkages**

The MTR of the CP included assessments of integration, convergence and cross-sector linkages as part of the effectiveness/efficiency analysis module. The findings and lessons learnt

fed into fine-tuning the Theories of Change, supporting each programme component. For example, it was acknowledged that integration of water, sanitation and hygiene activities and direct nutrition interventions (called the WiN strategy) was needed in order to speed-up the reduction of stunting.

Several inter-sectoral approaches were developed to promote a holistic continuum of care from birth to young age in the context of the promotion of health and non-health family practices.

In terms of research, the results of the Harvard Opinion Polling survey were received for all sentinel sites of the 11 provinces of the DRC. These results raised UNICEF DRC staff's understanding of knowledge, attitudes and practices (KAP) of parents and caregivers vis-a-vis essential family practices linked to health, education and protection and related social norms.

With regard to maternal, new-born and child survival, activities that raised communities and household awareness on Key Family Practices were not limited to better health behaviour, but included behaviours related to primary school enrolment, birth registration and gender. The communication and training materials that were produced included a minimum package of subjects: exclusive breastfeeding, immunization, hand washing with soap or ash, use of mosquito nets, treatment of diarrhoea with ORS and zinc, together with primary school education and BR.

## Service Delivery

Given the significant development and capacity challenges that DRC faces, a large component of the UNICEF CP involved direct support to delivery of basic services, particularly in the most remote and deprived communities and in conflict-affected areas.

Partnership examples included the construction of over 700 rural water points in 2015, nearly 300 school classrooms and 200 school latrine blocks for boys and girls, distribution of over 400,000 mosquito nets, provision of over 300 solar-powered fridges for storing medicine, distribution of over 700,000 family kits for treating disease, and the vaccination outreach to 1.3 million children. In emergencies, UNICEF reached over 2.1 million people with access to water, protection services, basic health services, non-food items (NFI) and education services.

With the majority of service delivery, government services, international and national NGOs and private sector operators were key partners, supporting planning, procurement, distribution, training, social mobilization, community empowerment, supervision and monitoring. UNICEF DRC works with existing capacities, in the process to strengthen not replace existing capacities.

Advocacy, with the aim to enhance sustainability, worked to increase government budget allocations to development interventions that demonstrate high-rates of return, such as childhood immunization. The 2006 provision to the Constitution to expand the number of provinces from 11 to 26 has the potential to bring Government services closer to people. There was the immediate challenge, however, to ensure the uninterrupted provision of essential services in each new province, while building the capacities of the new provincial governments in the medium and long terms.

## Human Rights-Based Approach to Cooperation

In 2015, the MTR of the CP provided an opportunity to examine in more detail how UNICEF DRC-supported programmes took into account human rights-based approaches and were

equity focused. The situation analysis of the education sector, published in November 2015, examined how the right to universal and free basic education was ensured for all boys and girls, particularly the most vulnerable. The in-depth analysis of the disparities and inequities led to policy recommendations that informed the formulation of a new education sector strategy, a requirement for DRC's access to GPE funds.

As part of the UNICEF DRC efforts to generate new evidence on child poverty and disparities, a national analysis of multiple overlapping deprivations was undertaken in 2015. This analysis provided crucial evidence and information about the magnitude and distribution of key deprivations by age, gender, geographic location and monetary wealth. The results informed the MTR of the CP in 2015 and were used to more equitably allocate UNICEF regular resources in 2016. The analysis was an important input to revise Theories of Change in each sector. It created a space to discuss equity and multi-dimensional poverty in the DRC with Congolese authorities, notably as the DRC was formulating a new social protection strategy.

The above-mentioned data and analyses led to a better understanding of inequities and patterns of discrimination, allowing UNICEF DRC to identify the most marginalized children and promote their participation. For example, the Healthy Schools and Villages programme was encouraging children to become actively involved in strengthening sanitation practices in their communities. UNICEF DRC worked closely with the Ministry of Education to develop training modules to promote key life skills and citizenship in four national languages. Through the Young Reporters' programme, young people in DRC have a platform to advocate for the promotion of child rights and to actively participate in decision-making processes that affect them.

## Gender Mainstreaming and Equality

UNICEF DRC implemented two gender-specific initiatives in 2015: the Gender Based Violence (GBV) programme in emergencies in Eastern DRC, and the multi-sectoral gender initiative in Kinshasa and Bandundu.

The GBV programme in the East and South of DRC focused on GBV prevention and the provision of multi-sectoral assistance to Sexual Gender Based Violence (SGBV) survivors in emergency contexts. Through this approach, 3,282 psychosocial and 1,665 medical consultations were carried out, legal referral was provided to 595 beneficiaries and 2,126 SGBV survivors benefitted from socio-economic reintegration.

The multi-sectoral gender initiative carried out in the city of Kinshasa and rural Bandundu has four objectives: (i) promotion of positive social norms on gender equality; (ii) women and girls' empowerment; (iii) strengthening of Government and NGOs' capacities on Child Protection; and (iv) reinforcement of the security sector on gender issues and provision of legal support to survivors. The first three objectives were led by UNICEF; GIZ led the fourth goal.

Results achieved in 2015 included (a) the integration of gender aspects in schools through a gender sensitive teacher training manual; (b) a national gender training module; (c) communication materials and the sensitization of 68,239 beneficiaries on gender issues; (d) the reinforcement of gender capacities of Government and civil society partners; (e) the support of existing health structures for the provision of holistic care to SGBV survivors; (f) the launching of the AU campaign to end child marriage; (g) 19,035 women and men took part of a micro-credit initiative that contributed to women's empowerment and (h) 10,391 households participated in an agriculture initiative to increase revenues.

In 2015, a national campaign and action plan against child marriage was launched under the auspices of the Prime Minister. The initiative was supported by the Africa Union, the EU, UNFPA, World Vision, UNICEF and other development partners. Building on this momentum, the movement against child marriage is expected to grow in scale in 2016 and enlist support of grassroots level activists.

The CO initiated a gender review of the CP in 2015. The review will be completed in 2016 and will inform the formulation of the next CP.

## Environmental Sustainability

The national programme for Healthy Villages and Schools included environmental education and improved waste management at household level. In total, 718 villages and 196 schools were certified “healthy” which means that 531,538 rural village inhabitants improved waste management and 89,831 students received environmental education from the Environmental and Sanitary Education programme from the Ministry of Education. The Healthy Villages programme developed a water quality testing pilot that ensures that water supply is safe, with a focus in areas with high levels of mining, such as in Katanga, the DRC copper belt.

## Effective Leadership

In DRC, UNICEF operates one of its largest CPs in a high-risk environment. In 2015, the CO updated its risk library, assessed potential impact, risk tolerance, response modes, existing mitigation measures and residual risks, and identified additional mitigation measures.

The CO established a risk tolerance barometer that identified levels of tolerance of different types of risks. At the two extreme ends of the spectrum, there was zero tolerance for fraud and unethical behaviours; the tolerance level was highest for innovations.

In 2015, UNICEF was audited by the UNICEF Office of Internal Audit and Investigation. The observations and related actions were being implemented, and gradually closed. In line with the organizational policy on transparency, the audit report is available online on the UNICEF global website.

The CO’s Management and Innovation Team (COMIT) met every month. At each meeting, an updated office score card was presented, key indicators on programmes, operations and field operations discussed, and bottlenecks and corrective actions identified.

In response to an audit observation, business continuity plans (BCPs) were established for all UNICEF offices in DRC. BCPs will be regularly tested and updated.

In response to another audit observation, the HACT assurance plan was upgraded and indicators significantly improved during 2015. For example, the implementation rate of spot-check increased by 20 per cent in 2015.

Aside from COMIT, weekly programme meetings are held to keep both staff and management well informed on the status of activities, to keep track of budget implementation, and to address any emerging issues. Bi-monthly operations meetings (or more often, if situation demands) were held to analyze indicator trends in the dashboard.

## Financial Resources Management

The Business Centre VISION (BCV) in Kinshasa consolidated the processing of all payments. This centralization ensures a good quality and quick turnaround time of the transactions. In 2015, BCV/Finance staff supported all provincial and zonal offices in order to verify financial transactions, review supporting documents, build local capacity on financial management and financial control mechanisms such as the Table of Authority and Standard Operating Procedures.

In 2015, 92 per cent of transactions were processed within five days compared to 89 per cent in 2014 and 85 per cent in 2013. DCTs aged over six months and those aged over nine months accounted for 4 per cent and 1 per cent of total DCTs, respectively. Quality assurance and adherence to financial regulations was monitored by the CO Management and Innovation Team (COMIT) on a monthly basis, using dashboard reports generated by the BCV.

Issues related to prior year open items, such as PAR entries, payables, TRIP certification and clearing of UNV advances had considerable improvement, with long outstanding items at an historical minimum.

The bank optimization project for DRC was concluded with the selection of ECO Bank as primary banking partner. As a result, 2015 had a reduction of 50 per cent of bank charges compared to 2014. Bank reconciliations were completed in time and within the agreed limits established by DFAM. All reconciling items are cleared in a maximum period of two months. Operational procedures are continually updated to reflect any new instructions.

A budget report is produced and released every month to monitor progress utilization and efficient use of funds. This close follow-up ensured that close to 100 per cent of the 2015 budget was utilized.

## Fund-raising and Donor Relations

With a budget of US\$ 300 million per year, about 500 staff and 13 field offices around the country, UNICEF DRC is one of the largest UNICEF Programmes in the world. In 2015, it was ranked first for budget utilization as follows, in US\$: -

Child Survival - 174,961,181 (with Health: 11,044,641 & WASH: 63,916,541)  
Education - 27,648,731  
Child Protection - 19,718,174  
Enabling environment (Promotion of Children Rights) - 17,979,948  
Emergency/Transition - 42,099,550  
Programme Support - 11,019,880  
Development and Effectiveness - 55,940  
TOTAL - 293,483,445

Resource mobilization was successful so far, though more difficult to mobilize resources for humanitarian action, given the many competing demands due to the multiplication of complex emergencies worldwide.

In 2015 in complement to its own regular resources (US\$ 63.6 million), UNICEF mobilized more than US\$160 million for development activities (exceeding the target of US\$108 million/Other Regular Resources) . In addition, US\$ 64 million was mobilized to support humanitarian action,

representing 49 per cent of planned requirements in the DRC 2015 Humanitarian Action for Children (HAC) plan.

For the cycle 2013-2017, UNICEF secured US\$ 210.5 million of Emergency Resources (ORE). In 2015, the CO was authorized to raise its funding target by US\$ 140 million for ORR totalling US\$ 530 million (or US\$ 492.9 million programmable). End of 2015, the total ORR contribution raised was US\$ 439.95 million out of US\$ 492.9 million (89 per cent).

In 2015, UNICEF submitted 111 reports to donors (109 on time). UNICEF developed a checklist to ensure high-quality reporting, accountability and timely submission. As a result, the quality of the reports was on average 83 per cent satisfactory in 2015.

## Evaluation

In 2015, the CO strengthened the evaluation function through the creation of a dedicated Evaluation and Research Committee chaired by the Representative. The Committee played a decision-making role in prioritizing evaluations and research, ensured compliance with UNICEF evaluation and research policies, rules and regulations, oversaw the selection of consultants, reviewed and approved inception reports, validated results and oversaw implementation of management responses.

In 2015 the CO finalized and implemented management responses for two evaluations, namely: (i) an external evaluation of the Rapid Response to Population Movements (RRMP) in Eastern DRC and; (ii) the final evaluation of the PEAR+ programme.

Three evaluations planned in 2015 were postponed to 2016 as their designs were not deemed of sufficient quality by the Evaluation and Research Committee.

## Efficiency Gains and Cost Savings

With a budget over US\$ 300 million, around 500 staff and 13 offices around the country, UNICEF DRC is one of the largest UNICEF programmes in the world. The cost of doing business in DRC is among the highest in the world. DRC ranks 184 out of 189 economies in the World Bank Group's 2015 Cost of Doing Business ranking.

Several efficiency measures were introduced, such as streamlining telecom costs resulting in significant savings (about US\$ 400,000). Through a competitive process, the UN system selected a new bank, cutting by half bank charges, with savings close to US\$ 500,000 in 2015.

Improvement of the overall experience to access cloud services and UNICEF's online corporate systems was an important management objective. The CO established local partnerships with local service providers to implement fiber optic technology for internet access and completed 55 per cent this year. Office email was updated in real-time after experienced delays of up to 48 hours previously.

Where 20 per cent of programme and operational supplies were procured locally by the CO, extensive use was made of existing Long Term Agreements (LTAs) from other UN agencies and/or neighbouring COs, with significant time and cost savings.

## Supply Management

In 2015, the total value of supplies procured amounted to US\$ 199.2 million, of which 53 per cent was Procurement Services (PS) as outlined in the table below.

<b>UNICEF Democratic Republic of Congo 2015 Supplies (Excluding Procurement Services)</b>	<b>Value in US\$</b>
Programme supplies	62,340,931
Operational supplies	2,853,168
Services (excl. Construction)	25,538,898
Construction	2,384,787
<b>Total</b>	<b>93,117,784</b>
<b>Supplies channelled via Procurement Services</b>	<b>Value in US\$</b>
Channelled via regular Procurement Services	9,136,523
Channelled via GAVI	96,975,447
<b>Total</b>	<b>106,111,970</b>

Twenty per cent of programme and operational supplies (mainly printed materials, office supplies, fuel and Non Food Items) and 86 per cent of services were procured locally by the CO. The inventory value of programme supplies controlled by DRC CO as of 31 December 2015 was US\$ 14.3 million, of which US\$ 980,124 were supplies prepositioned for emergencies. The value of programme supplies issued from local warehouses controlled by DRC CO recorded in VISION was US\$ 36.8 million. The rest of the supplies were delivered directly to partners.

In 2015, UNICEF was approached by GAVI and the Ministry of Health to take responsibility strengthening the cold chain as part of the GAVI-funded HSS2 project. UNICEF managed the process for the conception of a central hub in Kinshasa as well as the supply and installation of 2522 solar fridges in all 26 provinces in the country. The project, worth US\$ 36 million, will be implemented through 2016.

## Security for Staff and Premises

Security was at the core of UNICEF operations. As one of the largest UN agencies in DRC, with human, financial and physical assets distributed over 14 offices, UNICEF was an active member of the UN integrated Security Management Team and closely coordinates with UN Department for Safety and Security (UNDSS) on all security arrangements.

An UNDSS assessment of Moss Operating Security Standards (MOSS) compliancy took place in 2015 in all UNICEF offices. The Regional Security Advisor visited DRC and made specific recommendations. Implementation of recommendations progressed well, with funds received from the security fund managed by the Regional Office and Headquarters. By the end of 2015, MOSS compliance was as follows:

- Matadi and Bandundu Offices: 100 per cent MOSS compliance;
- Kanaga and Kalemie Offices: 85 per cent and 95 per cent MOSS compliance respectively;
- Bukavu Office: 80 per cent MOSS compliance;

- Mbandaka and Kindu Offices: (estimated) 60 per cent MOSS compliance;
- Lubumbashi, Goma and Kisangani Offices: 70 per cent MOSS compliance;
- Kinshasa 100 per cent MOSS compliance (expected) by the end of first quarter/2016.

All security plans for each location were updated by UNDSS according to the type and level of threats they were facing.

The CO updated its database of staff residences. Plans to improve compliance with Minimum Operational Residence Security Standards (MORSS) were being implemented.

## Human Resources

The CO used a results-based approach to meet a range of Key Performance Indicators (KPIs) including: recruitment (20 days), “on-boarding” of staff (31 days); performance management (100 per cent PER-completion); and learning-development (up to five days learning for staff).

HR makes every effort to recruit qualified women staff. However, the gender ratio (40 per cent female to 60 per cent men) remains unsatisfactory. Recruiting diversity among international professionals was also a challenge (international staff represent 34 countries). Staff must be fluent in French which also limits recruitment..The ratio of national professionals (162) to international professionals (93) is 1.7.

Twelve national staff worked in different UNICEF COs on mission, stretch assignment or temporary appointment posts.

The CO achieved a 100 per cent completion rate of PERs in 2015. The HR section provided training on how to design SMART outputs.

A HR-Development Committee met each quarter to follow-up on the implementation of training and learning events. The DRC team achieved a 100 per cent completion rate for Ethics-Integrity training this year. Approximately one third of the staff took five days of learning/training in 2015.

Following the 2014 Global Staff Survey, an action plan was developed and recommendations were implemented including a flexible working arrangements, training for staff and encouraging staff to take stretch assignments. The action plan was reviewed in Joint Consultative Committee (JCC) meetings between staff and management once every quarter. In addition, all-staff meetings took place every month.

Prevention of HIV in the Workplace was mandatory training for all DRC-staff and the 10 minimum standards (UN-Cares) were implemented in the CO (i.e. access to condoms-PEP starter kits). The Local Staff Association held an event to sensitize staff and their dependents to HIV/AIDS.

## Effective Use of Information and Communication Technology

The improvement to cloud services access and UNICEF’s online corporate systems was an important management objective. The CO established local partnerships with service providers to implement fiber-optic technology for internet access (55 per cent completed). Office email was now updated in real-time after delays of up to 48-hours experienced previously. Internet access is over three times faster and staff was able to utilize communication and collaboration tools, e-learning resources, and perform financial transactions more efficiently.

In collaboration with UNICEF WCARO, the CO created a team site for DRC using the new platform SharePoint 2013 to support team collaboration and real-time information sharing across 14 office locations. The CO developed its own Document Management System that will provide simultaneous access to all vital records across all locations. A trip report repository was developed in SharePoint to help track recommendations of official field missions by staff thus enhancing transparency and accountability towards achievement of results.

The CO initiated measures to enhance its Business Continuity Plan (BCP) by making available in key off-site locations robust independent communication systems. Key emergency communication equipment was tested and the computing equipment of the CO's critical staff was updated and tested.

As a leading member of the inter-agency ICT working group, the CO contributed to the development and approval by the Security Management Team (SMT) of a project plan for the migration from analogue to a fully digital VHF network. Access to reliable power is a major concern and the use of generators as a primary source of power very expensive in sub-offices. Three offices (Kalemie, Kindu, Mbuji-Mayi) frequently shutdown, including the ICT infrastructure/systems, to save on running costs of generators. The CO approved a pilot project to generate clean reliable energy using solar power for ICT infrastructure and systems in these locations.

## Programme Components from Results Assessment Module

### 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 water - sanitation - hygiene (WASH ) increases significantly and fairly, particularly in health sub-divisions and communities.

#### **Analytical Statement of Progress:**

The child survival programme aims at reducing maternal, new-born and child mortality rates in DRC by fighting killer diseases such as pneumonia, malaria, diarrhoea and HIV/AIDS, responsible for 13.4 per cent, 14.9 per cent, 10.3 per cent and 1.4 per cent of all child deaths respectively. The programme also addresses the very high level of chronic malnutrition. The programme also contributes to global initiatives such as the eradication of poliomyelitis, the elimination of maternal & neonatal tetanus, control of measles, and elimination of HIV mother-to-child transmission.

The CP set up three operational modes to ensure effective coverage of the high impact intervention (HII), namely a) a systemic approach for gradual scale up of HII through strategic partnerships addressing major health system barriers with WB, GFTAM and GAVI in 48 health zones (HZ) (population of 6,8 million), with EU in 23 HZ (population of 4 Million) and with USAID/CANADA in 11 HZ (population of 1,6 Million); b) nationwide implementation of campaign (Polio, Measles, VitA, deworming, and LLIN); c) timely response to health epidemics and crises.

To complement case management at facility level, 717,600 under-five children received diarrhea/fever family kits, 158,368 safe delivery kits were provided to pregnant women, and 423,000 under-five children and 90,000 pregnant women received mosquito-nets at household level. In addition, 125,470 diarrhea cases and 10,150 pneumonia cases affecting children under

five were treated in 724 community sites.

2,199 pregnant women in 12 HZ of Katanga and Nord-Kivu provinces were tested for HIV among which with 95 per cent of HIV positive pregnant women were treated. The pilot phase of option B+ in these two provinces provided the Ministry of Health a model for scaling up PMTCT programme.

With regard to the treatment of severely malnourished children, a total of 262,015 children aged 6-59 months were effectively treated; among them 183,415 children were reached in areas affected by emergency. Despite these efforts, it is estimated that only 15 per cent of children with severe acute malnutrition had access to treatment in 2015. The promotion of infant and young child feeding (IYCF) reached 1.4 million caregivers. A quarter of all health facilities run Pre-School Consultations (PSC) aiming at promoting and monitoring children's growth. Community-based nutrition interventions, including the promotion of EFP, reached 49,579 children aged 6-23 months and 431,447 caregivers in 104 HZs in 4 provinces. Two campaigns were carried out and allowed vitamin A supplementation of 15 million children aged 6 – 59 months (98 per cent of all children in the age range) and deworming of approximately 13 million children aged one to five (95 per cent).

By year end, DRC remains certified polio free. Only 1.4 per cent of all HZs registered more than one MNT case per 1,000 live births. Pentavalent vaccine coverage through routine EPI services reached 91 per cent. Six sub-national immunisation days (sNID) against polio achieved 94 per cent coverage.

The Healthy Villages and Schools (HVS) Programme is a UNICEF-supported government programme aiming to increase the effective coverage of Water, Sanitation and Hygiene (WASH) services in rural communities and schools. In 2015 the programme expanded its reach to 531,540 people in 718 newly-certified villages, and 89,830 children in 196 newly certified schools. Post-certification monitoring and corrective actions were brought to scale to sustain programme results.

With regard to epidemics and emergencies, UNICEF responded to measles, cholera, malaria, typhoid fever and rubella outbreaks in 66 HZs in Katanga and Maniema. The programme contributed to managing 84 per cent of all reported cholera cases and 50 per cent of measles cases. In those 66 HZs, 162,560 people received free access to health care and 2,095,125 children were immunized against measles. 134,952 refugee children from Central Africa Republic and Burundi benefited from two vaccination campaigns in the provinces of Equateur and South Kivu. An early-warning nutritional surveillance system, comprised of 779 sentinel sites in 511 HZs, identified 20 HZs in need of an urgent nutrition response.

In 2016 several recurring challenges will need to be addressed, including (i) persisting fragmented donor support; (ii) slow implementation of the health reform at the national and provincial level; delay in counterpart disbursement for the purchase of vaccines; (iii) insufficient priority and means provided to nutrition, (iv) low cold-chain coverage limiting the effectiveness of vaccination efforts; (v) effectiveness of the essential drug supply chain, (vi) the low level of national funding for the health system and the weak financing to health facilities; (vii) completeness and timeliness of health information systems.

With more than 170 millions US\$ in 2015 (110 million for Health, 60 million for WASH), the child survival programme benefitted from strong strategic and resource mobilization partnerships, including with UK, Sweden, EU, Canada, USA, Belgium, RMNCH Trust Fund, Fonds Mondial

Aids/TB/Malaria, GAVI, World Bank, UNFPA, WHO, WFP, FAO, UNHCR, UNAIDS, the Bill & Melinda Gates Foundation, Sabin Vaccine Institute, ECHO, ACF, PIN, COOPI, PTA, IRC, SANRU.

Considering figures and analysis undertaken for the 2015 CP mid-term review, results are satisfactory and 2017 targets remain within reach.

**OUTPUT 1** By 2017, maternal and neo-natal tetanus and polio are eradicated, under-five-y-o 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:**

The Immunisation output has three objectives: (i) Poliomyelitis eradication, (ii) Measles and Maternal and Neonatal Tetanus (MNT) elimination, (iii) Strengthening routine immunisation with emphasis on the hardest-to-reach.

The main bottlenecks which UNICEF and partners aimed to alleviate include: delays in Government's disbursement for the procurement of traditional vaccines and its commitment on co-financing for new vaccines; inadequate cold-chain coverage; sporadic vaccine stock-out; and disruptive social norms such as refusal to vaccinate, which allows the persistence of unimmunized children. Additionally, in 2015, DRC faced a measles epidemic in Katanga province.

To address these problems, UNICEF continued to advocate that the Government should purchase traditional vaccines and honour its commitment on co-financing. UNICEF supported DRC to the "SWITCH" from trivalent Oral Polio Vaccine (tOPV) to the recommended bivalent version (bOPV), as mandated by the Strategic Group of Experts on Immunization (SAGE), as well as elaborating a measles control plan for 2016-2017. UNICEF also supported implementation of the REHZ approach in 13 antennas (157 HZs) which allowed to reach 24,800 additional children in those HZ over 4 months (July to October), compared to the same period in 2014. UNICEF also supported the organization of MNT assessment and intensive immunisation activities in high risk MNT HZ during which 78 per cent of the women missed by the routine immunisation and campaigns were reached. UNICEF also supported the African Vaccination Week to reinforce the vaccination sensitization. For campaign activities, in addition to technical assistances, UNICEF ensured the availability of vaccines into operational level and the communication component.

In order to improve the regular supply of vaccines to provinces, UNICEF (i) procured 301 solar refrigerators/cold boxes and motorcycles, (ii) trained 176 health workers on cold chain logistics (CCL) and vaccine management. Additionally, supply chain strengthening with GAVI Health Strengthening System fund was on-going: 2,522 refrigerators were ordered in 2015 by UNICEF (which should raise the cold chain coverage from 23 per cent to more than 45 per cent in 2016), and the process for the construction of four vaccine storage units, including one in Kinshasa and 3 in provinces, was launched in 2015.

These results were obtained in partnership with WHO, USAID, GAVI, World Bank, the Bill and Melinda Gates Foundation, Sabin Vaccine Institute and the EU.

Funding for immunization activities amounted to approximately \$38 million US in 2015.

The immunisation output is on-track to achieve 2017 objectives.

**OUTPUT 2** By the end of 2017, coverage of management of the main killer diseases of under-five children (malaria, diarrhea, respiratory infections, SAM, HIV and neo natal infections) is at least 60 per cent and their impact is reduced.

**Analytical Statement of Progress:**

In partnership with Swedish (SIDA), CANADIAN (ACDI), Global Funds (SANRU, CORDAID, CARITAS), PEPFAR, World Bank, UNFPA, USAID/MSH, European Union, and local NGOs such as BDOM, UNICEF supported the Ministry of Health in scaling up high impact MNCH services and practices through specific approaches that include improving local availability of essential drugs, promotion of community development, improved financial access and monitoring.

The programme made available essential drugs and commodities at facilities and household levels (ORT+Zinc, Amoxicillin, paracetamol and multi-micronutrients, and delivery kits) in 31 HZs in six provinces for proper management of diarrhoea diseases, fever, pneumonia and severe malnutrition. To insure effective treatment of severe and acute malnutrition, plumpynuts and therapeutic milk (F100, F75, ReSoMal) were distributed in 3,656 health facilities throughout the country. 18 HZs in Equateur Province (Sud Ubangi) received 1,184,000 Long Lasting Insecticidal Nets (LLIN) to combat malaria. 12 HZs where option B+ was piloted (Katanga and Nord Kivu) received HIV drugs and test (Determines, DBS, and ARVs).

A total of 86 HZs were strengthened in community mobilization to insure community participation in promoting essential family practices at household level, and also their implication in the overall management of the health facility activities including activities at community level. To address issue of the quality of care, a number of capacity building sessions were organized to benefit health district team managers, health care providers in facilities, community cadres and community based organizations.

Unicef contribution to the HIV elimination plan was done throughout the implementation of option B+ pilot project conducted in the Katanga and Nord Kivu provinces. The Ministry of Health used the tools and evidence generated by this pilot phase as a model to develop a national strategy for PMTCT and national scale up plan.

To address the issue of major killer diseases of under five in DRC, the Unicef programme will focus in 2016 on two major challenges: provision of integrated package and geographical coverage of high Impact interventions at operational level (HZ).

**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 5 per cent.

**Analytical Statement of Progress:**

In 2015, UNICEF's efforts to reduce stunting among young children continued to focus on the promotion of Infant and Young Child Feeding (IYCF) practices, alleviation of micronutrient malnutrition and the strengthening of multi-sectoral coordination of nutrition interventions.

Promotion of IYCF was undertaken in combination with Community-based Management of Acute Malnutrition (CMAM) in 3,656 health centres, and reached 1.4 million mothers and

caregivers. In addition, UNICEF supported DRC to revamp Healthy Child Care (HCC) through Preschool Consultations (PC) and the development of guidelines, training manuals and implementation of PC in 2,093 health centres in 138 HZs. The number of mothers and caregivers going to HCC/PC increased from 6.2 per cent in 2014 to 25.6 per cent in 2015.

A community-based nutrition protocol was developed and adopted by the government. This approach, which focuses on the promotion of essential family practices (EFP) for child survival and development is implemented in 104 health areas in 13 HZs in four provinces (Bas-Congo, Bandundu, Equateur, Kinshasa) and benefitted 49,579 children aged 6-23 months and 431,447 caregivers.

Two campaigns were carried out and allowed vitamin A supplementation of 15 million children aged 6 – 59 months (98 per cent of all coverage) and deworming of 13 million children aged 1 to 5 (95 per cent). Child Health Weeks were introduced in 17 of 26 provinces to deliver a package of preventive and promotional health and nutrition services targeting mothers and children (vitamin A, deworming, immunisation and EFP). Home-based food fortification was implemented in 24 HZs and benefitted 170,900 children (6-23 months) in 2015. Over 9 out of 10 households had access to iodized salt, with quality control supported by UNICEF at 13 main entry points in the country.

To improve multi-sectoral coordination of nutrition interventions, UNICEF supported the establishment of various SUN networks, the development of a national nutrition strategic plan along with a common results framework and province-level operational plans. Efforts are on-going to develop a nutrition information system focused on stunting, and to increase synergies with nutrition sensitive sectors.

These achievements were obtained in partnership with strategic partners including UK, EU, Belgium, Sweden, Canada, US and several UN agencies (FAO, WFP, WHO, UNFPA).

Despite these efforts, unmet needs to prevent stunting remain very significant. In 2016, partnership efforts will need to continue and further expand in the areas of policy coordination, resource mobilization, decentralized planning and monitoring, supply chain management, human resource capacity building, behavioural change and community engagement.

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

#### **Analytical Statement of Progress:**

In 2015, UNICEF supported health system strengthening in all 516 HZs in the DRC.

At national level, UNICEF focused on two areas: strengthening partnerships and revising strategies. UNICEF coordinated the Health Sector Donor Group (GIBS). Several results were noted, including a partnership agreement between UNICEF, World Bank, GFATM and GAVI to accelerate the reduction of maternal, new-born and child mortality in Equateur and Bandundu provinces, agreement on provincial-level health sector reform, harmonization of financial support to health personnel, development of a single service contract between donors and provincial health directorates, and the strengthening of various departments of the Ministry of Health in the areas of financial management, procurement and strategic planning. UNICEF supported the evaluation of the National Health Development Plan (NHDP 2010-15), and the

elaboration of a new NHDP 2016-2020 including the cost estimation. UNICEF also supported the formulation of the national strategic plans (malaria, adolescents and youth, and essential drugs).

At Provincial level, the priority was to support the establishment of new provincial health directorates. The improved monitoring for action (IMA or MAA in French) exercise helped identify critical bottlenecks that the new provincial health directorates (DPS) should prioritize. As of the end of 2015, 12 out of 26 provinces implemented IMA. In order to improve referral services, a flat fee combined with subsidiary measures (PBF) was introduced in 12 HZs across 7 provinces and a solidarity funds for management of complicated cases at referral level was established in 5 HZs across 2 provinces. With government funding, UNICEF provided logistical support to the government to procure health facility equipment (1200 facilities).

Challenges remain significant, notably the irregular payment of salaries, the slow operationalization of the DPS in the 15 new provinces, the low capacity of the national essential drugs programme to make safe and affordable essential drugs to the most deprived communities and households, the capacity of the health information system to provide quality data on effective coverage of high impact MNCH interventions and the low financing access to health services for poor households. Furthermore, the envelope allocated to the health sector in the national budget remains far too modest in light of the declared objective to achieve universal health coverage by 2035.

In 2016, UNICEF will continue to work with the Ministry of Health and health sector partners to make further progress in addressing these challenges, with growing emphasis on monitoring effective coverage of high impact MNCH interventions.

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

### **Analytical Statement of Progress:**

In 2015, the availability of contingency plans and pre-positioning of essential supplies helped to deliver adequate responses to measles epidemics in 41 HZs, cholera in 21 HZs, malaria in 2 HZs, rubella in one HZ and typhoid fever in one HZ. All these outbreaks took place in Katanga province (responsible for 80 per cent of all measles cases registered in the country) and Maniema province (with highest number of cholera cases). These outbreaks reported 43,594 measles cases with 534 deaths (Case Fatality Rate: CFR 1.2 per cent); 16,452 cholera cases and 264 deaths (CFR 1.6 per cent). In all 66 HZs, case management was organised, and a vaccination response was delivered in parallel. Furthermore 40 neighbouring HZs in Katanga and Maniema considered at high risk of a measles epidemic, benefited as well from preventive vaccination activities. However, it should be noted that only 11 of the 66 epidemic HZs achieved a response within the planned period of 6 to 8 weeks.

In response to the influx of refugees in Equateur province (from Central African Republic) and in South Kivu (from Burundi), access to free health care was provided to 162,563 people; The nutritional surveillance system and early warning (SNSAP) was extended from 536 to 779 sentinel sites in 511 HZs and identified 20 HZs facing a nutritional crisis. Approximately 2,600 health workers and 14,100 community workers were trained in the identification and management of SAM and promotion of IYCF. Synergies between water, sanitation and hygiene activities and nutrition activities (called the WiN strategy) were significantly strengthened.

Despite these efforts, it is estimated that only 15 per cent of children with SAM had access to treatment in 2015. Main challenges to scale-up the response include lack of skilled capacities on the ground and insufficient funding.

As the coordinator of the Nutrition Cluster, UNICEF worked with a number of actors including ECHO, EU, UK-AID, FFP/USAID, Belgium, WFP, UNHCR, AIDS, ADES, ACF, PIN, COOPI, PTA, WHO, and IRC.

In 2016, efforts will continue to respond appropriately to all nutrition and health crises with quality of care in line with international standards. Greater mobilisation of financial resources will be required to respond to the DRC's significant need in this area.

**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:**

In 2015, the main objectives were to reach 1,360,000 people in 1,959 Healthy Villages (HV) and 112,000 children in 373 Healthy Schools (HS) with the delivery of clean water, basic sanitation and good hygiene practices.

During 2015, the Healthy Villages and Schools (HVS) Programme reached over 531,538 people in 718 newly-certified villages and 89,831 children in 196 schools. 37 per cent of the annual target for HV certifications were achieved, along with 52 per cent of the HS targets. This translates to 2,792 HV certified and 646 schools since the beginning of 2013. This sub-optimal result is compounded by the fact that 1,198 villages and 190 schools are currently approaching the final step of the certification process and will achieve certification in 2016. Overall prospects in terms of certification of new villages and schools are very encouraging for 2016.

Post certification visits, designed to assess the maintenance of the "healthy" status of villages and schools, and deliver corrective actions where needed, were conducted in 1,375 villages out of 3,983 villages (34.5 per cent) and 102 out of 989 for schools (10 per cent). The remainder will be covered in 2016.

2015 was dedicated to the full roll-out and implementation of the newly-designed programme favoring sustainability and maintenance of the certified villages and schools. However the switch to this new programmatic approach considerably slowed down implementation in 2015, given: a) the introduction of post-certification visits, aiming to visit every HV and HS certified since 2008, b) delays in implementing Phase 2 training, c) the need to accompany the health sector reform process transitioning from 11 provincial entities into 26 newly established *Divisions Provinciales de la Santé* (DPS), and to adapt the HV programme to this new institutional structure. However, if these issues are resolved, the scale up of the programme is achievable by the end of 2017.

UNICEF also introduced innovations to ensure sustainability of the HVS programme, namely: (i) a Third Party Monitoring mechanism to improve programme quality control, (ii) a pilot project allowing the online monitoring of 25 pumps for maintenance in Kinshasa, and a long-term agreement for pump maintenance signed with a local provider; (iii) the professionalization of manual drilling was scaled-up in 4 provinces through the training of 62 new commercial operators.

The HVS programme is implemented by UNICEF, MoH, and MoE, and implementing NGO partners working with communities on the ground. The programme's major donors are UK-AID and USAID.

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

**Analytical Statement of Progress:**

The WASH sector is divided among 5 ministries, which creates challenges in terms of accountabilities and coordination. In 2015 UNICEF supported the body charged with coordinating the sector – the National Committee for Action on Water and Sanitation (CNAEA in French). A draft decree recognizing the structure was signed by the Economic and Financial Commission, a legal Commission and the DRC Council of Ministers in 2015. Official promulgation by the Prime Minister should occur early 2016.

UNICEF also advocated for the inclusion of a specific budget line for WASH in the national budget. These advocacy efforts will continue in 2016.

UNICEF spearheaded the evolution of the sector by assuming the coordination of the WASH sector donor group since September 2014. Sector reform is being supported, particularly through the Water Act which was voted by the DRC Parliament (National Assembly and Senate) and is awaiting promulgation. The draft of the Hygiene Code was validated in 2015 and should be voted in 2016. UNICEF also supported the adoption of norms and standards for all WASH facilities constructed in DRC including manual drilling and mechanized boreholes, as well as school latrines.

With the establishment of the new provinces, new provincial coordination mechanisms had to be put in place. Coordination structures increased from 13 to 22. A Performance Based Financing framework was developed to improve provincial coordination and local project implementation.

Additionally, programme monitoring through third parties was expected to increase accountability to users and strengthen service delivery on the ground. The Third Party Monitoring framework will establish risks levels for programme implementation according to key categories (such as planning, human resources, material resources, implementation, coordination and communication), and will monitor progress via regular visits in order to identify problems or deterioration of institutional capacity to implement the programme at local level, and to take corrective actions.

**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:**

The objective of the WASH emergency response was to respond to the needs of 2,035,000 children and their families, as per UNICEF's Humanitarian Action for Children (HAC) plan for 2015.

UNICEF supported 1,095,604 people, which represents 54 per cent of the HAC target. The WASH Cluster provided 3,697,483 people with a WASH package, representing 49 per cent of

the Humanitarian Action Plan target (7.5 million people).

The “Réponse Rapide aux Mouvements de Population” (RRMP) programme and other UNICEF supported programmes reached 429,362 people affected by conflict; 1,025,324 people affected by cholera epidemics; 131,410 people affected by natural disaster and 10,300 severely malnourished children and host family receiving WASH assistance.

Cholera remains a significant concern in DRC. Prevention and preparedness activities contributed to a decrease in the number of cases with 33 per cent fewer cases reported in 2015 in North-Kivu and Katanga, compared to 2014. Despite this noticeable improvement, DRC faced 19,182 reported cholera cases in 2015 – almost 20 per cent of all cases reported in West and Central Africa.

In 2015 UNICEF DRC worked with the Government to set up provincial Multi-Sectoral Plans for the Elimination of Cholera (PMSEC) for many of the most-affected provinces (North-Kivu, South-Kivu, Ituri, Tshopo, Tanganyika, Haut-Lomami and Haut-Katanga). The operationalization of the PMSEC during 2015 focused on contingency plans and response simulations at HZ level, as well as pre-positioning emergency WASH supplies throughout the country, thanks to a close collaboration with partners.

A community resilience project was developed in South-Kivu to provide communities with the means to develop capacity to respond to crises. In its roll-out phase, it focused on identifying market opportunities and improving chlorine distribution. This new approach was tested in urban and peri-urban communities in Goma, Bukavu and Kalemie, and should ultimately allow people living in cholera-endemic areas to be better prepared against this disease.

In order to bridge the gap between emergency and development, two pilot HVS projects were being implemented in two cholera endemic HZs in South-Kivu (Minova) and Haut Lomami (Kinkondja), where the prevalence of cholera outbreaks was defined as a principal criteria for selection of HVS beneficiaries.

In 2016, UNICEF’s priorities will be to go full speed with the implementation of the PMSEC approach, especially by (i) improving government’s capacities, (ii) coordinating local response capacity, and (iii) reinforcing the transition from emergency to long-term development (in the areas of nutritional, epidemics and natural disaster WASH response).

**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 2015, UNICEF supported national efforts to achieve universal primary education by (i) putting in place tools and standards to increase access to and achieve quality education while strengthening governance of education systems and (ii) implementing innovative interventions prioritizing large-scale enrolment of children in first year of primary school and retention in school for children from disadvantaged backgrounds. Among these strategies was the preparation of the pre-primary school, a one-year option chosen by the Ministry of Primary and Secondary Education and Initiation to a New Citizenship (EPS-INC) to boost ECD and prepare children for school, and the introduction of a social protection scheme to ensure that marginalized children enter and remain in primary school. On the basis of previous successful performance, UNICEF DRC pursued previous years’ activities such as (i) the Back-to-School

(BTS) campaign, which, in association with the Door-To-Door (DTD) outreach programme, which reached 1.9 million primary-age children in 2015; (ii) classroom construction and rehabilitation to reduce commuting distances to schools and offer children an improved learning environment; (iii) peace-building interventions using children as actors of change and schools as an entry point for social cohesion; and (iv) education response to emergencies to bring a sense of normalcy in the lives of children in difficult conditions by offering them opportunities to learn.

UNICEF-supported interventions supported the DRC to achieve a primary Gross Enrolment Rate (GER) of 106.8 per cent (up from 101.3 per cent in 2013) and a completion rate of 68.7 per cent (up from 63.8 per cent in 2013). (Figures are from 2014, the date of latest available data.) With the respective targets of 110 per cent and 85 per cent, access indicators were on track while quality indicators continued to be a challenge. The Government, aware of its weak performance on many aspects of educational quality, launched a Five Year Plan for Quality in August 2015. Constrained results prompted UNICEF DRC to prioritise this area for the remaining two years of the current CP, for example by piloting ECD initiatives and supporting the reform of the curriculum.

Policy dialogue on equity in education was a strong point for UNICEF advocacy, facilitated by a 2015 Education Situation Analysis, a N-MODA analysis on multiple child deprivations, and the implementation of the tuition-free policy in Katanga. The latter stressed the need to go beyond advocating for mere increase in national budget allocation to the education sector (14.7 per cent in 2014 up from 13.4 per cent in 2013) to more efficient intra-sectoral allocation and budget execution.

As Coordinating Agency of the Global Partnership for Education (GPE) funded programmes in DRC, UNICEF DRC played a key role in facilitating implementation and oversight of the Basic Education Support Project (PROSEB), and preparing the Quality of Education Enhancement Project (PAQUE), to be submitted in March 2016. With an interim role as lead donor in the Donor Coordination Group helped UNICEF DRC leverage policy support for education and strongly contributed to the completion of the Education and Training Sectoral Strategy ensuring proper integration of equity as well as conflict and vulnerability issues. As education cluster co-lead, UNICEF worked with Government and partners to ensure greater coordination on education in emergencies and systematic integration of peace-building efforts in national policies and strategies and new curricula and pedagogical support. The designation of a national commission to monitor progress on the elaboration of a national strategy will raise the profile of peace education and facilitate resource mobilization for education in emergencies, currently underfunded in DRC. In addition, advocacy on Security Council Resolution 1612 (which established the Monitoring and Reporting Mechanism for accountability and response to Violence Against Children (VAC) in situations of armed conflict, such as lack of respect for neutrality of schools) was pursued throughout the year. The DRC Government is yet to endorse the Safe Schools Declaration.

With a total funding of US\$ 27 million in 2015, key achievements in the education sector were (i) advancement in the curricular reform in writing/reading, math and life skills with the development of pedagogical and learning tools in the four main national languages, which facilitates children's understanding and therefore their capacity to quickly acquire expected skills; (ii) the completion of the School Infrastructure Construction and Rehabilitation Programme (PRRIS) entrusted to UNICEF by the Government of DRC; (iii) and support provided through the International Centre for Pedagogical studies (CIEP) to strengthen monitoring of learning achievements, a key element of the strategy to improve quality of education. Financial and strategic partners include the MEPS-INC, the Educate a Child

Foundation (EAC), the GPE and Save the Children, among others.

In 2016, a specific focus will be placed on helping the government use evidence to build a more inclusive and quality education system by: (i) developing tools to effectively monitor and evaluate school costs collected in spite of the official school fee abolition policy, and give parents greater oversight on its implementation; (ii) piloting the pre-primary classroom programme to facilitate access to school at the right age and to improve chances for children to perform better and remain in school; (iii) improving the collection of and access to real time and relevant information on education outcomes and programme results; and (iv) further scaling up the social protection programme.

**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 2015, UNICEF sought to provide access to education to marginalised six and seven year old girls and boys by reducing financial barriers for parents through the distribution of school kits, and increasing educational supply through classroom construction and rehabilitation. Main achievements included: (i) enrolment in Grade 1 of 2,425,847 children (1,147,426 girls) through the BTS and DTD campaigns; (ii) construction/rehabilitation of 169 classrooms with community participation and 126 government-funded classrooms through PRRIS to improve children's learning environment; and (iii) completion of groundwork for the opening in January 2016 of 100 pre-primary classes to ensure school readiness and entry at the right age (institutional framework established by a ministerial decree, schools identified, pedagogical tools developed and teachers trained, and M&E system elaborated).

The above results were facilitated by national, provincial and local authorities involvement in the conduct of the BTS and DTD campaigns. A joint communication strategy and a monitoring framework to facilitate follow-up and reporting on the number of children reached were developed. Advocacy and exchange of experiences between provinces favoured acceptance by Government of community-based construction as a strategy to address supply shortages in rural areas and reduce long distance journeys from home to school for young children. The establishment of a national commission composed of staff from the Ministry of Education and UNICEF DRC, supported by the technical assistance of SOFRECO, steered national ownership of the pre-primary class innovation and sped-up elaboration of its technical, legal and administrative foundations.

Strategic and financial partners included the Educate a Child (EAC) Foundation and the Government of DRC for the BTS and construction/rehabilitation works with the Ministry of Education as key implementing partner of the whole component at national, provincial and local levels.

With total investment of US\$ 7.7 million for 2015, the school access result was on track in light of the following: (i) 92 per cent of 2017 targets were reached through the distribution of school kits; and 924 classrooms (nearly double the target of 500) were built and funding secured for the construction of the rest with EAC funds and PRRIS Phase 2 (MOU under preparation). Greater recourse to the cheaper and more sustainable community-based model will help achieve UNICEF DRC objectives.

**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:**

This area improves the quality of education with development and implementation of national standards that enhance acquisition of life skills and learning outcomes in reading/writing and mathematics using local languages. Teacher training on use of new tools in primary schools and the introduction of a social protection scheme to address vulnerabilities and geographical/gender inequities are key elements of the strategy.

A roadmap for the reform was conducted with technical support from the International Consortium for the Development of Education (CIDE). Teaching norms and standards were established and textbooks, guides and assessment tools developed and reproduced for grades 1 and 2. After training of 538 teachers including 266 women, a conclusive pilot was conducted in 110 schools to test newly-developed materials before going to scale. Next steps involve training a critical mass of teachers and inspectors, and textbooks and guides availability for pupils and teachers of in all 38,000 primary schools. This will require financial and logistical support from the Government and other partners. Another key activity was the launch in approximately 1,000 schools of a social protection scheme to help families overcome financial barriers to school for full participation and success of 30,000 vulnerable children, after the elaboration of guidelines for proper beneficiary identification and preparation of school staff to receive and properly manage the grants. A key challenge involved setting-up proper M&E of the programme that will test the Theory of Change (ToC) and promote retention of children in school.

Support from CIDE facilitated skills transfer to a core group of national experts who will continue the development of the tools for other grades of the primary school cycle. Results were achieved in collaboration with the MEPS-INC's Direction in Charge of Didactic Material (DIPROMAD) and CIDE, and success facilitated by recourse to existing materials produced by other partners like OIF and USAID. CARITAS is the main implementing partner of the social protection programme.

This area remains constrained as curricular and social protection reforms have yet to reach all 5,000 schools (reduced from 9,000 initially targeted).

DRC is starting to address the issue of monitoring learning achievements. In 2015, the Ministry of Education established a special unit in charge of developing a learning achievement strategy. UNICEF DRC supported the creation of this unit which still remains to be operationalized, under GPE funding in 2016, with the objective of conducting a large-scale assessment of learning achievements at primary level by 2017.

In 2016, UNICEF DRC will continue to support the government to access GPE funds and leverage partnerships for the expansion of the curricular reform in all Congolese schools while pursuing school-based implementation of social protection measures for vulnerable children and establishing independent body for student learning outcomes.

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

### **Analytical Statement of Progress:**

In 2015, UNICEF DRC extended bottleneck analysis and Improved Monitoring for Action to five subdivisions in Sud Kivu, Kasai Oriental and Province Orientale that included a peace consolidation module, followed by a strategic moment of reflection on the operationalization of IMA in provincial action plans. This is a key challenge in light of the large number of subdivisions in DRC. At the local level, UNICEF DRC worked to improve school governance by training headmasters and community members on school management issues and the elaboration of school improvement plans. One bottleneck is that the outcome of those plans usually proved limited in light of the school's incapacity to raise funds for their implementation. In 2016, further support on development of income-generating activities will be necessary.

Governance of the education sector is a challenge in itself because of the lack of data required for informed decision-making (the 2013-2014 statistical yearbook still has to be published). UNICEF DRC contributed to the decentralization of the EMIS by (i) providing each of the 11 provinces with a computer kit and working with key partners like UNESCO, the World Bank and the Direction of Planning at the MEPS-INC to integrate facilitate data collection on emergencies and peace consolidation issues.

Progress in the Governance component, funded at US\$ 5.7 million in 2015, was constrained as only half of the training targets were reached three years into the programme cycle and only one province out of five had a decentralized Education Management Information System (EMIS). A shift in the future will be UNICEF DRC's interruption of support to the EMIS, to focus on the development of specific real-time monitoring system that assesses innovations such as the social protection scheme and the pre-primary class.

Results were achieved in collaboration with the MEPS-INC at provincial and central levels with substantial funding from EAC.

**OUTPUT 4** By the end of 2017, children and adolescents in 6 conflict-affected provinces benefit from Peace education policies and practices in order to accelerate the transition to development.

### **Analytical Statement of Progress:**

In 2015, the programme supported the development of conflict-sensitive planning, M&E mechanisms as well as capacity building of education system stakeholders to promote peace and social cohesion through education. Following a recommendation from the 2014 Education State Report (RESEN) chapter on conflict and vulnerability, the EMIS was revised in partnership with UNESCO and the MEPS-INC to integrate conflict-sensitive indicators. This facilitated the conduct of an Improved Monitoring for Action exercise in Province Orientale that allowed data collection on social cohesion issues to be addressed in a provincial Operational Action Plan. Peace-building was an intrinsic part of the education programme through its integration in the curriculum as a life skill.

The peace-building component of the programme allowed (i) training of 4,798 educational actors (teachers, primary school principals, inspectors, school managers), including 1,436 female teachers on peace education at the national level and in the six targeted provinces of Equateur, Province Orientale, North Kivu, South Kivu, Maniema and Katanga, including those at

the national level; and (ii) evidence building on programme implementation through three case studies that confirmed the Theory of Change that children and adolescents are likely to benefit from conflict-sensitive policy, planning and monitoring.

Implementation of peace-building interventions was facilitated by funding from partners like the Netherlands and Peace One Day, and involvement of the MEPS-INC at central and de-concentrated levels, and local and international NGOs like Search for Common Ground (SfCG), Caritas, Save the Children, NRC and Action et Interventions pour le Développement et l'Encadrement Social (AIDES).

This result area, funded with US\$ 2.9 million in 2015, was on track as targets were reached, with the exception of the education in emergencies and peace-building policy. Advocacy will be pursued for the official establishment of the National Commission for Peace and Citizenship required to elaborate and validate the National Policy on Peace Education, the necessary inter-ministerial decree having only been signed by the MEPS-INC.

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

**Analytical Statement of Progress:**

UNICEF DRC education response in emergencies was to guarantee access to quality education for all children affected by crisis. This included children displaced as a result of armed groups and inter-tribal tension, refugee children from Central African Republic (CAR) and Burundi in refugee camps and host communities, and those affected by the cholera epidemic in Maniema. UNICEF DRC education response took place within the framework of the Inter-Agency Humanitarian Action Plan (HAP), the UNICEF DRC's Humanitarian Action for Children (HAC) and the Rapid Response to Movements of Population (RRMP).

Beneficiaries included: (i) 218,539 children (100,528 girls) who received education and psychosocial support, exceeding the 2015 UNICEF DRC target of 200,000 children and representing 45 per cent of the Education Cluster target for 2015; (ii) 4,693 teachers (1,173 female) trained on peace education, psychosocial support, and conflict/disaster risk reduction (C/DRR); (iii) 227 classrooms built/rehabilitated with community participation; (iv) school kits given to 14,000 school aged refugee children in Equateur (including 2,000 pre-primary school children) residing in camps and host communities; and (v) 72 national and provincial members of the Education Cluster trained on Education in Emergencies and Protection Mainstreaming.

Although funding for education in emergencies slightly increased in 2015 (contribution from Central Emergency Response Fund/CERF, Pooled Fund and Government of Japan), the ability to respond to growing needs was hampered by overall decreasing financial assistance for emergencies in DRC.

Results were achieved through funding from the Pooled Fund, OCHA, the Governments of Japan and Sweden, and UKAID. UNICEF DRC's main implementing partners included MEPS-INC, and local and international NGOs (AVSI, NRC, Save the Children, IRC, AIDES, Alpha Ujuvi, Handicap International and World Vision).

This results area utilised approximately US\$ 4.5 million in 2015 (up from US\$ 4.3 million in 2014) and was on track as education clusters at both national and provincial levels were operational and targets regarding children reached and teachers trained were reached.

In 2016, the education in emergency and peace-building components will be merged into one outcome, as education as an entry point for peace building and social cohesion reduces conflict-induced emergencies by building community resilience and ability to assess causes of conflict drivers and ensuring durable peace. It is a strategic choice, aligned with the resilience agenda.

**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:**

Child Protection activities revolved largely around the implementation of “protective communities” comprised of four parts: (i) a coordination mechanism that reinforces local partnerships and action; (ii) social workers as the link to the formal child protection system; (iii) a referral system that attempts to connect identified vulnerable children to various basic services; and (iv) the “community actors”, i.e. networks of small groups of or individual volunteers active in the respective community that work for the protection of children and families.

The programme focused on five result areas: (i) strengthening the “protective community” approach; (ii) providing multi-sectoral services to Sexual and Gender Based Violence (SGBV) survivors; (iii) ensuring interoperability between maternities and civil registry services, facilitating access to birth registration services and operationalization of civil registration offices by reducing the distance between services and beneficiaries; (iv) strengthening the justice for children system by supporting a more holistic approach which addresses the needs of victims or witnesses of crimes and children in conflict with the law; and (v) in emergencies, targeting crisis-affected children through appropriate response mechanisms and services.

In 2015 UNICEF DRC activities included response to the Burundian refugee crisis and conflicts in the Kivus in the East and Katanga in the South of DRC. The MTR of the CP was an opportunity to review critical approaches to Child Protection in DRC, with recommendations suggested for 2016 and beyond.

In 2015, results achieved: i) 388,410 vulnerable children (which represents 54 per cent of the 2013-2017 target) had access to multi-sectoral services; ii) 3,282 SGBV survivors (23 per cent of the 2015 target) benefited from multi-sectoral support; iii) registration of 799,361 children in civil registration offices (representing 23 per cent of the 2017 target); iv) with regard to access to justice, 11 cities in the country now have a justice for children system including child tribunals, mediation committees and police child protection units. This ensured access to improved juvenile justice for 10,452 children (totalling 21,768 children since 2013; 59 per cent of the 2017 target), and; v) assistance to 3,639 children (513 girls) associated with armed forces and groups (CAAFAG) (98 per cent of the 2015 target). Family reunification was organised for over 1,500 unaccompanied and separated children, and over 40,000 children received psychosocial support alongside recreational activities in CFSs.

Social action and justice reform as well as the revision of the national strategy on GBV were vital processes that UNICEF DRC influenced. The Ministry of Defence launched the DDR III programme which was an opportunity to strengthen demobilisation of children associated with armed forces or groups and reintegrate them into society. A new “Global Financing Facility” with a civil registration component, and the pan-African CRVS-agenda garnered renewed Government and partner interest in birth registration. The national campaign to end child marriage and the development of a national action plan were important enabling initiatives.

Nevertheless, bottlenecks remain. Regarding birth registration: civil registration services lag behind population growth leading to an overall declining birth registration rate (34 per cent of children under five registered in 2001 against 25 per cent in 2014). Efforts are being made to scale up the inter-operability between the Civil Registration and Vital Statistics (CRVS) and the health sector, supporting the operationalization of more civil registry offices, improving the quality of their work and stimulating demand of beneficiaries.

Government investment in the child protection sector remained insufficient, and UNICEF DRC continued to advocate for progress. By way of example, only 301 children benefited in 2015 from the 21 extra-judicial mediation committees.

The child protection sector is composed of many actors that were often not often coordinated. UNICEF DRC worked in close collaboration with five key ministries: 1) Ministry of Women, Family and Children on gender issues; 2) Ministry of Social Affairs for strengthening child protection systems, 3) Ministry of Interior and Security for birth registration; 4) Ministry of Justice and Human Rights for justice for children; and 5) Ministry of Defence for child protection in emergencies.

UNICEF DRC interventions were implemented through NGOs in collaboration with Government services. Main partners were: EU, Japan, UKAid, Korea, Spanish and UK Natcoms, Sweden and USAID/OFDA. In 2015, as co-chairs of the MRM mechanism, UNICEF DRC and MONUSCO revitalized the High Level Country Task Force. Challenges remained in the division of labour notably the link between human rights reporting, verification and assistance to children as well as data management. In 2016, there will be a joint exercise with MONUSCO to take stock of the situation. UNICEF DRC will undertake a review of his MRM-related management structure.

In 2015 the programme spent US\$ 19.7 million (about US\$ 2 million over 2014 figures).

The programme was overall on track. The MTR was an opportunity to redefine impact indicators and allow a better measurement of intervention effectiveness (e.g. major interventions in CP systems strengthening against reduction of child marriage and violence against children). Effectiveness of justice for children initiatives will be measured against reduction of child detention. Revision of birth registration targets is necessary. Separation and reintegration of CAAFAG will remain a priority.

**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:**

The sector is divided between formal (social workers, education system, justice, social protection) and informal mechanisms (communities, families). In 2015, the programme connected one with the other, supporting both the social work reform defining social workers responsibilities and duties, and also ensuring the links with community-based protection mechanisms.

With UNICEF DRC support, these “protective communities” (creating the link between families, communities and social workers) were implemented in 55 per cent of DRC “territoires” (the smallest administrative unit in the DRC). The number of territories with at least two social

workers was 129 (up from 114 in 2014, and out of 145 in total, or 89 per cent).

The approach was more preventive to tackle root causes of GBV and gender inequality, promote multi-sectoral coordination and the development of SOPs for prevention and response. UNICEF DRC supported the revision of the family code to include stipulations on child marriage and sexual violence.

UNICEF DRC supported coordination among social affairs divisions, helping to increase the number of vulnerable children identified by the Protective Communities to 553,785, of which 388,410 were referred to social services. Although it was a challenge to measure the type and quality of support provided, the referral is being made to the following services: schools, medical services, social services (social workers), the judiciary e.g. children's tribunals ("Tribunaux pour Enfants") and security-police.

More than 7,000 SGBV survivors received assistance, both in non-emergency and emergency context: including 3,282 psychosocial and 1,665 medical consultations, 595 legal referrals, and 2,126 survivors received socio-economic reintegration support.

The absence of a National Child Protection Policy defining responsibilities of the child protection system is a major issue, including lack of cross-sectoral collaboration and case management. In order to bridge this gap, UNICEF DRC influenced the social work reform through the Law on Social Action, preparing the ground for more coherent and better-funded future Government action, and supported a national campaign and action plan to end child marriage.

Governmental partners included the Ministry of Social Affairs and Humanitarian Assistance, Ministry of Justice and Human Rights, Ministry of Women, Family and Children, Ministry of Public Health and their provincial representations. Development partners included UNWOMEN, UNFPA, MONUSCO, UNHCR, UNDP, UNJHRO, EU, governments of Japan, Sweden, UK, Canada, Switzerland, and Spanish and UK NatComs.

In addition to UNICEF DRC's regular resources on systems strengthening and thematic contributions from the Spanish/UK UNICEF NatComs, this area of the programme benefitted from US\$ 6.5 million, including US\$ 5 million for gender equality (EU), US\$ 1.2 million (Japan) and about US\$350,000 (DFID) for GBV.

Overall, this results area remained constrained. Following the MTR, more realistic targets will be set and a stronger focus placed on prevention.

**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:**

The programme interventions on birth registration (BR) targeted the supply, demand and quality of Civil Registration and Vital Statistics CRVS services. This included (i) reducing the distance between civil registration services and beneficiaries by operationalizing civil registration bureaus, (ii) integrating birth registration function into local maternities (in collaboration with health sector), (iii) combining birth registration and vaccination campaigns and (iv) including BR awareness raising in community-based protection mechanisms.

UNICEF DRC sought to capitalise on the DRC Government's commitment to the CRVS-agenda

by sponsoring its participation in the 3<sup>rd</sup> Pan-African Ministerial CRVS Conference and ensuring the involvement of relevant authorities in the formulation of the “Global Financing Facility” investment case.

In 2015, 752 new secondary civil registration offices were created (including those established in maternities). A total of 1,120 are now operational in DRC in part with UNICEF DRC support. Some 799,361 children (411,661 girls and 387,700 boys) were registered. Three joint BR and vaccination campaigns were organized in two provinces. Training for CRVS and health personnel were delivered across all 11 provinces and by October 2015, 382 registries were produced and 143 delivered nationwide. This is clearly an area in which rapid scale up is necessary, because the rate of population growth currently exceeds the country’s capacity to deliver services, hence the decreasing rate of birth registration seen between 2001 and 2014 (31 per cent - 25 per cent, according to the 2014 DHS). Birth registration rates are also lowest in the provinces with on-going conflict.

Efforts were made to scale up the inter-operability between the CRVS and the health sector, supporting the operationalization of more civil registry offices, improving the quality of their work and encouraging communities’ demand.

Government partners included the Ministry of Justice and Human Rights, Ministry of the Interior and Security, Ministry of Health (and provincial representations). Development partners included the Government of Canada, and the World Bank.

In 2015, regular resources supported BR. While the number of children being registered does rise, with the high fertility rate in the DRC, the progress being made to register girls and boys was not enough.

UNICEF DRC’s efforts were constrained, and it is recommended to adapt the targets to a more realistic percentage of under-five children to be registered by 2017 (from 50 per cent to 30 per cent) and continue leveraging partnerships to support BR efforts.

In 2016, support from Canada will help scale up interventions and explore opportunities to modernise the CRVS system. This collaboration foresees a strong systematic investment, using the “procurement system” in order to bring the services closer to parents of new-borns.

**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:**

The programme supported progress toward a more holistic approach to justice for children that addresses the needs of children in conflict with the law, victims, witnesses of crimes and those in contact with the law for other reasons (e.g. civil law litigation). Through UNICEF DRC continued support to operate 16 children’s tribunals (with five more to be operational by end 2017), 10 of the 11 former provinces now have specialized courts. A focus was placed on the introduction of family placements for children in conflict with the law as an alternative to formal detention.

Coordination in nine provinces that harmonize justice sector activities were strengthened in 2015. With UNICEF DRC support, the Ministry of Higher Education reviewed the status of

education for justice personnel, setting the basis for introducing permanent training modules into universities. With UNICEF DRC support, the Higher Council of the Judiciary mapped the justice work force, laying the groundwork for a more streamlined career management for children's judges.

In 2015, 10,452 children had access to an improved juvenile justice system (the cumulative number since 2013 is 21,768). Of these, 5,199 (49 per cent) benefitted from an alternative to detention (non-custodial sentences). Additionally, 301 children benefitted from a formal compromise as a result of their cases being reviewed by 21 mediation committees. UNICEF DRC supported a justice-sector mapping exercise and an evaluation of the mediation mechanism to identify persistent bottlenecks. Despite progress, however, too many children were to access the juvenile justice system. The Government-led Justice Summit in April brought together ministries and civil society, including UNICEF DRC, to reinforce the child justice system with renewed Government focus.

Governmental partners included the Ministry of Justice and Human Rights, Ministry of the Interior and Security, the Higher Council of the Judiciary (and their provincial representations). Development partners are the EU, UNDP, MONUSCO, the Governments of Sweden, France, the UK and the Korean UNICEF National Committee.

This area of the programme benefitted from US\$ 2.2 million from regular resources and from the Korean UNICEF National Committee.

UNICEF DRC's efforts in this results area are on track to be achieved by 2017.

**OUTPUT 4** In risk areas, local stakeholders' coordination capacities to prevent shocks associated with humanitarian emergencies are strengthened & at least 50 per cent of children affected by humanitarian emergencies benefit from protection measures & reintegration.

#### **Analytical Statement of Progress:**

In 2015, UNICEF DRC and partners supported protection activities, mainly in the East, including preparing for and preventing emergencies in line with the Child Protection in Emergencies (CPIE) goal to provide services to at least 50 per cent of children affected by emergency. The implementation of the action plan to stop grave child rights' violations by national security forces was well advanced. UNICEF DRC focus was on child recruitment by armed groups through prevention and assistance initiatives.

Overall, more than 45,000 children affected by the conflict were provided with essential services. Almost 3,700 CAAFAG and over 1,500 Unaccompanied And Separated Children (UASC) were cared for pending their family reunification and over 40,000 children received psychosocial support and gained access to recreational activities in CFSs. However, the programme is mainly supported by funds for short-term emergency response, and is therefore capacity is limited to provide long-term reintegration assistance. In the coming year, UNICEF DRC will develop and cost a strategy to broaden the scope of the CPIE package to enable UNICEF DRC and partners to respond to the need of the thousands children awaiting sustainable reintegration.

In May 2015, the Disarmament Demobilization Reintegration (DDR III) process was launched, offering long-term support opportunities for CAAFAG. Full funding for DDR III was not yet

secured by the DRC Government. Another issue is the persistent insecurity in the east of DRC, no less complex than in previous years.

Twenty UNICEF DRC implementing partners were the backbone of the CPiE programme, including Concert d'Actions pour Jeunes et Enfants Défavorisés (CAJED), Reconstruire avec Nouvelles Forces (RECONFORT), Transcultural Psychosocial Organization (TPO), Programme d'Appui à la Lutte contre la Misère (PAMI) and les Aiglons. UNICEF DRC could count on the generous funding support of Governments of Sweden, Japan, Netherlands and Belgium, USAID/OFDA and German National Committee as well as effective collaboration with relevant line ministries (Defense, Social Affairs), ICRC, MONUSCO and UN Agencies.

Funds utilized in 2015 for this component exceeded US\$ 8 million.

Notwithstanding long-term programming challenges, UNICEF DRC's efforts for this component are on track; however, the MTR of the programme acknowledged the challenge of boosting long-term reintegration support to demobilized children.

**OUTCOME 4** By the end of 2017, laws, social policies, planning, budgets, expenditures, public opinion and social norms are informed by on-going 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:**

The Enabling Environment programme component covered a range of interventions from data generation and exploitation to behaviour-change communication at community level. Its common thread was the effective use of information. In 2015, UNICEF DRC benefited from DHS finalization (October 2014) to produce numerous analyses that strengthened the evidence base for the basic social sectors and facilitated new and better-informed advocacy.

Availability of reliable data was a challenge, but the DHS, the "1-2-3 Survey", the Harvard study on Essential Family Practices, the Multiple Overlapping Deprivation Analysis (N-MODA), the Situation Analysis (SITAN) of the Education Sector---all of which were produced in whole or in part with the support of UNICEF DRC---provided as strong an evidence base for decision-making in 2015 as has existed for several years. This coincided with the MTR of the UNICEF DRC CP 2013-2017, which was undertaken throughout 2015 and culminated in a National Review in early December.

Despite world-class levels of economic growth (double digit in 2015) and growing government revenue, monetary poverty remained high; multiple deprivations of children were common; provincial disparity was large; budget allocations to the social sectors were static; disaggregation showed that indicators for the poorest quintiles were actually getting worse in many key areas; and accountability was low. This knowledge base was the departure point for UNICEF DRC's advocacy for improved public finance for children.

Capitalising on the relative wealth of data, UNICEF DRC reached out in 2015 to partners from Government and civil society to help transform the data into information that stakeholders can use to inform policy and influence decisions. UNICEF DRC supported the dissemination of the DHS findings in all 11 provinces. Provincial profiles were developed, including budget advocacy notes for certain provinces, to make this information more accessible to decision-makers in provinces, many of whom are newly-installed as a result of administrative reform in DRC.

Data was also the driver of UNICEF DRC activities that strengthened social safety nets for the poorest and most vulnerable in Congolese society. Primarily an advocacy-based intervention, UNICEF DRC supported decision-makers in the Government to use the knowledge base developed in 2015 to understand more clearly the extent and the location of various forms of poverty and deprivation.

Over three million people were reached through community radio and religious networks with key messaging on essential practices.

UNICEF DRC made this information available to children, and encouraged their participation in the forums to promote it. In total, 183 children were trained on child rights and participation in 2015, teaching them to advocate on various topics related to the rights of the child. In a number of nationally and internationally important events, children had the opportunity to express themselves, and were heard. 128 children were trained as young reporters. Among other things, they participated in the production of nine episodes of the thematic programme *La Voix de l'Enfant* (The Voice of the Child) broadcasted on RTNC, the Congolese national television and radio.

Data was at the source of the MTR of the CP. Significant analysis of contexts and programmes was carried out – all of it in house and in close collaboration with the Government. For each of the five programme components that make up UNICEF DRC CP, analysis using evaluation methodology (study of relevance, effectiveness, efficiency, sustainability, and impact) was undertaken, in addition to the development of a coherent Theory of Change. Consultations were organized in each of the 13 Field Offices and a Government-led steering committee convened in Kinshasa to manage the process. In December, the review was held and the sum of the learning presented. A series of recommendations were proposed and accepted by UNICEF DRC, Government and civil society partners. It was the culmination of an intense period of reflection which will set UNICEF DRC's programmes on a sure path through the end of the current programme cycle and into the next one (2018-2022).

By and large, the activities of the Enabling Environment programme component represented value for money, in the sense that they were inexpensive with potentially important impacts. The provision of data both for internal and external use had a comparatively low cost, but has a huge impact on policy decision-making and efficiency. UNICEF DRC advocacy on budget allocations has the potential to impact on children's lives beyond the scope of UNICEF DRC interventions. Finally, the opportunity for UNICEF DRC to improve effectiveness through the MTR will hopefully ensure that UNICEF DRC remains a trusted partner of the Government of DRC and of donor agencies for years to come.

Of course, the requirement for data does not stop. In 2016, preparations for the next MICS will begin. A situation analysis on child protection will be prepared. However priority will be given to implementation in 2016, as 2017 will also be a planning year with the next CP in sight.

**OUTPUT 1** By the end of 2017, the availability of disaggregated data and on-going 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 2015, UNICEF DRC's priorities were (i) the collection of quality data; (ii) legislative reforms and social policies for increased access to basic services; and (iii) the on-going analysis of the situation of women and children to guide decision-making and ensure adequate investment in

the social sectors.

In collaboration with the Ministry of Planning, the situation analysis of the education sector was published and launched in Katanga and Kinshasa in November 2015. It provides updated information on the situation and recommendations to guide policy/programming in the sector. Complementing this, the National Multiple Overlapping Child Deprivation Analysis was on-going and the final report expected in 2016.

UNICEF DRC supported the dissemination of the DHS 2013/14 findings in all provinces with representatives from the Government and civil society to ensure appropriation of the findings. Several articles were published on the UNICEF website. Analyses and cartography were key in guiding UNICEF DRC advocacy and programming, particularly the MTR. Work also started on 'provincial profiles' with a focus on social sectors (health, education, social protection, gender) to make analysis on available data (DHS, MICS, 1-2-3) more accessible to provincial decision-makers and guide planning/budgeting.

Continuous advocacy efforts for increased availability and transparency of public spending targeting policy-makers (national/provincial ministries and parliament) were carried out, including the preparation of provincial budget analysis used as a basis for advocacy (Katanga, Kasai Occidental, Kasai Oriental and Nord Kivu) and the strengthened collaboration between social sectors and the budget/finance ministries. This resulted in commitments to protect (ensure the execution) of specific lines such as vaccination. In collaboration with the budget and social sector ministries, a high-level technical workshop was organized in June to identify recommendations to strengthen social investments in the 2016 budget, building on the awareness-raising events organized in 2014. Support was provided to Social Affairs to better prepare/engage in the budgetary cycle. The improved engagement of social ministries as well as CSOs in the budget is in line with the Government's objectives to make the budget process more effective and participatory. The planned provincial session had to be postponed to 2016 due to the on-going decentralisation process.

This result was on track and the targets set for 2017 are achievable. There was a challenge with the availability of budget information, particularly expenditure at the provincial level. UNICEF DRC will continue its advocacy efforts on the need for data on investments in social sectors.

UNICEF DRC established and maintained strong partnerships with the Ministry of Planning and Budget, social sector ministries, the National Institute for Statistics, DFID, WB, IMF and the EU.

No major adjustment is foreseen. For 2016, the focus will be to finalize knowledge products that capitalize on available data and ensure their dissemination while also continuing advocacy efforts for greater investments in social sectors. Moreover, a MICS will be launched.

**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 2015, the main goals on social protection were (i) supporting Congolese authorities on policy-making efforts, including developing the national social protection strategy and policy and (ii) implement gender-sensitive microcredits and cash-transfers in two provinces in order to gain experience and collect evidence to scale-up those instruments as part of the national system. In addition, a mapping of social safety-net interventions in transitional contexts was planned in South-Kivu.

Under the leadership of the Deputy Prime Minister, a National Task Force, including representatives of all line ministries, provincial authorities and civil society, developed a draft national social protection policy and strategy. UNICEF DRC, in partnership with the World Bank and the International Labour Organization, accompanied and guided the Congolese authorities in this endeavour. The strategic documents were scheduled to be costed, finalized and approved by early 2016. In addition, UNICEF DRC supported the Ministry of Social Affairs in revising the draft law on social action and also the regulation on *attestation d'indigence*. The capacities of social ministries on noncontributory social protection were strengthened by training sessions aimed at top and middle management. A social protection learning material for the National Institute of Social Workers was developed.

As part of the UNICEF DRC/EU gender programme, micro-credit pilot initiatives were expanded. As a result, approximately 19,000 families were enrolled in the programme. As part of this programme, a gender-sensitive cash-transfer pilot was designed and put in place jointly with gender and social affairs authorities, and launched in December 2015 in partnership with Airtel Money as the paying agency.

A mapping of social safety nets to support transition from emergency to development situations was done in Bunyakiri HZ (Sud Kivu). This mapping will serve as a basis for developing social protection interventions in the various transition contexts.

The strategic partnership with the World Bank and ILO was strengthened through joint participation in the development of strategic social protection documents, as well as initiation of studies on vulnerability and social protection expenditures.

Social protection programme results were on track and targets planned for 2017 are achievable. No adjustment of the results are expected for 2016. In terms of innovation, the focus will be on documenting the pilot gender sensitive cash transfer scheme in Kinshasa and Bandundu, as well as pilot social protection interventions in transition contexts.

**OUTPUT 3** By the end of 2017, planning, monitoring, and knowledge management mechanisms of the country programme are strengthened at national and decentralized level, with the participation of stakeholders

#### **Analytical Statement of Progress:**

Over the course of 2015, a number of initiatives, both internally generated and externally influenced, allowed UNICEF DRC to strengthen programme management and planning, monitoring and knowledge management systems. Chief among these drivers of change was the MTR of the 2013-2017 CP. Government partners played a central role in the success of the MTR; the process was chaired by the Secretary General of the Ministry of Foreign Affairs and International Cooperation.

The MTR was a collaborative, countrywide exercise that spanned the whole of 2015. The Country Management Team first discussed the MTR in February, and shared ideas on how to develop Theories of Change (ToC) of UNICEF DRC programme areas. Pilot ToC were developed for the visit of the UNICEF Deputy Executive Director for Field and the UNICEF Regional Director in May.

Indicators were revised using new ToC logic and tested in the biannual reviews in July. Programme sections continued working on situation analysis and ToC, and the MTR was

prepared under the chairmanship of the Secretary General of the Ministry of Foreign Affairs from October.

Challenges noted: (i) lack of relevant data in some sectors to measure achievements, (ii) limited M&E capacity in some field offices, (iii) the concurrent, yet not aligned, revision of UNDAF. It was also critical that the planning review exercise would not affect the implementation of the CP. Despite the challenges, all 13 UNICEF field offices in DRC held consultations for the MTR and fed back to the Kinshasa office, where the review was held for two days in December with the participation of the Regional Office and Headquarters. This resulted in a series of recommendations to be put into place in 2016.

Behind the headline work on the MTR, UNICEF DRC worked to improve internal effectiveness and efficiency. A new Knowledge Management Strategy for 2015 was operationalised, with “KM Ambassadors” in each field office and section. New procedures for managing agreements with civil society partners were put in place following HQ guidance. Monitoring systems were strengthened with the recruitment of 10 United Nations Youth Volunteers (UNYV) to support field offices specifically on monitoring, and also by streamlining significantly the tools used to monitor partners’ activities. Targets for the HACT Plan Quality Assurance fell short in the case of spotchecks (62 per cent completed) and were exceeded in the case of programme visits (152 per cent).

In an increasingly competitive environment, UNICEF DRC will continue to work on internal effectiveness and external collaboration through the rest of the current programme cycle.

**OUTPUT 4** By the end of 2017, in a favorable 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:**

In 2015, progress continued on understanding social norms and social determinants related to Essential Family Practices (EFP), community-based participatory approaches, promotion of EFP and capacity strengthening of Government and partners at all levels.

A study on EFP and related social norms, in collaboration with Harvard University, was finalised, and the development of all communication plans (including the introduction of MenAfriVac) was based on the preliminary results of the study. Also, a qualitative study on sexual and gender-based violence was conducted in Bandundu to design community level interventions.

Community dynamics for accelerated child survival and development were put in place in 31 HZs in Bandundu, Kongo Central, Kasai Oriental, Kasai Occidental and Equateur provinces. A framework to harmonize community participation approaches was finalised and includes a monitoring and evaluation framework and data collection tools.

Participatory action plans, based on bottleneck analysis, were developed and implemented in communities in 2,197 health areas (25 per cent of the total) and 179 HZs (35 per cent) to promote the adoption of EFP. Communication strategies focused on health workers, community volunteers and community media.

Strategic partnerships were continued with the five main religious networks, with NGOs and community radio stations. Through these partnerships, 102 participatory theatre performances and hundreds of interactive programmes were produced to facilitate both community

engagement and social change. These interventions reached a 3,088,131 people in 2015. By the end of 2016, qualitative and quantitative evaluations will be conducted to measure community empowerment triggered by those activities. Seven provincial Communication Task Forces were trained on communication and 40 religious leaders and 1,200 facilitators of religious networks were trained on gender issues.

The effort to increase the quality of communication, and keep the momentum during vaccination campaigns, resulted in 90 per cent of parents being correctly informed.

The 2015 results were achieved, as measured by the Harvard KAP Survey: 71 per cent of respondents declared that they adopted at least three of the five targeted EFP (immunisation, exclusive breastfeeding, use of LLINs, hand washing and BR). However, process indicators show a lower than expected implementation of activities because of limited resources, aside from vaccination campaigns.

In 2016, efforts will enhance the promotion of EFP, particularly with: (i) community dynamics strengthening in approximately 250 health zones, (ii) broadening of partnerships with religious networks, NGOs and local radio stations; and (iii) focusing communication on routine immunization.

**OUTPUT 5** 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:**

The CO adopted a communication and advocacy strategy derived from UNICEF DRC's global strategy. As a result, the emphasis was placed on the reduction of child mortality, emergency response, education and BR.

For 2015, the following results were achieved:

Children's participation contributed to the advocacy work in areas such as child marriage and CAAFAG. For example (i) children from Kinshasa, North and South Kivu took part in the celebration of the tenth anniversary of the Monitoring and Reporting Mechanism on grave violations of children's rights in situations of armed conflict; (ii) 200 young reporters from Kinshasa Province and the former Bandundu Province participated in the surveillance and documentation of gender-based violence in their respective communities; and (iii) 40 children from all of the country joined the national children's forum on equity and the rights of the child.

In 2015 UNICEF DRC and its government counterparts helped train 128 new young reporters. The young reporters collaborated with the Congolese National Radio and Television on the production of eight episodes of the programme *La Voix de l'Enfant* ("The Voice of the Child") on issues such as access to safe drinking water, malaria, child marriage, PEAR during armed conflicts, exclusive breastfeeding, hand washing with soap, sanitation, nutrition, equity and the rights of the child. Young reporters wrote 52 articles for the UNICEF DRC blog.

UNICEF DRC supported the *Réseau des Journalistes Amis des Enfants* (Friends of Children Journalist Network). Members of the network produced 1,139 press articles and audiovisual products on the situation of children. The UNICEF DRC blog hosted 141 articles. UNICEF DRC reached more than 75,000 people with social media platforms. The UNICEF Facebook page

counts more than 10,000 subscribers and the Twitter account has more than 5,500 followers. The Instagram account has more than 1,200 followers.

**OUTCOME 5** By the end of 2017, the most vulnerable children and their families, crises' victims, 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 Emergency and Transition programme aimed at providing vulnerable children and their families in crisis situations with effective humanitarian assistance. UNICEF DRC also targeted post-crisis areas to improve access to basic services and pursue peacebuilding objectives. UNICEF DRC focussed on the response and engaged in preparedness, local capacity building and humanitarian coordination to contribute to quality improvement of humanitarian response. UNICEF DRC strategy aimed to align short-term humanitarian relief aid such as the Rapid Response to Movement of Population (RRMP) with transition and stabilization programmes such as Alternative Response for Communities in Crisis (ARCC). PEAR+ represented UNICEF DRC programmatic contribution to the Return, Rehabilitation & Reintegration (RRR) pillar of the International Security and Stabilization Support Strategy (ISSSS).

In 2015, this component of the programme maintained the current rapid-response capacity to a total target of 1.6 million individuals (25 per cent of the estimated total population in need in 2015) according to the DRC Humanitarian Response Plan (HRP) 2015. There was opportunity to draw lessons and improve knowledge and learning in cash transfer programming through the ARCC programme. To compliment the emergency response, UNICEF DRC revised its PEAR+ programme for post-conflict zones of transition by deepening community participation and investing in understanding of, and responding to, the needs of a community in fragile contexts. Endlines surveys were on-going, available by early 2016. UNICEF DRC launched two local capacity-building projects in two provinces, one affected by conflict and another one hosting refugees and affected by natural disaster. The evaluation of these projects will help to finalise a preparedness and first response plan with local organisations.

In 2015, the ARCC and PEAR+ programmes reached respectively 57,645 and 400,000 beneficiaries in four provinces in conflict and post-conflict. The proportion of people assisted by the RRMP exceeded the target of 35 per cent to reach 44 per cent of the total affected population in eastern Congo (as per OCHA data October 2015).

The situation in the East and South of the country remained extremely volatile: (i) an estimated 70 armed groups were still active in region, (ii) recurrent displacement of populations occurred, complicating the beneficiaries' identification and needs assessment, (iii) beneficiaries' vulnerabilities remained acute and complex, and (iv) upcoming local and national elections in 2016 may increase uncertainty and conflicts. The situation in neighbouring countries such as Burundi had a negative spillover effect on the region, with UNHCR foreseeing an estimated 100,000 extra refugees fleeing to DRC in the context of the current political crisis there.

The level of humanitarian funding continued to decrease: 54 per cent of the HRP was funded in 2015 against 65 per cent in 2014. UNICEF DRC performance in terms of fundraising mirrored that of the HRP overall. This demonstrates that UNICEF DRC remained a trusted partner for donors in emergency response.

UNICEF DRC was a key player in emergency response with the commitment to improve

programme quality by working on gender, accountability to affected population, responsiveness, but also by continually accessing its approach and effectiveness. By way of example, UNICEF DRC invested in research to examine more efficient and appropriate ways to reach the most affected populations (e.g. a study on cash modalities, an improved non food items scorecard tool for needs assessment). To better link emergency with development, UNICEF DRC strengthened its commitment to improve preparedness and local capacity building (with local NGOs and the Government). Due to the reduced presence of international organisations, the need to keep an active humanitarian watch in non-conflict areas is essential.

UNICEF DRC role in cluster coordination was acknowledged by other UN agencies and INGOs. UNICEF DRC was strongly committed to learning and quality improvement of humanitarian assistance through its cluster lead role.

Emergency programme results were achieved with the generous support of different partners. These included the Governments of: USA, Germany, Belgium, UK, Canada, Japan, Sweden, Switzerland as well as ECHO and the Common Humanitarian Fund. UNICEF DRC counted on the important support of its eight main INGO partners and new local partnerships with the CARITAS network.

The ARCC and PEAR+ programmes entered a new phase of implementation in the last quarter of 2015, building on learning and best practices of the previous phase. ARCC was recognized as an innovative approach in DRC, looking at cash transfer methodologies. It will bring new opportunities to respond to the diversified needs of the affected population (host communities, IDPs, returnees). PEAR+ will offer targeted communities development and cohesion, and will gain access to basic services and support to the most vulnerable with a community-based approach combined with cash transfer modalities.

Based on the results of the Emergency programme, UNICEF DRC will develop a strategy linking emergency to transition and enhance focus on resilience. Risk informed programming will deepen the analysis and propose coherent programming. Without underestimating the impact of other emergencies, such as epidemics and malnutrition, the Emergency programme focused on addressing multi-sectoral needs generated by armed forces and armed group activism. Inter-sectoral work will continue in order to achieve a more efficient model of response in DRC.

**OUTPUT 1** By the end of 2015, a strategy is developed and validated by governmental and non-governmental stakeholders, and the UNICEF DRC 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:**

In 2015, UNICEF DRC worked on a number of initiatives to increase the capacity of local organisations and actors to respond to man-made and natural crises, both too common in DRC. UNICEF DRC launched a nine month capacity-building pilot project with Caritas Bunia (Ituri Province) to strengthen local preparedness to respond to emergencies due to conflict or natural disaster. The project covers capacity-building for multi-sector needs assessment and NFI interventions for low magnitude crises (less than 250 households or less than 1,250 people affected), and post-intervention evaluation with quality standards comparable to those of RRMP. This is done under the guidance of an established RRMP INGO (Solidarités International). The number of direct beneficiaries of this project was estimated at 5,000 vulnerable people; there

were 25 staff from Caritas Bunia and 93 humanitarian alert focal points. This project started in November 2015 and will run until the end of July 2016.

In order to build local capacity and ensure a humanitarian watch in non-conflict areas, UNICEF DRC signed in October 2015 an agreement with CARITAS International Belgium, who will support seven dioceses in Nord and South Ubangi provinces. These two provinces were affected by floods, a new influx of refugees (from CAR) and the threat of inter-ethnic conflict.

UNICEF DRC started a new collaboration with the Ministry of Social Affairs and Humanitarian Action in order to support the deployment of their team at decentralized level. This collaboration will lead to a more strategic partnership in 2016 through an agreed work plan.

In all the eastern provinces UNICEF DRC continued to rely on the networks of RRMP focal points to receive humanitarian alerts and set up a monitoring system summarized into a matrix of humanitarian alerts. This methodology has also been adopted by OCHA.

With regards to capacity building in Emergency Preparedness and Response (EPR) as well Core Commitments for Children (CCC) in Humanitarian Action, trainings in both subjects were carried out in every province. A refresh training is planned for 2016. A strategy for preparedness, emergency response and transition is under development by UNICEF DRC's emergency section, with the intention to integrate other programmatic and development inputs and finalise in 2016.

**OUTPUT 2** A quick and appropriate response to the humanitarian needs of the most vulnerable is achieved through UNICEF DRC 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:**

This result area primarily concerns the Rapid Response to Movement of Population (RRMP) programme, which aims to provide a rapid response to the most vulnerable populations affected by conflict. RRMP reached a total, cumulative number of beneficiaries of 2,123,248 in the five provinces where it intervened: North Kivu (39 per cent of beneficiaries), South Kivu (21 per cent), Katanga (26 per cent), Ituri (11 per cent) and Maniema (4 per cent). This amounted to 44 per cent of the total affected people by most recent figures. These beneficiaries were reached mostly with WASH interventions (806,516 people - 38 per cent), Health (652,456 - 31 per cent), NFI (536,854 - 25 per cent) and Education (127,422 - 6 per cent). RRMP reached over 133 per cent of its 2015 target, due mainly to the increased demand for response to cholera and measles outbreaks. The types of intervention and the crises RRMP covered were identified according to a well-established and proven mechanism of multisector assessment and sector intervention threshold.

In 2015, UNICEF DRC explored innovative ways to address essential needs and mitigate negative coping strategies of displaced people and returnees with the operational research programme, ARCC. The programme completed its second cycle in May 2015 having reached, with unconditional multipurpose cash or voucher assistance, 57,645 vulnerable people affected by conflict (117,400 in total since the start of the programme). The target of 22,700 households was exceeded with 23,480 households reached. Important lessons learned and data were gathered around cash-based programming in eastern DRC, with broadly positive findings. Encouraging preliminary results were presented at the Cash Working Group, and an official learning paper will be published in early 2016. ARCC secured funding for its third phase which

will scale up UNICEF cash approach in DRC starting late November 2015.

The Cash Working Group scaled up activities in 2015 by establishing closer links with Cash Learning Partnership (CaLP) and by producing knowledge and cartography relevant to the cash actors in the East of the country. The CWG managed to include Multipurpose Cash as an assistance tool in the HRP 2016. As per the cluster NFI, a performance evaluation form was proposed by OCHA and is currently under validation in order to have performance indicators disaggregated by cluster and province by the end of 2015.

**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:**

In 2015, the transition focused on two main areas: (i) the Participatory and Empowering Community-based Approaches for Resilience Programme (PEAR+) to increase resilience of conflict-affected populations in the East of Congo, and (ii) support to a multi-donor strategy for Stabilization in the East of Congo (IAS).

UNICEF DRC played a key role in including community-based approaches and basic social services as stabilization priorities. It contributed to operationalizing this strategy, which mirrors the Governmental strategy (STAREC) and the international/regional Addis Abeba Agreement.

The PEAR+ programme was active in three zones of intervention:

(i) in Dungu, 50,656 inhabitants (including 2,026 children 0-11 months) received routine vaccination. Eight health areas were equipped with fridges and supervision capacity was strengthened. Forty eight school directors and 45 members of parents' committees were trained on governance. Twenty five school development plans were elaborated and financial support provided to maintain vulnerable children in schools. Twenty five social workers and 140 community actors were trained on peace building.

(ii) In Bunyakiri, 20 Child-Friendly Village Committees were supported to develop and implement community action plans. Forty-eight classrooms were rehabilitated; 6,334 out-of-school children were reintegrated in the education system; and 181 adolescent and youth were given access to non-formal vocational training. Communities and authorities identified 618 conflicts and 387 of them were peacefully resolved (63 per cent).

(iii) In Nyunzu, 91,000 people benefited from a multi-sectoral response. This included the revitalization of four health centres. In education, 14,000 children benefited from education kits. Seventy eight teachers, 13 school directors and 20 officials from education division as well as parents' committee were retrained.

The main bottlenecks were delays in the rehabilitation of health and education infrastructures, and periodic insecurity due to armed group activism. The sustainability of certain interventions was difficult to guarantee in remote areas where civil society partners were rare, such as in Dungu in the far north of Province Orientale.

The programme was on track to achieve its results. Additional funding was secured, with a renewed partnership with Sweden for a third phase of PEAR+ which will begin in January 2016.

**OUTCOME 6** Programme management and operations in support of an effective and efficient country-programme

**Analytical Statement of Progress:**

With a budget over US\$ 300 million, and about 500 staff and 13 offices around the country, UNICEF DRC is one of the largest UNICEF programmes in the world. DRC is facing enormous challenges posed by geography, logistical aspects due to absence of infrastructure, and a huge bureaucracy. Accordingly, the 2015 Annual Management Plan incorporated an analysis of risks that could hamper the achievement of CP goals.

The CO was audited by the UNICEF DRC internal audit team in April and the results were more encouraging than any previous UNICEF DRC audit. The recommendations from that audit were being implemented, and gradually closed. Implementation progress was assessed via bi-monthly meetings and reported to the COMIT.

As a UNICEF DRC core priority, HACT implementation was a top priority for DRC. As last year, this year UNICEF DRC continued to organize capacity building sessions and trainings, HACT assessments, verification missions, all with the aim of improving financial accountability.

With an annual budget of more than US\$ 300 million, utilisation was at 98 per cent. Several measures to improve efficiency and effectiveness and to increase savings were pursued with noticeable results for the telecoms streamlining; the CO saved roughly US\$ 400,000 per year by choosing the best subscription for staff. Another major cost saving was cutting bank charges in half compared with 2014, saving almost US\$ 500,000.

There was improvement of dashboard indicators for DRC in 2015, with a special mention on the number of uncertified trips that fell drastically from over 700 to about 50. Progress was also made in reconciling payments with suppliers, as a result the number of payables fell drastically with more supplier satisfaction.

Proper application of Standard Operating Procedures (SOPs), proper functioning of the statutory committees, and regularly updates of the Table of Authority led the auditors to rate the Governance component of UNICEF activities in DRC as satisfactory.

High staff turnover continued to pose problems for DRC. A total of 85 recruitments were completed, with a current gender ratio of 39 per cent female and 61 per cent men.

Improvement of the overall experience of cloud service access and UNICEF DRC online corporate systems was an important management objective. The CO established local partnerships with local service providers to implement fiber optic technology for internet access, 55 per cent completed. Office email was updated in real-time as opposed to delays of up to 48 hours experienced previously.

The CO took measures to enhance its Business Continuity Plan (BCP) by making available in key off-site locations robust and independent communication systems such as office internet, Voiceover IP, and satellite communication. Key emergency communication equipment was regularly tested and computing equipment of CO critical staff was updated and tested.

**OUTPUT 1** By the end of 2017, laws, social policies, planning, budgets, expenditures, public opinion and social norms will be informed by ongoing analysis of the situation of children, monitoring and evaluation, and promotion of an enabling environment for child rights

**Analytical Statement of Progress:**

In 2015, the total value of supplies procured amounted to US\$ 199,229,754, of which 53 per cent were Procurement Services (PS).

In a context where 20 per cent of programme and operational supplies were procured locally by the CO, extensive use was made of existing Long Term Agreements (LTAs) from other UN Agencies and/or neighboring COs, which brought significant gain in time and costs. The 2015 Supply Plan exercise allowed time and cost savings by placing consolidated orders for so called “strategic supplies”.

On-going challenges that UNICEF DRC CO experienced in supply chain management related to the size of the country, lack of infrastructure, and lack of accessibility to implementation areas. Nevertheless, the CO continued to reduce inland transportation costs by systematically using road transportation when available, and even boat transportation when feasible (in 2015, 45 per cent of inland transportation was completed by air, versus 70 per cent in 2014 and 90 per cent in 2013). A tender managed nationwide led set-up 19 LTAs for goods transportation throughout the country, which improved efficiency and cost effectiveness.

In terms of ICT the CO established partnerships with local service providers to implement fiber optic technology for internet access and was 55 per cent completed.

Office email was updated in real-time as opposed to delays of up to 48 hours previously experienced. Internet access was made three times faster and staff utilized communication and collaboration tools, e-learning resources, and perform financial transactions more efficiently.

The CO created a team site for UNICEF DRC using the new platform SharePoint 2013 to enhance and support collaboration activities and provide real-time information sharing across 13 office locations. A trip report repository was developed in SharePoint to help track recommendations of official field missions by staff thus enhancing transparency and accountability towards achievement of results.

As a leading member of the inter-agency ICT working group, the CO provided significant contributions towards the development and approval by the country Security Management Team (SMT) of a project plan for the migration from analogue to a fully digital VHF network.

**OUTPUT 2** Financial Resources and Stewardship

**Analytical Statement of Progress:**

A detailed dashboard monitored all financial indicators during the CO Management and Innovation Team (COMIT) meetings, and deficiencies were addressed with executive memos. Financials procedures were shared with all staff in Kinshasa and the provinces, virtually via WebEx training sessions and reinforced through missions conducted by members of the Business Centres VISION (BCV) team to the Zonal Offices. All Zonal Offices were visited this year by the mixed Finance/BCV teams who took the opportunity to check the integrity of

financial documents and spot-check some partners.

These missions were useful to maintain the quality control of transactions and enforce proper financial procedures, build capacity and ensure proper filing and archiving. Following an audit recommendation, the performance of the BCV processes were monitored with data collected on reception, throughout the process and at the moment transactions were completed. This avoided transaction delayed beyond the target process duration, and allowed the fine tuning of the SOPs as well as identifying the causes for bottlenecks. The results of the process performance were shared with the COMIT at the end of each month.

All financial transactions processed by the BCV/Finance Unit were covered with a tracking form and verified to ensure that accounting entries were correct and the necessary supporting documents were attached. The CO embarked on a project to clear outstanding items dating back to 2011. The situation was stabilised, though the CO must recover outstanding debts from staff that separated. The work is under control and most of the open items will be cleared by 2016.

Segregation of Duty Report was monitored regularly via the dashboard and corrective actions were carried out and reported to the COMIT. The reconciliation of all UNICEF DRC bank accounts was carried out on a monthly basis and submitted to DFAM on time. As of today all pending transactions on the bank reconciliation continued to be cleared within the two-month bracket.

**OUTPUT 3** salary costs, capacity building, travel, etc

### **Analytical Statement of Progress:**

In 2015 the DRC CO finalized the recruitment of 85 new staff, including 45 internationals and 40 nationals (bringing the total DRC workforce to over 460 staff).

Some on-going challenges that the DRC CO experienced in recruiting staff included the difficulty in gender balance (currently 39 per cent female); diversity of staff throughout the country; and fluent speakers of French. Delays in recruiting for some positions occurred due to the need to verify the academic qualifications of candidates.

The Committee for the Development of Human Resources approved a learning and development plan for the DRC CO with an estimated budget over USD \$700,000. A key achievement was the staff's 100 per cent completion rate of the mandatory training course on Ethics and Integrity at UNICEF. Three induction sessions were held in the country this year for new staff. Five sessions of competency-based interview training were also delivered throughout the country.

A number of challenges remained in learning and development. Staff found it difficult to find time to devote to self-development. Induction sessions need to be held more often to avoid delays for new staff in learning about UNICEF. Some training courses were cancelled at short notice as registered participants were not available. There were also challenges in getting access to trainers, both within UNICEF (DRC and the region) and externally.

In total, 99 per cent of UNICEF DRC staff completed the second phase of the 2015 PER and were ready to proceed to the final stage. Training was provided on the PAS system throughout the year in each of the programme offices. There were a number of technical difficulties with the

PER system throughout the year which contributed to delays in achieving an on-time 100 per cent completion rate for the second phase.