

**EVALUATION OF UNICEF
PROGRAMMES TO
PROTECT CHILDREN IN
EMERGENCIES**

**DEMOCRATIC REPUBLIC OF THE
CONGO COUNTRY CASE STUDY**

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Evaluation of UNICEF Programmes to Protect Children in Emergencies, Democratic Republic of the Congo Country Case Study

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United Nations Children's Fund

Three United Nations Plaza

New York, New York 10017

August 2013

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This report for the Democratic Republic of the Congo constitutes part of a global evaluation titled *UNICEF Programmes to Protect Children in Emergencies*, which includes four country case studies. This case study report was prepared by independent consultants Viktoria Perschler and Margaret Brown. Krishna Belbase, Senior Evaluation Officer, managed and led the evaluation process in close collaboration with the UNICEF country office where the lead counterparts were Anna Paola Favero, Child Protection Specialist, Children Associated with Armed Forces and Armed Groups; Yael Banaji, Child Protection Specialist, Gender-based Violence; and Dan Rono, Child Protection Specialist, Eastern Zone.

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ACKNOWLEDGEMENTS

This case study report is the result of the commitment, efforts and contribution of a large number of individuals and institutions. The evaluation team wishes to thank the many colleagues who gave freely of their time for this evaluation, including staff from UNICEF, the Government of Democratic Republic of Congo (DRC), MONUSCO, OCHA, UNJHRO, UNFPA, UNHCR, UNWOMEN, the many NGOs, the Embassy of Sweden, United States Agency for International Development (USAID) and members of the child protection sub-cluster. In particular, we are grateful to Anna Paola Favero, Dan Rono and Yael Banaji, Child Protection Specialists at UNICEF, for coordinating the evaluation at the national level in DRC.

We are grateful to the members of the National Evaluation Reference Group who volunteered their time and expertise to help improve the quality and potential use of the evaluation by reviewing draft reports. The Reference Group included Professor Gaby Mangu, Coordinator of the National Strategy to Combat Gender-based Violence, Ministry of Gender; Patricia Tuluka, Specialist in Reintegration of Ex-Combatants, Executive Unit for the National Disarmament, Demobilization and Reintegration Programme; Mano Ntayingi, Monitoring and Evaluation Program Manager, IMA World Health; and Danny Mbusa, Programme Coordinator, Cooperazione Internazionale.

At the global level, the evaluation was steered by an inter-divisional advisory group which reviewed and commented on several drafts. The advisory group included Christian Salazar, Saudamini Siegrist, Karin Heissler and Pernille Ironside from UNICEF's Programme Division; Gary Risser from the Office of Emergency Programmes (EMOPS) at UNICEF; Cornelius Williams from UNICEF's East and South Africa Regional Office; as well as Krishna Belbase and Erica Mattellone from UNICEF's Evaluation Office. Our appreciation goes to Tina Tordjman-Nebe, UNICEF Evaluation Office, and Catharine Way, The Write Way Inc., for reviewing and editing this report.

Most importantly, we would like to thank all the children, women, members of child protection committees and local leaders who shared their experiences and contributed important insights to this evaluation.

CONTENTS

ACKNOWLEDGEMENTS	iv
ACRONYMS	vii
EXECUTIVE SUMMARY	viii
1. INTRODUCTION	1
1.1 UNICEF’s Approach to the Protection of Children in Emergencies	1
1.2 Background to the Evaluation	2
1.3 Armed Conflict and its Impact on Children in DRC	3
1.4 National Context for Child Protection	5
1.5 UNICEF Programmes to Protect Children and Women in Emergencies	6
2. EVALUATION SCOPE AND METHODOLOGY	13
2.1 Scope and objectives	13
2.2 Limitations and changes	13
2.3 Case Study Methodology	14
2.4 Evaluation Team and Reference Group	16
3. EVALUATION FINDINGS	17
3.1. Relevance and Appropriateness of the Programme	17
3.2. Programme Achievements	24
3.3. Effectiveness	30
3.4. Quality and Efficiency of Programming	34
3.5. Connectedness and Coordination	37
3.6. Scaling Up, Phasing Out and Sustainability	38
3.7. Cross-cutting Issues	39
4. CONCLUSIONS	42
5. RECOMMENDATIONS	47
Annex 1: Evaluation Framework	49
Annex 2: Interviews conducted	50
Annex 3: Evaluation Questions	52
Annex 4: Questionnaire to Partners	54
Annex 5: Protection Issues Identified by Partners	58
Annex 6: Protection Issues by Age Band and Sex	59
Annex 7: CAAFAG Project Calculation Based on Donor Reports	60

Tables

- Table 1: Rolling Workplan Matrix, 2011/2012
- Table 2: Partner Responses to the Case Study Questionnaire
- Table 3: Protection Issues Identified by UNICEF Partners
- Table 4: UNICEF-supported Services to Survivors in Eastern DRC, 2009-2012
- Table 5: Beneficiaries of Reintegration Support for CAAFAG, 2008-2012
- Table 6: Verified MRM Violations 2010/11
- Table 7: Planned Per Capita Costs of GBV Projects
- Table 8: Planned Per Capita Costs of CAAFAG Projects

Boxes

- Box 1: Timeline of Main Events in the Armed Conflict and Peace Process
- Box 2: Advocacy with the International Criminal Court for Reparations for Child Conscription

ACRONYMS

CAAFAG	Children associated with armed forces and armed groups
CCCs	Core Commitments for Children in Humanitarian Action
CERF	Central Emergency Response Fund
CP	Child protection
CPiE	Child protection in emergencies
CPWG	Child Protection Working Group
DDR	Disarmament, demobilization and reintegration
DRC	Democratic Republic of the Congo
ERW	Explosive remnants of war
FARDC	National Armed Forces of DRC
FTR	Family tracing
GBV	Gender-based violence
IASC	Inter Agency Standing Committee
IDTR	Identification, Documentation, Tracing and Reunification
IRC	International Rescue Committee
LRA	Lord's Resistance Army
MARA	Monitoring, Analysis and Reporting System
MONUSCO	United Nations Organization Stabilization Mission in the DRC
MRE	Mine risk education
MRM	Monitoring and Reporting Mechanism
MSA	Multi-sectoral assistance
NSCGBV	National Strategy to Combat Gender-based Violence
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
OECD-DAC	Organisation for Economic Co-operation and Development-Development Assistance Committee
PEP	Post-exposure prophylaxis
RRMP	Rapid Response to Movements of Population
RECOPE	Reseau Comunitaire de Protection de l'Enfant (Child Protection Network)
RWP	Rolling work plan
SGBV	Sexual gender-based violence
Sida	Swedish International Development Cooperation Agency
SRSG	Special Representative of the Secretary General
UEPN-DDR	Executive Unit for the National Disarmament, Demobilization and Reintegration Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNMACC	United Nations Mine Action Coordination Centre
UNMAS	United Nations Mine Action Service
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UXO	Unexploded Ordnance
V-Day	Victory Day (International NGO)
WASH	Water, sanitation and hygiene

EXECUTIVE SUMMARY

The case study of UNICEF programmes to protect children in emergencies (CPiE) in the Democratic Republic of the Congo (DRC) is part of a global review commissioned by UNICEF. The framework for the evaluation is based on the global Child Protection Strategy (2008) and the Core Commitments to Children in Humanitarian Action (2010). It considers the effectiveness of the protective environment strategy in pre-emergency, response and recovery phases. The evaluation aims to identify key programming successes and gaps in child protection in emergencies (CPiE) and draw out lessons learned in the context of armed conflict and natural disaster.

The DRC case study reviewed aspects of the programme over the period 2011-2012, with a focus on protection issues arising from armed conflict. The evaluation focused on gender-based violence (GBV) and the reintegration of children associated with armed forces and armed groups (CAAFAG), drawing information from a desk review and interviews carried out during a visit to Kinshasa as well as telephone interviews and a questionnaire sent to UNICEF partner organizations following the visit. Security concerns forced cancellation of the planned field trip to Goma, in the province of North Kivu, so it was not possible to meet beneficiaries, partners or representatives of decentralized government structures.

Following is a summary of the case study findings.

Relevance and appropriateness of the programme: Programme design was found to be highly relevant to the priority protection issues in DRC. Based on available data and the ranking of UNICEF partner NGOs, family separation was the main protection violation, followed by recruitment of children, sexual violence and child labour. Sexual violence was ranked first regarding protection violations for women. The core priorities of the UNICEF CPiE programme in DRC – addressing the recruitment of children and sexual violence – are thus absolutely appropriate and relevant.

In terms of geographical priority areas, the child protection (CP) programme maintains an appropriate focus on the provinces of North and South Kivu (also referred to as ‘the Kivus’) because child recruitment and sexual violence are most prevalent compared to other parts of the country.

The programme was closely aligned to the global strategy. Though there is no explicit theory of change underpinning the programme, the programme logic is evident. It is based on the assumption that strengthening state systems (protective legislation, policies, institutional capacity building at central level), as well as supporting community-based systems and enhancing the capacities of children, will increase child protection in the context of armed conflict. Due to a generally weak State presence in the provinces, UNICEF’s work with the Government has been focused on central level.

UNICEF has addressed all the Core Commitments for Children in Humanitarian Action (CCCs) in protection with the exception of CCC 8 on landmines and explosive remnants of war. That is because the United Nations Mine Action Coordination Centre (UNMACC) is the organization primarily responsible for humanitarian mine action activities in the country.

No comprehensive assessment of child protection needs was carried out. Data used by UNICEF are provided through other partners – United Nations entities and international and national NGOs – that carry out local situation analyses and needs and capacity assessments. There was consensus among respondents that data, including baseline data collected through assessments, are not yet adequate for monitoring of outcomes. However, a 2011 evaluation of the CAAFAG programme resulted in some adjustments to programme design.¹

Achievement of outcomes: The programme achieved significant outcomes against planned intermediate results. Regarding gender-based violence, UNICEF has made extensive contributions to (a) providing strategic vision and leadership in the fight against sexual violence, including through

¹ Boudineau, S., 2011, *Rapport d’Evaluation du programme 2007 – 2011 pour les Enfants Associés aux forces et aux groupes Armés en RDC*, unpublished.

development of protocols that provide a holistic response to sexual violence and co-leading the multi-sectoral assistance (MSA) pillar of the National Strategy to Combat Gender-based Violence (NSCGBV); (b) providing health, counselling and socioeconomic services to survivors; and (c) performing advocacy, especially through the V-Day (Victory Day) campaign, a global activist movement to end violence against women and girls. In terms of service provision, between 2008 and the middle of 2012, UNICEF-supported partners provided medical, psychosocial and reintegration assistance to 77,288² people (25,729 minors and 51,559 adults; no sex-disaggregated data provided). This exceeded the target of 69,301 by more than 10 per cent.³

Children associated with armed forces and armed groups: UNICEF is the lead agency on the reintegration programme for CAAFAG and a strong driver of the release of children, aided by MONUSCO's direct negotiation. Reintegration programmes are well developed and reach extremely high numbers of boys and girls compared with other countries.⁴ A total of 24,420 packages of support have been provided to boys and girls since 2008, far exceeding UNICEF's programmatic aim of 1,000 to 2,000 annually. UNICEF-supported reintegration programmes aim also at reducing the risk of re-recruitment. Joint efforts between headquarters and the DRC country office led to the submission of an amicus curiae brief to the International Criminal Court in the case against Thomas Lubanga Dyilo. The brief contributed to a landmark decision on reparations to survivors of child recruitment and their communities.

Monitoring and Reporting Mechanism: The major results of the Monitoring and Reporting Mechanism (MRM) on Children Affected by Armed Conflict, established by Security Council resolution 1612 are: (a) a significant increase⁵ in the reporting of violations through the systematic training of partners and community- and church-based networks, amounting to reporting of 1,299 grave violations between 2011 and June 2012; (b) the successfully negotiated action plan on recruitment and use of children by the FARDC and sexual violence in armed conflict, signed in October 2012, the first one to include sexual violence; (c) the use of the MRM as a tool to advocate against impunity; and (d) the submission of the amicus curiae brief to the International Criminal Court.

Preparedness planning: UNICEF has made considerable investments in preparedness planning, both with the Government at national level (in development of standards and protocols for service delivery) and with partners in the CP sub-cluster and MSA Working Group. This includes contingency planning for upsurges in hostilities, given the unstable situation in DRC.

Development of national capacities: UNICEF has effectively invested in developing national capacities, especially through the CP sub-cluster. However, the approach has tended to be ad hoc (based on workshops); it would be preferable to take a systematic approach based on a capacity needs assessment. In terms of communication, UNICEF has promoted awareness of the sexual violence law passed in 2006 through community awareness campaigns and also supported partners to inform survivors of available services and facilitate referrals to legal assistance.

Costs and efficiencies: Per capita costs for reintegration of CAAFAG appear very low, and for both CAAFAG and survivors of sexual violence, per capita costs vary widely. This can be explained by the range of services offered, which are tailored to the specific needs of the child and can range from inexpensive to more costly. Regarding funding allocations, the figures show a drastic reduction in UNICEF funding to CPIE, especially for GBV. This reflects the overall downward trend in funding for DRC, which is in no way justified given the ongoing conflict, especially in the Kivu provinces. The lack of funding threatens UNICEF's ability to provide a predictable response, as called for in the CCCs.

² 25,729 minors and 51,559 adults², no sex-disaggregated data provided.

³ UNICEF CP Team presentation for the evaluation.

⁴ For example, in South Sudan the reintegration programme for released children was targeting some 1,500 boys and girls in total, not per annum and had received 94 released children from January to June 2012 (Report to UNICEF for this evaluation).

⁵ The MRM has provided NGOs involved in the mechanism a common focus for monitoring and sensitization. Communities reportedly now report grave violations more often.

Coordination: UNICEF staff, partners, the United Nations Office for Coordination of Humanitarian Affairs (OCHA) and United Nations High Commissioner for Refugees (UNHCR) all reported positively about UNICEF's work in leading the CP sub-cluster and the MSA Working Group at national level and in the provinces.

CONCLUSIONS

Programming

The UNICEF child protection programme has been working under extremely difficult circumstances due to the ongoing crisis and recurring conflict in the eastern DRC, especially in the provinces of North and South Kivu. Despite this situation, UNICEF has achieved impressive results in all areas addressed by the evaluation.

The most effective strategic approaches were combining upstream and downstream work. This involved collaborating with the Government in developing standards and protocols while also supporting implementing partners to provide services related to CAAFAG and GBV. It also involved preparedness planning based on the CCCs with the Government at national level and with partners in the CP and MSA Working Groups. Another important strategy was capacity building of all partners, with a special emphasis on national NGOs.

Overall, the CPiE programme has been coherent in its support to the Government and national NGOs. It has provided effective technical support to legal and policy development as well as to project implementation in all CPiE areas addressed in the course of this evaluation. The programme has also addressed key organizational principles, by considering gender equality and equity and by following the human rights-based approach to programming.

- **Gender-based violence**

UNICEF has been a main stakeholder in influencing policies and guidelines regarding GBV and has had an influential and active role as co-leader of the MSA pillar. UNICEF has also provided vast support to providers of medical, psychosocial and legal services. The CP programme put less emphasis on the prevention of sexual violence, mainly linked to the fact that UNICEF does not lead on the pillars addressing prevention and impunity. Due to the persistent emergency situation, longer term monitoring was not a priority of the programme, which prevented determination of which types of programmes have produced the most positive longer term outcomes.

- **Children associated with armed forces and armed groups**

UNICEF's continuous advocacy, technical and financial support, and collaboration with the Government, notably the Executive Unit for the National Disarmament, Demobilization and Reintegration Plan (UEPN-DDR), and with national NGOs had strong results on programming for CAAFAG. Gaps identified were the scarce information on recruited girls and poor documentation and analysis of follow-up after reintegration, hampering determination of longer term outcomes and the true extent of re-recruitment.

Programme Coordination and Management

UNICEF has invested considerable resources in coordinating GBV interventions and CP Working Groups (CPWGs). UNICEF's approach to bottom-up coordination within the CPWGs has been effective in developing appropriate tools and strengthening vertical linkages. Coordination is crucial, especially given the vast number of actors, but it needs more resources and could be improved across sectors. Overall funding for child protection has fallen considerably, and the lack of funding threatens UNICEF's ability to provide a predictable response, as called for in the CCCs.

RECOMMENDATIONS

The following recommendations are addressed to the UNICEF country office, but many would be undertaken together with government departments and/or child protection colleagues in the CP Working groups.

Recommendations on Programming Relative to GBV

For the UNICEF child protection section (with support from UNICEF headquarters) and NSCGBV partners (Government, UNFPA, UNHCR):

Recommendation 1: Strengthen the evidence base on prevention and treatment of sexual violence in armed conflict, including on the longer term outcomes of different approaches:

- Carry out case studies to review the effects of different approaches (on medical treatment and psychosocial support of survivors by age and gender, empowerment of women through strategies such as prevention campaigns, the effects of targeted awareness-raising of boys and men, etc.). Ideally, these should address 'counter factuals' (what would have happened if the intervention had not been provided).
- Analyse GBV coordination issues in the conflict-affected areas of the Kivus and in relation to the NSCGBV pillars, including cluster coordination.

For the UNICEF child protection section together with partners of the NSCGBV prevention pillar and the MSA Working Group:

Recommendation 2: Strengthen efforts to prevent GBV:

- Develop an integrated plan for prevention of sexual violence in eastern DRC that aligns closely to existing UNICEF-supported responses in GBV.
- Improve cooperation with RECOPEs and technical and financial support for them to enable strengthening of their interventions on prevention of GBV.
- Strengthen support for a more systematic engagement of partners with FARDC commanders and police on preventing sexual violence.
- Include/strengthen awareness-raising programmes on GBV focusing on men and boys.
- Continue and strengthen support to village savings and lending schemes and monitor if and to what extent they can decrease sexual violence in addition to empowering women.
- Initiate/advocate for public campaigns such as the V-Day campaign to shift perceptions and attitudes about sexual violence.
- Improve collaboration between UNICEF child protection and WASH sections, given the risks faced by women and girls in water collection and latrine use in camps.
- Consider provision of alternative fuel sources to reduce exposure of women and girls to sexual violence while collecting firewood.

Recommendations on Programming Relative to CAAFAG

For the UNICEF child protection section (with support from UNICEF headquarters), UNHCR, UNMACC and the CP sub-cluster partners:

Recommendation 3: Strengthen the evidence base on children released from the armed forces and armed groups and on the results of different approaches to reintegration.

- Develop a data system that supports case follow-up and review of which strategies help to prevent re-recruitment by armed groups in different contexts. It can draw on follow-up instruments annexed in the 2011 evaluation⁶ and should ensure fulfillment of confidentiality and ethical standards. Data collected should be collated and analysed through regular reviews with the CP sub-cluster.

⁶ Boudineau, S., 2011, *Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC*, unpublished.

For the UNICEF child protection section and CP sub-cluster partners:

Recommendation 4: Develop good practice guidance on prevention of recruitment and promotion of reintegration of CAAFAG, based on analysis of proven strategies.

- Based on effective approaches to prevention and response to CAAFAG outlined in this report, consider developing locally appropriate good practice guidance on programming with girls and boys of different age groups. Consider how State services can be engaged and strengthened in each area addressed.

For the UNICEF child protection section and UNMACC:

Recommendation 5: Analyse the extent to which current approaches to MRE are focused on the risks faced by younger and older children, both girls and boys.

- Given recent discoveries of ammunition and unexploded ordnance, assess whether UNICEF should address CCC 8 on ERW.

Recommendations on Programme Management

For UNICEF headquarters and the country office:

Recommendation 6: Provide more support to data systems and production of evidence.

- Given the burden of gender-based violence and CAAFAG in DRC, it is essential to provide more support to developing data systems and producing evidence on these issues. Ideally regular resources should be provided for at least one information management post within the CP section. Consider sharing with donors new approaches to producing evidence from an early stage to encourage support for such efforts.

Recommendation 7: Provide more support to coordination.

- Provide at least one post (and preferably two) for coordination in CP and GBV based in the Kivus.
- Review coordination with WASH regarding protection of girls and women from sexual violence in eastern DRC.
- Increase and improve documentation on results achieved through the CPiE programme.
- Seek assistance from headquarters and the regional office on fundraising.

Recommendation 8: Promote greater engagement of State systems and services in CP and CPiE, including in social services, in coordination with partners and donors.

Recommendation 9: Assess the sustainability of national NGOs and encourage them to diversify their funding streams.

1. INTRODUCTION

1.1 UNICEF's Approach to the Protection of Children in Emergencies

UNICEF's approach to child protection action in emergencies is framed by the Child Protection Strategy (2008) and the Core Commitments to Children in Humanitarian Action (CCCs, 2010). The Child Protection Strategy aims to create a protective environment through a continuum of protective interventions in pre-crisis, crisis and post-crisis phases.

The Strategy sets out three pillars. The first two, 'strengthening national protection systems' (formal and less formal) and 'supporting positive social change' (in relation to harmful practices), work in tandem to create a protective environment for girls and boys. They should both be strengthened simultaneously to be effective. Taken together, they reinforce the protective environment and reduce protection risks that occur during natural disasters and complex emergencies. Strengthening national protection systems involves a range of actors, including children and youth, families, communities, government and civil society and private organizations. The effectiveness of child protection depends on (a) laws, policies and standards; (b) services and service delivery mechanisms; (c) human and fiscal resources and management; (d) communication and advocacy; and (e) evidence and data for decision-making.

The third pillar, 'child protection in armed conflict and natural disasters', interprets how to adapt the systems approach to child protection in emergency and transition contexts. This can be, for example, through mechanisms at camp level that identify vulnerable children and provide front-line support and referral to support services (psychosocial support, family tracing, access to education). The aim is to work with existing systems, even if they are weakened during a crisis. The Strategy points out that opportunities and entry points may emerge during crises that can be used to catalyse system strengthening or social change in the recovery phase. An example would be using the imperative of providing tracing and reunification services to separated children in the emergency to strengthen longer term systems for protection of children without adequate parental care.

In addition to the three pillars are two cross-cutting areas: (a) evidence-building and knowledge management and (b) convening and catalysing agents of change. Evidence-building and knowledge management seeks to ensure that adequate data and information are available to plan and monitor results and outcomes for children. Convening and catalysing agents of change refers to strengthening partnerships with other actors to coordinate and scale up programming and advocacy in child protection.

Common concerns in all contexts are (a) addressing gender and other power imbalances, (b) strengthening coordination between sectors, (c) increasing support through social protection and rule-of-law initiatives and (d) ensuring that socially excluded or invisible groups are included.

The CCCs complement the Child Protection Strategy by presenting a set of key commitments, benchmarks and actions in each phase of preparedness, response and early recovery. Taken together, the eight CCCs in child protection are intended to serve as a framework for rapid, predictable response.

UNICEF is also responsible for implementation of key Security Council resolutions, particularly resolution 1612, which required the establishment of a monitoring and reporting mechanism on six grave violations against children in armed conflict⁷ and Security Council resolution 1888 that strengthened the requirements on monitoring of sexual violence against women and children in armed conflict and combating impunity.

Within the cluster system for the coordination of humanitarian response, UNICEF is the focal point for the child protection area of responsibility and leads on the establishment of a child protection sub-cluster (of the protection cluster) or child protection working group in partnership with government

⁷ The violations are (i) killing and maiming of children; (ii) recruitment and use of child soldiers; (iii) rape and other forms of sexual violence against children; (iv) abduction of children; (v) attacks against schools or hospitals; and (vi) denial of humanitarian access to children.

agencies, NGOs and academics. CP sub-clusters aim to ensure that child protection is more predictable, effective and accountable in emergencies. Since early 2008 UNICEF has also been co-lead, with the United Nations Population Fund (UNFPA), of the gender-based violence (GBV) area of responsibility. UNICEF is further responsible for dissemination of the Inter-agency Standing Committee (IASC) 'Guidelines for Gender-based Violence Interventions in Humanitarian Settings' and the gender-based violence area of responsibility 'Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings' .

Addressing GBV in emergencies is a core commitment for children. Child Protection Commitment 5 (Programming) underscores the importance of combating violence, exploitation and abuse of children and women from both a prevention and response perspective. In addition to addressing GBV from a programme perspective, Child Protection Commitment 1 (Coordination) recognizes the importance of GBV-related coordination. This commitment aims to ensure that effective leadership is established for both the child protection and GBV areas of responsibility, with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues. Finally, UNICEF is responsible for dissemination of the IASC 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' and for ensuring that mental health and psychosocial support is mainstreamed into cluster work. Further, the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups and the Paris Commitments to protect children from unlawful recruitment or use by armed forces or armed groups (both 2007) set out the agenda for prevention of child recruitment, release and reintegration, ending impunity and ensuring justice and for follow-up. UNICEF plays a leading role in advocating for implementation of the Commitments.

1.2 Background to the Evaluation

UNICEF's Evaluation Office commissioned this first global evaluation of programmes to protect children in emergencies (armed conflict and natural disasters) in the light of the Child Protection Strategy and CCCs (see framework in Annex 1). The purpose of the global evaluation is to strengthen child protection programming in the context of emergencies by assessing UNICEF's performance in recent years across the continuum of pre-crisis, crisis and post-crisis phases. Both preventive and responsive perspectives were considered, in line with the CCCs.

More specifically, the global evaluation reviews the performance of programmes against the criteria of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD/DAC)⁸ and investigates how far interventions in longer term CP systems-strengthening coupled with preparedness actions from the CCCs actually lead to more effective response in crises. In terms of supporting positive social change, it considers whether it has been possible to challenge negative attitudes and practices in terms of gender, ethnicity and disability, among others, and contribute to a culture of peace in before and during crises. Finally, the evaluation reviews programme performance against the CCCs and identifies successes and gaps in terms of what works, what does not work and how to better protect children in disasters and armed conflicts.

The evaluation of UNICEF programmes to protect children in the Democratic Republic of the Congo is one of the four country case studies that also include South Sudan, Pakistan and Colombia. In addition, a desk study is addressing child protection in a further eight countries affected by disaster and/or armed conflict.⁹ The evaluation covers UNICEF's work during the current medium-term strategic plan period with a principal focus on the last two to three years.

DRC is a particularly important country for the global evaluation in view of the lessons that have been learned in addressing the release and reintegration of children associated with the armed forces and armed groups and in responding to gender-based violence. Although the deteriorating security situation curtailed a planned November 2012 visit to North Kivu by the evaluation team, data collection was

⁸ Impact or intermediate results, relevance/appropriateness, effectiveness, efficiency, connectedness/coordination, sustainability and scaling up.

⁹ Afghanistan, Haiti, Myanmar, OPT, Philippines, Somalia, Sri Lanka, Sudan.

mitigated by an extensive desk review, questionnaires from partners and distance interviews. They aimed to build evidence on programming and advocacy with a focus on CAAFAG and GBV.

1.3 Armed Conflict and its Impact on Children in DRC

The people of DRC have endured a complex emergency since the mid-1990s, especially in the east of the country (see box 1). The conflict began in 1993 with ethnic violence and disputes over the vast mineral resources in the east.¹⁰ Much of the conflict is regional in nature and has involved six other countries – Angola, Burundi, Namibia, Rwanda, Uganda and Zimbabwe. There have been periods of greater or lesser instability, and the conflict has caused an estimated 5 million deaths between 1998 and 2007, 10% caused directly by violence and 90% by preventable and treatable health conditions¹¹ as a result of disrupted health services, poor food security, deterioration of infrastructure and population movement.¹² Children under 5 have been the most severely affected, with death rates 85% higher than the average in sub-Saharan Africa. Death rates have been highest in the eastern provinces.¹³

The conflict has been marked by the use of thousands of children in the armed forces and armed groups. They have been recruited and re-recruited in different phases of the conflict, and in late 2012 their numbers were estimated at around 3,000 boys and girls.¹⁴ Sexual violence, including rape by parties to the conflict, has also marked the DRC conflict.

In discussing sexual violence, a UNICEF humanitarian report described it as “the devastating experience of thousands of girls and women in their homes, in

Box 1: Timeline of Main Events in the Armed Conflict and Peace Process

- 1996** Armed rebellion begins against President Mobuto
- 1997** Laurent Kabila becomes President
- 1999** Peace negotiations take place involving six countries but agreement soon breaks down
- 2000** UN Security Council approves Peacekeeping Force MONUC
- 2001** President Laurent Kabila assassinated and son Joseph Kabila appointed
- 2002** Peace agreement signed by all parties. Transitional Constitution in place and government of national unity
- 2006** Joseph Kabila elected president
- 2007** 165,000 combatants demobilized including 29,300 children (15%-20% girls)
- 2008** Peace agreement signed with 22 armed groups but conflict resumes
- 2010** UN Security Council approves establishment of new mission for peacekeeping force, MONUSCO
- 2011** Joseph Kabila re-elected but conflict continues
- 2012** M23 group marches on and occupies Goma (North Kivu) in November, prompting fresh waves of violence and displacement.

Source: E. Brusset et al., 2011, *Joint Evaluation of Conflict Prevention and Peacebuilding in the Democratic Republic of Congo*, Ohain, Channel Research.

¹⁰ www.unocha.org/drc/about-us and World Bank, Country Assessment Strategy, 2007. This is mainly due to continuing armed conflict and general insecurity following a first conflict in 1997 (with the involvement of seven other countries and a number of rebel militia) and a second conflict between 1998 and 2003 during which a reported three million people died, and many more were displaced.

¹¹ Malaria, diarrhea, pneumonia and malnutrition.

¹² IRC, 2008, *Mortality in the Democratic Republic of Congo*, [online]. Available at: <http://www.rescue.org/special-reports/special-report-congo-y> [Accessed 17th June 2013].

¹³ Ibid

¹⁴ Interviews with UNICEF CP Team.

IDP camps and on the road to farms, markets and schools.”¹⁵ Around 30% of the survivors are under 18 years and around 2% are under 5 years. Male survivors are around 3% of the total.¹⁶

Key protection issues and violations for children and women include:

- *Active presence of many armed groups:* Numerous armed groups have been striving to control land and mineral resources in the east, mainly in North and South Kivu. The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) estimated in 2012 that 30 different groups have been involved.¹⁷ Armed groups have targeted civilians for revenge killings and are responsible for massacres of entire villages, mass rape, child recruitment and other grave human rights violations.¹⁸ The actions of armed groups have also prompted waves of large-scale displacement.
- *Internal displacement:* As of June 2012, 2.2 million people were internally displaced, up from 1.8 million in 2011. UNICEF noted that the number continued to rise and had reached the highest level since 2009.¹⁹ At least half of the displaced population were under the age of 18.²⁰ The chronic nature of the emergency has meant that entire communities have been displaced, returned to their villages and displaced again, as happened when the M23 armed group moved through Northern Kivu and into Goma (see map) in October/November 2012. That raised the displaced population still further to 2.4 million people.²¹ Large numbers of children have become separated from families during displacement (see section 3.1.1).
- *Weak state capacity and presence:* Budgets and salaries are very low, staff turnover is very high and the payment of incentives for services is common. Between Kinshasa and the east governance is weak. Of particular concern is the weakness of the policing and justice system, which has allowed grave protection violations to continue with impunity.²²
- *Poor infrastructure:* Roads and transport links are very poor. As people are displaced, they tend to flee to hard-to-reach and unstable areas, making it even more difficult to address protection issues.²³
- *Grave violations committed by the Congolese armed forces:* Many of the grave violations have been committed by the National Armed Forces of DRC known as the FARDC.



¹⁵ UNICEF, 2012, *Humanitarian Update*, Kinshasa, UNICEF.

¹⁶ Information from UNICEF CP Team, initial presentation.

¹⁷ IRIN, DRC: Tough bargaining with Armed Groups, 3 November 2012. These include the Mai Mai, the 23 March Rebel Movement, Alliance of Patriots for a Free and Sovereign Congo and the National Council for the Defense of the People. Foreign fighters include the Democratic Forces for the Liberation of Rwanda, the Ugandan Lords Resistance Army and the Burundian Part pour da Liberation du Peuple Hutu.

¹⁸ UNICEF, 2012, *Humanitarian Update*, Kinshasa, UNICEF.

¹⁹ Ibid

²⁰ Ibid

²¹ Including 285,000 persons newly displaced in 3rd quarter of 2012²¹ (OCHA, Oct. 2012) and UNICEF, 2012, *Country Office Annual Report*, Kinshasa, UNICEF.

²² Compilation from interviews for this evaluation.

²³ Ibid

A 2010 survey carried out by Columbia University in South Kivu revealed that violations of adult and child rights are far more common than found by the Monitoring and Reporting Mechanism (MRM) on grave violations against children in armed conflict, established under Security Council resolution 1612, and that the most common perpetrator of these violations was the FARDC.²⁴ Efforts to retrain and deploy the armed forces (regimentation) created a vacuum that allowed foreign and domestic armed groups to reassert themselves. Partly as a result of the vacuum, the conflict in the Kivus has increasingly spilled over to the neighbouring provinces of Maniema and Katanga.²⁵

- *Lord's Resistance Army*: The Lord's Resistance Army (LRA) has operated in eastern DRC near the borders with Central African Republic and South Sudan for many years, committing atrocities including killing, maiming and abduction. The number and type of attacks have fluctuated between the three countries but have tended to be highest in DRC. From June to August 2011, for example, Central African Republic reported 6 attacks and South Sudan reported 4 attacks, while DRC had 82 attacks.²⁶ From January to March 2012, there were 33 attacks in DRC, including 51 abductions, of which 16 were children.²⁷ In that period, 340,984 people were registered as displaced due to LRA attacks.²⁸

1.4 National Context for Child Protection

DRC is party to most of the international human rights instruments addressing children's rights, including the Convention on the Rights of the Child and its two Optional Protocols.²⁹ The country is a signatory to the African Charter on the Rights and Welfare of the Child and has ratified all important international human rights instruments that address women's rights, GBV and CAAFAG.³⁰

DRC was one of the first countries to implement the MRM. The country task force was established in 2006 and began reporting to the Security Council in 2007. An action plan on recruitment and use of children by the FARDC and sexual violence in armed conflict was established in October 2012, after sustained advocacy by UNICEF and its partners.

The national normative framework regarding children's rights is strong. The Child Protection Code of 2009³¹ prohibits and punishes the recruitment or use of children below the age of 18 by armed forces and groups and the police. The Code also commits state authorities to ensuring that children are released from armed forces and groups and reintegrated into their families and communities (article 71). The worst forms of child labour as defined by International Labour Organization Convention 182 are also prohibited under the Code and carry a prison term of one to three years.

²⁴ An Estimation Of Grave Violations Of Child Rights In South Kivu Province, January – July, 2010, Columbia University New York.

²⁵ Katanga is also an area on its own in terms of conflict and its impact on the population, especially on children.

²⁶ OCHA, 2011, *LRA Regional Update* [online]. Available at: http://reliefweb.int/sites/reliefweb.int/files/resources/map_1044.pdf. [Accessed 17th June 2013].

²⁷ OCHA, 2011, *LRA Regional Update* [online]. Available at: http://reliefweb.int/sites/reliefweb.int/files/resources/map_2018.pdf [Accessed 17th June 2013].

²⁸ Ibid

²⁹ submitted a binding declaration setting the minimum age for voluntary recruitment at 18.

³⁰ International Labour Organization Convention 182 (2001) and the Additional Protocols to the Geneva Conventions (1982 and 2002), ILO Convention 1982 (2001), Rome Statute (2002); UN convention on the Elimination of all forms of Discrimination against Women (CEDAW); the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; Resolutions 1325, 1820 and 1888 of the UNSC; the International Covenant on Peace, Security, Democracy and Development in the Great Lakes Region 2007; UN Security Council resolution 1612 on Children in Armed Conflict; UNSC resolution 1674 on the protection of civilians in armed conflict and UNSC resolution 1756 on the the particular situation of the conflicts in the DRC. The DRC has also endorsed the Paris Principles and the Guidelines on the association of children with armed forces and armed groups (2007).

³¹ Loi No. 09/001 du 10 janvier 2009 Portant Protection de l'Enfant.

State institutions are in the process of being established consistent with the Code. These include juvenile justice courts and specialized judges, a National Children's Council and a special police brigade for child protection (Brigade spéciale de protection de l'enfant).

In 2006 the Congolese Government adopted an operational framework for the release and reintegration of children from the armed forces and armed groups. Updated in 2008, it was based on the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (2007). The Executive Unit of the National Disarmament, Demobilization and Reintegration Plan (UEPN-DDR) is responsible for disarmament, demobilization and reintegration.³² Originally set up as part of the World Bank's (now ended) Multi-country Demobilization and Reintegration Program funding, the Unit currently operates with minimal resources. It has a children's section that is responsible for coordinating implementation of children's release and reintegration processes and works with accredited national and international agencies. These actors coordinate to advocate with armed forces and groups, verify children's status through interviews, certify those who are verified as children and organize their release. Certificates are provided to the children, formalizing their return to civilian life.

Regarding GBV, article 14 of the Constitution (2006) provides the legal framework for elimination of all forms of discrimination against women; protection and promotion of women's rights; and combating violence against women. The Child Protection Code establishes sentences of 5 to 20 years' imprisonment for rape of a child. Adoption of the sexual violence law in 2006³³ and the NSCGBV in 2009 marked important steps forward in demonstrating the government's commitment to fight GBV.

The NSCGBV has five major components/pillars, each led by a defined ministry and UN counterpart:

- Fight against impunity, led by Ministry of Justice and Joint UN Human Rights Office
- Prevention and protection against sexual violence, led by Ministry of Social Affairs and UNHCR
- Security sector reform, led by Ministry of Defense and MONUSCO Security Sector Reform
- Multi-sectoral assistance for survivors, led by Ministry of Health's National Programme on Reproductive Health and UNICEF
- Data collection and mapping, led by Ministry of Gender and UNFPA.

The NSCGBV acknowledges the special vulnerability of women due to the new phenomenon of a culture of rape and the use of rape as a weapon of war, as well as the practice of witchcraft. It also recognizes the inferior status of women in Congolese society as a root cause of violence. The enforcement of the NSCGBV remains a challenge due to resources, accessibility and social attitudes.

1.5 UNICEF Programmes to Protect Children and Women in Emergencies

1.5.1 Child Protection Programming Overview

The UNICEF country programme of collaboration with the Government of the DRC for 2008-2012 was the largest UNICEF programme globally in terms of funding. It provided \$64 million for child protection (\$25 million in regular resources and \$39 million in other resources).³⁴ Of that amount, \$21 million was dedicated to child protection in emergencies and post-conflict. The overall child protection objective was: "By 2012, children and their families have better access to quality social, legal and protection services through strengthened national and community mechanisms." The following key results were to be reached by 2012:

- A protective environment including specialized systems of legal, social and community protection for all children, especially the most vulnerable, is progressively implemented; 200,000 children

³² The UEPN-DDR was created in 2007 and is overseen by the Defence Ministry and an Inter-ministerial DDR Committee.

³³ The sexual violence law, « Loi no. 06/018 du 20 Juillet 2006 », modifies and complements the Penal Code and the Penal Procedure Code in terms of defining types of sexual violence and penalties.

³⁴ GoDRC/UNICEF, Country Program, 2008 – 2012.

without adequate family environment and 140,000 child victims of violence, exploitation and social exclusion are supported

- A system for monitoring and reporting grave violations of children's protection rights and concerns is operational and can assess risks to child protection and provide appropriate responses in emergency situations and during post-conflict transition.

The child protection programme as a whole is based on the national priorities of social protection, reduction of risks to the most vulnerable people and establishment of safety nets. The programme supports development of policies and national action plans, strengthening of institutions responsible for their implementation and support for community protection mechanisms for children. The programme consists of three components:

- (a) **Legal and social protection:** This component aims at preventing and responding to violence, exploitation and social exclusion of children through legislative reform, strengthening of services for child victims of violence and exploitation, and promotion of social equity for children from indigenous communities and children living with disability.
- (b) **Orphans and other vulnerable children:** Through this component, UNICEF assists the Government in developing holistic standards for care, support and protection (including the development of a national strategy for social work), scaling up 'protecting communities' and providing basic services and community networks.
- (c) **Protection of children and women in emergency and post-conflict situations:** This component is the subject of the case study. It focuses on community-based prevention and implementation of Security Council resolutions 1612, 1882 and 1960 through implementation of the MRM and monitoring, analysis and reporting arrangements (MARA) on conflict-related sexual violence; demobilization and reintegration of CAAFAG and other vulnerable children; quality and accessibility of GBV survivor-centred services; and prevention of child separation during displacement.

The key intermediate result is 5.5: "In situations of humanitarian emergency and violence, girls, boys and women affected by conflict and violence receive/benefit from an appropriate response and have their rights guaranteed."³⁵ The Matrix below represents the UNICEF child protection programme workplan 2011-2012 ("Rolling Work Plan") for the time period considered by this evaluation. Since the focus of the evaluation was on the province of North Kivu, this province was given particular attention. The matrix also highlights the results expected at national level, including all provinces³⁶.

³⁵ Programme de Coopération Gouvernement de la République Démocratique du Congo et l'UNICEF, Plan de Travail Roulant 2011-2012, Ministère des Affaires Sociales, de l'Action Humanitaire et de la Solidarité Nationale.

³⁶ In UNICEF's work plan, this level is referred to as "surpa-national", as opposed to "national", the latter referring to activities carried out at national level in Kinshasa (e.g. advocacy with national government, coordination, etc.).

Table 1: Rolling Workplan Matrix, 2011/2012 (Consolidated between National and North Kivu)

Activity	Indicator	National target indicator	National planned budget	National available budget	North Kivu target indicator	North Kivu planned budget	North Kivu available budget
1. Displaced communities have child-friendly spaces and young children participate in appropriate activities of good quality	Number of displaced communities with child-friendly spaces	60	\$3,090,000	\$0	42	\$2,400,000	0
2. CAAFAG are identified, verified, separated, cared for, reunified with their families and reintegrated into their communities through an individualized help package to return to school or develop an economic project	Number of CAAFAG reintegrated	Girls: 1,547 Boys: 8,090 Total: 9,637	\$6,395,000	\$4,100,000	Girls: 400 Boys: 2,600 Total: 3,000	\$2,700,000	\$1,600,000
3. Grave violations of children's rights are monitored and reported in the MRM	Number of cases and incidents documented and verified in the MRM	1,063	\$600,000	\$0	200	\$200,000	0
4. Unaccompanied girls and boys are identified, documented and reunified with their families	Number of children identified, documented and reunified with their families	Girls: 18,818 Boys: 18,825 Total: 37,643	\$1,435,000	\$20,000	Girls: 17,000 Boys: 17,000 Total: 34,000	\$500,000	0
5. Survivors of sexual violence receive holistic, quality services appropriate to their age and gender	Number of survivors of sexual violence who received appropriate quality services	69,301	\$11,490,000	\$995,000	25,000	\$5,000,000	0
6. The CPWG offers members and the protection cluster assistance in situation analyses and needs assessments in child protection and clear and standardized orientation for interventions in CPiE	Number of documents of analysis and standardization of interventions in CPiE that are elaborated and shared with the CPWG	24 notes	\$100,000		None	0	0
TOTAL		N/A	\$23,110,000	\$5,115,000	N/A	\$10,800,000	1,600,000

Beginning with the new programme in 2013, there have been some shifts in emphasis, including a greater focus on preparedness, prevention and conflict transition and on coordination of the multi-sectoral approach to services. Strengthening community resilience has also been given more emphasis.

1.5.2 CPIE programmes covered in the case study

Considering the limitations of the evaluation, especially the fact that security issues precluded a field visit to see projects in action, the case study focused on (a) activities 2 and 5 [see table 1]), (b) progress with monitoring and reporting on grave protection and GBV violations, and (c) UNICEF's leadership of the child protection sub-cluster and in the area of GBV.

(a) Children formerly associated with armed forces and groups (activity 2)

The main components are:

- Advocacy for demobilization of children
- Assistance with reunification, including verification of identified children, demobilization, transit arrangements, temporary care and services and family mediation and reunification
- Socioeconomic reintegration support
- Improvement of the protective environment
- Ongoing psychosocial assistance for children affected by war and other vulnerable children.

Temporary care and protection for boys and girls released from armed forces and groups is provided through a mixed system of centre-based and family-based care. Centres for transition and orientation provide shelter, psychosocial support, medical screening, recreation activities and non-formal education until families are traced and children are reunited. Foster families, which are trained and enter into an agreement with the child protection NGO before receiving a child, can also provide temporary care and protection. In both cases, children are monitored by the NGO to ensure that they are safe from abuse or exploitation. UNICEF supports NGOs to conduct family tracing and reunification in provinces³⁷ and to provide mediation, if necessary, to prepare the family to accept the child's return. Community-based reintegration is supported by family mediation, sensitization of communities and socioeconomic and educational reintegration assistance to the child.

Concerning psychosocial support,³⁸ UNICEF promotes efforts to foster the child's resilience and capacity to recover once placed in a safe, protective and positive environment. Group support and trained counsellors are available through a referral network to provide more intensive psychosocial assistance when required. Medical care includes general and sexual and reproductive health screening and referral to GBV services. Once in the programme, children are closely monitored and referred to services based on individual protection issues.

Partners:

In North Kivu UNICEF's main partners in the reintegration of CAAFAG are:

- Consortium GRAADE (with GRADECO) in Walikale
- Consortium CAJED (with PAMI, UPADERI, FESCO) in Rutshuru, Masisi and Nyiragongo territories
- Caritas Goma in Masisi and Rutshuru.
- Consortium ACOPE (with EAD and PSM) to Beni and Lubero³⁹

³⁷ ICRC takes on this role for inter-provincial reunifications.

³⁸ UNICEF and partners adhere to the Inter Agency Standing Committee Guiding Principles on Mental Health and Psychosocial Support in Emergency Settings.

³⁹ UNICEF Democratic Republic of the Congo, UNICEF Democratic Republic of the Congo, May 2012, Child Protection Programming for the Release, Reunification and Reintegration of Children Associated with Armed Forces and Groups, 2nd Progress Report for the Government of Sweden, PBA: SC/2010/749, Reporting Period: April 2011- May 2012.

Budget:

In the rolling workplan 2011-2012 the budget for intermediate result 5.5.2 at (supra) national level was \$6,395,000. Funding available was \$4.1 million, out of which funding for North Kivu was anticipated at \$2.7 million, of which \$1.6 million was available. GRAADE, Caritas and CAJED received \$1,975,146 for activities in North in Kivu for 2012-2013.⁴⁰

(b) Survivors of gender-based violence (intermediate result 5.5, activity 5)

Within the national framework for GBV, UNICEF provides support at four levels, all of which were addressed in the case study.

- *Policy and strategy:* UNICEF co-leads the pillar on development of policies on multi-sectoral assistance with the Ministry of Health. This has also involved the development of four national protocols (medical, psychosocial, legal and reintegration) for the care of survivors of GBV as well as their dissemination and training on them.
- *Leadership and coordination:* UNICEF co-leads working groups on MSA in Kinshasa and in Goma, Bukavu, Bunia and Dungu.⁴¹
- *Operational level:* UNICEF maps MSA services and requirements for post-exposure prophylaxis (PEP) kits and organizes distribution to health units. UNICEF supports partners to provide holistic care for survivors of sexual violence, including medical and psychosocial care, socioeconomic reintegration and reintegration into their families, schools and communities.
- *Advocacy:* UNICEF supports partner activities for prevention of sexual violence through education and social mobilization. UNICEF also provided significant support for a major campaign from 2006-2012 in partnership with V-Day titled 'Stop Raping our Greatest Resource', aimed at empowering and mobilizing women at grassroots level and changing attitudes around gender issues and violence.

Partners:

UNICEF's main partners in GBV at national level are the National Programme on Reproductive Health, and National Programme for Mental Health in the Ministry of Health. Partners in North Kivu are:

- Heal Africa and CARE in Birambizo, Bulindi, Birundule, Bwalanda, Kabati, Kikuku, and provincial technical divisions of the Ministry of Health
- Heal Africa in Goma, Nyanzale, Kibirizi, Nyamilima, Kiwanja, Kitchanga and Kayna
- Hope in Action in Masisi (Nyabiondo, Kashebere) and Walikale (Kibua)
- Save the Children in Sake, Masisi Centre, Nyabiondo and Kibua
- SAFDF⁴² in Beni and Lubero territories.

Budget:

In the rolling work plan 2011-2012 the budget for intermediate result 5.5.5. at (supra) national level was planned at \$11,490,000. Funding available was \$995,999, out of which the funding for North Kivu was anticipated at \$5,000,000 of which \$5,000,000 was available.⁴³

⁴⁰ Matrix CPiE DRC 2012 (did not include funding data for ACOPE).

⁴¹ The Working Group in Dungu was termed Sexual Violence Working Group in late 2012 as MSA had not yet been rolled out in that area.

⁴² In Ituri, Province Oriental: APEC, COOPI, SOFEPADI. In South Kivu: V Day, Panzi Hospital.

⁴³ DRC CP RWP 2011-2012.

A total of \$3,743,330 was disbursed to activities of intermediate result 5.5.5, out of which NGOs in North Kivu received \$1,683,373. Other provinces received \$1,930,389 and the Ministry of Health received \$129,568 for activities at national level.

(c) Monitoring and Reporting Mechanism

UNICEF has been engaged with the MRM since DRC was selected as a pilot country in 2005. Working with the child protection section of MONUSCO, UNICEF also advocated for an action plan, which was finally signed in October 2012. In relation to other Security Council resolutions on sexual violence in armed conflict (1888, in 2009, and 1960, in 2010), UNICEF collaborates with MONUSCO and with the Joint Human Rights Office but the MARA system was not yet in place at the time of the evaluation (see section 3.2.3).

(d) Leadership of the Child Protection Working Group and coordination on GBV

UNICEF leads the CPWG, established in 2009, under the protection cluster at national and provincial levels.⁴⁴ The provincial CPWGs in the east zone (Province Orientale, North Kivu and South Kivu) have a key role in coordination of protection actors. This includes monitoring and documenting grave child rights violations and advocating for the release of children associated with armed forces and groups, as well as reintegration.⁴⁵ At national level UNICEF has a full-time staff member dealing with coordination. At provincial level 25% of the time of a staff member is dedicated to coordination.⁴⁶

UNICEF co-leads the MSA pillar under the NSCGBV together with UNFPA, as noted above. The GBV Working Group was not activated so that coordination mechanisms could be focused on the five pillars of the GBV strategy, with full government ownership and management in the context of the Paris Declaration.⁴⁷

UNICEF is also part of United Nations Action Against Sexual Violence in Conflict (UN Action).⁴⁸ Its goal is to end sexual violence as a tactic and consequence of conflict through improved coordination and accountability, advocacy and support for country efforts towards prevention and more effective responses to the survivors.⁴⁹

1.5.3 Funding, staffing and partnership arrangements

Funding

The budget for CPIE has ranged from \$24 million to \$25 million every year; \$27 million was received in 2012.⁵⁰ Regular resources for the DRC programme have been cut by 30% in the past five years, and the allocation for the next country programme (2013-2017) was cut from \$64 million (country programme 2008-2012) to \$56 million with funds shifted to child survival and education, giving

⁴⁴ The national CPWG brings together NGOs with representation in Kinshasa, as well as MONUC CP, UNHCR, ICRC, UEPNDDR, and bilateral (French Embassy).

⁴⁵ CPWG Quaterly Bulletin Q1.

⁴⁶ CP team meeting.

⁴⁷ The Paris Declaration (2005) aims at guaranteeing aid effectiveness through national ownership of development strategies and support by donors to these strategies, assuring results through harmonization of action and mutual accountability.

⁴⁸ UN Action was launched in 2007 and is led by the *Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG-SVC)*.

⁴⁹ Organisations part of UN Action are: Department of Political Affairs (DPA), Department of Peace Keeping Operations, Office for the Coordination of Humanitarian Affairs (OCHA), Office for the High Commissioner of Human Rights (OHCHR), Peacebuilding Support Office (PBSO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme, United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the World Health Organization (WHO).

⁵⁰ CP program has about 30 PPAs yearly.

protection a lesser priority than previously. The main donors to UNICEF CPiE activities are the Swedish International Cooperation Development Agency (Sida), United States Agency for International Development (USAID) and Japan.⁵¹

The country programme 2013-2017 has a planned budget of \$56 million, \$24 million in regular resources and \$32 million in other resources.

Staffing

The child protection team had three sub-units⁵² at the time of the evaluation: social protection, legal protection and emergency and post-conflict. The emergency and post-conflict unit is headed by the Chief of Child Protection (P5), and there is one fixed-term P4 CP specialist and one fixed-term NOB, both dealing with CAAFAG. GBV has two P3 CP experts and one NOB, all fixed-term posts. One fixed-term P3 child specialist post is in Goma. A UN Volunteer is responsible for coordination of the CPWG. UNICEF has deployed an international staff member at the MONUSCO child protection section to act as a focal point for the MRM in order to facilitate information analysis and reporting. Another supported post based inside MONUSCO, at P3 level, is planned in the new country programme to support MARA.

Partners

The UNICEF CP section engages closely with government officials at national, provincial and district level, especially with the UEPN-DDR and the National Programme on Reproductive Health of the Ministry of Health, the Ministry of Social Affairs (MoSA) as well as many NGOs,⁵³ including AVSI, ACOPE, COOPI, TPO, CAJED, AVREO, World Vision, PAMI, PSM, AJDEC, Graade, Caritas, Heal Africa, Hope in Action, Panzi Hospital and Foundation, CARE, War Child and Save the Children.

⁵¹ Further, partnerships with the following donors allowed programme implementation in child protection: Pooled Fund, Japan, World Bank, Italian National Committee, Belgium, Swiss Committee for UNICEF, Canada, Central Emergency Response Fund, Spanish Committee for UNICEF, German Committee for UNICEF, French Committee for UNICEF, UNFPA, Luxembourg Committee for UNICEF, UNMAS, United Kingdom Committee for UNICEF, United States Fund for UNICEF, Canadian Committee for UNICEF, Norway, Austrian Committee for UNICEF⁵¹. UN Action provided funding to UNICEF to strengthen the coordination of the multi-sectoral assistance pillar of the National Strategy on SGBV in Eastern DRC in 2011.

⁵² The new Country Program 2013 – 2017 structure has changed this to 2 big sub units.

⁵³ Until 2006/7/8 UNICEF had one main partner, which was SC – who worked with NGOs, supported by UNICEF. The evaluation of the DDR program realized that that was not effective so UNICEF started partnering directly with all local NGOs. Now they have 32 NGOs, interview Dan Rono.

2. EVALUATION SCOPE AND METHODOLOGY

This section addresses the evaluation scope, objectives, team, methodology and constraints.

2.1 Scope and Objectives

The scope of the case study was to address child protection work before, during and after conflict. It covered preparedness, planning and recovery phases and linkages with regional and global support. The case study analysed progress towards activities 2 and 5 of intermediate result 5.5 for CPiE, on progress with monitoring and reporting on grave protection and GBV violations and on UNICEF's leadership in the CP sub-cluster and in GBV over the period 2011-2012. The focus of the case study was on armed conflict.

Objectives

The objectives at global and country level were to:

- Analyse the programme in relation to the OECD-DAC criteria⁵⁴ and against the CCCs, taking account of emergency preparedness, response and recovery phases
- Assess the integration of key organizational principles and approaches, including equity, gender, community participation and human rights
- Identify key successes and gaps (what works, what does not work and why) in armed conflict and natural disaster
- Provide recommendations for policy and management decisions.

In addition, and subject to the limitations experienced in the course of the field visit, the case study considered the following issues that will feed into the global evaluation:

- The extent to which preparedness enhanced response and whether there are examples of how response could enhance child protection systems in the longer term
- How formal and less formal components of the CP system linked to enhance protection outcomes
- The extent to which the cross-cutting principles of equity, gender and community participation were effectively integrated and addressed
- The level and manner in which technical guidance (international and/or national) was used to strengthen child protection
- The extent of systematic advocacy on child protection violations
- Progress with the strategy of evidence building and knowledge management.

Questions across the OECD-DAC criteria set out for the global evaluation (annex 3) were adapted for the DRC context.

2.2 Limitations and Changes

Originally, the case study was designed to review UNICEF's work in DDR, GBV, family reunification and reintegration of children from national to provincial and community level in North Kivu. However, due to increasing tensions in North Kivu and with the M23 advancing and eventually marching into Goma, the evaluators were not able to make the planned project visits in and around Goma.

⁵⁴ Long-term or intermediate results, relevance, effectiveness, efficiency, connectedness/coordination, sustainability and scaling up, cross-cutting issues including equity, participation and monitoring and evaluation.

After consultation with the UNICEF CP team in DRC and the Evaluation Office in New York, the evaluation scope and objectives were adjusted. The evaluation mission was shortened from two weeks to one, and the evaluators were obliged to remain in Kinshasa. It was also decided that the evaluation should focus on GBV and reintegration of children, drawing on information from a desk review and interviews carried out during the visit in Kinshasa as well as telephone interviews and a questionnaire sent to UNICEF partner organizations following the mission to DRC. Due to heightened tensions in Kinshasa, and the fact that Kinshasa-based personnel were consumed with responding to the crisis, it was not possible to conduct all interviews as planned. Given that the field trip did not take place, it was also not possible to meet staff of beneficiaries, partners or decentralized government structures.

However, three measures mitigated the limitations to the field work. First, 13 partners responded to questionnaires (discussed below). Second, a meeting was held in Nairobi with the UNICEF CP specialist based in North Kivu after the crisis had abated. Third, several key stakeholders responded to questions through long-distance interviews or email.

2.3 Case Study Methodology

2.3.1 Data collection methods, tools and sources of data

Three methods were used for data collection: (a) Semi-structured interviews in Kinshasa, via Skype and email, and semi-structured meetings with UNICEF teams and coordination groups; (b) questionnaires sent to partners in North and South Kivu; and (c) collection of documentation on programming and programme management.

A total of 20 semi-structured interviews were conducted in Kinshasa with personnel from the following entities:

- UNICEF: WASH, education, communications, emergency and transition sections
- UNICEF CP team: Chief of child protection, GBV specialist, CPIE specialist, coordination specialist, PEP specialist and child protection specialist responsible for the eastern zone
- Government authorities: Ministry of Health/National Programme on Reproductive Health
- UN and multilateral agencies: UNHCR, UN-Women, UNFPA, OCHA, MONUSCO child protection section and GBV unit
- NGOs: COOPI
- Donors: Sida and USAID.

Distance interviews were conducted via Skype with three respondents: the International Rescue Committee (IRC), UNICEF chief of child protection in Rwanda and the former GBV specialist from the eastern zone of the DRC. Written responses to interview questions were also obtained from the GBV specialist from the eastern zone, Save the Children in DRC and the MONUSCO programme officer for security sector reform.

An additional four semi-structured meetings were held:

- Two meetings with the UNICEF CP team, one to obtain an overview of programmes, projects, partners, main outcomes and challenges, and a second to discuss how preparedness and prevention were addressed in relation to the CCCs.
- Two meetings with interagency working groups, one with the CPWG and one with the MRM task force.

Questionnaires (see annex 4) were distributed to partners in North and South Kivu. Thirteen responses were received, 11 from North Kivu partners and 2 from South Kivu. Of these, 8 were national NGO partners, 1 was a faith-based national NGO and 4 were international NGOs. All but one of the organizations was a current UNICEF partner and most received a significant percentage of project funding from UNICEF. All but one of the organizations were focused on children, while three also

addressed GBV with girls and women. All organizations were participating in the MRM and were also implementing projects, as shown in table 2:

Table 2: Partner Responses to the Case Study Questionnaire				
Name	Type of organization	Main project components	Budget	Per cent UNICEF funding
ACOPE	National NGO	Family tracing (FTR), including foster, socioeconomic reintegration of CAAFAG, children's clubs	\$1,474,034	97%
ADEFEM	National NGO	FTR, training of State and community actors, protective environment	\$54,000	0%
AJEDEC	National NGO	Development of the MRM mechanism, reintegration of CAAFAG, protective environment, training of State and community actors	\$297,793	99%
APEC	National NGO	FTR, protective environment, CP committees	\$150,000	0%
AVSI	International NGO	Psychosocial (32 child-friendly spaces), FTR	\$600,045	100%
CAJED	National NGO	Reintegration of CAAFAG (360), FTR for CAAFAG and other separated children; psychosocial follow-up, protective environment, children's clubs	\$1,083,127	99%
Heal Africa	International NGO	Health and counselling services to survivors of sexual violence (3,000), socioeconomic reintegration of survivors of sexual violence	\$415,041	75%
CARITAS	Faith-based organization	FTR and reintegration of CAAFAG (545), kits, follow-up, vocational skills, sensitization on rights and prevention of sexual violence	\$334,058	100%
GRAADE	National NGO	Advocacy for release and reintegration of 600 CAAFAG, follow-up of 1,250 reintegrated children, vocational training	\$601,977	100%
PAMI	National NGO	Reintegration of CAAFAG (150) and separated children in displaced areas, FTR and follow-up of foster families	\$189,262	100%
PSM	National NGO	Follow-up of 1,610 children (559 girls, 1,051 boys) reintegrated in communities, socioeconomic and educational support, FTR, training for protective environment, children's clubs	\$1,287,500	100%
TPO	International NGO	Reintegration of CAAFAG (400), child-friendly spaces, vocational training, protective environment training of State and community actors	\$777,004	Not available
War Child	International NGO	Building protective environment capacity of state and community actors, system strengthening	\$260,848	100%

The principal materials reviewed for this evaluation were (a) UNICEF reports (annual reports, progress reports to donors); (b) partner and NGO documents (proposals and reports to UNICEF, plus other reports and research); (c) government documents (national policies and reports); (d) UN reports (to the Secretary-General on children and armed conflict); and (e) external evaluations of UNICEF-supported projects on CAAFAG.

2.3.2 Data analysis

Data from the three principal sources (interviews, questionnaires and documents) were consolidated and analysed in the following ways, based on the evaluation questions (see annex 3).

- The relevance and appropriateness of programmes were reviewed by consolidating data on the principal protection issues for girls and boys of different age bands, identified by partners through questionnaires, and comparing these areas against programme emphasis and possible gaps.
- Intermediate results and programme achievements against objectives were identified through reports and triangulated through questionnaires and interviews. However, lack of access to beneficiaries limited the ability to identify results.
- Programme effectiveness in terms of CAAFAG was reviewed by identifying strategies that have worked well and less well, drawing on a 2011 programme evaluation and questionnaires. There was no similar evaluation available for GBV programming but information from reports was consolidated. Effectiveness in terms of preparedness was reviewed by the CP team and triangulated against reports.
- Programme quality and efficiency were analysed against the Minimum Standards for Child Protection in Humanitarian Action. The types of services and costs per capita were analysed and compared, drawing on proposal and report data. Funding and human resource issues were summarized from interviews.
- Coordination was reviewed through interviews triangulated across respondents and through partner questionnaires.
- Scaling up and sustainability were reviewed through questionnaires, interviews and reports, and in the case of CAAFAG, through the 2011 programme evaluation.
- Cross-cutting issues – like gender equality, empowerment of girls and women, and data collection/management – were reviewed through interviews and questionnaires.

Evaluation findings, conclusions and recommendations were triangulated by drawing on several methods, data sources and informants. Detailed feedback from UNICEF's Evaluation Office and other reviewers helped improve the quality of the report.

2.4 Evaluation Team and Reference Group

The evaluation team comprised two international evaluators. A reference group was established to ensure that the most relevant questions were addressed and key informants were engaged in data collection. The security situation limited attendance at the initial reference group meeting (two NGO partners⁵⁵ and two government partners attended). The reference group was meant to validate the initial findings at the end of the visit but this was not feasible due to the security situation and the cancellation of the mission to Goma. The reference group was asked to review the draft report.

The visit to DRC took place between 17 and 24 November 2012. Data collection through distance interviews, meetings in Nairobi and collection of questionnaires continued through February 2013.

⁵⁵ Only few NGOs are based in Kinshasa. Most of NGOs in DRC operate and are based in the field and NGOs working in CPIE are mainly located in the East.

3. EVALUATION FINDINGS

3.1. Relevance and Appropriateness of the Programme

This section assesses the relevance/appropriateness of the programme, and any possible gaps, in relation to:

- (a) Priority protection issues for girls, boys and women
- (b) The extent to which programmes are based on assessment, situation analyses and evaluations
- (c) The extent to which programme design corresponds to international standards.
- (d) The extent to which the programme complies with the global Child Protection Strategy
- (e) The extent to which programming has built on existing child protection systems.

3.1.1 Programme relevance relative to priority issues for children and adolescents

Partners were asked to identify priority protection issues for children by age band and by gender, as well as for women, as an open-ended question (see table 3 and annexes 5 and 6). Responses were coded and the total number of references summed across age/gender. The top 10 protection issues identified were ranked as shown in table 3 (in bold). Protection-related issues were also included (in italics).

Family separation was identified as the principal issue for all children across gender and sex, while recruitment came in second place. Access to basic services were a major concern and was linked to protection issues. For instance, lack of access to school exacerbates risks of child labour and recruitment. Sexual violence was in third place followed by child labour.

Table 3: Protection Issues Identified by UNICEF Partners		
Rank	Protection issues referenced by partners for girls and boys of all ages⁵⁶	Number of times referenced
1	Family separation	38
2	Recruitment	34
	<i>Difficult access to health care</i>	<i>32</i>
	<i>Lack of access to education</i>	<i>24</i>
3	Sexual violence	19
4	Economic exploitation and child labour (including forced labour)	18
	<i>Malnutrition</i>	<i>17</i>
5	Sexual exploitation (including in school)	13
6	Abduction	12
7	Killing or maiming	11
8	ERW	10
9	Abandonment	10
	<i>HIV/AIDS</i>	<i>10</i>
10	Drug use or addiction	9

⁵⁶ Calculated by giving 1 point to each reference by a partner.

Breakdown of protection risks by age and sex

Regarding children under age 5, respondents placed family separation first for both boys and girls, followed by abandonment, displacement and lack of birth registration. The only difference between girls and boys was in the fifth most important risk: while sexual violence was in fifth place for girls, killing or maiming was in fifth place for boys. For both boys and girls, lack of access to health care and malnutrition were considered to be serious issues linked to protection.

For children aged 6 to 11, recruitment and family separation were the most referenced risks for both girls and boys. Girls were also considered to be at risk of sexual violence and sexual exploitation while for boys child labour and exposure to ERW were viewed as more crucial issues. Both sexes were considered to be at considerable risk from the lack of access to basic health and education services.

For adolescents aged 12 to 18, recruitment was the most frequently referenced risk for both girls and boys. For girls, sexual violence was the second most referenced, followed by family separation. For boys, child labour and family separation followed recruitment. Abduction was also referenced for boys. For children of both sexes, the lack of access to health and education services and HIV/AIDS were regarded as serious protection risks.

Protection risks for women prompted very few responses, probably because partners responding to the questionnaire are focused on children. Issues directly related to protection were marked in bold and those indirectly related are in italics. As expected, sexual violence and sexual exploitation came in first place:

1. **Sexual violence and sexual exploitation**
2. *Denial of education*
3. *Risk of maternal mortality*
4. *Difficult access to health care*
5. *Malnutrition*
6. **Exploitative labour**
7. **Domestic violence**

Partner perceptions relative to data on child protection issues

Available data endorse the prioritization of issues of family separation, recruitment and sexual violence. While data on child separation remain scant, an OCHA situation report shows that 751 children were identified as separated or unaccompanied after the population movements in North Kivu in November 2012, of whom 55% were girls (no age bands recorded).⁵⁷ Similar numbers were recorded for other population movements, so a focus on separation is justified.

- Recruitment

There is evidence that tens of thousands of girls and boys have been recruited over the past decade. Since 2004, over 36,000 girls and boys have been released and provided with reintegration support by the National Programme for Child Disarmament, Demobilization and Reintegration.⁵⁸ The percentage of boys recruited is much higher than that of girls. For example, in the reporting period from October 2008 to December 2009,⁵⁹ only 5% of the 1,593 reported cases of child recruitment involved girls,⁶⁰ while in 2011, 13% of the 1,971 children released were girls. However, the statistics should be used with caution. They are based on release figures, and girls tend to self-release to avoid the stigma of being identified, so the proportion of girls in the armed forces and armed groups may be much higher.⁶¹

⁵⁷ OCHA, 2012, *Situation Report no. 18*, Kinshasa, OCHA.

⁵⁸ Child Protection Programming for the Release, Reunification and Reintegration of Children Associated with Armed Forces and Groups, 2nd Progress Report for the Government of Sweden.

⁵⁹ S/2010/369, most recent report.

⁶⁰ This is the only gender disaggregated data found in SG MRM (1612) reports.

⁶¹ See also the 2011 evaluation of the CAAFAG programme, Boudineau, S., 2011, *Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC*, unpublished

Although data on the age of recruited children is difficult to obtain, the UNICEF CP section believe the age at recruitment is increasing as the armed actors become aware of the rules and try to recruit children who look older.

Children have been recruited by all parties, including the FARDC, and used as combatants, sex slaves and porters. The reports of the Secretary-General on children and armed conflict in the DRC between July 2005 and December 2009⁶² showed that child recruitment is directly related to active conflict, with new outbreaks of hostilities typically leading to higher recruitment rates. Released boys and girl are at constant risk of re-recruitment. Further analysis of recruitment and trends is addressed in section 3.2.2.

- Sexual violence

Across DRC sexual violence is shown to be increasing overall, specifically against children, mostly girls. There is ample evidence that sexual violence is a deeply entrenched issue that particularly affects women and girls but also affects boys. Between 1996 and 2004 there were more than 36,000 rapes, according to government and UNICEF reports,⁶³ and this situation has continued in the last decade. While sexual violence is a grave concern countrywide, prevalence is much higher in the Kivus.

Data on sexual violence are collected by a number of actors, including UNICEF, UNFPA (with the Ministry of Gender) and UNHCR. In 2009, UNFPA reported a total of 12,838 cases of sexual violence in the Kivus and Oriental province, of which 4,572 cases (35.6 per cent) were reportedly committed against children. No gender breakdown was provided but the report states that girls were in the majority.⁶⁴ Among child survivors, 13.3 per cent were younger than age 10. The UNFPA report for 2009 estimates that half of all sexual violence cases (6,379) were perpetrated by armed elements,⁶⁵ and a third of cases against children (1,461) were attributed to armed elements.⁶⁶ Given that one third of cases against girls and boys were attributed to armed elements, this suggests that civilian perpetrators are of even greater concern in protecting children.

UNFPA's 2010 report on sexual violence registered 15,457 new cases, of which more than half (7,960) were children. Cases were recorded across all 11 provinces of the country but more than half (54%) were in North and South Kivu,⁶⁷ demonstrating an increase in the percentage of violations against children. (Gender- and age-disaggregated data were not provided.)

A 2010 household study by Harvard Medical School and Johns Hopkins University in the Kivus⁶⁸ found a much higher percentage of male survivors than implied by UNFPA data. In a sample of 67 villages across 3 provinces and 998 interviews, the study found that 29.6% of females and 21.8% of males were survivors of sexual violence related to armed conflict. However, the offences against females were much more serious in nature, such as rape or gang rape. Nineteen per cent of females had been raped compared to 4% of males, and 11% of females had been gang raped versus 1% of males. Other sexual violations were molestation, forced undressing, being stripped and sexual slavery. Regarding children, 6.8% of households included a child who had been sexually abused. Importantly, the population study also found a high burden of mental/emotional problems in the general population, exacerbated by

⁶² S/2006/389, S/2007/391, S/2008/693, S/2010/369.

⁶³ GoDRC/UNICEF, Country Program, 2008 – 2012.

⁶⁴ Report of the Secretary-General on Children and Armed Conflict in the Democratic Republic of the Congo, 9 July 2010.

⁶⁵ UNICEF Briefing Paper on GBV in DRC October 2012.

⁶⁶ These include elements from FARDC, including newly integrated units; FDLR; FRPI; the Front des nationalistes et intégrationnistes (FNI); Mai-Mai groups in North and South Kivu, including PARECO; and LRA. Report of the Secretary-General on Children and Armed Conflict in the Democratic Republic of the Congo, 9 July 2010.

⁶⁷ UNICEF Briefing Notes on GBV in DRC, October 2012 (disaggregated data was not provided).

⁶⁸ Lawry et al, 2010, *Association of Sexual Violence and Human Rights Violation with Health and Mental Health in Territories of the Eastern Democratic Republic of Congo*, [online]. Available at: <http://www.igwg.org/priorityareas/violence.aspx>. [Accessed 20th June 2013].

sexual violence. In North and South Kivu and Ituri, the study estimated that 3.25 million adults met the criteria for post-traumatic stress disorder and 2.6 million for depression.⁶⁹

All parties to the conflicts – FARDC, FDLR, Mayi Mayi, PARECO, FRPI and LRA – are accused of crimes of sexual violence. MONUSCO statistics from 2007 showed that the FARDC was responsible for about 40% of the sexual violence in the first part of 2007, while militia groups and others were responsible for 37% and the police force for 23%. The most recent report of the Secretary-General on armed conflict (2013) also showed significant culpability of the armed forces. Of 185 rapes reported against girls, most of whom were aged 15 to 17, the national armed forces was responsible for 102 cases (55%), including an incident of mass rape.⁷⁰

The issue of systematic and widespread sexual violence is grave, especially in the eastern area of the DRC. Women and girls are the principal survivors of rape and most other offences, although men and boys are also survivors of sexual violence. Impunity of offenders is considered to be a major issue and is further discussed in this report.

- Explosive remnants of war

Data show that the problem of ERW is much less prevalent in DRC than in other countries suffering from armed conflict. There were 22 recorded casualties in 2011, of which two thirds were children, compared with 812 casualties in Afghanistan in the same year (52% children) and 538 in Colombia (21% children).⁷¹ UNICEF reports that the main problem is poorly stored weaponry rather than deliberate mining, but recent information shows high contamination of ERW. For example, a protection situation report in December 2012 recorded that UNMACC had removed 731 items of unexploded ordnance and 890 pieces of small arms ammunition, and the local population had called for mine action support.⁷² In addition, a protection assessment in North Kivu in October 2012 found significant contamination and recommended that the protection cluster should organize MRE.⁷³

- Child labour

Data are scant on child labour. There are strong linkages with recruitment, as much of the exploitative and forced labour involves artisanal mining through armed groups.

Relevance of UNICEF programming relative to protection issues

The core priorities of the UNICEF programme in addressing the recruitment of children and sexual violence are absolutely justified and relevant. The CAAFAG component also indirectly addresses child labour by working to remove children from the armed forces and armed groups, where hazardous labour is widespread. The programme also advocates for the release of abducted children and works to provide rapid alerts concerning the presence of armed actors and the risk of abduction, especially by the LRA.

In terms of geographical priorities, the CP programme maintains an appropriate focus on the Kivus. Compared to other parts of the country, this is where child recruitment and sexual violence are most prevalent and where they increase when hostilities flare.

Family separation is addressed through initiatives to reunify released children and in rapid tracing, reunification and follow-up of separated children following population movements. In this work partners draw on community-based networks for child protection. New technologies to assist in tracing, such as instant messaging, are not yet in use based on information from partners, but they may be justified based on the relatively high numbers of separated children.

⁶⁹ Ibid.

⁷⁰ UN Security Council, 2013, *Children and Armed Conflict Report no A/67/845-S/2013/245*.

⁷¹ Landmine Monitor, 2012. Available at: <http://www.the-monitor.org/>. (Accessed 16th June, 2013).

⁷² OCHA, 2012, *Situation Report no. 18*, Kinshasa, OCHA.

⁷³ Protection Cluster, 2012, *Mission du Cluster Protection Nord Kivu, 18-19 Octobre*.

While there is significant presence of ERW, the UN Mine Action Service (UNMAS) provides MRE. It may be appropriate for UNICEF to focus on the role of ensuring that the specific interests of girls, boys and adolescents are taken into consideration in UNMAS programming.

In conclusion, no significant gaps were identified relative to the protection risks present.

3.1.2 Theory of change and good practice in programme design

Though no explicit theory of change underpins the child protection programme, the programme logic is evident. It is based on the assumption that strengthening state systems (through protective legislation, policies and institutional capacity building) and supporting community-based systems and development of children's capacities will enhance child protection in the context of armed conflict. Due to a generally weak State presence in the provinces, UNICEF's work with the Government has focused on the central level.

Comparing the programme design to the Guidelines for GBV in Humanitarian Settings, response systems were very well planned relative to medical, psychosocial and reintegration services as set out in national protocols. However, the programme design gave much less emphasis to prevention and impunity. This is principally because UNICEF does not lead on these pillars; the fight against impunity is addressed by the UN Human Rights Office and prevention/protection is led by UNHCR.

Many UNICEF partners reported some actions on prevention, such as using community structures/networks to sensitize communities on GBV and making briquettes to reduce time spent collecting firewood. Yet UNICEF programming is not designed to systematically address primary prevention of GBV,⁷⁴ though recent research shows that it can be reduced, even in conflict contexts.⁷⁵ Support for primary prevention with communities would be further justified by the rising numbers of civilian perpetrators.⁷⁶ In particular, there was limited effort to engage men and boys as allies in changing attitudes about GBV, though there is increasing guidance in this area.⁷⁷ Child protection networks could be further engaged to support this area. Support to V-Day had been an important form of prevention based around campaigning and empowering women, according to UNICEF CP staff from that period, but UNICEF support to the project ended in 2012.

Regarding DDR, UNICEF partners, including the main government partner, the UEPN-DDR, have been appropriately guided by the Paris Principles in designing the operational framework. The DDR project design is closely aligned to the Minimum Standards for Child Protection in Humanitarian Action. The evaluation of the programme in 2011⁷⁸ raised a number of points related to programme design that have been adopted (see section 3.1.3).

3.1.3 Use of assessments, situation analyses and evaluations in programme design

This case study questioned how far assessments, situation analyses and evaluations had been incorporated into programme design and adaptation and whether assessment data can be used as a baseline.

⁷⁴ Primary prevention refers to *inter alia* changing individual knowledge and attitudes, including engaging young people and men and boys as allies, empowering fostering coalitions and networks for prevention. See UN Women, *Promoting Primary Prevention*, 2009, [online]. Available at: <http://www.endvawnow.org/en/articles/318-promoting-primary-prevention-.html?next=324>. [Accessed 14th April, 2013].

⁷⁵ Gender-based Violence Area of responsibility Working Group, field survey.

⁷⁶ An analysis of SRSG Children and Armed Conflict reports (S/2006/389, S/2007/391, S/2008/693, S/2010/369) shows that civilians were referenced as perpetrators at 29% in 2006-2007-2008, and in the reporting period 2007 - 2008, a "significant number" (30% in 2007 - 2008).

⁷⁷ For example, Acquire Project, 2008, *Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings*, New York, Acquire Project.

⁷⁸ Boudineau, S., 2011, *Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC*, unpublished.

There have been multiple rapid response to population movement (RRMP) assessments,⁷⁹ which are consolidated by OCHA weekly and monthly. These are focused on shelter, WASH, health/nutrition and food security, but they do not include child protection, so protection data from RRMPs are limited and rather unsystematic, and therefore not adequate to provide a baseline.⁸⁰ An OCHA mission to DRC in June 2012 recommended (a) streamlining multi-agency data consolidation methods and processes with the multi-sector initial rapid assessment approach and (b) expanding UNICEF's ActivityInfo system to other sectors beyond education and non-food item areas.⁸¹ However, there was limited evidence of the engagement of child protection in ActivityInfo at the time of the field work. Nor have partners been trained in conducting child protection rapid assessments using the CPWG tool. Protection assessments are done through CPWG members and coordinated by UNICEF. However, since most members of the CPWG are local NGOs with limited funding, they often lack the capacity and flexibility to deploy rapidly in emergencies in order to carry out assessments.

Overall, there was a consensus among respondents that data, including baseline data through assessments, are not yet adequate to monitor outcomes. OCHA proposed defining common datasets across all actors at the time of programme and project design.

The 2011 evaluation of the CAAFAG programme resulted in some adjustments to programme design.⁸² Two recommendations were adopted: to focus programming on local NGOs, in view of their greater sustainability in programming and stronger community base; and to include other vulnerable children in broader prevention and reintegration work to reduce stigma.⁸³ No similar evaluation was in evidence for sexual violence programming.

3.1.4 Harmonization with the Child Protection Strategy

This section considers to what extent programmes are in harmony with the global CP Strategy in aiming to strengthen formal and less formal systems and build on existing systems.

Overall, the logic of the multi-year CP programme fits closely with the pillars of the global Child Protection Strategy on system strengthening. The programme's prevention strategy also reflects the concept of the protective environment.

Given the weakness of State structures, there has been less engagement with the State at provincial and local levels. The evaluation found that programmes have been designed to build on community structures and further strengthen local networks, such as protective communities (communautés protectrices).⁸⁴ This is a community-based model to promote children's rights and strengthen child protection in both development and transition areas of the country, although it is not expected to function during emergencies. It calls for training at least 2 social workers and linking them to a core of 25 community volunteers in each territory, mostly through a partnership with Caritas. The aim is to strengthen community capacities to cope positively with situations that might undermine children's rights and to prevent violence, abuse and exploitation.⁸⁵ In the conflict zones in the Kivus, this model has not been fully rolled out. However, all partners referred to RECOPEs, in which key community members have been trained to identify and respond to all aspects of child protection in the area. Some

⁷⁹ RRMP is a UNICEF led and funded programme.

⁸⁰ Based on review of RRMP reports and the views of OCHA representatives in DRC.

⁸¹ OCHA, 2012, *Humanitarian Response*, Online. Available at: <http://assessments.humanitarianresponse.info/humanitarian-dashboards#DRC>. (Accessed 16th June, 2013).

⁸² Boudineau, S., 2011, *Rapport d'Evaluation du programme 2007 – 2011 pour les Enfants Associés aux forces et aux groupes Armés en RDC*, unpublished.

⁸³ UNICEF Annual Report 2011.

⁸⁴ "Protective communities" are currently established in 106 territories. 25 community volunteers and two social workers from Caritas (not linked to UNICEF) work for each territory or commune. "Des projets OEV aux «communautés protectrices », UNICEF DRC.

⁸⁵ According to interviews with the CP team, the Protective Communities system includes a referral system but services are weak and staff is not sufficiently trained. The programme will be evaluated in 2013 but there was no baseline.

partners, as part of providing child protection training in a community, have also included key State actors, especially the police and armed forces in training.

3.1.5. The use of the CCCs in CPiE programming

Overall, all CCCs were addressed except for CCC 8, on landmines and explosive remnants of war (because UNMACC has primary responsibility for humanitarian mine action activities in the country).

UNICEF CP responsibilities regarding preparedness are clarified in the Interagency Plan for Preparedness and the child protection sub-cluster. UNICEF is co-leading the Protection Working Group as well as the MSA pillar. Benchmarks for child protection were developed for GBV and are included in the protocols.⁸⁶ Indicators in DDR (number of children who have left armed groups) are also set. UNICEF staff have received CPiE training and have been supporting capacity building of partners on the MRM in conflict areas and on CPiE in general, using policies, tools and the CCCs. However, a lack of training persists on conceptual matters regarding CP for GBV actors as well as on separated and unaccompanied children.

Regarding GBV, UNICEF has shared all the modules in preparation of the protocols. GBV personnel are trained in the information management system, but high turnover prevents consistent application of the knowledge. The GBV Coordinator in Emergencies handbook was translated and distributed to all parties and the CPiE Coordinator Handbook is in use. The global handbook on child-friendly spaces is used and guidelines are currently updated. The IACS mental health and psychosocial support guidelines were mainstreamed into the protocols, which are, with UNICEF support, disseminated through training of trainers and establishment of trainers in each province.

UNICEF supports training on prevention of recruitment and on the risks that recruitment poses for girls and boys. The training on MRM also addresses risks of recruitment. GBV education was included in the school curriculum in the last two years of primary education, piloted by UNICEF and UNESCO. MRE was carried out minimally since landmines are not a big problem.

Regarding prepositioning of supplies, UNICEF supports the supply of PEP kits. Distribution is done through projects, not through the national system, and is not covering the whole country.

UNICEF has been closely following the CCCs in emergency response. UNICEF has a leading role in CP and GBV coordination through its sub-cluster leadership and co-leadership of the MSA pillar and the MRM task force. The MRM is a well-established process in DRC, and UNICEF works continuously to strengthen partners to improve their monitoring and reporting capacities. UNICEF also supports NGO partners to strengthen community protection systems and networks with a particular attention to girls. NGOs are also being supported to carry out IDTR, set up child-friendly spaces and encourage family-based care.

UNICEF and its partners follow the Paris Commitments in work for the release and reintegration of children from armed forces and armed groups. UNICEF has had a major role in advocacy with the FARDC over the past years, which culminated in the action plan on recruitment and sexual violence in armed conflict.

Regarding early recovery UNICEF has been supportive of governmental and non-governmental partners in strengthening coordination and community-based protection systems. It continues efforts to strengthen partner capacities to identify, monitor and report on serious protection concerns. UNICEF has also been reinforcing foster care to ensure that the release and reintegration of children follows a community-oriented approach.

⁸⁶ Programme partners are using the following benchmarks : # of survivors receiving different types of care by age/gender, the # of persons trained on the protocols and % of centres that are fully equipped.

Psychosocial activities are integrated into reintegration programmes for released children. It is not clear if UNICEF has undertaken a gap analysis of local and national capacities in protecting children and women.

Regarding CCC 8, the CPiE programme does not have a MRE component, given that ERW are not as prevalent in DRC compared to other countries in armed conflict and MRE is under the responsibility of UNMACC.

3.2. Programme Achievements

This section presents the major results achieved through programming in GBV, CAAFAG, monitoring and reporting on grave violations and child separation from families.

3.2.1 Gender-based violence

UNICEF has made extensive contributions in three areas: (a) providing strategic vision and leadership in the fight against sexual violence, including through development of protocols that provide a holistic response; (b) service provision to survivors through health, counselling and socioeconomic support; and (c) in advocacy especially through the V-Day campaign.

Table 4. UNICEF-supported Services to Survivors in Eastern DRC, 2009-2012		
Medical assistance		
Year	Number of survivors	Per cent children
2009	7,945	35%
2010	12,133	43%
2011	13,099	43%
2012*	5,817	32%
Subtotal: 38,994		
Psychosocial assistance		
2009	15,019	49%
2010	13,015	80%
2011	15,097	47%
2012*	7,498	39%
Subtotal: 50,629		
Total: 89,623		
* January to September		
Source: UNICEF Briefing Notes on GBV in DRC, October 2012		

Evidence of UNICEF's contributions to strategic leadership are found in the four protocols being used by partners to guide interventions in conflict zones. The protocols cover health, psychosocial support and socioeconomic reintegration, and they include specialist guidance for responding to children. UNICEF was a key partner with the ministries in drawing up the protocols and is cited as such in the introduction of each protocol. Although they were still awaiting formal roll-out at the time of the evaluation, they were already in use by partners in the Kivus. The MSA Working Group was also extensively referenced by partners as important in providing a clear sense of direction.

In terms of service provision, vast numbers of survivors have been reached with medical, psychosocial and reintegration assistance. From 2009 to 2012, 89,623 survivors were reached (see table 4). This greatly exceeded the target of 69,301.⁸⁷

Assistance with medical services focuses on long-term healthy outcomes, aiming to ensure that prophylaxis is accessed within 72 hours to prevent HIV transmission, repair fistulae and prolapse, prevent sexually transmitted infections and address psychosocial issues and pregnancies. These contributions are managed by the GBV unit of the CP section working in conjunction with the health section and a seconded staff member. The objective is to provide holistic services through the MSA pillar.

⁸⁷ UNICEF CP Team presentation for the evaluation.

With UNICEF's financial and technical support, partner NGOs were able to achieve considerable results. One partner, Heal Africa, reported treating 5,266 survivors in 2011, of whom 98% were female and 36% were under 18 years old. Of the perpetrators, 2,829 (54%) were civilians and 2,285 (43%) were armed actors. More than half of the survivors (2,974, or 56%) had received services within 72 hours⁸⁸ and 52% were treated with PEP. Referrals for legal assistance were provided to 14%, and 101 fistulas were repaired. The mothers of 439 babies conceived through rape received specialist care.

In terms of psychosocial care, Heal Africa has also developed an extensive network of counsellors who are trained to recognize the signs of post-traumatic stress. They provide counselling through health posts and women's centres and refer to tertiary level psychological care where necessary and available. Heal Africa aimed to provide counselling to 3,000 survivors (including 500 children) in 2012. On socioeconomic reintegration, Heal Africa reported (in 2011) providing agricultural training to 3,774 survivors, literacy training to 1,616 and training in breadmaking and pastry-making to 1,869. Training was also provided in dressmaking, embroidery and other crafts.⁸⁹ No information was found on long-term follow-up of survivors.

Heal Africa's focus on ensuring access to services within 72 hours was adequate, given the need for timely services to survivors of sexual violence. Psychosocial care and socioeconomic reintegration were adequate interventions to ensure a holistic approach to reintegration of survivors.

UNICEF supported at least two types of advocacy in GBV. One was mobilization of large numbers of women in public demonstrations across at least three sites (Kinshasa, Goma and Bukavu) through historic 'Women Breaking the Silence' events at which survivors of sexual violence spoke publicly about rape and the impact of violence on their lives. This was made possible by the support of V-Day, a global activist movement to end violence against women and girls. V-Day has also made contributions to empowering female survivors of GBV. Unfortunately, these activities have not been evaluated.

UNICEF also supports advocacy with the State. This has taken place over a lengthy period of time, focused on achieving recognition of the issue of GBV, which eventually resulted in publication of the protocols.

3.2.2 Children associated with armed forces and armed groups

UNICEF is the lead agency on the reintegration programme for CAAFAG and a strong driver of the release of children, with the help of MONUSCO's direct negotiation. Reintegration programmes are well-developed and reach extremely high numbers of boys and girls compared with other countries.⁹⁰ A total of 24,420 packages of support have been provided to boys and girls since 2008, far exceeding UNICEF's programmatic annual goal of 1,000 to 2,000. While there are some issues about how the programme is delivered (see section 3.3 on effectiveness), there is a consensus that it is extremely important and many aspects are being gradually improved.

In terms of the release of children, UNICEF advocates at national and provincial levels together with the child protection unit of MONUSCO, while other partners work directly with commanders at provincial level. In 2011, 1,971 children (266 girls, or 13%) were released, and UNICEF estimates that many more, around 4,000 children, were released in 2012. Caritas estimates that most released children are aged 12 to 16 years. Armed groups have reached the point of calling UNICEF when they are ready to release minors so that arrangements can be made for the handover and to ensure that all children released through these processes receive reintegration support.⁹¹ Caritas and UNICEF informed the

⁸⁸ The 72 hour indicator is extremely important in the prevention of HIV.

⁸⁹ Heal Africa report to UNICEF, 2013, unpublished.

⁹⁰ For example, in South Sudan the reintegration programme for released children was targeting some 1,500 boys and girls in total, not per annum and had received 94 released children from January to June 2012 (Report to UNICEF for this evaluation).

⁹¹ Children (especially girls) who 'spontaneously release' and are outside of the formal processes can fall through the net of reintegration programming. See the 2011 evaluation of CAAFAG programming. Boudineau, S., 2011,

evaluation team that children are aware of how and where to access this support, as there have been public communication campaigns and children share the information with each other.⁹²

However, all respondents mentioned that boys and girls are being re-recruited, especially when armed groups move through an area and when the conflict reignites. Although there are no firm figures on re-recruitment, most children separated from armed forces and groups reported to partners that they had been recruited two or more times. Follow-up visits with reunified children indicated that children previously released were even more vulnerable and faced a constant threat of re-recruitment, particularly if conflict in their community was ongoing or erupted again.⁹³ For example, one partner, GRAADE, reported in February 2013 that up to 5,000 children continue to be recruited or re-recruited by armed groups (mainly M23 as they moved through that area). It noted that UNICEF advocacy to strengthen State control in Walikale (and similar areas) remained essential.

There are, however, some positive signs related to reducing recruitment. First, the number of reintegration packages provided to children has fallen considerably over the years, from 10,000 in 2008 to 723 in 2012 (see table 5). It should be noted that many fewer packages are provided to girls, and in most years they are not recorded. This is because of girls' tendency to spontaneously release, avoiding formal channels to avoid stigmatization. Nevertheless, the principal point from this table is the significant reduction in release that is thought to reflect a significant reduction in recruitment, given that by November 2012 the estimate was that approximately 3,000 children were still with the armed forces or armed groups.^{94 95}

Table 5: Beneficiaries of Reintegration Support for CAAFAG, 2008-2012

	2008	2009	2010	2011	2012	Total	Target for 2011-2012 ⁹⁶
Children	10,000	5,930	4,912	2,855	4,589	28,286	9, 637

Source: UNICEF chief of child protection

Caritas and UNICEF believe that FARDC is more reluctant to recruit children as a result of the pressure from UN agencies and international lobbying. Although this does not apply to the armed groups, they are increasingly aware that recruiting children is illegal. Caritas also reports three other changes as a result of advocacy at all levels. First, the arbitrary arrest of children associated with armed groups by the police and military has abated. Second, due to continuous community awareness-raising, the stigma that formerly surrounded released children is abating and they are finding much greater acceptance. Third, the behaviour of released children is less threatening as they respond to reintegration support and to a more accepting environment.

Reintegration programmes are essential in reducing the risk of re-recruitment. They are organized on a roughly 50/50 basis, half CAAFAG and half other vulnerable children. Children are initially placed in transit centres for up to three months before reunification with families; around 10% to 20% are placed

Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC, unpublished.

⁹² This was partly as a result of a campaign to inform children on how and where to seek help and because they share information amongst themselves. UNICEF reports that children are often aware of which agencies provide which type of support.

⁹³ Report of the Secretary-General on Children and Armed Conflict in the Democratic Republic of the Congo, 9 July 2010.

⁹⁴ Information from UNICEF CP Team.

⁹⁵ However, according to UNICEF CP by June 2013 it was estimated that 3700 children were with armed groups and 800 with FARDC (total 4500).

⁹⁶ According to the Rolling Work Plan.

in foster families.⁹⁷ All partners in the programme report mobilizing foster families, and there is a remarkable willingness for families to support children based only a desire to contribute to reintegration. They receive a small package of support from Caritas and other partners including food, psychosocial follow-up and some income-generation support.

Beneficiaries are engaged in a range of skills development programming, including catch-up education and vocational training, such as in masonry, joinery, agro-pastoral, bakery, sawmilling, tailoring, hairdressing and cookery. They receive support to set up trades or work with local craftsmen. Released boys and girls also receive counselling through 'active listening' sessions individually or in groups and referral for more in-depth work if necessary. This includes addressing such complex issues as children asking for forgiveness from families for acts such as rape of family members.

The major issue identified in relation to this work is the lack of documentation of follow-up, which makes it difficult to measure change over time. It should be noted that the evaluation of CAAFAG in 2011⁹⁸ provided a set of forms to strengthen follow-up, and it appears these were not introduced in practice.

3.2.3 Monitoring and reporting grave violations

The major results through the MRM are (a) a major increase in reporting of violations due to the systematic training of partners and community/church-based networks; (b) successful negotiation of the action plan, which is the first one to include sexual violence; (c) use of the MRM as a tool to advocate against impunity; and (d) submission of the amicus curiae brief on reparations to the International Criminal Court in the case against Thomas Lubanga Dyilo, developed by UNICEF headquarters with input from the child protection section in UNICEF DRC. Monitoring and reporting on sexual violence in armed conflict in response to Security Council resolutions 1888 and 1960 has yet to be established, although DRC sent annual updates to the UN Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG) in 2011 and 2012.

To increase reporting on child protection violations, UNICEF has effectively trained and mobilized key actors through community-based networks. Education cluster members also report on violations and all sectors that participate in the Rapid Response to Population Movements assessment system participate in reporting if violations are identified during assessments. While there was a consensus among respondents that reporting of violations had increased, there was also wide acknowledgement that a significant proportion of violations are not verified, mainly due to access problems. In addition, some communities are reluctant to share information on protection violations, due to fear of repercussions with the local armed groups or reluctance to betray someone from the same ethnic group. The database includes verified and non-verified violations, although only those that are verified can be used in advocacy (see table 6).

⁹⁷ Estimate by Caritas representative.

⁹⁸ Boudineau, S., 2011, *Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC*, unpublished.

Table 6: Verified MRM Violations 2010-2012 and number of children exited from armed forces/groups			
Violations	2010	2011	2012 (January-June)
Number of children exiting armed forces/groups	1,840	1,971	1,780
Recruitment or use	981	551	147
Abductions (LRA)	120	177	35
Killing and maiming	21 killed, 18 maimed	16 / 23	56 / 40
Attacks on schools and health centres	14 schools, 9 health centres	40 / 15	7 / 2
Sexual violence against minors	204 (2 boys)	158 (3 boys)	62 girls
Restrictions on humanitarian access / security incidents	11% decrease but increase in seriousness of incidents.		Increase in number of security incidents (April-June)
<i>Source: Presentation by UNICEF DRC chief of child protection to the evaluation team, November 2012</i>			

An extremely important achievement was securing the signing of the action plan in October 2012, which resulted from three years of advocacy by UNICEF, MONUSCO and partners, including USAID. It addresses the recruitment and use of children by the FARDC and sexual violence in armed conflict. UNICEF's advocacy also led FARDC to appoint child protection focal points in all military regions, serving as contact persons for UNICEF child protection officers in the field. They prompted FARDC to sign release certificates for all children leaving armed groups.

The MRM has become an important tool to fight impunity insofar as it is widely known among the armed forces and armed groups that the UN has a very specific mandate in relation to recruitment and that recruiting children puts them at risk of being listed in the Secretary-General's report. It has also helped to inform communities and parents about the illegality of recruiting children.⁹⁹ This has resulted in more reluctance to recruit children and a greater readiness to release them, though it has also led to recruiting older children.

The submission of the amicus curiae brief in the Thomas Lubanga case at the International Criminal Court (April 2012) contributed to the landmark decision on reparations for children formerly associated with armed groups and communities affected by grave violations (see box 2). It was also a very positive example of strategic advocacy and effective coordination between the UNICEF country office and headquarters.

Monitoring and reporting on sexual violence in armed conflict is the responsibility of UNICEF and MONUSCO, but it is not yet operational. UNICEF has pressed for the establishment of a MARA mechanism, and in 2011 UNICEF and MONUSCO formed an ad hoc committee to jointly report to the Secretary-General. UNICEF requested a P3 post to be placed in the joint Human Rights Office; this was outstanding at the time of the evaluation. A MARA task force could be led by UNICEF (using a similar

⁹⁹ UNICEF CAAFAG Specialist.

model to the MRM) together with the UN Joint Human Rights Office and participation by UN actors and NGOs.¹⁰⁰

3.2.4 Separated children

All partners are engaged in tracing and reunification, mostly on a case-by-case basis in seeking families directly,¹⁰¹ and they are working with very high numbers of separated girls and boys. For example, one of the partners, PAMI, traced and reunited 406 children (239 girls, or 59%) between September and December 2012,¹⁰² and this number is not unusual. One partner (GRAADE) estimates it has been successful in tracing and reunifying 80% of cases, although some children are relocated after reunification when hostilities increase in the area, raising the risk of re-recruitment or violence. Donors observed tracing directly in the field (by Uvira) and commented that they felt it was effective.

Large numbers of foster families are caring for separated children. Most foster families are 'spontaneous' as girls and boys are taken in by families during displacement. Other are identified through raising community awareness about the need for foster care, which includes training and follow-up with some psychosocial support and basic reintegration kits. As an example, ACOPE registered 337 separated children (185 girls, 152 boys; no age information) from August to November 2010, living with around 100 spontaneous foster families or placed with 12 formal foster families.

Partners report that they follow children up after reunification, but there is little record of medium-term outcomes. This is a serious limitation to determining the effectiveness of different approaches to reintegration.

UNHCR, as protection cluster lead, felt that the strong emphasis on preventing separation had been effective (as partners confirmed). However, it was difficult to prove because data are limited and 70% of the displaced population is not camp based, making it more difficult to enumerate them. Placement with families is seen as a fundamental strategy to prevent re-recruitment, and children who are dispersed among foster families are less vulnerable than children in centres.¹⁰³

Box 2: Advocacy with the International Criminal Court for Reparations for Child Conscription

On 14 March 2012, the International Criminal Court found Thomas Lubanga Dyilo guilty of the war crime of enlisting and conscripting children under the age of 15 years and using them to participate actively in hostilities. The next month UNICEF submitted an amicus curiae brief to the Court on the issue of reparations related to the case, requesting a community approach as well as an individual approach. This triggered a first-ever decision by the Court on 7 August 2012 on the principles for reparations to victims.^{*} The decision also established that the rehabilitation and reintegration of child soldiers should be prioritized and should be based on a gender-inclusive approach. In addition it called for a collective approach to reparation to reach victims not yet identified. It held that individual and collective reparations are not mutually exclusive and may be awarded concurrently¹ and that the impact of crimes on communities should also be considered.

The Trust Fund for Victims, funded largely through contributions from States and private donors, has the mandate to implement Court-ordered reparations and provide physical and psychosocial support to victims of crimes under the Rome Statute (which established the International Criminal Court). The judges delegated to the Trust Fund the task of selecting and appointing appropriate multidisciplinary experts, who should include representatives from the DRC, international representatives and authorities in child and gender issues.¹ The landmark decision also opened the way for future reparations to reunited children and their communities.

* Reparations are specifically mentioned in article 75 of the Rome Statute, the founding document of the Court, which lists restitution, compensation and rehabilitation as forms of reparations. The judges also noted that reparations with symbolic, preventative or transformative value may be appropriate.

See www.lubangatrial.org

¹⁰⁰ UNICEF GBV Child Protection Specialist, Kinshasa.

¹⁰¹ As opposed to mass tracing systems (e.g. radio, publication of photos).

¹⁰² No age data was available.

¹⁰³ UNICEF CP Team, Caritas and other partners in interview and reports.

3.3. Effectiveness

In addition to determining the overall effectiveness of the programme (i.e. the extent to which planned targets were achieved), this section reviews:

- Which strategic approaches have been most effective
- The extent of UNICEF's engagement with national government and other partners in preparedness planning against the CCCs
- How far national capacities been developed at central and decentralized levels.
- The effectiveness of UNICEF's advocacy and communication interventions.

According to the terms of reference, the assessment of effectiveness involves:

Analyse effectiveness against the CCCs. How systematically has UNICEF engaged with national government and other partners in child protection? Has UNICEF delivered on its commitments to preparedness planning? How effective is UNICEF's CP response in various emergency contexts? Which strategies/interventions are most/least successful? To what extent have UNICEF programmes succeeded in developing national capacities at central and decentralized levels? How effective is UNICEF's advocacy and communication strategy with respect to CPiE? To what extent have CP interventions provided an opportunity to strengthen systems for protecting children?

The most effective strategic approaches of UNICEF's CP programme were in:

- (a) Combining upstream and downstream work through collaborating with the Government while supporting implementing partners in programming for CAAFAG and GBV
- (b) Preparedness planning based on the CCCs with the Government at national level (standards and protocols) and with partners in the CP and MSA Working Groups
- (c) Building capacities of all partners, with a special emphasis on NNGOs.

3.3.1 Strategic approaches

Strategic approaches found to be most effective in working with CAAFAG (largely drawing on evidence from the 2011 programme evaluation) are as follows:¹⁰⁴

- (a) Providing birth and release certificates helped to prevent forced re-recruitment by the armed forces or armed groups. Spontaneously released children had not received certificates so were at greater risk. This particularly applied to girls, many of whom were excluded from formal processes.
- (b) Placing released children who cannot return to families in volunteer foster homes can provide more protection against recruitment or abduction than placing them in a centre, as they are less visible.
- (c) Using effective local NGOs or faith-based groups provides a more sustainable response than using international NGOs, and builds more capacity in community mobilization and in understanding community perceptions.
- (d) Support for socio-economic reintegration of CAAFAG and targeting other children vulnerable to recruitment are central to prevention of recruitment in communities. Without adequate support children are at greater risk of re-recruitment because they already have combat or troop support skills and experience, and they may have found reintegration difficult, been stigmatized or found few prospects or opportunities. Socio-economic support also provides released adolescents with a way of demonstrating that they can contribute to the community.

¹⁰⁴ Boudineau, S., 2011, *Rapport d'Evaluation du programme 2007 – 2011 pour les Enfants Associés aux forces et aux groupes Armés en RDC*, unpublished.

- (e) Continuing formal education part time in addition to vocational training is important, as formal education is seen as complementary and supportive of longer term prospects.
- (f) It is important to prepare children psychologically for reintegration through individual and group discussions about what to expect and through patient listening to their doubts and fears.

Lessons learned in working with children associated with armed forces and armed groups include:

- (a) It is important to understand how communities view children released from armed groups. Communities can be wary of released children, feeling that they should not be rewarded and should contribute to the community in some way. Including other vulnerable children in services can help to reduce stigma and to frame services as beneficial to the community as a whole.
- (b) Economic interventions in reintegration, such as providing vocational training, need to be based on adequate market studies.¹⁰⁵ Equally, organizations providing skills training need to have a background in skills training and marketing.
- (c) Providing services without proactive work to attract girls and without making services especially relevant to them is likely to exclude them. A high percentage of girls do not go through formal demobilization processes, so they need to be brought in through 'quiet' local mobilization strategies. Access to vocational training and formal education is especially important to help girls rebuild their self-esteem, but they need different types of support, such as medical care for sexually transmitted infections, psychosocial interventions for single mothers with babies and specialist assistance on reintegration in communities where they are likely to be stigmatized.
- (d) One-year project funding leads to stop-start programming, which causes children to miss out or be forced to wait a long time to participate in a project.

Strategic approaches found to be most effective in working with GBV and the protection of children from violence overall include:

- (a) The campaign established through V-Day was found to create a network of social change agents, challenge gender stereotypes and break the silence around harmful social norms.¹⁰⁶ It also engaged influential people in the country, including the First Lady, provincial governors, local administrators and representatives of the police and justice departments.
- (b) CARE's model of an efficient, sustainable village savings and lending programme is widely regarded (by UNICEF, donors and other respondents) as a positive model for empowering women.
- (c) There was a consensus among respondents that community-based child protection networks (RECOPEs) were effective in identifying and addressing individual child protection cases and in raising local awareness on protection issues.
- (d) Engagement of FARDC commanders in discussions on specific cases of sexual violence and how to prevent them was regarded as a positive practice, as was engaging the FARDC and police in training at a local level.

Approaches found to be least effective in working with GBV and in protecting children from violence overall include:

¹⁰⁵ Market studies have been conducted for all provinces except North Kivu, which is due to the continuously flaring conflict and the lack of access to certain areas.

¹⁰⁶ UNICEF staff in interview.

- (a) GBV sensitization and prevention programming that used women trainers with men were less effective than engaging men to work with other men on changing attitudes, based on an evaluation that included UNICEF GBV programming.¹⁰⁷
- (b) Weak or nonexistent engagement of the police and justice services and other state organs in protecting communities was regarded by partners (and by an evaluation that included UNICEF programmes¹⁰⁸) as a serious impediment to ensuring effective protection.
- (c) The lack of an effective communication for development strategy was regarded by one partner as a gap in ensuring effective protection.
- (d) Although impunity is a major issue, most NGOs do not include legal projects in proposals, and poor women cannot access assistance with legal clinics, paralegals or pro bono lawyers (according to the national director of reproductive health programme).

3.3.2 Engagement with the Government and partners in preparedness

UNICEF has made considerable investments in preparedness planning, including in contingency planning for upsurges in hostilities, with the Government at national level (standards and protocols) and with partners in the CP sub-cluster and MSA Working Group. In addition, partners reported working at community level to train families on how to protect children during movements of armed groups or alerts of attacks, such as on how to prevent separation and how to reduce the risk of sexual violence. Some partners had brought communities together to discuss the types of risks and how to protect girls, boys and women.

UNICEF has engaged successfully with government and partners in preparedness planning based on the CCCs, including by:

- (a) Assisting in developing the protocols for action in GBV by supporting a consultation process with field-based partners as well as with State actors; and ensuring that benchmarks were included in the protocols, which was considered to be extremely important¹⁰⁹
- (b) Developing benchmarks for the release and reintegration of children from the armed forces and armed groups
- (c) Disseminating information on national and international legislation on the minimum age for recruitment and on the risks of recruitment for girls and boys
- (d) Providing extensive CPiE training (discussed below)
- (e) Translating and distributing the handbooks for GBV and CPiE coordinators in emergencies.
- (f) Developing locally adapted guidelines (e.g. on child-friendly spaces and planned for foster care)
- (g) Mainstreaming the IASC guidelines for psychosocial assistance into the GBV protocol.
- (h) Including education on GBV in the school curriculum in the last two years of primary education, which was piloted by UNICEF and UNESCO

¹⁰⁷ Brusset, E. et al, 2011, *Joint Evaluation of Conflict Prevention and Peacebuilding in the Democratic Republic of Congo*, Ohain, Channel Research.

¹⁰⁸ Brusset, E. et al, 2011, *Joint Evaluation of Conflict Prevention and Peacebuilding in the Democratic Republic of Congo*, Ohain, Channel Research.

¹⁰⁹ Programme partners are using the following benchmarks : # of survivors receiving different types of care by age/gender, the # of persons trained on the protocols and % of centres that are fully equipped.

- (i) Supporting mapping of capacities and roles relative to the contingency plan and mapping/pre-positioning PEP kits through partners (although UNICEF child protection and health staff have questioned this approach, and some argue that it should be done through national distribution systems).

UNICEF CP teams identified the lack of comprehensive training in addressing separated and unaccompanied children as a gap in preparedness. None of the partners referred to this as a gap, but the only reference to capacity building with separated children was in relation to best interests determination.

3.3.3 Development of national capacities

UNICEF staff in North Kivu believe that the capacities of local NGO partners have improved considerably through training and as a result of systems for working with partners. (These include encouraging the development of consortia, linking international and national NGOs, and making funding requests more transparent and rigorous).

UNICEF has made considerable investments in capacity building, especially through the CP sub-cluster, although the approach had tended to be ad hoc, based on workshops, rather than a systemic approach based on a capacity needs assessment.¹¹⁰ Similar questions were raised about the approach to developing capacity within the State, considering that longer term capacity building, probably through accredited social work courses, was required. A further issue raised by UNICEF was the focus on single issues (GBV, CAAFAG) rather than on conceptual aspects of child protection that are common across groups. For example, the CP team felt it would be useful to provide training on child protection for GBV actors.

Partners referenced different types of capacity building provided by UNICEF as having been effective in the following ways:

- (a) Training in submitting proposals to the Pooled Fund was viewed by at least one partner as having been instrumental in their success at gaining funding. The Pooled Fund representative of OCHA confirmed that protection proposals had improved and the strategy was clearer in recent months, although other issues were identified.
- (b) At least three partners believed that training on the reintegration of CAAFAG, and especially on economic interventions, had been particularly useful. One reported that it had been extremely important in establishing income-generating projects and in monitoring individual and group entrepreneurs. Another reported that the training was held at least once a year with high-quality trainers.
- (c) A more extensive 40-day training of social workers was regarded as especially useful. It provided the skills for one partner to work with the Division of Social Affairs on a social survey.
- (d) Most partners had participated in training to implement the MRM, which had resulted in more effective reporting systems from community groups and in more reporting overall.
- (e) One partner had participated in 'best interests' determination for separated children that had allowed for more confident decision-making on plans for separated children.
- (f) At least two partners specifically valued planning and monitoring visits and meetings with UNICEF and felt that UNICEF had provided good support.
- (g) Psychosocial training for children released from armed groups in 2009 and 2012 was also considered especially useful in facilitating project staff to provide basic support and teaching them to recognize which children need more extensive psychological support.

¹¹⁰ Internal critique by UNICEF staff.

Future plans for training through the CP sub-cluster include further training on the MRM and the action plan and specific modules on CPiE.¹¹¹

3.3.4 Advocacy and communication

There is no overall child protection advocacy strategy, although considerable advocacy has taken place.

UNICEF has promoted awareness of the sexual violence law through community awareness campaigns and use of radio and other communication materials, such as posters, leaflets and comic books. UNICEF has also supported partners to inform survivors of available services and facilitate referrals to legal assistance if the survivor wish to file a complaint. Community radio has also been used to broadcast alerts on possible attacks.

In the future, there could be further analysis of how text message information campaigns or feedback systems, such as Geopoll,¹¹² which has been used to canvass women's views on GBV, could contribute to campaigns, including involving men in such campaigns.

3.4 Quality and Efficiency of Programming

This section considers:

- The extent to which programming has met quality standards
- Adequacy of funding and human resources
- Costs per capita of different programme interventions.

3.4.1 Quality standards

Comparing the release and reintegration work with CAAFAG to the Minimum Standards for Child Protection in Humanitarian Action, virtually all standards were met with the possible exception of standardized protocols and tools for managing cases. As yet there are no protocols for CAAFAG as there are in GBV, especially in relation to psychosocial support (one partner recommended adapting the psychosocial protocols for GBV) or economic support (vocational training, business start-up). There is also an issue of how to operationalize the following outcome indicator of the Minimum Standards: 'Percentage of girls and boys separated from armed forces or groups who are effectively reintegrated in their families and the community'. This implies a need for robust follow-up and documentation of cases, including monitoring change in the medium term.

In relation to GBV and the Minimum Standards, virtually all the preparedness and reponse standards have been addressed with the exception of one preparedness action: training the police and armed forces on GBV prevention and national/international legislation. This has been covered by some partners but not systematically by the whole programme.¹¹³ However, the difficulty of implementing this standard in the context of DRC must be acknowledged. Awareness raising with men and boys on GBV is another preparedness and response action that has received less systematic attention.

¹¹¹ UNICEF CP sub Cluster Coordinator.

¹¹² See GeoPoll: <https://geopoll.net/how-it-works>.

¹¹³ SSR-MONUSCO has, together with the Ministry of Defense, the lead of the pillar "Security Sector Reform" of the NSCGBV and is as such assigned to assure the army training and capacity building.

3.4.2 Adequacy of funding and human resources

- **Funding**

UNICEF funding to CPiE, especially to GBV, has fallen drastically. Until 2009, 70% of the child protection budget was for CPiE and until 2010 50% went to GBV/MSA. In 2012, only 10% of the total CP budget was dedicated to GBV. By November 2012, CP had no major funds for emergencies.¹¹⁴ External observers said there was also an issue of funding for the MRM action plan.¹¹⁵ This downward trend in funding for child protection reflects the trend in funding for DRC in general, which cannot be justified given the ongoing conflict, especially in the Kivus. The lack of funding undermines UNICEF's ability to provide a predictable response, as required by the CCCs.

In terms of funding sources, CP in DRC never received funding from the Central Emergency Response Fund principally because of the CP team's understanding that protection was excluded as a result of the 'lifesaving sector' requirements. This has changed in 2013, as CP has received funding as part of multi-sector proposal. However, the lack of access to the resources of the Central Emergency Response Fund has limited the rapid scale-up of operations during crises.

Short-term stop-start funding and insecurity in funding streams have affected programming. For example, Heal Africa, which provides essential services for survivors of sexual violence, cautioned that it was unable to provide bridging funds when tranches are delayed, resulting in breaks in services. Similarly there have been delays in delivery of supplies due to funding delays. In addition, funding has been insufficient for some partners as the number of children in reintegration programmes has outstripped the estimate.

OCHA, which plays a fundamental role in partners' access to funding in DRC, felt that the principal constraints in funding for child protection are (a) the lack of clear strategies (although this has improved in recent months through the sub-cluster); (b) a lack of data demonstrating the effectiveness of strategies, which would require longer term studies, robust indicators and joint data systems (confirmed by donors as a key issue); and (c) an over-emphasis on service provision to survivors rather than prevention.

- **Human resources**

The key human resources challenges are staffing for coordination and difficulties in recruitment. Coordination is considered to be extremely time-consuming at national and decentralized level, requiring at least a P3 post. As an example of recruitment difficulties, the post of CP specialist in the eastern zone was vacant for two years.

3.4.3 Costs of interventions

A detailed cost analysis is beyond the scope of this case study. However, it appears there were considerable differences in costs per capita between projects for both GBV and CAAFAG. These differences can be explained by the different services required. For example legal services are usually costly, increasing the per capita cost significantly. Costs of socioeconomic assistance also can vary; it is less expensive to support a child to return to school than to support participation in socioeconomic projects; and temporary foster care is cheaper than centre-based care. The per capita cost depends on the needs and the context of each child.

¹¹⁴Chief Child Protection.

¹¹⁵ Watchlist on Children And Armed Conflict, April 2013 – A discussion paper.

Per capita costs for GBV projects¹¹⁶

Per capita costs for GBV interventions¹¹⁷ calculated from project cooperation agreements¹¹⁸ vary considerably, from \$163 to \$518 (see table 7).¹¹⁹

Table 7: Planned Per Capita Costs of GBV Projects						
Partner	Number of beneficiaries	Type of services	Total cost	UNICEF/SRFF* funding	Per capita total	Per capita UNICEF contribution
Care/Heal Africa (Aug 2011- Aug 2012)	800	800 medical and psychosocial 500 PEP 10 fistula 400 socio-economic reintegration (AGR by its French acronym)	\$415,040	\$310,000	\$518	\$386
Heal Africa (June 2012- Feb 2013)	3000	3,000 medical 200 specialized medical care 2,400 PEP 30 Fistula 200 AGR 100 legal	\$488,469	\$488,469	\$163	\$163
Save the Children	400	400 medical 400 psychosocial 150 socio economic reintegration 120 children reinserted in school	\$180,000		\$450	\$450
Source: Calculations from programme agreements with partners. * Fonds de Stabilisation et de Relevement						

Per capita costs for CAAFAG projects

There is also considerable variation in per capita costs for similar reintegration projects (see table 8). Based on costs calculated through project cooperation agreements the range is \$170 to \$334, while based on donor reports (annex 7) it is \$440 to \$591.

¹¹⁶ Per capita cost calculation will be used for comparison purposes across programming in the Global Synthesis Report.

¹¹⁷ Calculate from PCAs for SC, Care/Heal Africa and Heal Africa; calculations attached in Annex 7.

¹¹⁸ No donor report on GBV interventions was received.

¹¹⁹ According to DRC country office Child Protection Specialist, CAAFAG, the per capita costs per child have been revised and are now US\$ 800.

Table 8: Planned Per Capita Costs of CAAFAG Projects

Partner	Number of beneficiaries	Type of activities	Total costs	UNICEF/SRFF* funding	Per capita total	Per capita UNICEF contribution
ACOPE (Oct 2012- Oct 2013)	2,460 1,725 CAAFAG; 585 orphaned and vulnerable children	700 socioeconomic reintegration, 1,610 post- reintegration monitoring, 150 IDTR	\$420,000	\$420,000	\$170	\$170
CAJED (Feb 2012— Feb 2013)	4,050	400 IDTR, 1,800 socioeconomic reintegration,, 1,850 post- reintegration monitoring	\$1,106,43 1	\$1,106,431	\$273	\$273
GRAADE (May 2012- May 2012)	2,692	842 reintegration 1,250 orphaned and vulnerable children 600 IDTR	\$601,997	\$601,997	\$223	\$223
CARITAS (Mar 2012- Feb 2013)	1,000 CAAFAG	Temporary care, family reunification, sensitization, capacity building of actors	\$334,058	\$328,503	\$334	\$329
Source: Calculations from programme agreements with partners. * Fonds de Stabilisation et de Relevement						

3.5 Connectedness and Coordination

This section reviews:

- The extent to which UNICEF has met its commitments to cluster coordination
- The effectiveness of collaboration and coordination with other sectors.

3.5.1 Cluster coordination

UNICEF staff, partners, OCHA and UNHCR all reported positively about UNICEF's work in leading the CP sub-cluster and the MSA Working Group at national level and in the provinces. Coordination is especially important given the vast number of actors, especially at provincial level. In GBV in North Kivu around 280 actors are providing different types of support to survivors, and in child protection there are 40 actors.

Particularly important has been information sharing on programming and the development of common approaches, gradual development of quality standards from field level upwards and establishment of contingency plans for crises. The principal issues for the future are ensuring subnational leadership with sufficient seniority, developing effective joint monitoring and data systems to measure intermediate results/impact and establishment of a joint advocacy strategy.

The CP section and national level coordinator believe that the eastern zone requires a full-time staff member for coordination. Currently one international staff member is meant to dedicate 25% of time to the role, but in practice it takes far more. Due to funding constraints, the plan is to place a United Nations Volunteer in the role. However, this would be unfavourable given that both education and the MSA approach to GBV have P3 posts for coordination in the eastern zone.

The need for a full-time data/information manager was also evident based on the difficulties of measuring strategies and providing convincing evidence to donors. The CP section felt this should also be a full-time post.

While the MSA pillar is the most effectively coordinated and operationalized, a recent external review by Refugees International uncovered a serious concern about coordination in GBV:¹²⁰ the structure of the NSCGBV, with four pillars, requires separate coordination for each pillar, leading to overload and inefficiencies. There has been serious criticism about the effect on GBV response and prevention. Refugees International proposed that UNICEF assume coordination of GBV overall with a view to more effective emergency prevention and response.¹²¹ It is beyond the scope of this case study to assess these issues with sufficient depth to endorse such a recommendation. However it is recommended that all agencies review the issue of coordinating four separate pillars from the viewpoint of efficiency and effectiveness.

3.5.2 Collaboration and coordination with other sectors

UNICEF DRC has a long history of multi-sectoral programming by area for emergencies. This began with the PEAR¹²² programme in 2008-2009 and continued through the 2009 strategy for stabilization and peacebuilding¹²³ and the more recent approach of PEAR Plus (2010), which emphasized working alongside communities in all the key sectors (health, WASH, education, protection). Since 2010, there has been a move towards strengthening transition programming and peacebuilding, closely aligned to MONUSCO, maintaining a multi-sectoral approach in the conflict areas. The case study found that coordination with the health and education sections of UNICEF has been closer than coordination with WASH, despite the issue of water collection as a risk factor in GBV.

In managing the multi-sectoral assistance programme for survivors of GBV, UNICEF CP by definition works closely with other sectors, especially health. In fact the health sector has a staff member seconded from the CP section to focus on managing distribution of PEP kits.

UNICEF CP also works with the education in emergencies specialist on integrating children into education who have never attended. The initiative covers three years in one, and CP partners refer released and vulnerable children to it. This could be carefully monitored to demonstrate outcomes for this group. Additional likely areas of convergence are through (a) the peacebuilding programme in conjunction with Search for Common Ground, which could provide opportunities for links with prevention of violence, including sexual violence, and with recruitment; and (b) opportunities for greater collaboration on strategic approaches to psychosocial support in schools based on the standards of the International Network for Education in Emergencies and Inter-Agency Standing Committee.

Global guidelines for the WASH cluster include protection elements, and these will be strengthened beginning in 2013 with a standard for the whole cluster. However, the CP team has done limited work on links with WASH, despite the vast risks of sexual violence linked to water collection both inside and outside camps, and no joint CP/WASH assessment had taken place. Closer collaboration could reduce risks of sexual violence linked to water collection and use of latrines.

3.6 Scaling Up, Phasing Out and Sustainability

UNICEF was able to successfully scale up various programmes and projects through partnerships, a result of advocacy efforts coupled with capacity-building of partners in the Government and NGOs. Some of the strategies UNICEF has been supporting, especially concerning CAAFAG and GBV, have become part of national policies, thus promising sustainability and future scale-up by the Government.

¹²⁰ Refugees International, 2013, *DR Congo: Poor Coordination Obstructs Emergency Response to Gender Based Violence*, [Online]. Available at: www.refugeesinternational.org. [Accessed 21st June 2013].

¹²¹ Refugees International, 2013, *DR Congo: Poor Coordination Obstructs Emergency Response to Gender Based Violence*, [Online]. Available at: www.refugeesinternational.org. [Accessed 21st June 2013].

¹²² Programme de Assistance pour les Réfugiés e Retournés.

¹²³ Programme de Stabilisation e de Reconstruction des Zones Sortant des Conflits Armés.

The CP programme has collaborated effectively with the Government at national level and has consistently worked with partners on CAAFAG to ensure programme expansion. Partners have included the UEPN-DDR in terms of GBV and with the National Directorate of Reproductive Health within the NSCGBV and pillar system. Achieving the very high numbers presented in section 3.2 has required impressive levels of scaling up, achieved despite limited funding and lack of highly skilled actors. Reintegration programmes reached high numbers of boys and girls compared with other countries.¹²⁴ The UNICEF CP programme followed recommendations of the 2011 evaluation of the CAAFAG programme,¹²⁵ in particular, by increasing the focus on working with local NGOs and establishing a stronger base in the community, to improve sustainability in programming.

Consistent technical and financial support to implementing partners allowed for scaling up of services for survivors of sexual violence. The number of survivors receiving medical assistance grew from 7,945 in 2009 to 13,099 in 2011, and a further 5,817 between January and September 2012. UNICEF supported partners to develop a network of trained counsellors to provide psychosocial care.

UNICEF has also expanded response rapidly among CP partners while new displacements have occurred, as evidenced by partner information on identifying newly separated children. Scaling-up has been facilitated by strong community linkages through RECOPEs.

Programme sustainability is also strengthened by strong community linkages, large networks of volunteers and partnerships with national NGOs. As referenced in this report, a principal issue is the extent of capacity of the State. Advances in child protection in emergencies can only be sustainable if comprehensive systems are established and sustained. UNICEF has been building capacities and collaboration with the national Government to this end. However, even though UNICEF's technical and financial support to national NGOs has improved service provisions and outreach to children, the sustainability of these interventions is not guaranteed without continued UNICEF support. The concern is exacerbated by the fact that many of the implementing NGOs receive all their funding from UNICEF.¹²⁶

3.7 Cross-cutting Issues

3.7.1 Gender equality and empowerment

There has been considerable investment in gender equality and empowerment of girls and women through support for V-Day, income-generating programming, vocational training and girls' education. This could be expanded with additional support to partners to carry out village lending and savings programmes, which are widely regarded as cost-effective and sustainable by donors.

Sex-disaggregated data on gender-based violence show that the majority of survivors are girls and women. As a consequence, services are generally tailored to assisting females. UNICEF-supported implementing partners carry out awareness-raising programmes on sexual violence, trying to reach men and boys with messages, but so far no training has specifically targeted men and boys. The CP programme has not yet been able to ensure that data on recruitment and release of girls are fully available. This resulted in few girls benefitting from CAAFAG reintegration packages. The UNICEF CP team has urged partners to strive for gender balance in local child protection committees (RECOPEs).

¹²⁴ The fact that reintegration packages provided to under 18s has fallen considerably over the years from some 10,000 in 2008 to 723 in 2012 is being contributed to assumptions that recruitment, and thus release of children has decreased over the last years.

¹²⁵ Boudineau, S., 2011, *Rapport d'Evaluation du programme 2007 – 2011 pour les Enfants Associés aux forces et aux groupes Armés en RDC*, unpublished.

3.7.2 Addressing children's distinct needs and capacities

Some child-friendly spaces referred to age- and gender-specific programming, but this approach does not appear to have been widespread. GBV response is child sensitive and the protocols contain age-specific and gender-specific guidelines

3.7.3 Age- and sex-disaggregated data

The collection and analysis of data disaggregated by age and gender remains relatively weak. Respondents were not consistently using common templates, especially in CAAFAG programming, and data collection and analysis are hampered by the lack of dedicated information management personnel to prepare analyses for discussion by the CP sub-cluster or MSA Working Groups.

UNFPA and the Ministry of Gender are responsible for data collection on GBV at national and provincial level.¹²⁷ The GBV information management system has not yet been rolled out in DRC; it has only been piloted, since 2011, by IRC with a small number of partners, including IMC and Panzi Hospital. The system is designed for service providers, and thus is not used by UNICEF, but UNICEF encourages partners and MSA members to use the classification tool and to learn about the system. Monitoring and reporting only cover geographic areas where actors are present and thus is very limited.

UNICEF and UNFPA, responsible for the data pillar on GBV, and UNHCR, as lead of the protection cluster, made the following observations on data systems in GBV: (a) the GBV information management system is complex and may need to be simplified to be functional and cost-effective in practice; (b) classification by the six categories of violations can be relatively straightforward, but most agencies record services as a management tool, not as an incident tool, so the same person can be registered several times, meaning the data are indicative only; (c) the papers on which services are recorded never move, to avoid confidentiality problems, so even if ID numbers are used, it will not help with coordination; and (d) the age of the survivor and data on the incident alone can be sufficient to identify the individual, so if they leave with a paper that reveals that information, they can be at risk. These questions will be further addressed in the conclusions and recommendations.

Since DRC has been dubbed the 'rape capital of the world', one UN observer said that the Government had become especially sensitive to publication of data and has now decided to publish data themselves. This means the issue has become highly politicized and the quality of data are at risk as a result.

In terms of data on CAAFAG, recording the numbers of children accessing services has been fairly effective, although not all data are disaggregated by sex and even fewer by age band. This impairs the ability to get a clear sense of the age at which children are targeted and released. There is also no denominator (i.e. reliable estimate of the total number of girls and boys with the armed forces or armed groups) so it is difficult to estimate targets for release and reintegration. Further, names are not recorded in the same way in the database each time, so one child can be recorded with multiple entries. Donors especially wanted a better understanding of how children have managed upon return to the community, underscoring the need for community-level monitoring.

A tangential issue is the extent to which collected data are analysed. All partners referred to collecting data, including follow-up data, that are subsequently submitted to UNICEF in regular reports. But there was limited evidence of the analysis of that data, in view of the fact that there are no dedicated information management posts. Forms designed during the 2011 CAAFAG evaluation¹²⁸ could be introduced to strengthen follow-up. Further, the UEPN-DDR unit manager observed that previously an

¹²⁷ Reports published by UNFPA focus on rape however their tools do have a breakdown of different types of GBV based on the 2006 Sexual Violence Law and the GBV information management system though it does not reflect the system's classification toll 100%.

¹²⁸ Boudineau, S., 2011, *Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC*, unpublished.

individual had been responsible for driving three monthly follow-up visits and collating the data, but that post is no longer in the unit. UNHCR, as lead of the protection cluster, also felt that more data are collected than are analysed, and the result is a 'patchwork' with little consistency.

Save the Children and some other partners are using the CP information management system, but there was no information on how effective it has been in strengthening case management in child protection, particularly in relation to separated children and those in foster care or institutions.

Further issues raised on data were (a) the lack of baseline data at the time of assessments; (b) the lack of common datasets across all actors by protection issue, which could help with conceptual clarity and fundraising; and (c) the need for more training and supervision of data collection by partners, looking at longer term outcomes. The work of IRC and CARE in conjunction with Columbia University was regarded as a possible example to follow, and OCHA proposed considering case study methodologies as a way of collecting qualitative data to compare different approaches to child protection and their results. Donors noted that it would also be essential to know whether the same children are returning for services, being re-recruited, etc. but there are no reliable data on that.

3.7.4 Extent of support from headquarters and the regional office

The CP team rarely requests support from the regional office, and neither the regional office nor the country office reported any recent examples of support. There have also been no requests for support from the CPWG in Geneva or from the Rapid Response Team. The country office would need to pay for such a mission, and funding constraints had restricted such requests. Some of the child protection specialists in the country office identified the need for assistance from headquarters and/or the regional office in fundraising and documenting programme results. Further, assistance from headquarters could be helpful in strengthening the evidence base on children released from the armed forces and armed groups. It would also be useful in relation to approaches to reintegration and in strengthening the evidence base on prevention and treatment of sexual violence in armed conflict, including the longer term outcomes of different approaches to prevention and response.

Support was received from headquarters on some technical areas including a gender-sensitive approach to programming that particularly addressed gender sensitivity in child-friendly spaces.

4. CONCLUSIONS

These conclusions identify key successes and gaps and draw together other principal issues identified from the analysis of programmes against the OECD-DAC criteria.

The UNICEF child protection programme has been working under extremely difficult circumstances in DRC due to the continuous crisis and recurring conflict in the east of the country, especially in the provinces of North and South Kivu. Despite this situation, UNICEF has achieved impressive results in all areas addressed by the evaluation. Overall, the CPIE programme has been coherent in its support to the Government and national NGOs. It has provided effective technical support to legal and policy development as well as to project implementation.

Conclusions on Programming

Conclusion 1: Key successes and gaps in programming and advocacy

Gender-based Violence – Successes

- (a) Due to the pillar system, under which UNICEF co-leads the MSA pillar, UNICEF's work and achievements in GBV are mainly in service provision. As a result of UNICEF support to partners, tens of thousands of survivors of sexual violence received timely and holistic medical, psychosocial and reintegration services. Beginning in 2008 and continuing through the first half of 2012, 77,288 people received services (25,729 minors and 51,559 adults; no sex-disaggregated data provided), exceeding the target of 69,301 by a wide margin. Each year an average of 12,000 to 15,000 women, girls and boys were reached over a sustained period of time.
- (b) UNICEF has greatly contributed to improved collaboration regarding GBV. The Multi-sectoral Assistance pillar co-led by UNICEF is recognized as effective in coordination and technical leadership, including in delivering support under the four protocols (medical, psychosocial, reintegration and legal) for responding to GBV.

Gender-based Violence – Gaps

- (a) There has been less emphasis on the prevention of sexual violence than on responding to survivors, despite indications of an increase in sexual violence overall and the fact that a significant percentage of survivors are under age 18. Survivors seeking services increased from 12,800 in 2009 to 15,400 in 2010 and roughly a third were below age 18.¹²⁹ The lack of emphasis on prevention results largely from the fact that UNICEF does not lead on the pillars addressing prevention and impunity. The issue is further elaborated below.
- (b) While strong results have been obtained, there has been a lack of longer term monitoring to determine which types of programmes have produced the most positive outcomes. The paucity of outcome data and more limited investment in prevention are underlying causes of the shortage of funding, which is affecting the capacity to sustain programming.

Children Associated with Armed Forces and Armed Groups – Successes

- (a) UNICEF has had continuous, strong and much-appreciated collaboration with the UEPN-DDR in facilitating the reintegration of children associated with armed forces and armed groups over the past years. This collaboration and the technical and financial support to partner organizations delivered strong results on programming for CAAFAG, providing over 24,000 individualized packages of care, education and skills training for boys and girls released from the armed forces and armed groups since 2008. The measures include foster care for the 10% to 20% of children

¹²⁹ The great majority are female, with Heal Africa reporting some 2% as male survivors.

who could not return to their families of origin. The rolling work plan for 2011-2012 had planned to provide assistance to 9,637 children and was able to reach 7,444.

- (b) Sustained advocacy with the armed forces and armed groups on national and international legislation and sanctions for recruitment of children have produced results. It appears that recruitment overall is falling (based on the decline in the number of released children receiving reintegration packages, from 10,000 in 2008 to 2,312 in 2011), and the age of recruitment appears to have increased. These results have been achieved through national and local advocacy, training of armed forces and direct negotiation with commanders. Advocacy has drawn on MRM data, which have been crucial in providing evidence of violations and of trends. The acceptance of the action plan in October 2012, a further result of three years of advocacy by UNICEF, its partners and USAID, sets out commitments by the armed forces to prevent recruitment, release children and prevent sexual violence. Nevertheless there is continuing need for vigilance; armed groups are continuing to recruit as they move through areas and a large part of the country is not yet stabilized.
- (c) Joint efforts of headquarters and the country office proved beneficial in developing an amicus curiae submission to the International Criminal Court, which contributed to a landmark decision on reparations to survivors of child recruitment and their communities.

Children Associated with Armed Forces and Armed Groups – Gaps

- (a) Recruited girls tend to spontaneously release, avoiding formal channels to reduce the risk of stigma, and thus have been harder to reach with reintegration services.
- (b) Although follow-up after reintegration has been provided by partners, it has been poorly documented and analysed, so longer term outcomes are difficult to determine, as is the true extent of re-recruitment.

Conclusion 2: Efforts to prevent sexual violence have been limited but could be integrated and measured within existing programmes.

Although UNICEF does not lead on the prevention pillar or on fighting impunity, UNICEF is a very strong actor in the Kivus, has excellent links into the community through child protection networks (RECOPEs) and could take a more proactive stance on prevention and impunity through existing programmes. This is particularly important given the evidence that around two thirds of sexual violence against children is committed by civilian actors. Current approaches to prevention such as the action plan for CAAFAG are important but will only address sexual violence by the armed forces.

Some specific conclusions on prevention through this case study are as follows:

- (a) Some partners have engaged the FARDC commanders and police in training on how to prevent sexual and other forms of violence. While this has not been effectively monitored, it is a direct approach to preventing violence that should be reviewed.
- (b) The V-Day campaign, which UNICEF supported from 2006-2012, was regarded by UNICEF CP staff as effective in raising the profile of violence against women and in engaging senior politicians and the media. A sustained and public campaign is a vital component in shifting attitudes and perceptions towards sexual violence.
- (c) Most UNICEF support to awareness raising has focused on women and their capacity to prevent sexual violence by avoiding risk. There has been some but much more limited work with men and boys on attitudes and perceptions of sexual violence. A recent peacebuilding evaluation also concluded that where awareness raising with men and boys has taken place, it has tended to be administered by women. Such activities may be more effective when delivered man to man.
- (d) In addition to national and international campaigning, the V-Day organization is also empowering women and girl survivors through courses in leadership, sexual health, literacy, self-esteem and

self-defence as well as income-generating options. V-Day is considering an approach in which women survivors work with the police to prevent sexual violence. A similar approach to establishing 'peace teams', taken by a UNICEF partner NGO in South Sudan, appears to have been effective in monitoring, challenging and reducing violence against women.

- (e) Village savings and lending schemes (introduced by CARE, a UNICEF partner) have provided a sustainable and low-cost way to increase women's incomes. There is no evidence that increasing incomes is likely to reduce violence against women but such schemes are seen as effective in empowering women.
- (f) Most proposals from partners in the Kivus (to UNICEF and to the Pooled Fund) do not include provision of legal support for legal clinics, pro bono lawyers or paralegals. This means that even if women are willing to try to prosecute, it is difficult for them to access support to do so.
- (g) There has not been strong joint strategy between the protection, communication for development and WASH sectors on preventing sexual violence.

Conclusion 3: Effective strategies and approaches to preventing recruitment and promoting reintegration of CAAFAG need to be endorsed and sustained.

The evaluation of the CAAFAG programme has shown the following approaches to be effective:

- (a) Providing targeted and specialized support to girls released from the armed forces or armed groups. They need to be 'quietly' identified by local child protection committees and encouraged to accept services, and they require some specialist services, including psychosocial interventions for single mothers and special assistance to build self-esteem.
- (b) Encouraging released children to use birth registration and release documentation to resist recruitment;
- (c) Dispersing released children into foster families rather than concentrating them in centres;
- (d) Continuing formal education as well as skills training after release;
- (e) Preparing children psychologically for reintegration with families;
- (f) Including other vulnerable children in programming to avoid stigma;
- (g) Raising community awareness on CAAFAG to ensure openness to reintegration and prevention of stigma.
- (h) Providing skills training through organizations that are not specialized in training is not effective. Skills training should be preceded by a market survey to ensure graduates can find work.

Conclusion 4: The evidence on outcomes of programmes for sexual violence and CAAFAG remains weak.

While there has been some progress in collecting data on sexual violence, it is still not possible to demonstrate the long-term outcomes of programmes (what has changed for girls and women as a result of participation in programmes) or to provide baseline statistics to demonstrate the effectiveness of different prevention approaches. Equally, CAAFAG data are weak in demonstrating the long-term outcomes of investment in reintegration and prevention of recruitment. However, this is partly a factor of the DRC context, which limits the feasibility of long-term planning, due to the continuous need for emergency interventions.

The data pillar on GBV is the responsibility of UNFPA. Although some organizations are using the GBV information management system, which has produced some excellent data by project, the consolidation

of data and analysis across factors such as sex, age, area and type of perpetrator remains problematic. This is largely because the system is used for case management as opposed to incident reporting, and efforts to develop an effective way to consolidate data through ID numbers, etc., have not been effective. There is an urgent need to address data weakness while still protecting the confidentiality of survivors.

Regarding CAAFAG, while all partners referred to their follow-up of children after reintegration with families or in foster families, those data are not recorded systematically, consolidated or analysed for trends. The CP information management system is only used as a tool by a few organizations, and none of UNICEF's partners mentioned using it. Most had their own internal systems and were not following a common set of indicators and tools. It is essential to further develop data systems but, as with sexual violence, it is equally essential to carefully address the complex issues of protecting identities and other aspects of ethics.

The lack of a data management specialist in the CP section is a serious limitation to enhancing data overall.

Conclusion 5: The model used for implementation of the MRM and action plan has been effective in reducing recruitment and is expected to be followed for Security Council resolutions on sexual violence.

Training all partners in monitoring and reporting under the MRM and awareness-raising on national and international legislation has been effective in increasing reporting and reducing recruitment. The model is expected to be replicated for monitoring and reporting under Security Council resolutions 1888 and 1960, although the MARA model is still under development by UNICEF and MONUSCO.

Conclusion 6: The engagement of State systems in the protection of children and women is still relatively weak.

State services are weak overall and their reach is even more limited in the Kivus. However, UNICEF and many NGO respondents recognized that without a strong emphasis on engaging State services, they will remain unsustainable and it will be impossible to effectively address issues such as impunity. This engagement needs to be promoted regardless of the impediments of low salaries, high staff turnover and other issues. This includes engaging social workers, police and justice officials.

Conclusion 7: The sustainability of national NGOs as UNICEF implementing partners is uncertain.

UNICEF's shift from supporting international NGOs to national NGOs was effective, but their sustainability is questionable, since most of them (at least those who responded to the questionnaire) receive all their funding from UNICEF.

Conclusion 8: UNICEF has addressed all the CCCs in protection with the exception of CCC 8 (on landmines and ERW).

Because UNMACC has primary responsibility for landmines in DRC, the programme does not address CCC 8. However, given the extent of ERW (for example, 731 pieces of unexploded ordnance and 890 small arms ammunition were found in one small area just in December 2012), there is an argument for UNICEF to analyse UNMACC approaches to mine risk education with children.¹³⁰

Conclusions on Programme Coordination and Management

¹³⁰ According to recent information from UNICEF CP, an UXO risk awareness programme was conducted in North Kivu in response to the crisis in November 2012. The results are available in a project report.

Conclusion 9: UNICEF's coordination of the MSA pillar for GBV is strong and effective. However, multiple coordination bodies are addressing the five pillars of the NSCGBV, which may detract from efficiency and effectiveness in the emergency contexts.

UNICEF has led the MSA Working Group effectively, strong technical orientation is provided through the protocols and responses to survivors are well coordinated. However, multiple coordination mechanisms are time-consuming and may not be the most effective way of ensuring common perspectives on prevention and response to sexual violence, especially in the emergency context in the Kivus.

Conclusion 10: UNICEF's approach to bottom-up coordination from the CPWG has been effective in developing appropriate tools and strengthening vertical linkages.

The CP sub-cluster coordinator has worked in conjunction with CP staff in the Kivus to develop locally appropriate standards for child-friendly spaces together with partners in the field. Field-based partners also proposed development of standards for foster care, and a partner raised suggestions on adapting the psychosocial protocols for GBV to the needs of CAAFAG. Overall, there has been strong bottom-up work through the sub-cluster, which has strengthened vertical linkages and ensured that initiatives are well grounded.

Conclusion 11: Coordination is crucially important, especially with such a vast number of actors, but needs more resources and could be improved across sectors.

At the time of the evaluation, coordination of the CP sub-cluster was allocated 25% of one staff member's time. Recognizing that this was not adequate, UNICEF was introducing a UN Volunteer to assist with coordination, but all other UNICEF cluster coordination (WASH, education etc.) is undertaken by a staff member at least at the P3 level. Despite funding constraints, adequate staffing of this fundamental role is crucial to results.

Overall, coordination is more effective with the education and health sections of UNICEF than with WASH. The risks faced by girls and women in collecting water are serious and this coordination needs improvement.

Conclusion 12: Funding has fallen considerably, and the lack of funding is a risk to UNICEF's ability to provide a predictable response as called for in the CCCs.

Donor fatigue, other international crises, the lack of focus on prevention and on data have all contributed to falling funding. This inevitably affects the availability of funding to support partners in direct work with girls, boys and women. The short-term nature of funding also results in stop-start projects and a lack of continuity to beneficiaries. This is despite the fact that donors appreciate UNICEF as a reliable and effective partner with strong technical capacity. Donors pointed out that higher quality reports with more analysis and more reporting on outcomes is important in the future.

Conclusion 13: Preparedness for violence has been strong with the State and partners at central level and with non-State partners at local level.

UNICEF and partners have made considerable investments in longer term actions for preparedness and in contingency planning for specific upsurges in violence. This was shown to be effective during population movements in November 2012. Partners had sufficient training to respond to separated children and deliver PEP kits and other resources when they were in place.

5. RECOMMENDATIONS

Recommendations on Programming Relative to GBV

For the UNICEF child protection section (with support from UNICEF headquarters) and NSCGBV partners (Government, UNFPA, UNHCR):

Recommendation 1: Strengthen the evidence base on prevention and treatment of sexual violence in armed conflict, including on the longer term outcomes of different approaches:

- Carry out case studies to review the effects of different approaches (on medical treatment and psychosocial support of survivors by age and gender, empowerment of women through strategies such as prevention campaigns, the effects of targeted awareness-raising of boys and men, etc.). Ideally, these should address 'counter factuals' (what would have happened if the intervention had not been provided).
- Analyse GBV coordination issues in the conflict-affected areas of the Kivus and in relation to the NSCGBV pillars, including cluster coordination.

For the UNICEF child protection section together with partners of the NSCGBV prevention pillar and the MSA Working Group:

Recommendation 2: Strengthen efforts to prevent GBV:

- Develop an integrated plan for prevention of sexual violence in eastern DRC that aligns closely to existing UNICEF-supported responses in GBV.
- Improve cooperation with RECOPEs and technical and financial support for them to enable strengthening of their interventions on prevention of GBV.
- Strengthen support for a more systematic engagement of partners with FARDC commanders and police on preventing sexual violence.
- Include/strengthen awareness-raising programmes on GBV focusing on men and boys.
- Continue and strengthen support to village savings and lending schemes and monitor if and to what extent they can decrease sexual violence in addition to empowering women.
- Initiate/advocate for public campaigns such as the V-Day campaign to shift perceptions and attitudes about sexual violence.
- Improve collaboration between UNICEF child protection and WASH sections, given the risks faced by women and girls in water collection and latrine use in camps.
- Consider provision of alternative fuel sources to reduce exposure of women and girls to sexual violence while collecting firewood.

Recommendations on Programming Relative to CAAFAG

For the UNICEF child protection section (with support from UNICEF headquarters), UNHCR, UNMACC and the CP sub-cluster partners:

Recommendation 3: Strengthen the evidence base on children released from the armed forces and armed groups and on the results of different approaches to reintegration.

- Develop a data system that supports case follow-up and review of which strategies help to prevent re-recruitment by armed groups in different contexts. It can draw on follow-up instruments annexed in the 2011 evaluation¹³¹ and should ensure fulfillment of confidentiality and ethical standards. Data collected should be collated and analysed through regular reviews with the CP sub-cluster.

¹³¹ Boudineau, S., 2011, *Rapport d'Evaluation du Programme 2007-2011 pour les Enfants Associés aux Forces et aux Groupes Armés en RDC*, unpublished.

For the UNICEF child protection section and CP sub-cluster partners:

Recommendation 4: Develop good practice guidance on prevention of recruitment and promotion of reintegration of CAAFAG, based on analysis of proven strategies.

- Based on effective approaches to prevention and response to CAAFAG outlined in this report, consider developing locally appropriate good practice guidance on programming with girls and boys of different age groups. Consider how State services can be engaged and strengthened in each area addressed.

For the UNICEF child protection section and UNMACC:

Recommendation 5: Analyse the extent to which current approaches to MRE are focused on the risks faced by younger and older children, both girls and boys.

- Given recent discoveries of ammunition and unexploded ordnance, assess whether UNICEF should address CCC 8 on ERW.

Recommendations on Programme Management

For UNICEF headquarters and the country office:

Recommendation 6: Provide more support to data systems and production of evidence.

- Given the burden of gender-based violence and CAAFAG in DRC, it is essential to provide more support to developing data systems and producing evidence on these issues. Ideally regular resources should be provided for at least one information management post within the CP section. Consider sharing with donors new approaches to producing evidence from an early stage to encourage support for such efforts.

Recommendation 7: Provide more support to coordination.

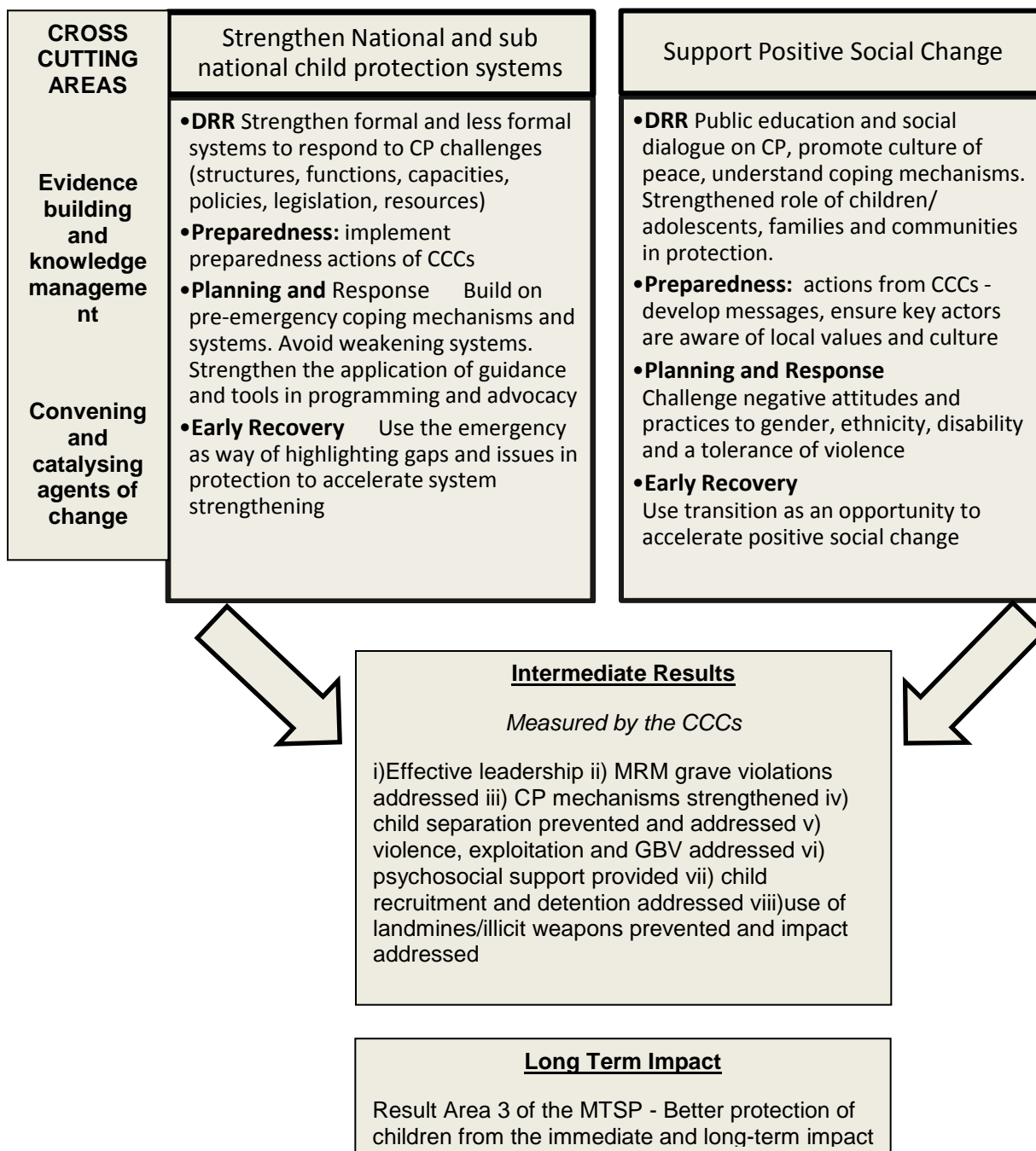
- Provide at least one post (and preferably two) for coordination in CP and GBV based in the Kivus.
- Review coordination with WASH regarding protection of girls and women from sexual violence in eastern DRC.
- Increase and improve documentation on results achieved through the CPiE programme.
- Seek assistance from headquarters and the regional office on fundraising.

Recommendation 8: Promote greater engagement of State systems and services in CP and CPiE, including in social services, in coordination with partners and donors.

Recommendation 9: Assess the sustainability of national NGOs and encourage them to diversify their funding streams.

Annex 1: Evaluation Framework

Figure 1: Theoretical Framework for Global Evaluation Child Protection in Emergencies



Annex 2: Interviews conducted

UNICEF

Barbara Bentein	Representative, DRC
Sylvie Fouet	Deputy Representative, DRC
Nona Zicherman	Chief, Emergency and Transition Section
Paola Grazia Retaggi	Education in Emergencies Specialist
Luca Palazzotto	Emergency Focal Point WASH
Cornelia Walther	Chief of Communication

Child Protection Section

Alessandra Dentice	Chief, Child Protection
Anna Paola Favero	Child Protection Specialist, CAAFAG
Yael Banaji	Child Protection Specialist, SGBV
Valentina Iacovelli	Coordinator, National Child Protection Working Group
Marie MukayaBingila	Child Protection Officer
Dr. Gertrude Musuamba	Child Protection Officer GBV
Dan Rono	Child Protection Specialist, Eastern Zone, DRC
Jennifer Melton	Child Protection Specialist, Goma

GOVERNMENT

Professor Mangu	Coordinator of NSCGBV, Ministry of Gender
Patricia Tuluka	Specialist in Reintegration of Ex Combatants, UEPDDR
Dr Liliane MokakoTshinde	Focal Point Sexual Violence, National Program for Reproductive Health, Ministry of Health

UNHCR

Eva Garcia Bouzas	SGBV Coordinator
Barbara Colzi	Protection Officer (Protection Cluster Coordinator)

MONUSCO

Dee BrillenburgWurth	Head of Child Protection Section
Marie Oniwa	Senior Programme Officer, Head of Sexual Violence Unit
Evert Kets	SSR Program Officer, MONUSCO

OCHA

James Weatherill	Pooled Fund Officer
Belinda Duff	Evaluation Adviser

Annex 3: Evaluation Questions

Evaluation questions and issues (organised as OECD/DAC evaluation criteria and cross-cutting issues) to be addressed by the evaluation are as follows:

Impact (long-term and/or intermediate results)

- What are the key results achieved by UNICEF child protection programmes in various emergency contexts (conflict and natural disaster) and in the key phases of preparedness, emergency relief, response; and recovery To what extent were the intended results (impact/outcome level) results achieved? What are the key measures required to improve child protection results in the context of emergencies?

Relevance / Appropriateness

- What specific approaches and tools are used to undertake situation analysis and needs / capacity assessments before, during and after the conflict or natural disaster? How adequate is the information / analysis for programme development and monitoring and evaluation?
- How explicit was the programme design with respect to theory of change (how change comes about?) in various stages of the programme response? Was the design adapted to reflect changing contexts? What conclusions can be drawn about the need / importance to focus on and articulate programme theory / logic in programme design, including its adaptation at various stages?
- How relevant and responsive are UNICEF's emergency child protection programme strategies / interventions to the needs of the children and women affected by the emergency (conflict or natural disaster)?
- To what degree do child protection interventions through preparedness, early response and recovery phases build on existing systems and mechanisms (i.e. coordination mechanisms, and adapt to changing needs and context)?

Effectiveness

The evaluation will examine key components of child protection programming in the context of emergencies using the CCCs as a reference and based on context specific needs and priorities and UNICEF's comparative advantage. Key questions include:

- How systematically has UNICEF engaged with national government and other partners in child protection related preparedness activities before the emergency and during early response and recovery phases? To what extent has UNICEF delivered on its commitments and targets to preparedness planning?
- How effective is UNICEF's child protection response in various emergency contexts? Which strategies / interventions are most successful? Which interventions are less successful? What factors contribute to success and or gaps?
- To what extent have UNICEF's country programmes succeeded in developing national capacities for child protection at central and decentralised levels (including the capacities of NGOs and civil society organisations)? What results have been achieved in capacity development? What conclusions can be drawn with respect to the effectiveness (including context specificity and sustainability) of the strategies and interventions used for national capacity development?
- How effective is UNICEF's advocacy and communication strategy with respect to child protection issues in emergencies?
- To what extent have emergency child protection interventions provided an opportunity to strengthen systems for protecting children (laws, policies and service provision)?

Efficiency

- To what extent do the child protection services meet expected quality standards? What factors have contributed to meeting quality standards? Where quality standards are not met, what are the key bottlenecks/constraints that need to be addressed in order to meet quality standards?
- How adequate was the funding allocated for child protection during various phases? How well were the funds utilised across various strategies and interventions? Were there any major imbalances (under or over allocations) that led to poor outcomes?
- Based on a basic analysis of cost data, what conclusions can be drawn regarding “value for money” and cost related efficiencies or inefficiencies in implementing child protection responses to emergencies.
- Is there any evidence of use of any innovation, device or otherwise, which contributed to the child protection response? What conclusions can be drawn regarding the utility and cost effectiveness of such innovations in similar contexts?

Connectedness / Coordination

- To what extent has UNICEF met its commitment to country level coordination (cluster and otherwise) in various phases of preparedness and emergency response, by engaging with key partners, including international and local organizations as well as government institutions?
- How effectively has UNICEF’s child protection programme coordinated with other sectors, notably with education, health, WASH, nutrition, ECD and HIV/AIDS during various phases?
- What conclusions can be drawn as to timeliness and synergy of UNICEF plans from preparedness to various response phases?

Sustainability and scaling up

- How systematically and effectively have partnerships (Governments, UN system, donors, INGOs, private sector, academics, media) been mobilized to contribute to programme expansion and scale up in various phases of an emergency?
- Are there clear, well-conceived strategies for expansion, scale up and phasing out of child protection programmes (as a whole or specific strategies and interventions)?

Cross-cutting issues (including equity, participation, M&E)

- How effectively have the child protection programmes integrated UNICEF’s commitment to gender equality and the empowerment of girls and women, and what results have been achieved in relation to these commitments? More specifically,:
 - a) to what extent have the distinct needs, vulnerabilities and capacities of girls and boys (including adolescents) been identified and addressed in child protection programme design and implementation?
 - b) to what extent are sex and age-disaggregated data collected, monitored, and analysed for gender equality to inform child protection programme design and implementation?
 - c) to what degree have UNICEF supported programmes improved the ability of women, girls and boys to participate effectively in the design, delivery and monitoring of UNICEF interventions at all levels?
 - d) have women, girls, and boys of all ages been enabled to play a greater role in preparedness, prediction and prevention of violence in situations of conflict or natural disaster?
- How has the distinct impact of conflict or natural disaster on boys/girls, men/women, from abduction and recruitment into armed groups, to devastation of livelihood opportunities, been taken into consideration and integrated into the design and implementation of emergency child protection interventions?
- How relevant and adequate are data collection/management (including disaggregation by gender, vulnerabilities), monitoring and evaluation, including their use for policy and other decisions, during different phases of emergency response?

Annex 4: Questionnaire to Partners

**QUESTIONNAIRE POUR LES PARTENAIRES DU PROGRAMME PROTECTION DE L'UNICEF
DANS LEDOMAINE PROTECTION DES ENFANTS ET FEMMES EN URGENCE'**

SECTION 1: Information de base

1. **Nom du pays:** 2. **Date:**

3. **Votre organisation est:**

- ONG Internationale
ONG Nationale x
Confession religieuse
Institution des recherches/académique
Autre (svp, spécifiez en bas)

4. **Est-ce que votre projet vise les enfants ou les femmes? (Marquez les deux, si approprié)**

Enfants x Femmes

5. **Est-ce que le projet est lié à un désastre naturel ou un conflit armé/urgence complexe? (Marquez les deux si approprié)**

Désastre naturel Conflit armé/Urgence complexe x

6. **Dans quel type de projet votre organisation a-t-elle collaborée avec UNICEF dans la protection des enfants et des femmes en urgence ? Vous pouvez marquer plus qu'une boîte.**

- Appui au gouvernement/services de protection
- Suivi des violations graves (Res Cons de Sécurité 1612) x
- Psychosocial (par ex.; espace ami enfant, Centre de jour) x
- Violence basée sur le genre
- Sortie des enfants des forces/groupes armés x
- Prise en charge provisoire x
- Réintégration socio-économique des enfants vulnérables x
- Recherche de la famille et réunification x
- Compétences de la vie courante x
- Education aux risques de mines
- Autres/ou « on n'a pas collaboré » (avec explication)
Renforcement de mécanismes communautaires de protection de l'enfance : RECOPE, Clubs d'enfants

SECTION 2: QUESTIONS DE PROTECTION ET RISQUES

7. **Quels sont/étaient les risques principaux de protection pour les filles/garçons dans l'urgence dans la région géographique dans laquelle vous travaillez ? (durant les derniers trois années)**

SECTION 3: EVALUATION OU ANALYSIS DE SITUATION

8. Est-ce que votre organisation a-t-elle réalisé ou participé à une **évaluation ou analyse de la situation** centrée de protection des enfants et/ou femmes en urgences?
Oui x Non
9. Pouvez-vous **spécifier des outils, guides ou orientations techniques** utilisés que ont guidé cette évaluation/analyse de situation ?
10. Pouvez-vous nous décrire ce qui a bien marché et ce qui n'a pas bien marché dans le processus de l'évaluation? **Comment les résultats étaient-ils utilisés dans la conception du projet ou pour tout ajustement entrepris?**

SECTION 4: REALISATION DU PROJET

11. **Décrivez les objectifs** et les éléments principaux de votre projet.
12. Quels éléments étaient/sont le plus/le moins **efficace et pourquoi?**
13. Votre organisation a-t-elle travaillé dans la **préparation aux désastres** dans la protection de l'enfant? Si oui, quels types d'activités ont été entrepris et avez-vous des exemples de la façon dont la préparation a permis d'améliorer l'efficacité en temps de crise ?
14. Avez-vous mis en place des **mesures innovantes** pour protéger les enfants et les femmes en situation d'urgence? Si oui, pouvez-vous donner un exemple ?
15. Quel était le **budget** total de votre projet? Quel était le financé par l'UNICEF?
16. Si vous **prenez en charge des enfants ou des femmes directement**, combien d'enfants / femmes avez-vous atteint dans les catégories suivantes-les filles, les garçons, les femmes et les groupes d'âge-0-5,6-11,12-18, si possible)

SECTION 5: RESULTATS DU PROJET

17. Résumez les **principaux résultats** du projet pour les enfants ou les femmes (Ce que le projet a fait comme différence dans la vie des bénéficiaires). (Merci d'attacher toutes données ou rapports que vous avez en version électronique)
18. Est-ce que le projet a **contribué à des changements** dans les **systèmes de protection** de l'enfance (par exemple politiques, législation, budget national, structures, capacités, procédures)? (Merci d'être précis et d'ajouter les rapports appropriés en attache).
19. Est-ce que le projet a **réalisé ou contribué à des changements dans le rôle protecteur des communautés?** (par exemple la création de comités de protection de l'enfance, les systèmes de référence vers des services gouvernementaux et non gouvernementaux etc.). Quels ont été les résultats ? Quels aspects ont réussi et les quel sont moins bien réussi? (Merci d'être précis et de joindre les rapports appropriés).
20. Est-ce que le projet a contribué au **changement des attitudes à l'égard des inégalités ou des pratiques néfastes?** (par exemple en ce qui concerne le mariage précoce, la violence

domestique ou de la communauté, les mutilations génitales féminines/ excision) Comment cela s'est-il réalisé? Quels aspects ont réussi et lesquels ont moins bien réussi? Est-ce que les changements ont été mesurés? (S'il vous plaît soyez précis et de joindre les rapports appropriés)

21. Est-ce que votre organisation s'est engagée dans le **plaidoyer** pour la protection des enfants/ femmes les plus vulnérables et/ou difficile à atteindre? Ou avez-vous des nouvelles réalisations qui ne sont pas déjà prises en compte?

SECTION 6: RENFORCEMENT DES CAPACITES

22. Avez-vous reçu un **soutien technique de l'UNICEF**? Si oui, merci de donner une description succincte.
(Formation, directives techniques ou d'autres formes de soutien reçu).
23. Quels types d'appui technique ont été les **plus utiles et pourquoi**?
24. Avez-vous utilisé des **directives de l'UNICEF ou des directives inter- agences** ? (Par exemple les directives sur les espaces amis des enfants, la violence basée sur le genre, les enfants associés aux forces/ groupes armés, enfants non accompagnés /enfants séparés)? Si oui, les quelle savez-vous utilisé et les quelle savez-vous trouvé les plus utiles et pourquoi?
25. Mettez-vous en œuvre des **activités de renforcement des capacités pour les prestataires** de première ligne (c'est-à-dire ceux qui travaillent directement avec les enfants ou les femmes)? De quelle manière le faites-vous et comment avez-vous mesuré l'efficacité du renforcement des capacités?

SECTION 7: GESTION D'INFORMATION

26. Utilisez-vous des **outils pour gérer les informations de vos projets**? (Par exemple, le système de gestion d'information de la protection de l'enfance pour la gestion des cas, le système de gestion d'information sur les violences basées sur le genre, le mécanisme de suivi de rapports sur les 6violations graves dans les conflits armés). Comment les données ont-elles été gérées /analysées et utilisées? Qu'est-ce qui a bien fonctionné et qu'est ce qui a moins bien fonctionné?
27. Vos **systèmes de données sont-ils utilisés par le gouvernement**? Si oui, quels systèmes et comment fonctionnent-ils en termes de collecte de données et d'analyse?
28. Avez-vous réalisé un **suivi systématique des projets** afin de s'assurer que le projet est sur la bonne voie par rapport aux objectifs? Est-ce que vous avez réalisé des évaluations? Si oui, merci de joindre ces rapports.

SECTION 8: COORDINATION

29. Est-ce que votre organisation a participé au **Sub-Cluster Protection de l'Enfant ou des groupes de travail de la protection de l'enfant? Ou dans la « coordination AMS »/groupe de travail? Ou dans le Cluster protection**? Si oui, s'il vous plaît indiquez quelle structure a bien/moins bien fonctionnée dans la promotion d'une réponse rapide et efficace pour les enfants et les femmes?

SECTION 9: UNICEF COMME PARTENAIRE DANS LA PROTECTION

30. Qu'est-ce qui a **bien/moins bien fonctionné dans votre partenariat avec l'UNICEF**, dans le but d'obtenir les meilleurs résultats possibles pour les enfants et/ ou les femmes?

SECTION 10: CHANGEMENTS PROPOSES

31. À votre avis, **quels changements** devraient être apportés afin de mieux protéger les enfants en cas d'urgence par chacun des acteurs: le gouvernement, l'UNICEF, d'autres agences des Nations Unies, des ONG? Avez-vous des points de vue sur ce qui devrait changer pour mieux protéger les femmes contre les violences sexuelles?
32. Avez-vous d'autres observations ?

MERCI BEAUCOUP POUR VOTRE APPUI!

Annex 5: Protection Issues Identified by Partners

	Protection Issues Referenced by Partners for Girls and Boys of all Ages	Number of project proposals that refer to interventions in
1	Family separation	38
2	Recruitment (including references to torture within armed groups)	34
3	Difficult access to health care	32
4	Lack of access to education	24
5	Sexual violence	19
6	Economic exploitation and child labour (inc. forced labour)	18
7	Malnutrition	17
8	Sexual exploitation (including in school)	13
9	Abduction	12
10	Killing or maiming	11
11	ERW, UXO	10
12	Abandonment	10
13	HIV/AIDS	10
14	Drug use or addiction	9
15	Psychological Stress or Trauma	8
16	Displacement	8
17	Lack of birth registration/docs	8
18	Physical abuse	4
19	Emotional abuse	4
20	Early marriage or forced marriage	4
21	Use of children for political purposes	4
22	Domestic abuse, violence	3
23	Lack of space for play and learning or psychosocial support	2
24	Traditional rites/accusation witchcraft	2
25	Corporal punishment in school	2
26	Street association	2
27	Abortion	2
28	Teen pregnancy or undesired preg	2

Annex 6: Protection Issues by Age Band and Sex

0 to 5				6 to 11				12 to 18			
Girls		Boys		Girls		Boys		Girls		Boys	
Family separation	7	Family separation	7	Lack of access to education	8	Recruitment	8	Recruit-ment	10	Recruitment	10
Difficult access to health care	7	Difficult access to health care	6	Family separation	7	Family separation	7	Sexual violence	8	Child labour (inc. forced labour)	6
Malnutrition	6	Malnutritio n	5	Recruitme nt	6	Lack of access to education	7	Family separation	5	Family separation	5
Abandonme nt	5	Abandonm ent	4	Sexual violence	6	Difficult access to health care	5	Difficult access to health care	5	HIV/AIDS	5
Displaceme nt	2	Displacem ent	2	Sexual exploitation	6	Child labour (inc. forced labour)	3	Abduction/un authorized adoption	5	Difficult access to health care	4
Lack of birth registration/ docs	2	Lack of birth registration /docs	2	Difficult access to health care	5	Mines, ERW, UXO	2	Damage to schools, displacement or insecurity leading to out of school children	5	Abduction	4
Sexual violence	1	Killing or maiming	1	Child labour (inc. forced labour)	3	Killing or maiming	2	Sexual exploitation (inc. internet)	5	Damage to schools, displacement or insecurity leading to out of school children	4
Killing or maiming	1	Psychologi cal Stress or Trauma	1	Mines, ERW, UXO	2	Drug use or addiction	2	HIV/AIDS	5	Mines, ERW, UXO	3
Psychologic al Stress or Trauma	1	Physical abuse	1	Drug use or addiction	2	Malnutrition	1	Killing or maiming	4	Sexual violence	3
Physical abuse	1	Physical abuse	1	Malnutritio n	2	Psychologic al Stress or Trauma	1	Child labour (inc. forced labour)	4	Drug use or addiction	3

Annex 7: CAAFAG Project Calculation Based on Donor Reports

Donor reports/ proposals	Direct Beneficiaries	Direct + Indirect Beneficiaries	Type of activities	Utilized/ requested USD	Per capita direct beneficiaries	Per capita indirect beneficiaries
Sida (report) 2012	6,782	9,043	IVSR	3,051,526	450	337
Sida (report) 2012	1,100		300 IVS 1100 reintegraion	650,000	591	
USAID (report) Oct – dec2012	3,411		1107 ch release 1358 reintegrate din schools 944 vocational trg RECOPEs	2,006,595	588 (incl all children) 879 (ch benefiting from voctrng and school reintegr)	
Japan (proposal) 2011	1,600		800 Reintegration of CAAFAG 800 Reunification of sep. ch.	915,000	572	
Sweden (proposal) 2010	6,500		3,250 reintegrated with families 3,250 protected within communities	2,861,352 EURO	440	