Update on the context and situation of children

The Democratic Republic of the Congo (DRC) is currently the 4th most populated country in Africa, with a population that will have likely exceeded 100 million at the end of 2021. By 2030, the target year for achievement of the Sustainable Development Goals (SGD), the population is expected to reach 120 million, including 60 million children.

The DRC is increasingly recognized for its natural resources, including deposits of raw minerals such as cobalt and lithium; over 50% of Africa’s surface water reserves, vast rainforest, and arable land. The country holds huge potential as contributor to the global “green revolution”, as a major producer of hydropower, in addition to supplying components of batteries for electric vehicles. Yet, the DRC is also a country where 60 million people reportedly live below the international poverty line (World Bank 2018).

A new government was formed in April 2021, with presidential elections scheduled for 2023. This makes 2022 a crucial year for the Government to deliver on political and social commitments. However, it is anticipated that election preparations may have an impact on public spending, therefore limiting investment in social services and other support for vulnerable communities.

Since 2020, the Government has faced considerable spending pressure to mitigate excessive financial, social, and economic impacts of COVID-19 on the population. This was compounded by reduced tax revenue and protracted fiscal relief measures, further degrading the fiscal deficit of $631 million in 2020. Public debt is primarily comprised of external debt contracted with donors such as the African Development Bank in addition to mobilization of emergency support from the International Monetary Fund (IMF). However, according to estimates from the Central Bank of Congo, the economy grew by 5.7% in 2021. This has been attributed to the gradual global economic recovery from COVID-19, in addition to higher prices, renewed investment and demand, particularly for raw minerals.

Despite mitigation efforts, the broader impacts of COVID-19 on the population are becoming increasingly evident, highlighting the often-neglected longer term consequences, notably affecting the most vulnerable children, adolescents, and women. Evidence from the Integrated Analytics Cell, UNICEF’s operational research unit in the DRC, showed an average of 7000 additional births each month from March 2021, approximately nine months after national lockdowns and school closures. Furthermore, data from the Ministry of Health (DHIS2) highlighted a reduction in overall use of health services since the beginning of the outbreak response. This was reflected in evidence comprising numerous studies and multidisciplinary data sources, showing that families were limited by the cost of healthcare, and disruption of services considered “non-urgent” – frequently those addressing sexual and reproductive health needs of women and adolescents. Healthcare worker strikes from June further impacted health service delivery, including halting vaccination campaigns for children. This increased the risk of new outbreaks, as evidenced by an outbreak of measles in Kinshasa in October, and meningitis in Tshopo province between September and December 2021.

Children continue to face severe deprivation across all sectors, and according to the UNICEF-supported 2021 N-MODA Child Poverty and Deprivation study, 74.6% of children under 17 years across the DRC (approximately 19.9 million girls and 20.1 million boys) are multidimensionally poor.

This indicates that in addition to monetary-based poverty, these children are affected by deprivations such as poor health, lack of education, inadequate living standards and threat of violence, amongst others. To support the achievement of SDG 1, by 2030, the proportion of children under 17 years living in multidimensional poverty must be reduced by half. Clear disparities exist between provinces,
urban and rural areas. For example, in primarily urban Kinshasa province, 35.1% of children are multidimensionally poor, compared to 99% of children in rural Kasai province. This is reflected in other parts of the country, and highlights limitations in implementing “one-size-fits-all” interventions to address needs specific to different areas and communities.

With 19.6 million people in need of humanitarian assistance, including 11.5 million children, the scale and complexity of protection concerns during 2021 remained overwhelming, compounded by limited basic services and poor infrastructure. Over 1.5 million people were displaced between January and August alone - representing a 17% increase from the same period last year. The DRC simultaneously faced outbreaks of measles, meningitis, and typhoid, as well as cholera, plague, and yellow fever. Furthermore, North Kivu province was hit with two further Ebola outbreaks, requiring mobilization of frontline health workers and redistribution of resources – particularly challenging in the context of COVID-19.

In eastern provinces of North Kivu and Ituri, armed conflicts intensified, and in May, the Government responded by declaring a State of Siege, in which civil authorities were replaced by the military. This compounding insecurity further entrenches the protection and Gender Based Violence (GBV) risks towards women and children, while limiting humanitarian access to the most vulnerable people. A 73% increase in GBV cases was reported by response actors across the country in September compared to the same period the previous year, and women and children continued to face risk of sexual exploitation and abuse (SEA).

The DRC is also prone to natural disasters, and in May, the Nyiragongo volcano erupted, resulting in the displacement of approximately 500,000 people from the city of Goma in North Kivu province, as well as 33 (reported) deaths, and overwhelmed health facilities.

Within this complex environment, the Government continued the implementation of the National Strategic Development Plan 2020-2024 (PNSD) focusing on the two key priorities of the President - introducing Universal Health Coverage and upkeeping the Free Primary Education policy implemented since September 2019. Some progress has been made in increasing access to school for children, including through support from UNICEF and donors in the construction of classrooms. However, school closures at the beginning of 2021 in response to COVID-19, and prolonged teacher strikes have limited these advances. Similarly, implementation of Universal Health Coverage for the population has been delayed considering challenges posed by COVID-19 response.

**Major contributions and drivers of results**

Through its partners and donor-supported programme, UNICEF contributed to the achievements of Key Results for Children in West and Central Africa, delivering different services simultaneously, to address multiple interlinked vulnerabilities faced by children. This is in overall alignment with Sustainable Development Goals related to child protection, health, nutrition, education, and water, sanitation, and hygiene (WASH).

**BIRTH REGISTRATION**

Enhancing links between child protection and health sectors, UNICEF continued to increase national coverage of birth registration, through support to Civil Registration Offices, in addition to outreach activities to facilitate registration of vulnerable children living in conflict zones, on the streets and working in mines.

During 2021, 1.1 million births were registered through the civil registration system within the legal delay of 90 days after birth. This represented 32% of all births, and a 9% increase since 2017. Despite this increase, over 2 million children remain deprived of their legal identity rights.
To further address this, UNICEF supported an innovative programme in N’sele on the outskirts of Kinshasa, to establish electronic notification systems, connecting health facilities with civil registration offices to inform of births in real time. This intervention has so far linked 37 of 77 healthcare facilities with all 11 civil registration offices, facilitating and accelerating access to birth certificates for parents.

The United Nations Legal Identity Agenda Task Force brought together UN agencies around common advocacy objectives for the legal reform of the Civil Registration and Vital Statistics (CRVS) system, whilst promoting its ownership by Government authorities. The Family Code, a central component of the legal reform supported by UNICEF since 2020 is scheduled to be discussed within the parliamentary commissions in 2022. Its expected adoption will be key to accelerate progress towards Universal Birth Registration, as the Code includes digitalization of the CRVS system.

Routine immunization services supported by UNICEF in Kipushi, Haut Katanga, have served as an effective platform from which to distribute birth certificates to parents of newborns whilst they are being vaccinated. As a result, birth registration data are now included in routine health data collection and monitoring activities to support identification of non-registered children. This approach has already been replicated in three targeted provinces, providing further evidence of the benefits of multisectoral collaboration, and UNICEF will develop and implement a scale-up strategy to accelerate these results for children over the course of 2022.

**IMMUNISATION**

2021 was a challenging year for the implementation of many health interventions supported by UNICEF, and financial and technical partners. In addition to two Ebola outbreaks, COVID-19 continued to stretch capacity of the healthcare system as resources were redirected towards outbreak response. Furthermore, prolonged strikes of healthcare workers impacted the provision of many routine services such as vaccination and maternal and child health.

Vaccine shortages at district level further affected the implementation of immunization programmes. This is reflected in data from the national, UNICEF-supported Expanded Programme on Immunization (EPI), highlighting a reduction in the proportion of children fully vaccinated (85%, against the 90% target). In 2021, 71% of health zones across the country achieved 80% coverage of the 3rd dose of the DTP-HepB-Hib vaccine, protecting children against diphtheria, tetanus, pertussis, hepatitis B and influenza. This presents a reduced coverage compared to 2020 and 2019 (85% and 98% respectively). In addition, analysis of national health data shows reductions in tuberculosis, polio and varicella vaccination coverage in numerous provinces, particularly from June 2021, increasing the risk to children of contracting easily preventable diseases.

Despite these challenges, UNICEF continued to support the Government implementation of the National Mashakop Plan, the initiative to target areas with lower rates of routine immunization coverage. UNICEF supported vaccination campaigns in 12 provinces, comprising technical assistance to improve capacity of health personnel, provision of vaccines, and cold-chain equipment, including installation of 793 solar refrigerators.

In addition, as a part of the national initiative for the Eradication and Elimination of Vaccine-Preventable Diseases, polio vaccination campaigns reached over 10 million children (0-59 months) across 12 provinces, 99.9% of the target. As a result of these efforts, the DRC remained free from wild polio for the fourth consecutive year. Similarly, yellow fever vaccination campaigns reached over 15 million people (9 months – 60 years), equating to 94% of the target.

UNICEF, together with IMF, WHO, GAVI, the World Bank Group, USAID, Japan and the Bill and Melinda Gates Foundation, amongst other stakeholders, supported the establishment of a national forum with the Head of State to renew Government commitments on immunization and polio
eradication, and mobilize almost 80 million dollars. In 2021, with UNICEF support, 85,291,750 doses of different vaccines were procured, protecting children against endemic disease and localized outbreaks, such as Ebola and meningitis.

In the context of COVID-19, UNICEF has effectively adapted health and supply operations to facilitate the procurement and distribution of COVID-19 vaccines in the DRC, as well as support communication campaigns to improve vaccine acceptance and uptake by the population. 7.9 million doses of COVID-19 vaccine have so far been received by UNICEF and distributed since March 2021. Whilst initial uptake was slow, considerable advocacy efforts from international organizations, high level Government authorities and health stakeholders have increased momentum and engagement. This must be maintained and boosted during 2022 to enhance economic recovery and avoid further disruption to social services for children.

**PREVENTION OF STUNTING**

To maximize the benefits of immunization for improved health outcomes for children, UNICEF, together with Pronanut (the national nutrition body of the Ministry of Health), WFP, FAO, and other stakeholders, is continuing investment in comprehensive nutrition programmes. This is in alignment with the National Nutrition Multisectoral Plan for Reduction of Stunting.

Breastfeeding is crucial for children to have the best start in life. Following large-scale advocacy and community engagement campaigns undertaken by UNICEF and nutrition partners, 73% of children under 5 months targeted (200,197) were reportedly exclusively breastfed.

Further data from the Ministry of Health since 2020 highlight an increase (from 136,681 to 148,355) in the number of children under two years old supported through UNICEF programmes reported to be eating a diverse diet, including vegetables, fruit, eggs, and other proteins. Slight improvements were also seen in the proportion of children eating three meals per day, adopting a diverse diet (27% to 29%), now equating to 145,915 children. Following a similar positive trend, the proportion of children under two years receiving daily, five, of the eight food groups recommended by the WHO-UNICEF Technical Expert Advisory group on Nutrition Monitoring was reported at 40% (199,723) in 2021, compared to 33.6% (167,644) in 2020.

According to a Pronanut survey, the most pronounced reductions in stunting (71% to 66%) were recorded in the areas where prevention and treatment of malnutrition were simultaneously addressed. Globally, this package has proven to be particularly effective when coupled with multisectoral interventions such as health, WASH, agriculture, and social protection, in addition to community engagement. This approach and synergy must be further scaled from 2022 onwards, as presently, only 14% of health zones have implemented a minimum integrated package for stunting reduction.

As an additional positive reflection of the effectiveness of this type of intervention, 417,000 children with Severe Acute Malnutrition were treated during 2021 through UNICEF-supported multisectoral programmes, representing 80% of target coverage, compared to the 69% reached the previous year (383,000 children).

In accordance with the national nutrition plan, UNICEF likewise supported two Vitamin A campaigns, providing 9,219,523 million children (6-59 months) with the two required doses, against a target of 11 million. Despite delays through the global supply chain due to COVID-19, this slightly exceeded (83%) the Government threshold of 80%. UNICEF and partners will ensure that this momentum is maintained, and children continue to receive this micronutrient, critical for their growth and development.

**EQUITABLE AND SUSTAINABLE ACCESS TO EDUCATION**

2021 brought significant challenges in ensuring the provision of education for children as COVID-19 response measures such as lockdowns, and strikes of public sector teachers continued to restrict access
to schools across the country. In response, UNICEF adapted some interventions to minimise disruption in schooling, and strengthened its support to the Ministry of Education. This included the provision of distance learning radio, television, and online programmes - initiatives which, according to monitoring reports from UNICEF and its partners, reached over 11.8 million children otherwise unable to study.

Schools reopened in February 2021, following successful advocacy efforts from UNICEF and partners. To support the return to school in the context of COVID-19, UNICEF assisted 7,500 schools across 12 provinces to establish minimum hygiene standards for COVID-19 prevention. This included the distribution hygiene and sanitation materials for school waste management and handwashing, such as soap, garbage cans, buckets, and brooms. Thermo-flashes, posters, and leaflets on COVID-19 prevention were also provided. This benefitted approximately 1.9 million children (933,672 girls).

UNICEF has further been working with the Ministry of Education for the development of a national strategy for non-formal education and vocational training to support alternative learning opportunities for children. A UNICEF pilot “alternative education” programme is informing the development of the strategy, and so far, reaching 8,105 out-of-school children (4,708 girls) in ten provinces. This is particularly relevant in the COVID-19 recovery context where many children report having lost their motivation or propensity to learn (Integrated Analytics Cell, various studies, 2021).

To accelerate equitable access to education, UNICEF, its donors, and partners (including, amongst others, Education Cannot Wait, Global Partnership for Education) further invested in the scale-up of classroom construction within the framework of the Government’s free primary education policy, through the “One Thousand Classroom” initiative. Over the course of the last two years, 609 classrooms were constructed across 10 provinces, using a low-cost modular structure developed by UNICEF, so far benefitting 44,350 children (20,408 girls). But this is just a drop in the ocean, as the Ministry of Education estimates a shortfall of 63,000 classrooms, to ensure that children across the country have appropriate conditions in which to learn – a figure that highlights the scale of the needs that remain. With this in mind, during 2022, UNICEF has committed to the expansion of the programme to “One Thousand Schools”, and construction of a further 6000 classrooms, expecting to benefit 300,000 children.

UNICEF adheres to the “Leave no one Behind” (LNOB) principle, established by UN Member States to eradicate poverty, reduce inequalities, and end discrimination. Progress has been made in ensuring that children with disabilities are fulfilling their rights to education. In collaboration with partners such as Humanity and Inclusion, UNICEF is supporting the development of a Government strategy for inclusive education, in full consideration of the needs of individual children, moving away from a one-size-fits-all approach to education and access to facilities.

Key challenges remain with access to, and completion of secondary school, particularly for girls, for whom figures are consistently lower than those for boys. In 2020, a little over 50% of children graduated from lower-secondary school, 46.4% of these children were girls. Underlying factors behind this concerning finding include early marriage and pregnancy, often as consequences of gender-based violence. UNICEF, through its multisectoral education and protection programmes, must continue to address violence against children in all of its forms, within schools and learning environments.

**OTHER KEY RESULTS FOR CHILDREN IN THE DRC**

UNICEF in the DRC saw progress throughout 2021 in additional areas highlighted below:

**Improving learning outcomes for children**

UNICEF further sought to prepare teachers with the capacity to better respond to specific needs of children, regardless of the complexity of the context. In provinces affected by conflict and emergencies, 38,061 teachers (14,592 female) received training on psychosocial support, improving their knowledge and classroom techniques to better manage stressful and traumatic situations, and
optimize education potential for the most vulnerable children.

**Protection of women and children from violence and exploitation**

Throughout 2021, UNICEF worked in alignment with the recommendations from the Committee of the Rights of the Child (CRC) on effective implementation of the Child Protection Code, and on the prioritization of elimination of all forms of violence against children.

In collaboration with the Ministry of Social Affairs, 377,711 child survivors (178,506 girls), or those at risk of violence benefitted from education, psychosocial and health support. This was achieved through reinforced community-based protection mechanisms including para-social workers, and a more systematic use of indigence certificates and social contracts allowing the poorest and most marginalized children to access services for free.

Over 50,000 survivors of Gender Based Violence (GBV) including sexual exploitation and abuse (SEA), and women, girls, and boys considered at risk were supported through prevention and response programmes, across ten provinces. This included improved access to multi-sectorial services comprising health, economic reintegration, counselling, and legal assistance. The result represents a 5-fold increase in the number of (primarily) women and girls assisted since 2020 and is a positive reflection of the increased reach of UNICEF GBV programmes, and improved access to services for survivors. However, these data only show the tip of the iceberg, since most cases go unreported. To systematically address the endemic nature of sexual and gender-based violence across the DRC, continued and sustained efforts and financial investments must be deployed by all stakeholders present in the country.

**MANAGEMENT PRIORITY RESULTS**

In alignment with the 2021 UNICEF Annual Management Plan priorities, a position of “zero tolerance towards Sexual Exploitation and Abuse and fraud” materialized into funded, operationalized and scaled-up action-plans. These aimed to strengthen internal accountability, enhance risk mitigation, and improve capacities and responses of implementing partners to reported cases of SEA and fraudulent practices. As a result, 100% of the over 400 UNICEF personnel, in addition to over 140 partners received fundamental training on the prevention of sexual exploitation and abuse (PSEA). Over two million people were also reached with PSEA awareness messages through digital and mass communication. UNICEF advocacy was likewise instrumental in ensuring that PSEA is systematically integrated from the onset of all public health and other emergencies, such as during the two Ebola outbreaks in North Kivu province and the meningitis outbreak in Tshopo province. As a result, during these responses, the Ministry of Health nominated PSEA focal points, with the objective of improving institutional accountabilities, and channels for reporting were also diversified.

Furthermore, in partnership with UNFPA and the Danish Refugee Council, UNICEF is an active player in implementation of the PSEA inter-agency strategy aimed at reinforcing access to complaint mechanisms for SEA survivors, in addition to the required multi-sectoral response services.

UNICEF simultaneously focused on strengthening operational capacity and expertise to increase awareness and prevention of fraudulent practices. This was achieved through compulsory training of new and existing staff, and recruitment of technical personnel dedicated to systematically reviewing allegations of fraud. Likewise, UNICEF has provided basic training for over 120 partners, to enhance knowledge and awareness of issues relating to fraud. As a reflection of the positive impact of these investments, 67% of alleged fraud cases reported in 2021 were denounced by UNICEF implementing partners themselves.

A central challenge for the country remains a lack of impunity for perpetrators of sexual and gender-based violence (including SEA) and fraud, and this remains integral to UNICEF’s management priorities for 2022.
UN Collaboration and Other Partnerships

Within the UN Sustainable Development Cooperation Framework (UNSDCF), UNICEF coordinates interventions around access to basic social services and humanitarian response, in close collaboration with other UN agencies to accelerate joint programmatic results. To illustrate this, since 2020, UNICEF, WFP and FAO have implemented multisectoral interventions including food security, nutrition, WASH, education, and Cash for Assets in two provinces to strengthen socio-economic resilience of smallholder farmers and vulnerable populations. The social cohesion and peace elements of this package of intervention will be enhanced over the course of 2022 and scaled to additional provinces.

UNICEF further enhanced partnerships with other UN agencies following the launch of the Fund for the Prevention of Child Labour in Mining Communities in collaboration with the Global Battery Alliance. In 2021, a multi-sectoral programme aiming at ending the practice of exploiting children in mines in Haut-Katanga and Lualaba provinces was initiated. Within this framework, UNICEF together with the International Labour Organisation were mandated by the Government to co-ordinate partners working nationally around the elimination of child labour in the Congolese mining sector.

Since 2020, UNICEF has collaborated with Monusco and UNOPS to support the broadcast of radio station, Okapi Enfant. The station has a projected reach of 4.5 million listeners from seven cities across the DRC, sharing information for children and their parents on issues related to childhood and adolescence. It has also served as a vital tool to support distance learning whilst schools were closed due to COVID-19. Content is further broadcast live and posted on social media platforms, and during November and December, the dedicated Facebook page reached 1,031,678 people.

Partnerships have further been built with the four main private sector mobile phone service providers: Orange, Airtel, Vodacom and Africell. This has provided children and adolescents with a diversity of platforms and networks from which they can engage, speak out, and act for positive change in their communities. Two million young people enrolled in UNICEF’s U-Report platform in 2021, participating in 24 surveys conducted on different thematic areas such as health, WASH, protection and nutrition. These included exploring engagement with COVID-19 vaccination, the impact of the volcanic eruption in Goma, and perceptions around climate change. The concerns of young people gathered through U-Report were raised during a round table discussion with the President and a representative youth group, with promises made by the Government to act on some of the key issues raised. Whilst this positively reinforces the potential of private partnerships to engage with youth, 70% of U-Reporters are male, leaving girls behind. This digital gender divide illustrates that progress is yet to be made in order to empower girls through connection and active participation. To address this shortfall, young women will be targeted through specific SMS campaigns to encourage their enrollment and participation with the U-Report platform.

2022 will be a year for UNICEF to reinforce existing, and leverage new partnerships including with the private sector, to ensure that children remain high on the agenda of all major stakeholders operating in the DRC.

Lessons Learned and Innovations

From a pilot humanitarian cash transfer to a shock-responsive social protection system

To address the socio-economic impacts of COVID-19, UNICEF and WFP co-implemented a humanitarian cash assistance programme in N’sele, a peri-urban area of Kinshasa. Over a period of nine months, 19,100 vulnerable households received cash, supported through financial contribution of
the United State agency for Humanitarian Assistance and the UK Foreign Commonwealth Development Office. The objective was to alleviate financial impacts of COVID-19 on vulnerable families in the immediate and medium-term.

The value of the monthly injection was calculated according to the survival minimum expenditure basket - the minimum amount required to cover lifesaving needs. This was intended to provide families with the capacity to start up small businesses, and access food, healthcare, and education.

The phased process applied facilitated the transition between humanitarian response, and longer-term development programmes, shifting from the coverage of immediate needs during the first three months, to building resilience of communities and systems, led by the Government. This “triple nexus” approach includes additional elements of social cohesion and peace.

The remaining six months of the programme, aimed at transitioning towards a social safety net model, covered 16,000 of the more vulnerable households identified by the communities themselves through Community-Based-Targeting. Progressive involvement of the Government reinforced its capacity in working with communities to identify beneficiaries and facilitated the development of tools such as the Social Registry, used to enroll families into social protection programmes. Support was further provided by a private sector partner to establish a Management Information System for managing lists of beneficiaries, monitoring transfer payments, and progress of activities.

It was integral during this project to engage with communities as active partners, ensuring their ownership. Community Animation Cells (CAC) and a network of 1500 community health workers were supported to manage the registration of families, as well as receive and communicate feedback from community members.

To ensure that gender dynamics were considered, UNICEF partnered with a local women-led organization to promote the use of cash to encourage women’s empowerment through their integration into the labour market, by investing in small businesses. This partnership also increased the participation of women in family and community decision making, resulting in female representation within local CAC increasing from 30 to 80%. This pilot was implemented in settings where UNICEF was already actively supporting WASH, health, and other services for children. The integration of financial assistance with basic social services, a “cash plus” approach, was crucial to maximize the socio-economic impacts for improved well-being of children.

Capitalizing on these successes, in collaboration with the Belgian Government, over the next three years, UNICEF will work to further invest in institutional capacity and systems. The “cash plus” approach will be used to orient the implementation of the Government-led social safety net programme. Building national capacities and facilitating institutional and community ownership are central factors to ensure sustainable development, for maximum impact on communities and best outcomes for children.

**Scaling up Gender, Gender-Based Violence (GBV) and Prevention of Sexual Exploitation and Abuse (PSEA) Interventions**

Building on the four-year Gender Strategy developed in 2020, last year was marked by the complementary scale up of PSEA and GBV response capacity. To translate the interconnection of these themes and planned interventions into action, an operational and programmatic tool - the Gender, GBV, PSEA mechanism (GGP) was developed, funded, and piloted. Principally, the tool addresses challenges highlighted through contextual issues, particularly faced by women and girls, such as the use of GBV as a weapon of conflict, and the increased risks associated with large humanitarian presence during emergency response.

To ensure sufficient financing in the operationalization of the approach, the UNICEF country office decided to allocate 1% of all resources mobilized in addition to some available core funds. As a result,
an investment of approximately $3,200,000 has so far facilitated the increase in the number of GBV and PSEA partnerships, from three to eleven, including organisations lead by women in five provinces. This has improved the coverage of UNICEF services with the objective of addressing the specific needs of women and girls, ensuring their participation at all levels. As a result, women and girls are now consulted in programme design, and in some instances acting as safe reporting channels for cases of GBV and SEA, encouraging use of services by those in need.

Evidence generation through operational research has captured interlinkages between Gender, GBV and SEA. Two studies were conducted in collaboration with the Integrated Analytics Cell, exploring gender dynamics around malnutrition in Tanganyika province, and the underlying causes of anaemia in girls in Nsele. Findings highlighted barriers to women in accessing basic goods and services, limiting their capacity to care for children, adopt optimal feeding practices, and reach antenatal care services. Based on this evidence, adapted approaches will be integrated into UNICEF and partners’ response in 2022.

As a positive reflection of the use of this innovative mechanism, at the onset of the 13th Ebola outbreak in Beni, North Kivu, Gender, GBV and PSEA were for the first time integrated into the response of UNICEF and partners. This resulted in improved PSEA accountability across UN agencies, partners, and the Government, through the nomination of PSEA focal points, and an increased recruitment of female frontline workers. Also, to improve access to safer, community-based reporting channels and services for survivors, UNICEF partnered with a local women’s platform, and trained girls from a local youth council on PSEA and GBV. Finally, and of principal importance, data are now systematically disaggregated and analyzed by age and sex to ensure gender inclusiveness throughout responses.

Moving forward, the UNICEF DRC office will build on the key achievements and lessons learned highlighted through this report to strengthen the delivery of multisectoral services that best serve the needs of women and children. Ensuring gender-responsive and evidence-based decision making, partnerships with other UN agencies and civil society groups will continue to be leveraged to further invest in community-centric interventions which will best facilitate the transition between short-term humanitarian response and sustainable solutions.