Executive Summary

Despite noticeable progress in some dimensions of children’s rights and significant GDP growth, the Democratic Republic of Congo (DRC) remains a challenging place for most children, particularly for those living in conflict-affected and hard-to-reach areas.

One significant hindrance to the realization of children’s rights is the fact that only 14 per cent of children under age five have a birth certificate. With the support of UNICEF and its partners, vaccination campaigns were used in 2014 as platforms to register births. With 80 per cent of deliveries being medically assisted, efforts are also underway to optimize these contacts to boost birth registration.

One promising achievement was the observed reduction of under-five mortality, from 148 deaths per 1,000 live births in 2007 to 104 per 1,000 in 2013 (DHS 2013/14).

Disparities between provinces remain significant. There is little noticeable difference in under-five mortality when comparing socio-economic groupings except for the highest wealth quintile. Unlike child mortality, maternal mortality remains very high, reflecting the combined impact of high fertility rates, low effective coverage of emergency obstetric care services and high incidence of teenage pregnancies. UNICEF and its partners provided critical financial, logistical and technical inputs to boost the coverage of maternal, new-born and child health services. Available data suggest that the bulk of the observed reduction of under-five mortality can be attributed to significant increases in the effective coverage of a handful of high-impact interventions such as child immunization, insecticide-treated nets and vitamin A supplementation.

Forty-three percent of children under age five are stunted, or too short for their age, and 23 per cent are severely stunted. Among children under age five, 3 per cent are severely wasted and require urgent nutritional rehabilitation. As nutrition cluster lead, UNICEF coordinated emergency nutrition response at national and sub-national levels.

HIV prevalence is higher among women (1.6 per cent) than among men (0.6 per cent). UNICEF and its partners supported the integration of Option B+ to scale-up the prevention of mother to child transmission of HIV.

Eighty per cent of school age children are attending primary school and 43 per cent are attending secondary school. The gender parity index is 0.97 for primary school and 0.75 for secondary schools. UNICEF served as Coordinating Agency for the Global Partnership on Education. UNICEF’s support to the education sector was multifaceted, from evidence generation to policy formulation to large scale-implementation of promising approaches such as “School Campaigns”.

Displacement due to armed conflict continued to dominate the humanitarian context in 2014 in eastern DRC. Protection issues for children, women, and families were UNICEF’s priority concerns in the DRC, with risks and abuse ranging from sexual violence, recruitment into armed groups, separation of families, psycho-social trauma, and destruction and loss of homes and belongings. The UNICEF-supported Rapid Response to Population Movements (RRMP) mechanism remains the largest response programme in DRC after food aid, assisting more than two million people in multiple sectors (health, Non-Food Items (NFI), Water, Sanitation and Hygiene (WASH) and education). Large-scale unconditional cash transfers for displaced, returnee, and host families were implemented by UNICEF and its partners for the first time in DRC.

UNICEF and its partners supported the Ministry of Health to successfully fight the outbreak of Ebola Virus Disease (EVD) in Boende, Equateur province. The experience gained by DRC is being used by other EVD-affected countries through South-South cooperation.

Implementation of the “Healthy Villages and Schools” programme was expanded with clean water, basic sanitation and good hygiene practices made available to more than 570,000 people. In addition, 600 villages and 105 schools targeting an estimated 400,000 people will soon be certified.

UNICEF continued to work closely with the United Nations Organization Mission in Democratic Republic of the Congo (MONUSCO) to monitor and report on six grave children’s rights violations. The DRC has signed an action plan to put an end to these grave violations. It also supports the campaign “children, not soldiers” to reach the goal of zero child into the national army in 2016.

In 2014, UNICEF and its partners responded to the needs of affected children by identifying cases, giving them assistance, making sure they were reunited with their families and benefitted from social and economic reintegration.

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.
context also negatively impacts the humanitarian situation in DRC, which now hosts more than 68,125 refugees from Central African Republic (CAR).

Health and nutrition emergencies continued to threaten children’s survival in DRC, with severe acute malnutrition (SAM) affecting an estimated 2,250,000 children, and 17 per cent of children under five (U5) affected by waterborne diseases (DHS 2013). Cholera remained a significant concern even though prevention and preparedness activities have had some impact, with 33 per cent fewer cases reported through October of 2014 than during the same period in 2013. DRC still reported 14,065 cholera cases in 2014, representing almost 20 per cent of all cases in West and Central Africa. Large-scale measles vaccination campaigns were conducted in seven provinces in 2014; this should reduce the incidence of measles outbreaks significantly in 2015. Logistical and security constraints, however, as well as weaknesses in routine vaccination systems meant that numerous children remained unvaccinated. During the second half of 2014, 15 health zones reported measles outbreaks.

In 2014, UNICEF appealed for US$126 million, of which 50 per cent was received (US$63 million) in contributions. Despite a drop in available funding as compared to 2013, UNICEF continued to innovate and improve its humanitarian programmes, achieving significant results for children. The Rapid Response to Population Movements (RRMP) remains the largest response programme in DRC after food aid, assisting more than two million people in multiple sectors (health, Non-Food Items (NFI), Water, Sanitation and Hygiene (WASH) and education). In 2014, RRMP extended emergency health interventions to a second province, improved joint action with food security actors, moved the monitoring system to the outcome level, and put in place a framework for accountability for affected populations. UNICEF also supported the Ministry of Health (MoH) to successfully and rapidly control an outbreak of Ebola Virus Disease (EVD) in Boende, Equateur province.

Child Protection partners were able to serve more children formerly associated with armed forces and groups than expected, and to care for numbers of children affected by displacement in Child-Friendly Spaces (CFS) and day centres far beyond initial targets. Results in several other key areas were also strong, with emergency-related and peace-building teacher training reaching 94 per cent of targets (3,097 teachers trained); integrated WASH cholera-response, 87 per cent of targets (more than 1.3 million people); and treatment of severely malnourished children, 74 per cent of targets (220,882 children). Large-scale unconditional cash transfers for displaced, returnee, and host families were implemented by UNICEF and its partners for the first time in DRC through the UK-Aid supported Alternative Responses for Communities in Crisis (ARCC) programme. Extensive base-line and end-line monitoring has shown significant positive results across sectors, including improved access to basic goods and services and contributions to resilience through investment and livelihood recovery activities.

Several sectors, however, showed results that met less than half of their target. The WASH in Nutrition (WIN) strategy was only finalized in June 2014, with little opportunity to mobilize funds this year and only 3 per cent of target met; plans for a robust ramp-up in 2015 are underway. Limited funding meant that UNICEF could only support 5 per cent of targeted sexual violence survivors, with women and girls left without vital assistance. The number of children receiving emergency health assistance for measles and cholera was also low due to limited funds, logistics and supply chain challenges.
DRC is characterized by an ‘Equity Type A’ scenario, where there is little difference in the degree of deprivation by socio-economic status except among those in the highest wealth quintile. This scenario guides UNICEF programming principles, as most children are vulnerable. Therefore, equity-driven initiatives are mainly rolled out universally to enhance access and opportunity for all, while also focusing on pockets of disparity.

Generating more evidence on equity, the latest 2013/14 Demographic and Health Survey (DHS), released in October 2014, showed an impressive reduction in under-five mortality, down to 104 (2013/4) from 148 in 2007. However, maternal mortality has remained unchanged for the last six years at around 846 deaths for 100,000 live births. Fertility rate remains high, with women in DRC having an average of 6.6 children.

Completed in 2014, the Education Status Report (RESEN) has brought forth substantive information on the sector and its impact on the situation of children in the DRC. More specifically, it highlighted the strong resilience of the education system with increased access and that coverage more than doubled between 2001 and 2012 and repetition rates were reduced to 10-12 per cent in 2012, in spite of a persisting complex humanitarian situation. This progress was facilitated by increased investment in the sector by the government, reaching 13 per cent of the national budget in 2012. It is mitigated, however, by demographic pressure, as the number of school-age children is expected to increase from 11.1 million (2012) to 14.8 million in 2025. A 46 per cent increase of current capacity will be required if “Education for All” is to become a reality by 2025.

RESEN and the UNICEF-financed evaluation of the 2010 primary school fees’ abolition policy (Politique de Gratuité) provided complementary analyses of persistent barriers to access, participation and completion of primary schooling, looking at gender and geographical dimensions. RESEN provided evidence on the unequal distribution of public resources (financial, human, material) across levels of education, provinces and schools. Such results have been reinforced by budget analysis looking at inter-provincial allocations of both domestic spending and aid. These findings are included in advocacy campaigns that aim to contribute to improving effectiveness of public finance for children and to reduce provincial inequities.

Overall budget analysis (domestic public spending and aid allocations between provinces) has also been used to increase advocacy for improving budget allocations, lessening provincial inequities (due to an uneven distribution of key resources, such as personnel). UNICEF’s 2014 “rolling SitAn” focused on two key vulnerabilities (children in conflict zones and child labor in mines) and targeted Katanga, the province with the most Out-Of-School Children (OOSC).

UNICEF programmes are equity sensitive. Education has built on the OSSC study to design its “School Campaigns”, using a door-to-door strategy, especially in education subdivisions where drop-out rates and resistance to schooling are higher. In conflict-affected provinces, a specific peace building education programme addressed the needs of children recruited by armed forces or groups and integrated child-soldiers’ demobilization. The WASH programme conducted baseline surveys of epidemiological indicators to identify and target the villages with most pressing water and sanitation needs within the Health Zone (HZ).

UNICEF is also using equity findings for corrective action. In addition to crisis-prone areas, the Nutrition programme initially focused activities in three provinces (Equateur and the two Kasai) which were identified in the 2010 Multiple Indicator Cluster Survey (MICS) Study as the most
malnutrition-prone. Priorities were reviewed as the latest DHS identified Maniema as the province with highest prevalence of wasting among young children (22 per cent). UNICEF and partners conducted additional territorial surveys to understand disparities and to refine targeting on the most malnutrition-prone HZ within Maniema. In parallel, a national Early-Warning System (EWS) based on “sentinel sites” throughout the country is being used to target and respond to nutritional crisis in real time.

In 2014, UNICEF focused on equity sensitive monitoring. A data-collection process at the health zone level, led by the MoH and supported by UNICEF, - Improved Monitoring for Action (MAA) resulted in the identification of bottlenecks. Corrective actions at the community level were subsequently defined, and provincial operational plans were refined. Adopted in 2006, decentralization has been slow in terms of allocation of resources and decision-making remains quite centralized in DRC. MAA brings information to decision-makers, allowing them to refine intra-provincial analyses (Health areas or School divisions), showing findings that would not be easily identified through the nationally-aggregated data. MAA has allowed for the identification of pockets of resistance to vaccination in Kitawala population in Katanga, as well as other bottlenecks to child survival. Based on these findings, UNICEF and partners implemented specific measures, such as the new “family kit” approach (essential drugs for children and pregnant women, distributed at the community level and to health facilities as part of DRC Millennium Development Goals [MDG] 4 and 5 Acceleration Framework, to improve access to treatment and quality of care for vulnerable groups).

In 2014, MAA was expanded to education. Based on MAA findings at district level, a better allocation of schoolbooks in public schools was possible. Previously this distribution was frequently made without taking into account the number of students. MAA is being progressively rolled out in 20 health zones and 5 school divisions throughout the country.

As a way to continue promoting equity and improving programming to reach the most vulnerable, UNICEF will carry out a gender review in 2015 as part of the Mid-term review of the Country Programme. This will inform the programme on remaining discrepancies, not only in reaching beneficiaries but also on how to better integrate gender considerations into UNICEF-supported interventions.

Summary Notes and Acronyms

AIW - African Immunization Week
APR - A Promise Renewed
ARCC - Alternative Responses to Communities in Crisis
AU - African Union
BCP - Business Continuity Plan
BCV - Business Center Vision
C4D - Communication for Development
CAC - Community Animation Committees
CAO 4&5 - Acceleration Framework to Millennium Development Goals 4 and 5
CAR - Central African Republic
CFS - Child Friendly Spaces
CHD - Child Health Days
CNAEA - National Committee for Action on Water and Sanitation
CNP - National Steering committee
COAR - Country Office Annual Report
COMIT - Country Office Management and Innovation Team
CPD - Country Programme Document
CPWG - Child Protection Working Group
CRC - Convention on the Rights of the Child
DDR - Disarmament, Demobilization and Reintegration
DHIS2 - District Health Information Systems platform
DHS - Demographic Health Survey
DRC - Democratic Republic of the Congo
EAC - Educate a Child
EFP - Essential Family practices
EMIS - Education Management Information System
EPI - Expanded Program of Immunization
EVD - Ebola Virus Disease
EWS - Early Warning System
GAP - Gender Action Plan
GAVI - Global Alliances Vaccines and Immunization
GBV - Gender Based Violence
GFATM - The Global Fund to Fight AIDS, Tuberculosis and Malaria
GIBS - Inter-Agency Health Donor's Group
GIEA - Inter-Donor Group on Water and Sanitation
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
HS - Healthy Schools
HV - Healthy Villages
HVS - Healthy Villages and Schools
HZ - Health Zone
ICT - Information and Communications Technology
IDP - Internally Displaced Person
IMCI - Integrated Management of Childhood illness
IYCF - Infant and Young Child Feeding
LLIN - Long-Lasting Insecticide-Treated Net
MAA - Monitoreage Amélioré pour Action (Improved Monitoring for Action)
MARA - Monitoring, Analysis and Reporting Arrangements
MDGs - Millennium Development Goals
MICS - Multiple Indicator Cluster Survey
MNCH - Reproductive, Maternal, Newborn and Child Health
MNT - Maternal and Neonatal Tetanus
MoE - Ministry of Education
MoH - Ministry of Health
MoRES - Monitoring Results for Equity System
MRM - Monitoring and Reporting Mechanism
MOSS - Minimum Operating Security Standards
MoU - Memorandum of Understanding
N-MODA - Multiple Analysis of Child Deprivation
NFG - Nutrition for Growth
NFI - Non-food Item
NGO - Non-governmental Organisation
OOSC - Out-Of-School Children
Advocating for the operationalization of "A Promise Renewed" (APR) and the acceleration of progress towards MDGs 4 and 5, UNICEF and partners supported the Government in the development of a “family kit” approach. After identifying major bottlenecks, such as a lack of basic health commodities, insufficient financial access and low health staff motivation, the Government led a major strategic initiative combining the empowerment of families though widespread distribution of kits containing essential drugs and vouchers, with performance based financing.

On the demand side, support was provided to improve community dynamics and structures. Committees such as CODESA, CODEV and CAC (Health/Development Committees and Community Animation Committees that include both representatives of the community and representatives of the Health services) were strengthened in six HZ. Capacity was built at local level to increase ownership of and participation in community health and development.

Evidence Generation, Policy Dialogue and Advocacy

Thanks to support from donors and collaboration with partners, UNICEF contributed to the generation of evidence through co-funding and provision of technical support to the second DHS in DRC. DHS findings made it possible to measure progress toward MDGs and to revise
priority areas, such as shifting the focus of the nutrition program toward Maniema, the worst
affected province. An observed high coverage in vaccination and institutional deliveries has
motivated the use of campaigns and deliveries at health facility level to boost child registration,
showing encouraging results. An evaluation of the sustainability of the “healthy villages and
schools” approach also triggered a revision process aiming to introduce more realistic
interventions.

Since 2013, UNICEF has engaged in advocacy activities aiming to increase domestic social
sectors spending. This has been conducted through Government budgeting analysis at
provincial and national levels, which have been used in regular meetings with provincial
Members of Parliaments; a joint approach with the International Monetary Fund (IMF) to
increase dialogue between the Ministry of Budget and social sector Ministries, and three
awareness-raising sessions where experts were brought together to debate on fiscal space,
budget allocations and spending effectiveness, targeting general media and civil society actors.
Outputs from the sessions, plus an executive summary of a public expenditure review on health
and education, have been shared with participants and key partners.

UNICEF has been engaged in policy-making processes, including the revision of the policy on
school fee abolition and the health financing strategy, among others. UNICEF is seen as a
credible partner because of its capacity to generate evidence through studies and to provide
expert policy and technical advice.

**Partnerships**

UNICEF continued its partnerships with civil society organizations (Non-governmental
Organizations [NGOs], community/faith-based organizations) to promote child rights at all levels
and to scale-up essential practices and basic services.

As a part of the United Nations system, UNICEF has been working closely with other UN
agencies in areas such as nutritional security, social protection and peace consolidation. The
H4+ initiative brings together UNICEF with the World Bank, the World Health Organization
(WHO), the United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population
Fund (UNFPA) and UN-Women to accelerate progress toward the MDGs 4, 5 and 6.

UNICEF is the Coordinating Agency for the Global Partnership for Education. In 2014 UNICEF
also coordinated the Donor Group on Health (GIBS) and the Donor Group on Water/Sanitation
(GIEA). In partnership with World Food Programme (WFP), WHO, the Food and Agriculture
Organization (FAO) and several other stakeholders, UNICEF contributed to scaling-up direct
nutrition interventions in the context of the 'Scaling Up Nutrition' (SUN) movement. A Code of
Conduct was developed in the health sector. A Memorandum of Understanding (MoU) is being
finalized with the World Bank and the Global Fund to Fight AIDS, Tuberculosis/Malaria
(GFATM) to accelerate the health-related MDGs in two provinces through the provision of
essential commodities and implementation of performance-based financing and monitoring.

Partnerships were sustained in all areas of UNICEF’s work (health, nutrition, water/sanitation,
education and child protection), including in settings requiring a humanitarian response.
Resource mobilization partners included the Governments of Belgium, Brazil, Canada, Estonia,
Germany, Japan, Netherlands, Norway, South Korea, Spain, Sweden, Switzerland, UK, and
USA, the European Union and private foundations such as Bill and Melinda Gates Foundation,
GAVI, The Micronutrient Initiative, Qatar EAC, and Rotary International, as well as the Common
Humanitarian Fund and UNICEF National Committees.
As a cluster lead in Nutrition, Education, WASH and Non-Food Items/Shelter, UNICEF continued to invest resources to ensure coordinated and high quality humanitarian assistance to crisis-affected populations. Japan, ECHO, USAID/OFDA, UKAid, Sweden and the Netherlands were UNICEF’s top resource mobilization partners in the humanitarian sphere.

**External Communication and Public Advocacy**

UNICEF produced a significant number of videos, human interest stories, and other communication products, including documenting UNICEF’s partnership with the Japanese International Cooperation Agency (JICA), documenting progress made so far in DRC towards the MDGs and commemorating the 25 year anniversary of the Convention on the Rights of the Child (CRC) by publishing various communication materials and a series of photographs.

In 2014, UNICEF launched the Ponabana blog (www.ponabana.com). Meaning “for the children” in Lingala (one of the national languages of DRC) Ponabana aims to provide reliable information on the situation of children and to be a conduit for the voice of Congolese children. The blog aims to be positive (i.e. the emphasis is on progress made and the strengths of DRC and its children); holistic (i.e. all aspects of the rights of the child are addressed); genuine (i.e. showcasing the voices of the most affected); mobilising (i.e. highlights UNICEF supported activities and fosters commitment) and inclusive (i.e. involves all generations).

Ponabana publishes articles written by young reporters, stories from UNICEF staff and partners and people engaged in the realization of children's rights. The blog creates a platform for information exchange on the situation of children in DRC. The English version was released in May 2014. More than 300 articles were published and read by nearly 33,000 people. The articles were distributed via social networks. UNICEF DRC has more than 13,000 followers on Facebook and more than 4,000 Twitter-followers. Ponabana has given a new dimension to the participation of children in DRC. Almost 60 articles of young reporters were published in one year, about one per week. The young reporters are the first contributors to “Voices of Youth”, a UNICEF global initiative. Young reporters and Ponabana communicate a positive image of DRC and show the talents and ideas of its children.

**South-South Cooperation and Triangular Cooperation**

UNICEF provided a significant contribution (financial, logistical and technical) to the Ministry of Health (MoH) for the fight against Ebola Virus Disease (EVD) epidemics. The successful response in DRC led other EVD-affected countries to seek assistance from DRC in order to boost their own responses. Together with WHO and Medicines Without Borders (MSF), UNICEF supported the MoH in the establishment of multidisciplinary teams ready to be deployed in EVD-affected countries. UNICEF supported the development of comprehensive training modules (in collaboration with John Hopkins University), the training of trainers and the training of the first four teams deployed in Mali and Guinea Conakry. UNICEF DRC also deployed seven health, WASH and Communication for Development (C4D) specialists in Mali and Guinea to strengthen national capacities. UNICEF DRC also provided remote support to transaction management.

UNICEF hosted five major regional events in 2014, including a Warehousing workshop (24-28 March) with 32 participants from 16 African countries and from UNICEF’s Supply Division; an information and communications technology (ICT) workshop (13-16 May) gathering approximately 30 participants; a Programme Procedures and Policies (PPP) workshop (26 August-3 September) with 34 participants; a PPP Training of Trainers (19-22 August) with 12 participants including UNICEF staff from Ivory Coast, Guinea and CAR; and a Harmonized
Approach to Cash Transfers (HACT) workshop (3-4 November) with 32 participants.

Co-hosted by the UK and UNICEF on 22 July 2014 in London, a high-level delegation from DRC participated in the Girl Summit to end child marriage and female genital mutilation within a generation. A partnership with the African Union (AU) in DRC is underway to launch the AU campaign to end child marriage. In his speech on the occasion of the Day of the Girl Child, the AU representative encouraged the Government to adhere to this campaign.

**Identification Promotion of Innovation**

In 2014, UNICEF DRC continued its work on innovations. The 12 innovations which were mapped in 2013 were sustained and in some cases scaled up. In 2014, 14 additional innovations were added to the Global Innovation Map covering innovations in education, protection and child survival.

UNICEF innovation activities closely supported the strategic priorities defined in the “Innovation Annual Report 2014”. Some examples included:

The Back to School campaigns, focused on equitable access, mobilized communities to bring out of school children back into the classrooms. The campaign was carried out in all 11 provinces. In Bandundu, 7,123 schools are being targeted for the 2014-105 school year, which could mean an increase of more than 40 per cent in the registration of 6 to 7 year olds.

The vaccination stock monitoring through SMS project, piloted in 2013 in Katanga, received US$75,000 from the Innovation fund at the end of 2014, allowing the project to go to scale nation-wide in 2015. This tracking will ensure that stock outs of vaccines and other medications are limited and that access to health services becomes more consistent.

The launch of UReport DRC, together with the Young Reporters Ponabana blog, gave an additional platform to youth in DRC to make their voices heard. Two launch events were organized in Kinshasa (July) and Goma (September) with partner youth associations. Since September 2014, 14 polls have been carried out and close to 400 Ureporters have signed up.

UNICEF Innovation Unit carried out a scoping mission in DRC in April 2014. The goal was to map existing innovations and assess where innovation could provide additional support. The innovation work done in DRC is effectively linked to the wider UNICEF Innovation Network.

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

The C4D function continued to foster convergence between high impact interventions and practices (behaviour change). Initially developed at global level for polio, the nationwide Harvard Polling Study was reshaped to include DRC data collection on knowledge, attitudes and practices related to essential family practices, education, protection, and gender, as well as to inform socio-cultural determinants of population-level behaviours. The Polling Study will help answer questions regarding how decision-making is made at household level, whether the decision includes both parents or is the prerogative of men/fathers only, and who or what institutions most influence the decision-making process.

The C4D function supported the Government – primarily the Health Promotion National Programme – to scale-up cross-sector interventions, including the following:

To accelerate progress toward MDGs, community-based approaches were used to promote the
adoption of positive behaviours and practices in relation to health, education, protection and gender considerations. Key local structures (e.g. CAC, CODESA and Joint Health and Development Committees) were supported to rebuild dialogue and trust between duty bearers and rights holders and to strengthen community participation.

Vaccination campaigns were used as a platform to promote birth and school registration.

The Stimulate, Appreciate, Learn, Transfer (SALT) approach, initially focused on vaccination, was evaluated and applied to other sectors. SALT aims to foster local ownership and community discussion, learning and action.

**Service Delivery**

Cash-based activities were processed through the Harmonized Cash Transfer (HACT) mechanism, a UN-wide tool. UNICEF operated a HACT assurance plan which combined several assurance measures such as macro and micro-assessments of implementing partners, spot-checks and special audits. Where micro-assessments detect weaknesses in partners' financial management, UNICEF, working with other UN agencies, strengthened the capacities of those partners.

Level-3 Monitoring (L3M) is an approach that facilitates the identification of supply and demand bottlenecks and corrective actions in various sectors. Piloted in 2012 under the authority of the MoH, this initiative has gradually improved the effective coverage of basic services, in a resource constrained environment such as in DRC. L3M quickly expanded to 20 health zones (HZ) in 2013 and to 81 HZ in 2014. L3M has gathered interest, financial commitment and support from a number of implementing partners, though the challenge is now to scale up the approach to cover all 516 HZ in the country.

**Human Rights-Based Approach to Cooperation**

In 2014, human rights principles were applied through a number of different lenses, including through more refined bottleneck analysis and disaggregation of data to better understand inequities and patterns of discrimination, and identify and reach marginalized and hard-to-reach children. In 2014 the focus of the rolling situation analysis was on achieving education for all girls and boys. A human rights-based approach was also applied to the methodological development of a study on multiple overlapping deprivations.

UNICEF supported youth engagement in programmes for children and advocacy for child rights. Through the Young Reporters’ programme, young people in DRC have a platform to promote child rights and to actively participate in decision-making processes that affect them.

The “healthy schools and villages” programme was also designed based on international human rights standards and principles. The programme takes into consideration the rights of people, particularly the most vulnerable, to be actively involved in programmes having an impact on their lives. Communities involved in the programme contributed to local assessments of water, sanitation and hygiene coverage, identification of constraints and implementation of community action plans.

**Gender Mainstreaming and Equality**

UNICEF DRC used a human rights-based approach to programming and integrated gender and equity as key themes across sectors, as per UNICEF’s global Gender Action Plan 2014-2017
UNICEF DRC is planning to conduct a gender review of its Country Programme as part of the mid-term review in 2015.

Although gender is mainstreamed throughout interventions, the initiative “Femmes et Hommes progressons ensemble” promotes gender-specific interventions. The aim is to help the Government and local communities to adopt a new approach on the relations between women and men, and girls and boys to effectively reduce Gender-Based Violence (GBV). Working with FAO and GIZ, UNICEF has one gender specialist and eight gender-sensitive staff members to drive the initiative.

Co-funded by the EU and UNICEF, the initiative focuses on contributing to social norm and behaviour change by inducing more positive perceptions of masculinity and femininity; contributing to a better distribution of economic power and social roles between men and women; promoting role models in the fight against GBV and strengthening coordination structures; and strengthening the rule of law, including by building relevant capacities of the police and judiciary in support of GBV victims. Primary education manuals were revised to make them more gender sensitive. Gender sensitive data collection tools were developed. A micro-credit initiative in favour of GBV victims was started. The capacities of government and civil society in gender sensitive analysis and coordination were reinforced.

**Environmental Sustainability**

UNICEF adopted changes to reduce its environmental footprint by using sustainable materials and distributing environmentally-friendly products. To improve security measures and reduce the office carbon footprint, solar powered security lighting was installed at three office locations. As part of migration to solar powered offices, an assessment of the electrical installations at every office was done in 2014; the next phase (installation) of the solar project is planned for 2015.

To achieve progress towards MDGs 4 and 5, UNICEF and partners have been pre-positioning medicines at the household level through kits for pregnant women, delivery kits and kits for Integrated Management of Childhood Illness (IMCI), depending on beneficiary needs. As the pilot was ready to scale-up, environmental considerations were taken into account. Plastic bags were replaced with bio-degradable bags. In 2015, the aim is to reach 1,235,000 households (equivalent to 14 million bags). The child survival programme is converting the vaccine cold chain to solar power wherever possible.

The "healthy villages and schools" programme took measures to improve school environment, including environmental education for children in 12 schools in Bandundu province. Students were identified to be part of the programme component on income-generating activities and profits generated were used to create green spaces and shade trees in villages and schools. Waste management was one of the behaviours promoted in households of the healthy villages. Households carried out daily cleaning of their living spaces and waste disposal in pits. The community also cleaned the streets collectively on a monthly basis, which is called "salongo" in the local language.

In Maniema, UNICEF contributed to nature conservation and increasing public awareness of environmental protection, such as fighting against deforestation and planting trees. Attention was given to deforestation and destruction of flowers in Equateur. This topic was discussed with CAR refugee teenagers in CFS and host communities in Ubangi. Teenagers participated in
activities such as planting trees and flowers in the CFS, which contributed to provision of green spaces to play in the CFS.

**Effective Leadership**

UNICEF DRC’s Country Office Management and Innovation Team (COMIT) met on a monthly basis to discuss UNICEF operational and programmatic performance in DRC and to discuss Management indicators. UNICEF DRC updated its Business Continuity Plan (BCP) on a regular basis (last updated in December 2014) and its ERM (last updated in July 2014), via a participatory process. The decisions made were shared with all staff members and followed-up on as appropriate.

In 2012, UNICEF DRC was audited. Nineteen out of the 21 recommendations were addressed and closed. Following several exchanges with West and Central Africa Regional Office (WCARO) and the Legal Office in UNICEF Headquarters (HQ), the remaining two recommendations were submitted to Office of Internal Audit and Investigations (OIAI) for closure on 15 December 2014.

Budget indicators and details concerning donor relations were shared in a monthly report by the Deputy Representative at the beginning of each month. Weekly programme meetings were also 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.

UNICEF adopted the Harmonised Approach to Cash Transfers (HACT) in March 2014. A total of 105 implementing partners are currently being assessed and 40 partners are undergoing an audit process. To date, 226 spot-checks have been undertaken out of the 291 targeted. A workshop to develop a capacity building plan was conducted with implementing partners in Kananga. Two spot-check trainings were held in Kinshasa and Lubumbashi, in collaboration with UNDP and UNFPA, where 22 UNICEF staff members were trained. UNICEF DRC also supported UNICEF Congo in the implementation of HACT.

In terms of risk mitigation, UNICEF DRC has two Quality Assurance Officers reporting directly to the Representative. Their work is invaluable for detecting potential problems and risks associated to performing actions, as well as recommending alternative solutions.

UNICEF DRC implemented an efficient electronic filing system, Sharepoint, which allows staff to upload essential and working documents that are accessible online to staff in all 14 offices. Managed by UNICEF DRC’s Knowledge Management (KM) project, this tool provides an effective alternative to “shared drives” and emails and is adapted to the needs of UNICEF DRC offices.

**Financial Resources Management**

All financial indicators were reviewed during the monthly Country Office Management and Innovation Team (COMIT) meetings and, if necessary, an administrative memo was addressed by the Representative to all staff members to ensure that necessary actions were taken to improve the indicators.

Financial procedures were shared with all staff members through WebEx and training sessions to increase staff awareness and understanding of them. Standard Operating Procedures (SOPs) also were reviewed and amended if needed to reflect all changes in policies (e.g. travel, FC creation, PO creation) and were subsequently shared with all staff members.
All financial transactions processed by the Business Center Vision (BCV)/Finance Unit were verified to ensure that accounting entries were correct and the necessary supporting documents were attached. Accounting analyses were conducted on a monthly basis to ensure that all open entries were regularly cleared and corrective actions were taken.

The Segregation of Duty Report (SOD) was monitored regularly via the dashboard and corrective actions were carried out when necessary. This report was shared every month with the COMIT.

During the Ebola emergency, two Cash On Hand processes were opened to facilitate the transfer of funds to implementing partners in the areas of Boende and Lokolia. These were closed as of 31 December 2014, shortly after DRC was declared Ebola free.

The reconciliation of all UNICEF bank accounts was carried out on a monthly basis and was submitted to Division of Financial & Administrative Management (DFAM) on time. As of year nd, all pending transactions on the bank reconciliation had been cleared within the two months.

The BCV/Finance Unit conducted verification of financial transactions in all provincial and zonal offices, with the exception of Lubumbashi office. These missions allowed UNICEF to build internal capacity and to review all supporting documentation in the field offices to ensure proper filing and archiving, including for audit purposes.

**Fund-raising and Donor Relations**

Strengthening strategic relations with technical and financial partners was one of UNICEF DRC management’s key priorities in 2014. The vision of these partnerships has been based on quality work and transparency on information that has been gradually shared among colleagues. Field visits and donor reports were also part of this strategy.

Beyond its own resources of US$63 million in 2014, UNICEF DRC mobilized more than US$200 million for development interventions (exceeding the annual target of US$80 million). An additional US$63 million was mobilised to cover 50 per cent of humanitarian needs (US$126 million) according to the Humanitarian Action for Children 2014 (HAC 2014).

A budget report was produced and released every month to monitor progress utilization and efficient use of funds. As of 31 December, 2014, US$206 million had been fully utilized.

For the 2013-2017 cycle, UNICEF DRC secured 88 per cent of planned Other Resources (US$344 million out of US$390 million expected). UNICEF DRC secured 63 per cent (US$156 million) of Other Resources Emergency. As of 31 December 2014, the total contribution raised was US$633 million (69 per cent) out of US$ 914 million planned. This included UNICEF’s own resources and other resources mobilized.

UNICEF submitted 118 of 119 reports to donors in a timely manner. As a measure to maintain high quality reporting, a checklist was used.

**Evaluation**

In 2014, UNICEF engaged in several studies as well as an evaluation of the project on community management for complete vaccination. A sustainability survey of Phase 1 of the “Villages et Ecoles Assainis Programme” was finalized as well as the “Rapport d’Etat sur le
Other studies begun in 2014 will be finalized in early 2015, including a review of the policy on free primary education and surveys on polio and key family practices and resistance to vaccination. Work on the rolling SitAn began, as well a Multiple Analysis of Child Deprivation (N-MODA) exercise based on recently available DHS data (2013-14).

The IMEP was systematically used as a follow-up tool throughout the year and section chiefs worked to establish a process to ensure its regular strategic review. Top management supported the introduction of tighter quality control for the terms of references, inception reports and final reports for each evaluation, study and survey included in the IMEP.

Recommendations included in the management response tool were systematically monitored by the PSE team. In 2014, UNICEF followed-up on the recommendations of five evaluations, significantly increasing the number of actions taken. UNICEF DRC also finalized two management responses, Scaling up and improving the integrated management of acute malnutrition treatment in non-conflict areas in the Democratic Republic of Congo and Evaluation du Programme Education de base 2008-2012, both ranked Highly Satisfactory.

The above-mentioned research provided evidence at a key stage for UNICEF; it will serve as an important source of information for the mid-term review exercise, at the same time identifying gaps to be filled. The findings and recommendations will play a crucial role in reorienting UNICEF’s strategy toward the achievement of concrete results for the well-being of children in the DRC.

**Efficiency Gains and Cost Savings**

UNICEF achieved significant savings thanks to the creation of the VISION Business Centre. Though still to be quantified, savings were made by making payments only out of the Kinshasa office. This centralization dramatically improved the quality of the transactions. Savings were also generated thanks to the reduction of transaction time; as staff became more skilled in dealing with the transactions, less time was spent on each. UNICEF VISION Business Centre was successfully used by the Ebola-affected countries and definitely created savings by facilitating their transactions during the Ebola crisis.

UNICEF began using Skype to carry out interviews, which significantly contributed to increased efficiency and savings. Dedicated Skype Channels were set up, resulting in a reduction of telecom-related costs. The extension of the internal VoIP phone network to Dungu and Kindu also reduced operational costs and improved collaboration between UNICEF staff and partners.

As a result of proactive research and better planning, the Supply Section succeeded in reducing the percentage of goods sent by air within DRC from 90 per cent to 70 per cent, opting instead for land transport solutions.

The Solar Powered Security lighting that was installed in three office locations where unreliable electricity supply was a challenge also significantly contributed to reduced costs and increased resource efficiency.
Supply Management

In 2014, the total value of procurement (excluding clearance and transportation costs) amounted to US$114,798,375.00, out of which 37.7 per cent was “regular” procurement and 62.3 per cent was Procurement Services (PS).

Approximately 17 per cent of Programme and Operations Supplies was procured locally. Local procurement included printed materials, office supplies, fuel, soap and other WASH items. In 2014, UNICEF was one of the main Government partners in the implementation of the School Construction and Rehabilitation Programme (PRRIS), aiming to re-build 1,000 schools in DRC. UNICEF was one of the implementing partners in the construction of 21 schools. UNICEF was the implementing partner of the MoH for the Project of Health Services Equipment (PESS) project, which aims to equip approximately 1,000 Health Centres and 200 General Hospitals.

The logistics team continued its efforts to reduce inland transportation costs by systematically using road transportation when available. In 2014, 70 per cent of inland transportation was completed by air, versus 90 per cent in 2013.

The value of the Programme supplies inventory controlled by UNICEF, recorded as being physically in the warehouse as of 12 December 2014, was US$9,504,478.74, of which US$499,889.98 were supplies prepositioned for emergencies. Of that amount, a discrepancy of only US$1,395 was noted during the recent inventory count. As of 12 December 2014, the value of Programme supplies issued from local warehouses controlled by UNICEF recorded in VISION was US$19,512,453.91.

Security for Staff and Premises

In Kinshasa, the global security situation improved. As of July 2014, Kinshasa was ranked as “low” (crime and civil unrest: “substantial”; hazard “moderate”; terrorism and armed conflicts “low”) on the security risk assessment, and the city was designated a family duty station as of 1 January 2014 UNICEF is working to implement United Nation Department of Safety and Security (UNDSS) recommendations to upgrade the offices that are in need so that UNICEF will be 100 per cent Minimum Operating Security Standards (MOSS)-compliant. As of December 2014, the rates of MOSS compliance were: 100 per cent Kinshasa and Bunia; 80 per cent Kananga; 77.77 per cent Bukavu; 75 per cent Matadi and Bandundu; 71.42 per cent Lubumbashi; 70.58 per cent Kisangani; 70 per cent Kalemie; 66 per cent Goma; 57.14 per cent Mbuji-Mayi; 30 per cent Mbandaka and 15,38 per cent Kindu.

Supplementary funds were allocated to put in place all the required protection measures for staff, premises and vehicles in all zones and provincial offices. Due to the departure of MONUSCO to the East, and the fact that this has left a clear operational gap, the Security Section in Kinshasa is updating all localisation/evacuations plans. As part of preparedness plans, fire drills are to be organized.

The Security Section in Kinshasa began updating the database for the staff residences and contact numbers, and visits are planned to assess the MORSS level of each staff member.

Human Resources

Human capacity needs were aligned with the Country Programme Document (CPD) and responded to the emergencies that occurred throughout 2014. Out of 143 recruitment processes, 120 were completed and 23 were in progress at year end. UNICEF DRC had 476
Staff and 21 consultants. Although UNICEF is strongly committed to improve its gender parity, gender ratio remains a challenge. UNICEF achieved the rate of 40 per cent female and 60 per cent male in 2014, with an increase of 8.5 per cent compared to 2013. UNICEF DRC will continue seeking and implementing innovative measures in that respect. Five national staff were promoted to international positions and seven were internally promoted.

During the last Programme Budget Review (PBR), taking into account the emergencies in the East and West of the country, two sub-offices were established (Beni and Libenge). An Emergency Officer was recruited for Libenge and a Protection Officer is under recruitment for Beni. UNICEF continued to seek support from Standby Partners. For the response to the Ebola outbreak, four international staff members (three logistics and one WASH specialist) as well as three national staff members (two C4D and one Health Officer) were recruited. A staff rotation system was put in place for the deployment of internal staff and teams on the Ebola zone.

The implementation of the Performance Appraisal System (PAS) was monitored by the CMT. One hundred per cent of phase one and 95 per cent of phase two were completed as of global deadlines. All professional staff were required to reflect equity and gender components in their PAS. Regarding the impact of the recommendations of the 2011 Global Staff Survey, the Management continued to encourage the use of flexible workspace for a better work/life balance. Two Joint Consultative Committee (JCC) meetings were held and recommendations were shared with all staff. All staff meetings were held monthly in Kinshasa and field offices.

In terms of HIV and AIDS in the workplace, male condoms were available in all restrooms and information sessions for all UN staff and their families were organized by UN Cares with the purpose of building capacity on HIV and AIDS; it was also an opportunity to inform on the Ebola outbreak and the importance of hand washing.

In order to understand the working environment, address the issues of staff and share information on HR-related topics, five field visits were undertaken by Kinshasa HR staff members to the offices in the provinces.

**Effective Use of Information and Communication Technology**

UNICEF DRC played a key role in the Inter-agency Telecoms Working Group's Response to the Ebola Outbreak. It ensured availability of emergency telecommunications (for Government/Humanitarian actors) in remote and hard-to-reach affected communities. UNICEF DRC also provided ICT assistance to UNICEF Cameroon and UNICEF CAR.

Solar Powered Security Lighting was installed in three office locations where there is unreliable electricity supply. The internal VoIP phone network was extended to Dungu and Kindu to reduce operational costs and to improve collaboration between UNICEF and partners. A country-wide assessment of the electrical installations at all 14 offices was carried out in a bid to improve safety and security measures for personnel, plant and property. The results will determine the extent of work required to secure the installations and the investment needed to migrate the offices to solar energy. The installation of Digital VHF repeaters for emergency telecommunication improved the quality and coverage of VHF communication, as did the installation of a Skype Gateway server in Goma. The launch of Bring Your Own Device (BYOD) initiative coupled with the migration to MS Outlook meant that staff now had uninterrupted access to their email on their personal devices. A total of 379 staff members were trained on new technologies and systems at 38 ICT learning events in UNICEF offices across DRC.
UNICEF was an integral part of the UN Inter-agency Group that drew up a harmonized price list for fibre optic service across DRC. The UN LTA resulted in significant cost savings to UN agencies on telecommunication in DRC. In collaboration with UNICEF WCARO, the UNICEF Sharepoint site was continually upgraded to improve management of electronic resources and to ensure staff had access to critical information required to make timely lifesaving decisions.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** By the end of 2017, the proportion of children, babies, and families who benefit from high quality and high impact interventions in health, including the Prevention of Mother to Child Transmission (PMTCT) of HIV, nutrition, and water-hygiene-sanitation (EHA) significantly increases in an equitable manner.

**Analytical Statement of Progress:**

In 2014, this Programme Component primarily aimed to accelerate progress toward Millennium Development Goals (MDGs) 4, 5 and 6 through scaling-up effective coverage of high-impact (HI) interventions against major causes of child deaths such as pneumonia, diarrhoea, low birth weight and prematurity, asphyxia at birth, malaria and HIV/AIDS. It included the organization of mass distribution campaigns of long-lasting insecticide-treated nets (LLINs), vaccination campaigns against polio and measles, and deworming and vitamin A supplementation campaigns for young children. It also included translating Government commitments to global initiatives such as "APR", "SUN" and "Nutrition for Growth" (NFG) into enabling policies, strategies and plans financed by domestic resources and development assistance; and implementing at scale the “Healthy Villages” (HV) approach. In emergency settings, this Programme Component is designed to respond to disease outbreaks and peaks of SAM as well as to address the health impact of conflict-related humanitarian crises. Results were achieved through a combination of programme implementation, knowledge and innovation, policy advocacy and resource mobilization partnerships at national, subnational and local levels.

In the context of the health sector reform, 26 new Provincial Health Divisions (DPS) were created in 2014. Under the leadership of the MoH and in consultation with the GIBS led by UNICEF, new approaches were introduced to reduce the fragmentation of the health sector and improve its performance. For example, funding was linked to achievement of pre-defined performance indicators, and alignment of partner support to the newly established provincial health divisions was improved. Stewardship of the health sector was enhanced through the revitalization of the Comité National De Pilotage ("National Steering Committee") and its technical sub-committees (finance, essential health commodities, governance, human resources, service delivery and disease control). In the water, hygiene and sanitation sector, partner support was coordinated through a WASH donor group also chaired by UNICEF.

UNICEF’s contribution to the acceleration of the health MDGs included innovative approaches such as the distribution of family kits for community-based management of child illnesses, antenatal and delivery care, and the integration of Option B+ to improve the prevention of mother to child transmission of HIV. Collaborative efforts to resolve health system bottlenecks led to improvements in financial access to health services and coverage of high impact interventions such as Infant and Young Child Feeding (IYCF) and the management of SAM in 2,526 health facilities.
In order to improve coverage of hard-to-reach and marginalized communities and their children, special events such as Child Health Days (CHDs) and African Immunization Week (AIW) were organized. These service delivery strategies led to an increase of the effective coverage of a comprehensive package of preventive health and nutrition services, such as immunization, vitamin A supplementation and deworming (provided twice a year and reaching more than 95 per cent of young children). Through salt fortification with iodine, 9 out of 10 newborns are now protected against iodine deficiency disorders such as mental retardation. Approximately 50 per cent of children under-five are now sleeping under an insecticide treated net, thus protecting them against malaria.

The “HVS Program” facilitates access to safe drinking water and promotes basic sanitation and good hygiene practices among rural communities and schools. The programme continued to be scaled up in 2014 with the 5,000th village certified as “Healthy Village” in December 2014. The Programme reached more than 571,309 people living in rural areas and more than 100,000 students in 2014.

In 2014, UNICEF and its partners responded to several epidemics (measles, cholera, yellow fever, malaria, EVD, nutritional crisis) and humanitarian crises (returnees from Congo Brazzaville, refugees from Central Africa Republic, and displaced populations in the Kivus). The 7th Ebola Virus Disease outbreak was rapidly contained after two months and three weeks thanks to strong Government leadership and coordination combined with reactive financial, technical and logistical support from UNICEF and other partners, multi-sectoral expertise and community engagement.

Some challenges remain, including resource mobilization challenges for health prevention activities; sub-optimal coordination of operational partners; quality of preventive and curative services; logistical and security constraints affecting staff supervision; monitoring of effective coverage of high impact interventions; and Government capacity to anticipate and manage emergencies.

In 2015, a key priority will be to support the reform of the health sector at provincial level as an opportunity to scale-up high-impact interventions for the MDGs 4, 5 and 6 Acceleration Framework in 95 health zones, in close collaboration with World Bank, Global Fund for Aids, TB and Malaria, EU, USAID, Canada and Sweden.

**OUTPUT 1.** By 2017, polio is eradicated, maternal and neonatal tetanus is eliminated, mortality due to measles is reduced by 95 per cent, the immunization coverage for routine antigens are improved and maintained above 90 per cent and the proportion of children unvaccinated or insufficiently vaccinated is reduced to 5 per cent.

**Analytical Statement of Progress:**
Immunization activities aimed to consolidate achievements in the fight against Poliomyelitis, to decrease the incidence of measles and maternal and neonatal tetanus (MNT), to strengthen effective coverage of routine Expanded Programme on Immunization (EPI), especially for hard-to-reach and marginalized children, notably by effective implementation of “Reach Every Health Zone” approach and strengthening the cold chain, the logistics and the availability of vaccines and other immunization supplies.

Significant results were obtained through a combination of strategies, including the conduct of integrated supplementary immunization activities (SIAs) and routine EPI activities in targeted at-risk Health Zones. Results included maintenance of the zero polio case status; reduction from
75 to 4 health zones at high risk of MNT; and reduction from 77 to 32 Health Zones with measles epidemics.

Innovative service delivery strategies were introduced, including the AIW, CHDs and the Antenna Approach (clusters of health zones) which targets health zones at risk of polio in 12 antennas. UNICEF also played a key role in filling critical funding gaps to ensure continuity and expansion of immunization services. For example, UNICEF provided bridge funding support pending the release of Government funds to purchase vaccines. As a result, the number of Penta 3 unvaccinated children decreased from 19,032 to 3,452 in targeted antennas, a more than an 80 per cent reduction compared to 2013. Penta 3 vaccine coverage reached 89 per cent nationwide at year end.

Immunization activities in DRC still face a number of challenges, including unreliability of Government funding, especially for vaccines; quantitative and qualitative issues with cold chain coverage; weak surveillance of MNT; recurrent vaccine shortages; regular strikes of health staff in North Kivu; and insufficient coordination of immunization stakeholders at provincial level.

In 2015, UNICEF’s the focus will be to expand the “Antenna” approach; improve the quality of SIAs; expand innovative activities such as CHD and AIW; and strengthen cold chain and logistics. Existing partnerships with WHO, USAID, GAVI, World Bank, BMGF, Rotary, KOICA, Sabin Vaccine Institute and EU will continue.

OUTPUT 2 Through to the end of 2017, provide support for major diseases of children (malaria, diarrhea, Ari, acute severe (MAS), HIV/AIDS malnutrition and diseases neo natal) is at least 60 per cent and their impact is reduced.

Analytical Statement of Progress:
In 2014, five priorities were identified for this output: increase availability of essential health commodities at health facilities and household levels; expand community engagement; increase financial access to health services; adoption of Option B+ for Preventing Mother to Child Transmission (PMTCT); and improved action-oriented monitoring.

In the context of the AP initiative, DRC developed a framework to scale-up maternal, newborn and child health interventions. This initiative started in one province and implementation was scaled up to reach an additional five provinces, providing six health zones with a comprehensive intervention package against malaria, diarrhoea, pneumonia and malnutrition. The package also included Option B+ to prevent HIV transmission from mother to child. Additional interventions also took place and helped improve maternal health service delivery through the H4+ initiative in nine health zones.

In the six health zones where the framework was implemented, 51,574 households received quarterly family kits for the management of child illnesses, 4,792 pregnant women received antenatal care kits and another 4,000 pregnant mothers received delivery kits. In the Maniéma province, 469,530 households were given LLINs (a coverage of 99 per cent of intended beneficiaries); 51,253 severely malnourished children aged 6-59 months were treated, with a case fatality rate of 1.3 per cent and a recovery rate of 75 per cent. In the six health zones where Option B+ was piloted, 1,538 pregnant women were diagnosed with HIV, 1,190 of whom are now undergoing treatment; 145 HIV-exposed children were tested six weeks after birth and 14 were diagnosed positive, all of whom are now under treatment.

While good progress is being made, challenges remain in the following areas: coordination and
monitoring; scaling-up of performance-based financing; capacity of the health system to provide quality treatment for SAM; and fiscal space for large-scale implementation of Maternal Newborn and Child Health (MNCH) interventions.

The positive experience with family kits and the lessons learned from the implementation of the acceleration framework in six health zones have convinced several development partners to align their efforts in support of these approaches. UNICEF enjoyed strong partnerships with EU, the Global Fund, the World Bank and USAID.

Priorities for 2015 will be to address the challenges identified above and continue to build on partnerships with Government, multilateral and bilateral agencies, NGOs, academia and civil society organizations to scale-up the effective coverage of MNCH interventions.

OUTPUT 3 By 2017, multi-sectoral actions aimed at ensuring nutritional security for the most vulnerable groups are undertaken, particularly in the provinces most affected by malnutrition and stunted growth is reduced by at least 5 per cent.

Analytical Statement of Progress:

In order to address the high prevalence of stunting in DRC, emphasis was placed on the promotion of IYCF, the control of micronutrient deficiencies, deworming and multi-sectoral coordination of nutrition interventions.

The promotion of IYCF went hand-in-hand with the treatment of SAM in 2,526 health facilities. The promotion of IYCF was also carried out in 104 HZ (Bas-Congo, Bandundu, Equateur and Kinshasa). In total, IYCF reached 850,785 mothers/care givers. On a national level, mass vitamin A supplementation campaigns reached more than 15 million (95 per cent) children aged 6-59 months and deworming campaigns reached more than 13 million (98 per cent) children aged 12-59 months. Vitamin A supplementation and deworming were provided during CHDs in Bas-Congo, Kinshasa and Lubumbashi. Child Health Days provided a platform for the combined delivery of several high-impact MNCH interventions.

To improve quality of complementary food, home fortification was introduced in 33 HZ, reaching 340,016 children aged 6-24 months. Through salt iodisation, nine out of ten children are born protected against mental retardation caused by iodine deficiency. In 2014, successful advocacy led to repositioning the fight against chronic malnutrition as a national priority, as part of the MGD 4, 5, and 6 Acceleration Framework. UNICEF continued to support the Government in the development of a multi-sectoral strategic plan for nutrition in the context of the SUN movement.

Despite the efforts of various nutrition stakeholders, progress was still insufficient and the effective coverage of direct nutrition interventions remained low. Constraints were noted in the following areas: community engagement, contribution of nutrition sensitive sectors such as agriculture, education and social protection, coordination and resource mobilization.


In 2015, UNICEF will work in partnership with other nutrition stakeholders to scale-up direct nutrition intervention and promote the engagement of nutrition-sensitive sectors, in line with the MGD Acceleration Framework.
OUTPUT 4  By 2017, all 207 health areas of the PNDS plan, implement and follow the minimum package of activities and complementary package of activities as defined in the PNDS and 308 other areas of health plan, implement and follow the minimum package with high impact in clinical and community level.

Analytical Statement of Progress:
In 2014, UNICEF prioritised its support to health system strengthening in three key areas: coordination, decentralization and operations.

Key achievements included alignment of Financial Contributions by all members of the donor consortium on the Government priority to enhance complementarity and synergy; a Memorandum of Understanding between World Bank, the Global Fund and UNICEF to facilitate the scaling-up of high impact MNCH interventions; and the recruitment of Directors and teams for 26 new DPS to improve governance. Achievements in 2014 also included the introduction of Improved monitoring for action (MAA) in 80 HZs; elaboration of operational plans in 516 HZ and 26 DPS; and delivery of US$41 million worth of Government public investment in medical equipment in 396 of the targeted 1,200 health facilities (including 200 general referral hospitals and 1,000 health centres).

To consolidate these results, development partners have agreed to better align their support to provincial health divisions through a common contracting approach.

Important structural challenges remain, particularly the operationalization of 26 new DPS; continuous availability of essential drugs at Provincial Medical Stores (CDR); frequent disruption of supervision and field missions due to insecurity; and weak monitoring and reporting systems.

In 2015, UNICEF priorities will focus on scaling up MAA of maternal, newborn and child health interventions: support to the effective functioning of the new DPS: and the strengthening of the capacities of provincial medical stores in order to extend the implementation of the MDG Acceleration Framework in five new provinces.

OUTPUT 5  By 2017 all crises (epidemics, disasters, and nutrition) receive an appropriate response from health and nutrition in time in accordance with the CCCs and a minimum, complementary package of health is available in areas with population displacement.

Analytical Statement of Progress:
In 2014, the following emergencies were reported: four epidemics (measles, cholera, Ebola virus disease (EVD) and yellow fever); a nutritional crisis affecting 27 health zones, and; several population movements (internally displaced persons in Eastern DRC, returnees from Congo Brazzaville and refugees from CAR).

A total of 13,200 cases of cholera were treated in the Eastern DRC; 789,831 children aged 6 months to 15 years were vaccinated against measles; and 505,550 children older than 9 months and adults were vaccinated against yellow fever in the three affected health zones. The 7th EVD outbreak was rapidly contained after two months and three weeks thanks to strong Government leadership and coordination combined with reactive financial, technical and logistical support from UNICEF and other partners, multi-sectoral expertise and community engagement.

In 2014, 27 health zones were confronted with nutritional crises. UNICEF and its partners made it possible to provide treatment to 173,262 young children affected by SAM. The quality of
treatment was in line with international standards, with a cure rate estimated at 93.5 per cent. Medical assistance was provided to 190,868 people internally displaced (IDP) because of conflict-related tensions. A total of 510 households, victims of floods in Tshela (Bas-Congo), received adequate support. A total of 127,867 displaced children aged 6 months to 15 years were vaccinated against measles, including children expelled from Congo-Brazzaville, refugees from CAR and the internally displaced in South-Iruma, and DRC.

UNICEF provided 112 basic health care kits to health facilities, reaching 112,000 people. These kits allowed the treatment of 70,000 cases of malaria and 20,000 cases of measles. Ready-to-use therapeutic foods, therapeutically fortified milk F-75 and F-100, and essential drugs were provided for approximately 250,000 cases of SAM. These nutritional crises were detected in a timely manner through the National Nutrition Surveillance and Early Warning System (SNSAP), which was expanded from 307 sites in 2013 to 518 sites in 2014. SAM management capacity was strengthened through the training of 2,950 health providers and 6,415 community health volunteers. As nutrition cluster lead, UNICEF coordinated emergency nutrition response.

Challenges exist in the following areas: Government leadership in emergency preparedness and response; variable quality of SAM management, and decline of available resources for increasing needs.

In 2015, UNICEF will continue to build effective partnerships with Government, faith-based organizations, NGOs and civil society organizations, confessional organisations and NGOs to ensure coordinated and effective emergency preparedness and responses.

OUTPUT 6 Communities get sustainable access to, and use of drinking water and hygienic sanitation, they adopt improved hygiene practices, and they undertake to protect and maintain their sanitized environment.

Analytical Statement of Progress:

The 2014 objectives were to reach 850,000 people in 1,260 HV and 100,000 children in 250 Healthy Schools (HS) with the delivery of clean water, basic sanitation and good hygiene practices.

During 2014, the Healthy Villages and Schools (HVS) Programme reached more than 570,000 people in 900 newly-certified villages and 104,867 children in 224 schools. There were also 599 villages and 105 schools approaching the final step of the certification process.

These results were thanks to effective partnerships between UNICEF, MoH, and MoE, and implementing NGO partners working with communities on the ground (e.g. Oxfam, Caritas, CADECOD, ACP). In 2014, a new approach favouring sustainability and maintenance of the certified villages was developed. By December, 75 per cent of HV actors were trained on the new approach.

Eighty nine per cent of the 2013-2014 PTR target for HV certifications was achieved, along with 90 per cent of the HS targets. This translates to 2,117 HV certified since the beginning of 2013, out of a target of 2366. A total of 464 HS were certified out of a PTR target of 518. It is expected that the targets will be reached in early 2015.

There were two main challenges. First, the launch of the 2014 approach was delayed due to organizational and administrative bottlenecks, including a delay in financing for the
development of the training modules; weak financial management capacity of partners; and a
delay in the development of the training module for HZ Chiefs. The second challenge concerned
the development of the HS module. The resources needed to work on the HV module were not
sufficient to work in parallel on the HS module, and it was therefore postponed to 2015.

Efforts in 2015 will be dedicated to the full roll-out and implementation of the newly-designed
programme.

OUTPUT 7 The structures of governance in the water, sanitation and hygiene sector - at the
national level, provincial and local - enable efficient management and sustainable scaling up of
EAH results

Analytical Statement of Progress:

UNICEF’s objective in the area of WASH sector governance was to increase DRC Government
ownership and capacity in the management of the HVS program. Another objective was
consolidation of programme activities at the provincial level (including engaging the new DPS)
and at the HZ level. There were encouraging results on all of these levels in 2014.

The HVS Program gained credibility with partner ministries (Health, Education, and Planning),
as evidenced by the first budget allocation for the HV programme in 2014. Capacities of
Government partners improved and the Director of the Hygiene Bureau in the MoH, who is also
the National Coordinator of the HV Programme, was asked to play an important role in the

UNICEF also contributed to the evolution of the sector by assuming the chair of the GIEA
beginning in September 2014. Sector reform was also being supported, particularly through the

The HVS Program was increasingly the reference for rural WASH in DRC. The programme was
able to attract new implementing partners to the sector (WASH Consortium, IMA World Health,
and Consortium Swift), and to get them to align to HVS norms and standards. A new database
using the innovative District Health Information Systems platform (DHIS2), which aligns with
national systems for health data collection and analysis, (SNIS) was set up and covers all
implementing partners.

In 2015, the major challenge will be to accompany the health sector reform process and to
adapt the HV programme to the new institutional structure, while working with the new DPS to
ensure results and capacities.

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

Analytical Statement of Progress:

The objectives of UNICEF’s WASH emergency response were to target 2,450,000 children and
their families in 2014 with a coordinated and quality emergency WASH package (Humanitarian

UNICEF supported 1,833,679 people, which represented 74 per cent of the HAC target. The
UNICEF’s response covered four crises: conflict-affected displaced populations, epidemics (cholera/Ebola), malnutrition, and natural disasters.


A total of 22,063 cases of cholera were recorded, mainly around the Lakes Kivu and Tanganyika, and in Haut-Lomami. UNICEF mainly provided assistance in Katanga province, and worked in 28 HZ on emergency preparedness. UNICEF also assisted more than one million people through awareness-raising and hygiene promotion. UNICEF worked with the Government to evaluate the first year of the Multisectoral Plan for the Elimination of Cholera (PMSEC). Maps detailing cholera propagation were also produced.

UNICEF supported the Ebola response by targeting communities, schools and health centres affected by the crisis and delivering a WASH package. A WASH training module was developed from lessons learned in response to the crisis in Boende, and will inform future crisis management. UNICEF worked to put in place community rehabilitation activities such as local chlorine production, which will build community resilience against future epidemics.

The WASH and Nutrition Clusters jointly defined a minimum WASH intervention package to reduce malnutrition due to water-borne diseases. A total of 12,448 affected people were assisted by UNICEF, including 2,490 children under 5. Overall, the Clusters assisted 90,000 people. These results were achieved with the generous support of the Governments of Sweden, Japan and Belgium, and Office of U.S. Foreign Disaster Assistance (OFDA).

In 2014, multi-sectoral coordination of the PMSEC was a challenge, and the Government’s capacity to lead coordination of emergency cholera response required strengthening. The Cluster’s attempts to mainstream protection issues need to be reviewed. There are a variety of challenges around the development of an appropriate post-conflict peacebuilding and development strategy.

UNICEF’s 2015 priorities include the operationalization of the PMSEC, the development of the Cholera Coordination Response with the Government and linking long-term development with exit strategies for nutritional and epidemic crises.

OUTCOME 2 By the end of 2017, children will have universal access to quality, equitable primary education, enrolled in a life cycle approach

Analytical Statement of Progress:
In 2014, objectives related to access, governance, peace building and education in emergencies were maintained, while focus on quality was increased to improve learning outcomes of children in school. This was facilitated by strengthened policy dialogue and advocacy on the basis of detailed analytical information on sectoral performance and challenges used to feed key reforms to offer equal learning opportunities to all Congolese children. Two major studies completed in 2014 included the feasibility of the pre-primary class and an assessment of the implementation of the school fee abolition policy.

Advocacy resulted in an increase in national budget allocation to 13.4 per cent in 2014, up from
11.8 per cent in 2013. Another key outcome in the sector was the conduct of the first Joint Review of the Interim Education Plan (PIE), held in August 2014. With strong provincial participation, the review called for Government to speed up reforms (only eight were initiated out of the 17 agreed upon by Government and partners in the Roadmap for the sector), not only at national level, but also in provinces, where strong disparities were observed. Evidence collected through the Country Status Report (RESEN) helped the Government advocate at the international level for access to additional external resources required to reach MDG 2.

In the field, UNICEF scaled up successful awareness-raising campaigns for school enrolment of all children at the legal age of 6, reaching more than 1.8 million children in 2014. This was complemented by efforts to reduce the distance from home to school with the construction of 338 new classrooms. Those included the 126 classrooms (21 six-classroom schools) being completed in the Oriental Province on behalf of the Government through its School Construction and Rehabilitation Programme (PRRIS). Since 2013, the cumulative number of improved learning spaces reached 492 (out of 600 planned over five years).

In addition to access, quality of education was a top priority in 2014, with UNICEF supporting the curricular reform in reading (in four national languages), math and life skills, including the revision of the National Primary Education Programme, pedagogical materials and teaching practices.

The Peace-Building Education Programme built capacity of local actors and promoted innovations to ensure community participation in peacebuilding and transition. Key activities conducted in 2014 included the Roundtable on Peace Education held in Goma in September, a major step toward the elaboration of a policy and strategy on peace building and education in emergencies; and the distribution of Peace One Day posters in schools nationwide.

In response to emergencies, UNICEF provided psychosocial support and facilitated access to education, even in difficult conditions, for 372,124 children in 674 temporary shelters. All of these pupils received educational and recreational kits and teachers were equipped with didactic material.

UNICEF’s support to the PIE was facilitated through strategic partnerships with donors such as Educate a Child (EAC), who helped fill resources gaps and put innovative and high impact activities to scale. Other key partners in peace-building and education in emergencies included the Netherlands, UK Aid, the Government of Japan and the Pooled Fund. These, in addition to USAID, the World Bank, the Belgian Cooperation, AFD and UNESCO, were active members of the Education Group. The Ministry of Education, and several national and international NGOs played a key role in programme implementation.

In 2015, focus will be placed on helping the Government use evidence to build a more inclusive and quality education system by developing tools to effectively monitor and evaluate school fees collected in spite of the official school fee abolition policy, and give parents greater oversight on its implementation; 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; and putting in place a national standardised system of learning outcomes to ensure greater quality of education. Advocacy will also be pursued to continue increasing the MoE’s national budget allocation, even though the 2017 objective of 13 per cent has already been reached.
**OUTPUT 1** By the end of 2017, girls and boys, particularly the excluded and marginalized, have universal access to primary education, with a net intake rate of primary education increasing to 75 per cent in 2017.

**Analytical Statement of Progress:**
In 2014, UNICEF sought to provide access to education by promoting demand for schooling by reducing financial barriers for parents and by improving educational infrastructure through classroom rehabilitation/reconstruction. Access to additional resources (EAC funds) allowed UNICEF to scale-up good practices from previous campaigns, including the door-to-door strategy, which consists of going directly to families to identify children not yet enrolled two weeks after the beginning of the school year and encouraging their parents to send them to school.

The door-to-door campaign, parental education and the distribution of 630,189 school kits led to the enrolment of approximately 1.8 million six-year old children (138 per cent of 2014 target)

Challenges persist, both in terms of access and demand. Lack of qualified construction firms/materials means that the construction of new schools cannot keep pace with increasing demand generated by growing population and enrolment. With the full application of the school fee abolition policy, it is expected that there will be even greater demand for schools as economic hardship will be less likely to impede participation and retention of vulnerable children.

Strategic and financial partners included EAC and the Government of DRC, and programme implementation was ensured by the Ministry of Education at national and provincial levels. Construction work was facilitated by public-private partnerships as the services of national construction firms were required. Other key partners included the Global Partnership for Education (GPE) and AFD.

In 2015, building on the findings of the studies completed in 2014 (RESEN, feasibility of pre-primary classroom and evaluation of school fee abolition policy), UNICEF will work with the MoE toward scaling-up high impact interventions such as parental education and the back-to-school campaign; pursuing efforts to accelerate construction/rehabilitation of schools using PRRIS norms; and launching innovations such as the pre-primary classroom.

**OUTPUT 2** Through to the end of 2017, learning outcomes in reading, mathematics and life skills are improved from 1st to 6th grade for at least 70 per cent of pupils and the gross primary completion rate increased from 56 per cent in 2010 to at least 85 per cent in 2017.

**Analytical Statement of Progress:**
In 2014, quality and retention objectives consisted of distributing new reading/math/life skills programmes to 3,600 schools in 11 provinces and supporting the implementation of social protection measures to help families overcome financial barriers to school and to ensure full participation and success of children from vulnerable families.

Progress included completion of pedagogical tools and training materials for testing, for Grade 1, of the new reading/writing programme in French and the four main national languages; teacher training on the use of these programmes in 110 pilot schools; and validation by MoE of UNICEF-funded math pedagogy diagnostics and the elaboration of learning standards.

Progress also included integration of life skills in the national primary education programme; and distribution of “learning to be peaceful” pedagogical posters in DRC’s primary schools. Led by the MoE, the exchange of experiences among partners about cost-efficient models for teacher
training modules and their impact on learning outcomes presented new opportunities for capitalization, and facilitated the elaboration of modules in math, reading and life skills. The next step consists of training a critical number of teachers in each province to scale-up reform implementation.

The integration of social protection measures in the 2012-2024 Education and Training Sectoral Strategy, also represents a stepping stone. Operationalising these measures in the provinces and developing Operational Action Plans (PAO in French) to facilitate PIE implementation are strong challenges

Programme results were achieved in collaboration with the MoE, more specifically the Direction in Charge of Didactic Material (DIPROMAD) and the Consortium international pour le développement de l’Education (CIDE), the consultancy firm recruited for that purpose. Strategic partners in the area of training included the GPE, USAID and UNESCO.

In 2015, UNICEF will seek to finalise required tools (in math and life skills mostly) while gradually training Grade 1 teachers; standardise the assessment of learning outcomes; and support school-based implementation of social protection measures for vulnerable children.

OUTPUT 3 Through to the end of 2017, the governance of the sub-sector of primary, secondary and professional education is improved at all levels.

Analytical Statement of Progress:

In 2014, UNICEF sought to strengthen programmatic and monitoring capacity of decentralized and de-concentrated structures through the elaboration of PAO, while pursuing advocacy and policy dialogue for greater budget allocation to the basic education sector (13.4 per cent in 2014); decentralisation of the Education Management Information System (EMIS) in partnership with the Government, the World Bank, and UNESCO in two additional provinces; and assistance to MoE for conduct of four major sector reforms identified in the roadmap, which included an increase of minimum monthly teacher salary from US$60 to US$75.

As PIE Coordinating Agency, UNICEF collaborated with the MoE to inform actors at the decentralized level about planned reforms as part of PIE implementation. This was achieved through awareness-raising sessions and collaboration with technical and financial partners to conduct the first Joint Review of the PIE. The exercise served to identify key themes on the sector’s political agenda.

UNICEF supported institutional capacity building at the central level for better coordination of PIE implementation and provided education actors with evidence and pertinent analytical information through the RESEN, evaluation of the school fee abolition policy and a feasibility study on the pre-primary classroom to further accelerate school enrolment of children at the legal age and retention through the primary school cycle.

In the field, UNICEF piloted Improved Monitoring for Action (MAA) of the PIE in four new educational subdivisions (Kimbanseke, Kambove, Ngaliema and Mwenga) to identify bottlenecks specific to those areas and to propose appropriate responses through the elaboration of local action plans.

Progress in Governance was restrained in light of limited commitment on the part of some partners for the implementation of the MAA, requiring Government ownership of this activity,
and slow implementation of reforms (only 4 out 18 on roadmap).

Results were achieved in collaboration with the MoE, UNESCO, Pôle de Dakar and UNICEF’s Regional Office.

In 2015, UNICEF will focus on supporting the completion of the new education and training strategy, taking into account evidence from the three previously-mentioned studies and recommendations from the Joint Review; supporting Government to speed up sectoral reforms, accelerating EMIS decentralization; setting up mechanisms to monitor the school fee abolition policy; and pursuing the implementation of the MAA.

**OUTPUT 4** Through to the end of 2017, children and adolescents benefit from educational policies and practices for the consolidation of peace in order to accelerate the transition to development in 6 provinces.

**Analytical Statement of Progress:**

In 2014, UNICEF emphasised strengthening individual and institutional strategic and operational capacity building through the elaboration of curricula/guides for peace education, teacher training and monitoring and evaluation of interventions. Efforts resulted in bringing national attention to conflict and vulnerability, facilitated by a dedicated chapter on these issues in the RESEN.

More specifically, UNICEF worked toward the development of training tools on peace consolidation; elaboration of a strategy and communication plan to promote social cohesion and peace; and promotion and use of U-Report as a reporting and communication mechanism on peacebuilding issues in the six targeted provinces (Orientale, North Kivu, South Kivu, Maniema, Katanga and Equateur) with training and organization of intra- and extracurricular activities (participative theatre, mediation committee, youth programmes, interactive broadcasts).

UNICEF also facilitated capacity building of 60,687 pupils on resilience, peace consolidation and promotion of social cohesion; a roundtable on peace education, a major step in the elaboration of a national policy on peace building; the distribution of Peace One Day posters to schools nationwide; training of 2,504 teachers (approximately 50 per cent of target), 1,756 local actors and 891 children to act as Peace Consolidation Focal Points in their schools; construction and equipment of 41 classrooms; and the creation of 32 Adolescents’ Clubs.

Implementation of peacebuilding interventions was facilitated by funding from key partners including the Netherlands and Peace One Day, and involvement of the MoE at central and decentralized levels, and local and international NGOs such as AVSI, NRC, Save the Children, IRC, and Action et Interventions pour le Développement et l’Encadrement Social (AIDES).

The main challenges for 2015 involve officially establishing the National Commission for Peace and Citizenship, another key step in the elaboration and validation of the National Policy on Peace Education, and building evidence on programme implementation through case studies to improve knowledge on peace building and consolidation in DRC.

**OUTPUT 5** In emergency situations, girls and boys have access to quality education in a safe environment
Analytical Statement of Progress:

The main 2014 objective of UNICEF’s education response in emergencies was to guarantee access to quality education for all children affected by crisis. This population includes displaced children in the East (including RRMP program), Central African Republic (CAR) children in refugee camps, children expelled from Brazzaville and those in Ebola-affected areas.

Key results were facilitated by policy dialogue, improved coordination among partners and the Government, and analytical work concerning the integration of Education in Emergencies in national strategies, programmes, and the EMIS. Advocacy on Resolution 1612 regarding the Monitoring and Reporting Mechanism (MRM) and the principle of neutrality of schools and the need to prevent their occupation by armed forces was also pursued throughout the year, especially in the Province of Katanga, where the problem persists.

Results attained included access by 213,352 children (98,141 girls) to education and psychosocial support (106 per cent of HAC target); training of 3,427 teachers, including 856 women (103 per cent of HAC target); construction/rehabilitation of 433 temporary classrooms (26 per cent of HAC targets); distribution of school supplies to 15,510 refugee children from CAR (including 6,204 girls) in camps and host communities; and training of 52 members (including 10 women) of the Education Cluster on Education in Emergencies, at both national and provincial levels. The Education Cluster reached 372,124 children (171,177 girls), representing 66 per cent of the 2014 HAP target.

UNICEF DRC contributed to the Ebola crisis response by providing approximately 12,000 affected children in 86 schools with school supplies and recreational kits.

Decreasing funding for education in emergencies remained an issue that impacted the ability to respond to needs, particularly in Katanga.

Results were achieved through funding from the Pooled Fund, OCHA, the Government of Japan, SIDA Swedish, and DFID. Main implementing partners were the MoE, in addition to local and international NGOs such as AVSI, NRC, Save the Children, IRC, AIDES, Alpha Ujuvi, Handicap International and World Vision.

In 2015, UNICEF DRC will focus on fundraising for interventions seeking to facilitate access to education for displaced, refugees and vulnerable children from host communities (including distribution of school vouchers and educational kits, teacher training on peace education and psychosocial support).

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

Analytical Statement of Progress:

In 2014, UNICEF DRC aimed to strengthen the ‘protective community’ approach, in order to increase demand for and improve the quality of services (justice for children, birth registration and multi-sectorial services). The main objective of the emergency component of the Programme was to reach at least 50 per cent of children affected by conflict through different services and appropriate response mechanisms.
Achievements in 2014 included the standardization of support for children based upon the definition of “Protection Norms and Standards”; the implementation of new national coordination mechanisms on Sexual and Gender Based Violence (SGBV), the revision of the family law, and capacity building of government and non-government actors in the area of SGBV; and the mapping of civil registration offices and the development of a strategy to promote birth registration by involving the “protective community” system. Achievements also included the strengthening of the “justice for children” system (e.g. establishment of tribunals and training for actors involved); and the implementation of appropriate humanitarian responses in seven provinces, including support to the Child Protection Working Group (CPWG) in Nord Kivu, Sud Kivu and Katanga, and the establishment of information management for child protection in emergencies.

Access to multi-sectorial services was provided for 539,136 vulnerable children (86 per cent of the 2014 target) and there were 24,347 SGBV survivors, exceeding the 2014 target of 23,500. A total of 925,957 children (46 per cent of the 2014 target) were registered by power of attorney and 103,245 (52 per cent of the 2014 target) during vaccination campaigns. Specialized legal support was provided for 7,176 children, exceeding the 2014 target of 6,000.

Assistance was provided to 4,035 children formerly associated with armed groups (exceeding the targeted population of 3,700) and 289,807 displaced and returned children were given access to CFS, exceeding the target of 80,000. A total of 1,184 unaccompanied and separated children were reunited with their families, which represented 62 per cent of the 1,900 targeted population.

Nord Kivu was the province where the highest number of SGBV survivors and children affected by conflict were assisted. The volatile situation in this province has exposed an increasing number of children to extreme risk of recruitment by armed groups, separation from their parents, sexual exploitation and other forms of abuse. The province of Equateur made little progress in the majority of interventions. The majority of territories in the East of DRC were affected by armed conflict, while the West, including Katanga, suffered from a lack of partners and financial constraints.

In 2013-14, a total of 1,510,456 children were registered, representing 38 per cent of UNICEF’s 2013-2014 target of 4,000,000 children. Findings of the EDS 2013-2014 indicated a decrease in child registration (children under 5) to 25 per cent (2010 MICS, 28 per cent), with only 14 per cent receiving birth certificates. The main challenges included difficulty collecting birth certificates and the absence of maternity hospitals offering birth registration services, particularly in remote areas.

UNICEF DRC has strong collaborations with partners, including Government Ministries (Social Affairs, Interior, Justice, Gender, Health and Defence), NGOs, private sector, and MONUSCO and UN Agencies. Strategic partnerships will continue with the EU, USAID, the Governments of Sweden, UK, Belgium, Canada, Japan, Brazil and the Netherlands, in addition to UNICEF National Committees.

In 2015, emphasis will be on operationalising norms and standards for the protection of vulnerable children, strengthening SGBV assistance, increasing birth registration rates, advocating for robust justice for children; and increasing the sustainability of the reintegration of children formerly associated with armed groups.
OUTPUT 1  Through to the end of 2017, 2,500,000 at risk and/or vulnerable children and at least 50,000 survivors of gender-based violence are identified by community structures and have access to holistic and appropriate services

Analytical Statement of Progress:

In 2014, UNICEF DRC aimed to strengthen multi-sectoral assistance (MSA) for SGBV and to scale-up the prevention and protection system for vulnerable children and women to facilitate their access to quality services.

By adopting the “protective community” approach, 80 communities provided support to 539,136 vulnerable children (86 per cent of the 2014 target). The sustainability of this approach was ensured by supporting networks and platforms for child protection partners such as the BNCE, REEJER and CARITAS. In addition, 24,347 SGBV survivors (exceeding the 2014 target), received multi-sectoral assistance services. Under the SGBV National Strategy, UNICEF is co-leading the MSA Pillar in collaboration with the MoH.

In 2014, major progress in the assistance for vulnerable children and SGBV survivors was made in Kasai Oriental (19,549 vulnerable girls and 21,403 vulnerable boys) and in Nord Kivu (4,564 girls and 185 boy survivors of SGBV), exceeding the 2014 target for each province. On the other hand, Bas Congo and Maniema reached 33 per cent and 19 per cent of their 2014 targets, respectively.

Throughout 2013-2014, assistance was provided to 970,306 vulnerable children, of which 460,913 were girls (39 per cent of the 2017 target); and 50,403 SGBV survivors (43 per cent of the 2017 target).

Remaining challenges include limited basic social services and financing.

In 2015, UNICEF will promote access to holistic and appropriate services through the “protective community” approach, strengthening MSA coordination and building capacity of government and non-government actors in the area of gender/SGBV.

OUTPUT 2  By 2017, the rate of registration of children in the civil register is improved by 28 per cent and is at least 50 per cent at the national level

Analytical Statement of Progress:

In 2014, UNICEF aimed to increase the birth registration rate by promoting the use of power of attorney in maternity services, by linking with vaccination campaigns, and by supporting functional civil registration offices.

A total of 925,957 children (46 per cent of the 2,000,000 targeted) were registered in maternity services in 2010 (by power of attorney), with the highest progress in Kasai Occidental (30,514 girls/30,097 boys) and the lowest in Equateur (3,982 girls/3,637 boys).

During the vaccination campaigns, 103,245 children (52 per cent of the 200,000 targeted) were registered. A total of 5,786 birth registries were distributed in 2014. The number of civil registration offices increased from 1,571 to 2,026 and a map of these offices was produced by the Ministry of the Interior.
During the period of 2013 and 2014, 1,510,456 children (777,863 girls) were registered by power of attorney (15 per cent of the 2017 target).

The major remaining challenges are the fact that the majority of the secondary offices are not operational; parents do not collect their children's birth certificates; maternity services in remote areas do not offer birth registration services; and parents are unaware of necessity of birth registration.

In 2015, increased birth registration rate will remain a top priority for UNICEF DRC. Activities will include promoting the participation of local leaders; building capacity of child protection partners and supporting their networks; and supporting registration offices in maternity wards. New technologies, such as a birth declaration via SMS, will be explored in 2015.

OUTPUT 3 Through to the end of 2017, a system of justice for children including juvenile courts, mediation committees, alternatives to detention and child police units, is functional in all 11 provinces of the DR Congo.

Analytical Statement of Progress:

In 2014, the objective was to promote robust justice for children, including increased access legal services through juvenile courts; alternatives to detention; extra-judiciary mechanisms; and participation of the national police.

By the end of 2014, 16 juvenile courts were functional, up from 12 in 2013, with 54 judges. The number of judges has remained the same since 2013. A total of 7,176 children gained access to specialised judges and 9,647 children were assisted by social workers, exceeding both 2014 targets (6,000 and 3,678 children, respectively). UNICEF supported the High Council of the Judiciary in its efforts to establish specialised tribunals and to provide training for 2,193 actors (e.g., judges, lawyers and social workers). UNICEF also provided support to legal aid offices, mediation committees, social workers and the national police.

Two 2017 targets have already been exceeded: 11,516 filed cases (target of 10,000) and 7,561 children having access to alternatives to detention (target of 5,000). This progress was achieved in collaboration with the Ministries of Justice, Interior and Social Affairs, War Child UK and Dynamo International.

Children's access to legal services remains an issue due to limited access to legal services (i.e., 16 tribunals and 22 mediation committees for 70 million inhabitants); a shortage of supplies and space in child-friendly detention centres; and little awareness of the importance of the juvenile justice system.

In 2015, UNICEF will increase opportunities for children to access appropriate legal services and will support the development of a comprehensive national strategy.

OUTPUT 4 In areas at risk coordination & the capacity of local actors to prevent shocks to humanitarian emergencies are strengthened & at least 50 per cent of children affected by humanitarian emergencies have protection measures & reintegration.

Analytical Statement of Progress:
In 2014, UNICEF DRC aimed to ensure emergency preparedness and response for at least 50 per cent of children affected by conflict. UNICEF coordinated CPWG, MRM and Monitoring, Analysis and Reporting Arrangements (MARA), and monitored the implementation of the Government Action Plan against the Recruitment of Children and Sexual Violence.

More than 40 partners played a pivotal role in prevention, response and coordination actions in seven provinces affected by conflict. These actions led to strengthened coordination of 21 CPWG; assistance for 4,035 children formerly associated with armed groups (643 girls/3,392 boys); 289,807 children taken into 29 shelters (19 CFS and 10 day-care centres); and 1,184 unaccompanied and separated children reunited with their families, including 62 children expelled from Congo-Brazzaville. UNICEF and partners supported the Government to implement the Action Plan and contributed to Security Council reports (e.g., MRM and MARA).

In 2014, UNICEF launched a pilot project called “Capoeira for Peace” in Goma to facilitate the re-socialisation of demobilized children.

UNICEF maintained strong collaboration with the Government (UEPNDDR), and with child protection networks in each province. These partnerships were the backbone of child protection in emergencies, with 13 transit centres, 619 shelter families, 19 CFS and 10 daycentres running across the country in 2014.

Progress toward the 2017 goals is on track. Child recruitment by FARDC has been reduced to below 1 per cent (less than ten cases in 2014).

In 2015, UNICEF DRC’s focus will be to increase the sustainability of the reintegration of children formerly associated with armed groups and to support vulnerable children in conflict-affected communities. Estimated needs (HAC) remain high: 3,700 children formerly associated with armed groups; 100,000 children do not have access to CFS; and 1,000 children are unaccompanied or separated.

**OUTCOME 4**

Through to the end of 2017, laws, social policies, planning, budgets, expenses, public opinion and social norms are informed by the continuous analysis of the situation of children, monitoring and evaluation, and promotion of an environment conducive to children’s rights

**Analytical Statement of Progress:**

In 2014, UNICEF gathered evidence on the situation of children in DRC, advocated for government spending in basic services, and focused on improving coordination, knowledge-based planning and ownership of the programme by the different stakeholders through enhanced monitoring mechanisms, community participation, transparency and visibility.

Under the leadership of the Ministry of Planning (MoP), the DHS II 2013/2014 was finalized and the report was made available in October 2014. UNICEF continued to contribute to the provision of data and analysis at the national and provincial level, to guide and influence public policy for children and to help monitor the progress of the country in relation to MDGs. Support was provided for the approval of the National Plan for Social Protection (2014-2017) through the revitalization of the Thematic Working Group on Social Protection and for the establishment of gender-sensitive social protection instruments.

The finalisation of the SitAn Education was delayed slightly, because of the revision of its conceptualisation and difficulty in identifying the required technical capabilities.
In order to better understand the social and cultural norms influencing the high level of resistance to “modern interventions” in Katanga province, a qualitative and quantitative study on resistance to vaccination (Katanga has the highest rate in the world) was conducted.

The availability of information, particularly expenditure data for social sectors at the provincial level, remained a challenge.

In collaboration with several social ministries and donors such as UK Aid, UNICEF committed to advocating for increased public funding of social sectors. Several analyses were conducted to better understand the financing of social sectors at the provincial and central level and to strengthen budget advocacy work. This included a study on public expenditure for health and education in Katanga, Kasai Oriental and South Kivu provinces; provincial budgets analysis; and sectoral analyses. These demonstrated that budgets were not always aligned with the priorities in the various sectors, nor did they adequately respond to the needs of the most vulnerable groups. Disparities remained in terms of the distribution of resources. A series of three awareness-raising sessions were organized to inform and inspire a better understanding of public spending on health and education, an innovation on which UNICEF plans to build upon in 2015.

Throughout the year, complementing the analysis of children’s situation, UNICEF continuously engaged in analysing and evaluating programme performance, in order to fine tune the planning and adapt programming, through continued support to data collection and analysis via different mechanisms of monitoring (e.g., programmatic reviews, field, MAA, spot-check missions). Through policy and strategic dialogues, partners and UNICEF deepened their understanding of programme implementation and the level of involvement and ownership of interventions by beneficiaries.

Knowledge management, through the dissemination of best practices/innovations, information sharing, and real-time data collection by the U-report project, also contributed to knowledge building among partners and UNICEF on the situation of children and different programme results.

This strengthened understanding of programme results and situation of children by both partners and UNICEF informed national strategies and plans. It also helped partners and UNICEF to redefine priorities in the DRC-UNICEF rolling work plan, and in the Government’s operational action plans in view of equity focus. Frequent monitoring of realities on the ground and community participation in identifying bottlenecks and related solutions through MAA allowed adaptive programming.

As an example, MAA provided a foundation for further effective targeting of children who might otherwise have gone unnoticed (for example, an increased focus of the Ministry of the Interior on birth registration), and unveiled bottlenecks that may have otherwise remained invisible.

Communication activities promoting the participation of communities and children increased public awareness on issues affecting children and contributed to a growing understanding among decision makers of the importance of giving a voice to both the adult citizens and children in decision making processes.

To increase the adoption of Essential Family Practices, a multi-strategy approach was implemented in collaboration with both government and civil society, including religious networks, with a focus on social dialogues in participatory local committees such as CODESA,
CODEV or CAC.

The “Young Reporters” programme, which was brought to scale in 2014, acquired a remarkable level of recognition and ownership in society and among national and provincial policy-makers. In the monthly television programme, *la Voix de l'Enfant*, Young Reporters are now able to debate important social issues with policy makers. Children’s voices have also acquired a prominent place in UNICEF DRC’s blog www.ponabana.com, which is becoming, after only a year of existence, an excellent source of information for all actors involved in child-rights issues in DRC.

In 2015, UNICEF will build on achievements to continue improving availability of data at all levels. UNICEF will also continue advocating for child-friendly legislation and measures and more and better public spending for children; and informing planning and policy making for both partners and programmes. In order to do so, real-time and decentralized planning and monitoring will be supported, with accompanying capacity development of stakeholders on these domains. Knowledge generation and management and strengthened participation of children and communities will be also pursued.

**OUTPUT 1** Through to the end of 2017, the availability of disaggregated data and the continuous analysis of the situation of children and women inform the development of policies and social budgets for the well-being of all children.

**Analytical Statement of Progress:**
In 2014, UNICEF DRC’s objectives were to continue support for the collection of quality data: support legislative and social policy reforms for increased access to basic services and the ongoing analysis of the situation of women and children to guide programming; and ensure adequate investment in social sectors.

Under the leadership of the MoP, the final report of the 2013/2014 DHS II was made available in October 2014. It included disaggregated data by province, gender, and socio-economic level, and is being used to evaluate the country's progress with regard to the MDGs and to subsequently adjust policies/programmes.

In collaboration with the budget and social Ministries and UK Aid, a study on public expenditures in health and education was conducted in three provinces (Katanga, Kasai Oriental and South Kivu). This study allowed decision-makers to better understand the financing of social sectors at both central and provincial levels. Continuous budget advocacy was carried out with policymakers at different levels (ministries, parliament, and national/provincial assemblies) to advocate for more resources (in terms of allocation and spending) for social sectors through the preparation of provincial advocacy notes (for Katanga, Kasai Occidental, North Kivu and South Kivu). An innovative series of three awareness-raising events was organized to develop a better understanding of public spending on health and education in DRC.

Efforts are on track for 2017 and the targets set with regard to data and analysis are feasible. The target related to the budget and spending on social sectors may be harder to achieve. The availability of budget information, in particular expenditure data for social sectors at the provincial level, remains a challenge. UNICEF, in collaboration with other partners, will continue its advocacy efforts to improve the availability and the transparency of public spending.

Two important analyses started in 2014 will be completed next year: the Situation Analysis (SitAn) which focuses on primary education and N-MODA, the child deprivation analysis.
In 2015 UNICEF DRC will put an emphasis on the development of ‘Provincial Profiles’, a tool that presents data disaggregated to provincial level to guide programming and support budget advocacy work. In 2015, UNICEF will also continue to carry out budget analysis at the provincial level and to build on the experience from the awareness-raising sessions to further strengthen its budget advocacy work.

**OUTPUT 2**

By 2017, children and vulnerable women benefit from measures and specific social protection policies to enable them to access basic services

**Analytical Statement of Progress:**

In 2014, UNICEF DRC supported Congolese authorities with the revitalization of the Thematic Working Group on Social Protection; a study on vulnerability; the development of a national Social Protection Policy and Strategy; the development of national social protection instruments; and the strengthening of social safety nets including through microcredits.

Through UNICEF efforts, the national Thematic Working Group on Social Protection was revitalized and, in partnership with the International Labour Organisation (ILO) and the World Bank, a Donor Group on Social Protection was created. The Triennial Plan of the National Programme for Supporting Social Protection (2014-2017) was approved. To strengthen community social safety nets, a mapping of the availability of microcredit institutions in the pilot provinces (Bandundu and Kinshasa) was conducted and will be the basis for the development and launch of the microcredit programme, a new area of intervention for UNICEF. Social protection instruments were piloted in the education sector within the framework of the EAC initiative.

Strategic partnership was strengthened through UNICEF’s contribution to the development of a study on social safety nets in four provinces and support to social ministries in the preparation of studies on health insurance and vulnerability financed by the World Bank. These studies will serve as references for the development of the national Social Protection Policy and Strategy.

Remaining challenges include delays to the approval of the action plans of the Gender Programme by the authorities and the transition in leading the Thematic Working Group on Social Protection. These constraints were reduced through the approval of provincial work plans for the Gender Programme and the revitalization of the Thematic Working Group on Social Protection through combined efforts of donors. Targets planned for 2017 remain achievable.

In 2015, UNICEF will focus on enhancing the design of safety nets by gathering evidence from current field experience.

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

**Analytical Statement of Progress:**

In 2014, UNICEF focused on improved monitoring, capacity development of partners, knowledge dissemination and maximized use of resources to improve the situation of children in DRC.

Programmatic reviews in all 11 provinces were organized by the MoP. These reviews assessed progress toward targets and the programme’s strengths and weaknesses in order to define
orientations for 2015. Through these exercises, as well as joint field or MAA missions, UNICEF and partners improved their knowledge on activities and results achieved. The data collected helped UNICEF and partners to learn about the implementation of programme interventions and the level of involvement and ownership of interventions by beneficiaries.

A total of 81 Health zones and 4 educational subdivisions (Ngaliema, Kambowe, Kibanseke, and Mwenga) conducted MAA sessions in 2014 to monitor progress, identify bottlenecks and perform corrective actions. Local-level data and analysis informed national-level plans, including the MAF. The results of the MAA informed national strategies on birth registration and plans at provincial level and also contributed to transparent management of resources and facilitating community dialogue among key stakeholders. This enabled local actors themselves to find local solutions to address bottlenecks.

UNICEF financially supported development of PAOs, especially in Bas-Congo and Kasai Oriental, as well as vaccination campaigns via the Government’s micro-plans. Knowledge management included the documentation of 24 best practices and innovations and 18 internal exchanges to disseminate good practices. In an environment where approximately 30 per cent of implementing partners are rated high risk, 226 spot-checks allowed UNICEF to build financial management capacity of partners.

The DRC U-Report project was launched in Kinshasa in July 2014 with 50 young people (scouts and Young Reporters) and in Goma in September 2014 with 160 young people, enabling real-time data collection from beneficiaries. The project had 400 U-reporters at year end and will be scaled-up next year. Between October and December 2014, 16 surveys were conducted on themes such as WASH, children’s rights.

The MoFA and MoP continued to be major partners.

In 2015, the mid-term review will sharpen the focus of efforts, and more systematic, real-time monitoring will be pursued. Capacity in decentralized monitoring and HACT will be reinforced, particularly in the context of decentralization of 26 DPS.

**OUTPUT 4** By the end of 2017, in a supportive social environment, families and communities (particularly the more vulnerable) 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 2014, UNICEF’s C4D efforts focused on research on social norms that can hinder or facilitate social/individual change; community-based approaches to promote the adoption of EFP, particularly through the implementation of the MDG 4, 5 and 6 Acceleration Framework; and capacity-building of government partners.

In 2014, a multi-approach strategy with regard to EFP was put in place. Community dynamics and structures (CODESA/ CODEV and CAC) were strengthened in the context of MDGs in five provinces. Participatory communication activities took place at community level in the context of a joint project on Gender in eight “communes” of Kinshasa and 10 “territories” of Bandundu. The “Back-to-School” campaign and health campaigns (polio, measles, vitA and deworming, tetanus) were implemented, some integrating birth registration, resulting in 89,994 children who were caught up on their DTC-HepB-Hib-3 vaccinations. Sixteen chapters of a radio soap-opera
on health, education, gender, and protection were produced and broadcast in five languages throughout the country. More than 2,500 health workers and 4,500 community volunteers were trained and they developed 131 data-based and results-oriented C4D micro-plans.

Communication activities reached 10,890 households (90 per cent of target) in Mbandaka and Boende, with UNICEF leading the Ebola Communication Committee.

The challenges were providing communities with holistic communication messages for the adoption of good practices (health, nutrition, WASH, education, protection, etc.); building strategic partnerships, especially with faith-based networks; and strengthening monitoring, supervision and impact assessment.

Progress was made in partnership with the Government (Media, Public Health), GAVI, Rotary International, BMGF, Government of Japan and UNICEF NatComms and with a wide network of NGOs and media such as Population Media Center (PMC), Arts in Action, and religious groups.

UNICEF DRC’s priorities for 2015 include finalization of the 2014 Harvard Opinion Polling (HORP) on knowledge, attitudes and practices related to EFP and influencing social norms; strengthening alliances with faith-based networks; and increasing community ownership of, and participation in, local committees.

OUTPUT 5 Decision makers at the national, provincial and community levels are investing in the concept of children’s rights, and children are familiar with their rights (survival, development, protection and participation) in their environment

Analytical Statement of Progress:

In 2014, UNICEF aimed to gain support from decision-makers, donors, media and civil society to develop legislation and measures in favour of children; and to empower children on the CRC on advocacy techniques to make their voices heard.

Twenty five years after the ratification of the CRC, advocacy with decision makers resulted in the submission to Parliament for updating the 1987 Family Code; the appointment of a Personal Representative of the Head of State in charge of sexual violence and child recruitment, to help solve the problems of protection of vulnerable groups; and the instruction of the Prime Minister to the MoG to include the creation of a children’s parliament in its mission statement.

Nation-wide, 2,347 children were trained on the CRC, 530 of whom became Young Reporters. Articles written by Young Reports were published on the Ponabana blog. On average, two radio and television programs were broadcast every month with the supervision of the 150 members of the “Réseau des journaliste amis des enfants (RJAE)”; press was mobilised through 19 press releases and five media briefings. Children attended advocacy meetings with decision makers in 11 provinces. The UNICEF offices of the Great Lakes’ countries, including DRC, participated with children in the Forum of Hope, where the children produced a joint statement following the Framework Agreement of Addis Ababa. Congolese child delegates attended the Summit against Female Genital Mutilation and Early Marriage in London, and the Summit of Heads of State of the International Conference of the Great Lakes Region in Nairobi. The blog Ponabana included 318 articles that were read by more than 33,000 visitors. The blog informed readers of the situation of children through messages from children, decision makers, experts and UNICEF staff. These messages were relayed via social media and were linked to UNICEF’s
Voices of Youth and UNICEF Connect (http://blogs.unicef.org/).

UNICEF worked in close partnership with a network of journalists that advocate on children’s rights. This RJAE has an operating network in every province. UNICEF also built a network of Young Reporters.

In 2015, UNICEF aims to mobilise decision makers, young people, media and civil society to push for child-friendly legislation and measures.

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

Analytical Statement of Progress:

In 2014, UNICEF targeted rapid response to humanitarian crises as well as to reinforce community resilience in post-conflict zones. Despite some improvements in the political and security situation at the end of 2013, the humanitarian situation remained fragile in 2014, with a similar number of internally displaced people as in 2013. During the last quarter of 2014, OCHA estimated that 2.7 million people were displaced in the five eastern provinces. Severe acute malnutrition, cholera, and measles outbreaks were also among the major humanitarian crises in 2014.

To address these situations, UNICEF and its partners mobilized large-scale response via the Rapid Response for Movements of Population (RRMP) mechanism, expanding intervention sectors to also include emergency health in an additional province, as well as continued use of innovative cash-based approaches to assist families in accessing essential household items (Alternative Response to Community in Crisis programme). With more than two million beneficiaries in 2014 (cumulative results), RRMP remains the largest response programme in DRC, after food aid. Among these two million beneficiaries, 1,609,136 were displaced (80 per cent) and more than 400,000 were members of the host communities. (The HAP estimated 4.7 million people affected by population movements, including families hosting IDPs). RRMP and its partners provided responses in emergency water and sanitation to 778,371 people affected by population movements and cholera outbreaks (representing 17 per cent of the cluster results). The ARCC-II programme reached 17,642 households in 2014.

Human and financial resources were also dedicated to the clusters in order to strengthen coordination of humanitarian assistance (UNICEF is leading four of eight clusters).

Challenges remain and capacity to meet certain targets is limited. Funding for humanitarian action dropped significantly between 2013 and 2014, going from 80 per cent of humanitarian funds mobilized in 2013 to 51 per cent in 2014. This had a considerable impact on the scale of humanitarian activities and results for UNICEF in certain sectors. For example, in 2014, actors in the Nutrition Cluster reached 70 per cent of their targets, but this only represents 8.7 per cent of children affected by severe acute malnutrition in DRC (data from the Strategic Response Plan of DRC’s HAP 2014). Structural problems such as lack of financial resources preventing state actors from taking on responsibility and participating more actively in humanitarian response also limited progress toward meeting objectives. Despite these difficulties, there were some important successes with government partners. For example, the Nutrition Cluster saw strong
implication and commitment from government nutritional counterparts (PRONANUT). In 2014, the official government declaration for the creation of a National Consultative Framework on Humanitarian Issues was issued, but this forum has yet to become operational.

These results were achieved thanks to the generous support of UNICEF partners including the Governments of Belgium, Brazil, Canada, the Czech Republic, France, Germany, Japan, Korea, the Netherlands, Spain, Sweden (SIDA), Switzerland, the United Kingdom (UK Aid), and United States (USAID/OFDA), as well as ECHO and the UNDP/OCHA Common Humanitarian Pooled Fund, and thanks to the continuous efforts of implementing partners: AVSI, IRC, IRC, Merlin, Save The Children, and Solidarites International.

In 2015, innovations (mobile technologies, application of Resilience to the humanitarian context) and lessons learned (application of cash transfers in emergency situations) will allow UNICEF to continue adapting the response mechanisms to a complex and rapidly changing humanitarian situation. UNICEF will increase synergies between three complementary strategies: strengthening local capacity; continuous improvement in the efficiency of the rapid response programme; and supporting and facilitating the transition of the most vulnerable returned people to a more decent life.

**OUTPUT 1** By late 2015, a strategy is developed and validated by governmental and non-governmental stakeholders. In addition, UNICEF’s ability to respond to new emergencies effectively, and with strengthened adaptability enables decisive contributions in the strengthening of national capacities in reducing risk and emergency management

**Analytical Statement of Progress:**

UNICEF’s objective in 2014 was to support the design, approval, and roll out of a reinforcement strategy of national capacity for the reduction of risk and the management of emergencies.

DRC actively contributed to the UNICEF Global Strategy for Strengthening Humanitarian Action (SHA). DRC’s approach to resilience in conflict was instrumental in the UNICEF global strategy. The DRR strategy was elaborated during the first quarter of 2014 and used in advocacy. Resilience was presented as a cross-cutting component to be integrated into different programmes. Partners’ alignment on the accountability framework was promoted. The UNICEF Humanitarian Performance Monitoring M&E system was strengthened. UNICEF also supported the development of disaster risk reduction plans at schools in North Kivu.

After two years of support on pilot activities on an Early Warning/Alert Mechanism (SAP, *Système d’Alerte Précoce*) in partnership with the NGO CRS, this project continued to be operational in Katanga Province. CRS, in collaboration with the diocesan Caritas network, reinforced partnerships with their own funding. Through the SAP programme, 103 relevant alerts were received and shared with the humanitarian community; of them, 82 related to population movements and 9 to epidemic outbreaks. Aspects of early warning were also incorporated into the protection sector in order prevent grave violations of children’s rights; in total, 12 alerts linked to protection and sexual violence were sent to humanitarian actors by members of the SAP network.

UNICEF DRC also undertook internal capacity building activities with the support of the WCAR office. Nine of the 11 provinces were trained in Emergency Preparedness and Response and UNICEF ‘Core Commitments for Children’ in Emergencies with the participation of UNICEF staff, government and NGO partners. In total, 51 UNICEF staff, 35 government counterparts,
and 26 staff from different NGOs were trained.

The major challenges in 2014 included the mobilisation of emergency personnel for other emergency responses (i.e. Ebola) which restricted UNICEF’s ability to conduct other activities, such as strengthening the capacity building of local partners.

In 2015, UNICEF will focus on operationalising the strategy and capacity building of implementing partners.

**OUTPUT 2** A fast response adapted to the humanitarian needs of the most vulnerable is ensured through the coordination and assistance provided by UNICEF to cover at least 35 per cent of the needs of populations displaced and returned, identified in the PAH

**Analytical Statement of Progress:**

In 2014, UNICEF aimed to promote innovative and alternative multi-sectoral responses to the critical needs of vulnerable children and families and evidence gathering and learning on the effect of such multi-sectoral approaches, particularly through the ARCC. The RRMP initiative aims to provide rapid and adapted humanitarian response to the most vulnerable and multi-sectorial coordination of emergency response with OCHA and implementing partners.

In September, UNICEF and the partners of the UK Aid-funded ARCC programme completed the first phase of the programme (October 2013 – September 2014). During this phase, ARCC partners (Concern, Mercy Corps, and Solidarités International) assisted a total of 11,995 conflict-affected households in North Kivu and Orientale provinces via several multi-purpose cash-based approaches, including multi-sector vouchers in open markets, electronic voucher fairs, and unconditional cash transfers via mobile phone and local financial cooperatives.

In line with the 2014 HAC appeal, UNICEF and partners assisted emergency-affected children and families with access to water and sanitation facilities, basic health services, emergency education, and essential household items and shelter materials through the RRMP programme. Via this multi-sectorial and multi-provincial assistance, UNICEF and partners responded to the needs of a total of 1,497,286 people in three core UNICEF sectors. Cumulative results were: Non-Food Items -28 per cent of the total HAP target; WASH -8 per cent of the target, principally due to the difference of calculating populations between RRMP and the HAP; and Education -28 per cent of the HAP target). A total of 545,014 people received emergency health services through the new RRMP health component (5 per cent of the HAP target).

Overall, RRMP assisted 2,042,300 beneficiaries, representing 76 per cent of the 2.7 million IDPs, and remained the largest emergency response mechanism in DRC, after food aid.

Between the end of 2013 and early 2014, OCHA conducted a survey on the performance of Clusters in four provinces in eastern DRC (Maniema, North Kivu, South Kivu, and Orientale). This survey was limited to an overall evaluation of the clusters and did not separate out analysis by individual clusters. In order to generate more specific information and analysis on the performance at provincial and national levels of UNICEF-led Clusters and the Child Protection Working Group, UNICEF plans to conduct its own survey on UNICEF-led Clusters by mid-2015.
OUTPUT 3 The resilience of communities and social actors in the transitional areas is increased by the sustainable improvement of access to basic social services and the strengthening of the capacities of community structures, which manage the risks associated with the conflict.

Analytical Statement of Progress:

In 2014, UNICEF expanded the PEAR+ programme in North-Kivu (Rubaya) and Province Orientale (Dungu), while pursuing implementation in South Kivu (Bunyakiri) and Katanga (Nyunzu). A specific focus was given to knowledge generation with the launch of a social protection systems study on Bunyakiri intervention’s community-based approach to strengthen resilience and social cohesion.

A total of 234,569 people benefited from a multi-sectoral (Health, Education, Child Protection, WASH) package, and an improved social dialogue through an innovative Participatory Community-Based Approach with a strong C4D component (against an annual target of 80,000 people). This process, with multi-sectoral and child-centred Child Friendly Community Committees, encouraged ownership within the 20 villages of Bunyakiri. In Dungu, coordinated efforts (called “cadre de concertation”) were put in place to enable local authorities and civil society to identify and respond to their own needs. In Rubaya, health services utilization rate for Under Five children increased from 35 per cent in 2013 to 85 per cent in 2014, and 14 villages were certified HV by the national government programme. The UN-joint programme financed by the Government of Japan was completed.

Implementation delays were due to unavailability of partners; safety issues; road conditions; and concurrent emergency and stabilization/transition approaches in the same area (e.g. conflict Raiya Mutumbuki and FARDC, July – August 2014). Identification of a relevant institute to conduct the social protection study is also taking time.

In 2013-2014, the programme reached 351,569 beneficiaries (146 per cent of 2014 target and 88 per cent of 2017 target), with 1,899 out-of-school children reintegrated in the education system, and 18 health areas officials trained and regularly receiving medicine. Good coordination processes, such as joint-missions, social dialogues, context analysis, and empowerment of multi-sectoral community committees, have allowed for the identification of synergies between FAO, UNDP and UNICEF. For instance, to strengthen protection levels for mothers and children, UNDP and FAO distributed agro-pastoral inputs, built markets and mills, and supported the creation of “Mutuelles de Solidarités” and cooperatives.

It is expected that an additional 93,100 beneficiaries will be reached in 2015 through the effective implementation of the Programme in Katanga’s province. The target for 2017 will be achieved if additional funds are mobilized.

OUTCOME 6 Programme management and support of the implementation of effective and efficient programme operations

Analytical Statement of Progress:

Management priorities identified in the 2013-2017 CPMP are still in place.

Throughout the year, significant efforts were made to manage risks and to improve efficient and effective financial management both with implementing partners and within the organisation. For
external partners, UNICEF organised capacity building sessions and trainings, HACT assessments, verification missions and audits if necessary.

Within UNICEF, several measures to improve efficiency and effectiveness, and to increase savings, were pursued, including: the installation of improved telecommunications equipment in several field offices; the use of solar power; and the systematic use of road transport rather than by air, when road infrastructure allowed.

One single BCV (VISION Business Center) is now operational. As a result, request processing time drastically improved (on average, 89 per cent of transmitted files are processed within five days). This expediency remains a priority for UNICEF DRC. The establishment of a monitoring system of returned records greatly contributed to this improvement, along with the commitment of colleagues in provincial offices to improve their knowledge of new procedures and tools.

Staff members were encouraged to strengthen their capacity on a regular basis through trainings and exchanges. Web sessions on key procedures and trainings on UNICEF’s management system, VISION, were organised throughout the year to improve staff knowledge and efficiency, especially for those in Zonal and provincial offices.

With a high turnover of staff, Human Resources continued to manage recruitment, with a particular focus on gender balance (at year end, 41 per cent female, 59 per cent male). To ensure more efficient work-flow and accountability, roles and responsibilities of the various offices were clearly defined in the accountability framework, shared by the Representative with all member of the COMIT through the RMP issued in July 2014. Standard Operating Procedures (SOP) were also finalised and the list of committees and the ToA (Table of Authority) were updated regularly.

In 2015, the priority will be to scale-up capacity building for staff, and to ensure a more systematic monitoring of the key performance indicators defined by Headquarters. Improving communication between field and central offices will be a key strategy to achieve these objectives and to improve upon results and indicators.

**OUTPUT 1**

Through to the end of 2017, laws, social policies, planning, budgets, expenses, public opinion and social norms are informed by the continuous analysis of the situation of children, monitoring and evaluation, and promote an environment conducive to children's rights

**Analytical Statement of Progress:**

In 2014, the total value of procurement (excluding clearance and transportation costs) amounted to US$114,798,375.00. This included:

**Programme & Operations Supplies** – US$43,263,395.95 (37.7 per cent) – 17 per cent of supplies were procured locally, 83 per cent offshore. The rate of implementation of the 2014 Supply Plan was 88 per cent, as of 31 December.

**Procurement Services** – US$71,534,979.66 (62.3 per cent): UNICEF provided procurement services to the MoH, and GAVI for the purchase of vaccines and equipment for hospitals and health centres.

**Construction Services** - UNICEF was one of the Government’s main partners for the construction of schools across the country.
More than 400 containers (about 75 per cent of the total) were imported through Matadi/Boma, the main entry point of the country (West). Efforts were pursued to reduce in-country logistics costs by systematically using road transportation when available. As a result, air transportation was reduced by 20 per cent in 2014.

Solar-powered security lighting was installed at three office locations with unstable electricity supply. This environmentally-friendly solution allowed UNICEF to meet MOSS requirements and to improve safety and security measures. The extension of the internal VoIP phone network to Dungu and Kindu reduced operational costs and improved collaboration between UNICEF staff and partners, as did the installation of a Skype Gateway server in Goma. The launch of the Bring Your Own Device (BYOD) initiative, coupled with the migration to MS Outlook, meant that staff had uninterrupted access to their email on their personal devices. Digital VHF repeaters were installed across the country to improve the quality and coverage of VHF communication.

A Security Specialist took up her post in November 2014, with the main objective of ensuring 100 per cent implementation of MOSS in each office. An action plan was put in place and its implementation is being regularly monitored.

**OUTPUT 2 Financial Resources and Stewardship**

**Analytical Statement of Progress:**

In 2014, UNICEF BCV/Finance staff undertook missions to all provincial and zonal offices (except Lubumbashi) in order to verify financial transactions and to review supporting documents. The staff took the opportunity to organize trainings on financial rules and the use of management tools such as the ToA and work processes.

In collaboration with the field offices, an action plan for following up on financial documents was put in place and was routinely followed. The plan improved efficiency and effectiveness by ensuring that appropriate corrective actions were taken and that cross-checking was performed before documents were sent to BCV/Finance. As a result, 89 per cent of payment requests were processed within five days, compared to 85 per cent in 2013.

UNICEF DRC respected UNICEF’s finance and accounting norms and standards and closely monitored its key performance indicators. As of the end of 2014, all KPIs were within prescribed norms, except for one pending issue related to 2012 personal advances and recovery items. Follow-up with HQ is underway to resolve the problem.

Bank reconciliations were done in a timely manner and within agreed limits established by DFAM, and all reconciling items were cleared in a maximum period of two months. Operational procedures were continually updated to reflect any new rules, such as the one on travel issued in 2014.

A budget report was produced and released every month to monitor progress utilization and efficient use of funds. This follow-up ensured that 100 per cent of the 2014 budget was utilized.

BVC/Finance supported West Africa countries affected by the Ebola emergency (Guinea, Sierra Leone) on a range of transactions that included payments as well as travel authorization.

**OUTPUT 3** salary costs, capacity building, travel.
Analytical Statement of Progress:
In 2014, UNICEF DRC had a total of 536 posts, with 465 established posts and 71 Temporary Appointments (including 19 UNVs and 2 Junior Professional Officers.) Approximately 6 per cent of the established posts were still vacant due to high turnover of staff in 2014 (promotion, reassignment or resignation) and the freezing of all positions in the General Services (GS) and National Officers (NO) categories in the framework of the implementation of the Efficiency & Effectiveness Initiative.

In 2014, gender parity increased by 4 per cent, with 59 per cent male staff and 41 per cent female. The gender rates in the three categories of staff were as follows: International Professionals (IP): 48 per cent male and 52 per cent female; National Officers: 65 per cent male and 35 per cent female; and General Services: 61 per cent male and 39 per cent female.

With the aim of increasing gender parity, UNICEF DRC will continue to develop and implement innovative measures in 2015 to attract quality female candidates, including job fairs in universities and high schools, and launching an internship program for Junior Female Professionals.

The implementation of the Performance Appraisal System (PAS) was closely monitored and the completion rates were 100 per cent for phase 1 and 95 per cent for phase 2. UNICEF DRC gave continuous support and advice to all parties involved in the PAS exercise.

At the end of December 2014, 124 of 143 recruitment and selection processes were completed. Seventy per cent of those processes met the established deadlines. Two Induction sessions were organized for new staff and newly-appointed IP staff were supported by the buddy program in place in DRC.

Some unforeseen developments in 2014 (response to Ebola outbreak, support to other WCAR countries, discontinuation of Kinshasa as a Non-Family Duty Station) had an impact on the human resources capacity in UNICEF DRC.

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### Evaluation

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Lessons Learned

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