

Child-sensitive social protection in DRC

A diagnostic study

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The views presented in this paper are those of the authors and do not necessarily represent the views of ODI.

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Contents

Contents	ii
List of boxes, figures and tables.....	iv
Acknowledgements	v
List of acronyms	vi
Map of DRC	vii
Executive summary	viii
1. Introduction and analytical framework	1
1.1 Introduction.....	1
1.2 Analytical framework.....	2
1.3 Methodology	4
2. Economic, political and social context.....	8
2.1 Economy and finance	8
2.2 Politics and governance.....	9
2.3 Social sectors	9
2.3.1 Education.....	9
2.3.2 Health	10
2.3.3 Water and sanitation	10
3. Poverty and vulnerability profile	12
3.1 Major trends.....	12
3.2 Gender-based vulnerabilities	12
3.3 Food (in)security	13
3.4 Child protection vulnerabilities	13
3.4.1 Orphans and vulnerable children	14
3.4.2 Children in conflict	14
3.4.3 Child labour	14
3.5 Summary of key findings.....	14
4. Analysis of vulnerability	15
4.1 Economic vulnerabilities	15
4.2 Social vulnerabilities	17
4.3 Child-specific vulnerabilities	18
4.3.1 Education.....	18
4.3.2 Health	19
4.3.3 Protection deficits	19
4.4 Summary of key findings.....	20
5. Social protection and coping strategies.....	22
5.1 Government policy and programming	22
5.1.1 Constraints to government social protection	25
5.1.2 Invisibility of the government as a social protection provider at the grassroots level	26
5.1.3 Government financing of social protection	26
5.1.4 Institutional capacity	27
5.2 UN and NGO programmes.....	27
5.3 Humanitarian assistance and links with social protection	28
5.4 Social capital: friends, family, associations and religious institutions.....	29

5.4.1 Friends and family	29
5.4.2 Associations	30
5.4.3 Churches.....	31
5.5.4 Access to credit in the community	32
5.5 Other coping mechanisms and absence of mechanisms	32
5.6 Summary of key findings.....	35
6. Child-sensitive social protection	37
6.1 Education and training	37
6.2 Income support for children or income generation for youth.....	38
6.3 Health	38
6.4 Nutrition	38
6.5 Protection for vulnerable children.....	39
7. Conclusions and policy recommendations.....	41
7.1 Conclusions	41
7.2 Policy recommendations.....	42
7.2.1 Promising practices	42
7.2.2 Additional instruments.....	43
References	50
Annex 1: Key informants.....	55
Annex 2: Steering committee members	56
Annex 3: Characteristics of the three provinces	57

List of boxes, figures and tables

Box 1: Key concepts	2
Box 2: Principles of child-sensitive social protection.....	3
Box 3: Coping mechanisms used by girls and young women	33
Figure 1: Economic vulnerabilities most commonly cited as being experienced over the past five years (% of respondents identifying this source of vulnerability).....	15
Figure 2: Respondents reporting belonging to different types of associations (%).....	30
Table 1: Reasons given for children not attending school (% of children not attending)	18
Table 2: Sources of support identified by respondents (% of respondents)	26
Table 3: Benefits from belonging to groups/associations identified by those who stated membership (%)	31
Table 4: Most common coping strategy identified by risk faced (% of households)	33
Table 5: The role of key social protection actors in DRC and the challenges they face.....	34
Table 6: Policy and programming options to tackle key economic and social vulnerabilities facing children and their families in DRC	44

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List of acronyms

ADF	African Development Fund
AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
CPRC	Chronic Poverty Research Centre
CSO	Civil Society Organisation
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FTS	Finance Tracking Service (OCHA)
GDP	Gross Domestic Product
HDI	Human Development Index (UNDP)
HIPC	Heavily Indebted Poor Countries
HIV	Human Immunodeficiency Virus
IDA	International Development Association
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMF	International Monetary Fund
INSS	National Institute for Social Security
IPEC	International Programme on the Elimination of Child Labour (ILO)
IPS	Inter Press Services
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MGFE	Ministry of Gender, Family and Children
MICS	Multiple Indicator Cluster Survey
METPS	Ministry of Employment, Labour and Social Welfare
MINAS	Ministry of Social Affairs, Humanitarian Action and National Solidarity
MJDH	Ministry of Justice and Human Rights
MONUC	UN Mission in DRC
NGO	Non-governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
ODI	Overseas Development Institute
OVC	Orphans and Vulnerable Children
PAP	Priority Action Plan
PGAI	Platform for the Management of Aid and Investments
PRGF	Poverty Reduction and Growth Facility
PRSP	Poverty Reduction Strategy Paper
SNPS-GV	National Strategy for Social Protection of Vulnerable Groups
UK	United Kingdom
UN	United Nations
UNDP	UN Development Programme
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
US	United States
USAID	United States Agency for International Development
USDoL	United States Department of Labour
WFP	World Food Programme

Map of DRC



Source: OCHA.

Executive summary

Despite its natural resource wealth, the Democratic Republic of the Congo (DRC) is one of the poorest countries in the world. Conflict, mismanagement, corruption and illegal trade have prevented sufficient investment in the social sectors. Much of international assistance remains focused on the high-profile issues of humanitarian response and peace building, with less attention paid to the potential for social protection to address the chronic vulnerability facing most Congolese. National policy on social protection is unclear, often implemented by numerous stakeholders with an insufficiently coherent strategy, and tends to reach only a small proportion of the population – mainly in urban areas. Children represent a particularly vulnerable group. There are significant numbers of ‘street children’, orphans (many of whom are orphaned by HIV/AIDS), children living with some form of disability, child soldiers, adolescent mothers and survivors of sexual violence, whose needs have been unmet by state and non-state actors. This range of vulnerabilities underscores the fact that an adequate social protection response, including one that reaches children, is needed to address the multiple dimensions of vulnerability.

Social protection is commonly defined as a set of interventions which aim to address poverty, vulnerability and risk and may be carried out by the state, by non-governmental actors or the private sector or through informal individual or community initiatives. It is increasingly recognised that risk and vulnerability are multidimensional and that vulnerability to risk includes not only economic and environmental dimensions but also social and life-cycle features. The distribution and intensity of poverty, risk and vulnerability are likely to be experienced differently depending on a number of factors, including the stage in the life-course (infant, child, youth, adult, aged), social group positioning (gender, ethnicity, class) and geographic location (e.g. urban/rural), among others. For children, the experience of risk, vulnerability and deprivation is shaped by four broad characteristics of childhood poverty and vulnerability:

- **Multidimensionality** – related to risks to children’s survival, development, protection and participation in decisions that affect their lives;
- **Changes over the course of childhood** – young infants have much lower capacities than teenagers to cope with shocks without adult care and support.
- **Relational nature** – given the dependence of children on adults, vulnerabilities are often compounded by those experienced by their caregivers.
- **Voicelessness** – in childhood this has a particular quality, owing to legal and cultural systems that reinforce their marginalisation (Jones and Sumner, 2007).

By tackling vulnerabilities facing children, there is the potential to reduce the likelihood that poverty will continue into adulthood. There are two key strands of child-sensitive social protection: one which directly addresses the rights of the child by providing support that improves their situation directly. The other uses social protection strategies to indirectly facilitate social transformation and prevent the intergenerational transfer of poverty.

This study carried out a diagnostic of the current social protection environment in DRC and produced evidence of the vulnerabilities and risks facing children living in poverty in Kinshasa, Bas Congo and Katanga provinces. The objective was to inform the development of child-sensitive social protection approaches to be undertaken by the government as well as the UN, donor agencies and non-governmental organisations (NGOs). The research was undertaken in collaboration with the UN Children’s Fund UNICEF and the DRC government, most particularly the Ministry of Social Affairs, Humanitarian Action and National Solidarity (MINAS). These provinces were selected by UNICEF and the study steering group on the basis that they make the largest contributions to the national budget and that they are in a more transitional stage toward development that could present opportunities for strengthening formal social protection

mechanisms. The analysis of formal mechanisms in this report is complemented by one of informal mechanisms and of linkages and potential synergies between the two.

Summary of key findings

Poverty and vulnerability profile

Poverty is rampant and endemic: incidence, depth and severity of poverty are extreme. This is highlighted by the country's Human Development Index (HDI) score, which has dropped over time and is among the lowest in the world. Geographic disparities are also stark, with rural families poorer than urban families and some provinces, such as Kinshasa, wealthier than others. Women and girls are consistently and uniformly disadvantaged in terms of education, employment, income, health and vulnerability to violence. Household characteristics are key determinants of poverty. Educated, smaller families are less vulnerable to poverty. Children, who represent over half the population of DRC, are denied adequate protection and access to basic services.

Vulnerability analysis

Vulnerability is defined as the likelihood of being negatively affected by shocks or stresses. It occurs when individuals or households lack the capacity to prevent, mitigate or cope with such events. Respondents described high levels of vulnerability, including economic, social and environmental dimensions. Income poverty emerged as the key factor triggering vulnerability. Poverty is also the consequence of many other risk factors, such as low earnings, unemployment, limited capacity to produce on agricultural land and spending household income on accessing basic services, among others. There are also gender differences as to how vulnerability is perceived: male-headed households identified rising prices, lack of agricultural extension services and low pay as the greatest economic vulnerabilities; female-headed households identified lack of decision making over the use of productive assets and income and lack of access to land. Health-related expenses resulting from injury or prolonged illness were also identified as a critical source of vulnerability by both male- and female-headed households, in both rural and urban areas.

Many of the social risks identified were linked closely to economic vulnerabilities. For example, family breakdown was identified as a key problem, generally attributed to the failure of the main income earner (typically the father) to provide for the family. With respect to children, limited access to schools in some areas and their high costs are huge challenges, and efforts made to pay school fees can lead to adverse coping strategies, such as child labour and sale of household assets. The situation of orphaned or abandoned children is particularly difficult: although they may be taken in by a family member, they are often marginalised in the household and are frequently mistreated. Girls were identified as being more vulnerable to economic and social risks, owing to a more limited range of coping mechanisms.

Social protection and coping strategies

There are multiple strategies, policies and laws pertaining to social protection, but no overarching strategy for social protection has been adopted by the government. Existing strategies provide a wealth of entry points, but these need to be adopted and translated into action. There are numerous challenges to implementing social protection, many of which are linked to broader constraints. For example, owing to very low coverage, any initiatives to increase access of vulnerable populations to basic services such as health and education (e.g. through cash, vouchers, waivers or subsidies) will inevitably meet challenges related to availability. Social protection also suffers from insufficient fiscal space to meet multiple development demands.

Social protection programming in DRC is dominated by short-term, small-scale interventions implemented by NGOs and supported by external donors. Informal transfers, such as money given by friends and family and support by churches, are the strongest source of support. This provides entry points and possibilities for synergy with more formal systems. Widespread poverty severely limits the extent to which people can rely on friends, family and the church, though, particularly in the case of successive shocks, so more formal programmes are needed. The role of the church

and religious institutions in social protection provides a logical entry point for programming. Importantly, most individuals noted that they 'do nothing' to cope with economic, social and environmental vulnerabilities, largely because they lack access to formal and informal mechanisms and have a sense that there is little or nothing they can do in their circumstances.

Limited government capacity, mistrust of the government and inefficient management of resources all pose significant constraints to the implementation of government-driven social protection actions. The DRC government has multiple competing demands for resources, with significant underfunding of social sectors in general and social protection in particular. Identifying possible structures that can support the rollout of social protection interventions in the short run is unrealistic. These structures need to be developed over time, while ensuring that the poor and vulnerable can gain access to safety nets in the short term.

Child-sensitive social protection

Formal social protection for children in DRC has been picking up strength in recent years as a result of a combined push by child-sensitive NGOs and UNICEF working jointly with MINAS and the Ministry of Gender, Family and Children (MGFE), recognising children as critically vulnerable to the multidimensional risks existing in rural and urban contexts in DRC. Resulting progress in plans and legislation includes a National Action Plan in Favour of Orphans and Vulnerable Children (OVC), a Law on Child Protection (2008) and first steps towards developing a law on social action. The reach of child-sensitive social protection measures remains limited, however. Some of the most salient child-sensitive social protection interventions and their key challenges are:

- **Education:** UNICEF and other child-sensitive aid agencies have programmes that cover school fees or provide in-kind support to help meet costs, such as uniforms and supplies, for very poor children, to help promote greater access to education. However, costs are high and most programmes are limited to a number of schools in certain localities, given limited financial capacity.
- **Community programmes:** UNICEF-supported community development centres coordinate government efforts to provide vaccinations, nutritional support and early childhood stimulation for children in poor areas, ensuring a healthier start for children on a small scale. Training and vocational training for youth are supported and provided by a mix of actors. A key challenge lies in expanding the reach and accessibility of such programmes, particularly to poorer areas and particularly to young women.
- **Income support for children or income generation for youth:** No programmes were identified to provide direct income support to children or to households with children (cash transfers), and information about youth employment programmes was not available.
- **Health:** Infant and maternal mortality continues to be prohibitively expensive and challenging to address, and progress in providing social health insurance coverage to the poorest is extremely limited. Identifying ways of subsidise some key services for children and mothers, though expensive, would need to be considered in the short term as part of a strategy to improve child and maternal survival.
- **Nutrition:** School meal programmes are implemented in limited areas by the World Food Programme (WFP). In addition to reaching food-insecure areas, school meals are of particular importance for children who have to walk over 5km to get to school, as they frequently have nothing to eat during the day, losing energy from walking hours in the sun.
- **Assistance to vulnerable children:** A range of providers implement programmes for vulnerable children but coverage is very limited. There are several initiatives in Kinshasa and other major urban areas for street children, mainly through shelters, with some plans to promote their reintegration through basic skills training work. Programmes by the International Labour Organization (ILO) and the Ministry of Employment, Labour and Social Welfare (Ministry of Labour) seek to reduce child labour.
- **Community-based social protection:** Drawing on support from national and provincial governments, UNICEF in partnership with Caritas is implementing a community-based

approach, the Protected Communities Programme, in both rural and urban areas. This seeks to identify risk factors that can push vulnerable children into a situation of greater vulnerability or destitution and to mitigate these before the situation becomes unmanageable. The objective is to prevent family breakdown by providing advice, emotional support and access to key services for the most vulnerable children. The programme has shown positive results in the three provinces where it has been implemented; with some adjustments, it has the potential for scalability. It could thus help in addressing children's and households' social risks, including some that result from economic risks.

Conclusions and policy recommendations

Given the dearth of formal social protection mechanisms in DRC, the population draws on different forms of informal social protection mechanisms, although not always efficiently and consistently. In particular, many of the poor see themselves as having limited options and incur adverse coping strategies. In the case of children and young people, particularly girls, these negative coping strategies can have consequences over their lifetime. It is therefore crucial to build on existing informal social protection mechanisms that have been shown to be successful, providing support, resources and structure to strengthen them. It is also vital to develop formal social protection mechanisms that respond to the realities and constraints of DRC, which also progressively strengthen the role of the state as a key duty-bearer for social protection.

There are many challenges to creating an overarching social protection strategy. These include integrating different actors and approaches, sequencing interventions to ensure the population has increasing access to safety nets, improving public financial management systems, fostering greater transparency, increasing political will to mobilise resources and improving donor coordination. The development of legal frameworks and accompanying implementation action plans is also crucial in ensuring the protection of children's rights. In the case of child to youth transitions, an important aim should be adapting vocational training to the needs of the area, giving greater consideration to integrating both men and women into community development.

The study identified a series of 'promising practices' already taking place or being planned in DRC, which have the potential to be replicated and scaled up as part of a social protection strategy. Some of these are only planned or have started only recently; others do not have adequate monitoring and evaluation (M&E) systems, which means that assessment of their potential use is speculative. However, it is worth continuing to follow these programmes and to monitor and evaluate them more closely to see to what extent they can be replicated or expanded. These promising practices include social health insurance, the Office of Local Counsel for Women, church-based volunteer network, UNICEF's Protected Communities Programme and public works. In addition to promising practices, there are a number of potential social protection instruments which could be feasible in the DRC context, if they are adapted to the challenges specific to DRC. These include cash transfers, asset transfers, subsidised social services, and public-private partnerships for social protection, particularly adolescent and youth training and paid internships, among others.

Research findings indicate a strong and pressing need to tackle economic and social vulnerabilities facing children and their families in DRC in a coordinated and tailored manner. The government, development partners and NGOs need to recognise the necessity of developing a repertoire of social protection instruments and to promote the delivery of a tailored package of social protection interventions in accordance with local context demands and capacities. This can include developing partnerships to implement interventions – drawing on local civil society and NGOs that already have networks and actions on the ground, with more sustainable public funding, to maximise the potential to reach vulnerable populations in a context of weak governmental structures. The DRC government and all other actors involved in addressing poverty and vulnerability cannot afford to ignore the importance of strengthening social protection in DRC.

1. Introduction and analytical framework

1.1 Introduction

The Democratic Republic of Congo (DRC) is among the poorest countries in the world. It ranked 168th out of 169 countries on the UN Development Programme's (UNDP's) 2010 Human Development Index (HDI), which considers life expectancy, literacy, education enrolment and standard of living, and ranked last in terms of gross domestic product (GDP) per capita. Access to basic services is dire owing primarily to limited provision. Paved roads are virtually non-existent outside of major cities. Despite being rich in mineral wealth, conflict, mismanagement, corruption and illegal trade have prevented most Congolese from benefiting from these natural resources. Corruption, low spending on social sectors, limited capacity and an inability to provide basic services to significant parts of the country are at the heart of weak governance. Much international assistance remains focused on the high-profile issues of humanitarian response and peace building. Less attention has been paid to the potential for social protection tools to address the chronic vulnerability facing most Congolese as part of broader development efforts. Kinshasa and other urban areas are dominated by informal economic activities and receive little attention from humanitarian and development actors, despite extreme poverty and poor access to services.

According to DRC's poverty reduction strategy paper (PRSP) (2006-2008), the country does not have a single, articulated national policy on social protection. While social protection is part of the country's broader social policy, with different ministries and public and private agencies taking up different responsibilities to work with different vulnerable populations, the few social protection mechanisms that exist have huge gaps in terms of design, financing, reach and implementation. This renders social protection actions very weak. As such, the PRSP acknowledges that actions targeting vulnerable groups are not strategic and are rather implemented by a range of stakeholders: the state, non-governmental organisations (NGOs), churches, grassroots communities and associations of vulnerable groups.

Further, actions reach only a small proportion of the population, mainly in urban areas. Vulnerable groups identified in the PRSP include 1) women and vulnerable children; 2) disabled persons; 3) the elderly; and 4) displaced persons and refugees. In terms of children in particular, the document identifies a growing number of children in difficulty, among whom there are nearly 40,000 street children; 10.7% of all children are orphans (34% of these orphaned by HIV/AIDS); 2% of children are living with some form of disability; 15,000 children are conscripted into various armed forces before the age of 18; and 26% of girls are adolescent mothers. There are also many victims of sexual violence who have not been attended to. This range of vulnerabilities underscores that an adequate social protection response, including one that reaches children, needs to reflect these multiple dimensions of vulnerability.

In developing a diagnostic for child-sensitive social protection, it will be important to consider what actions are feasible and realistic in a context of fragility, very high poverty levels, poor governance, and weak capacity, with varying degrees of political will. The analysis of formal social mechanisms in this report is complemented by analysis of informal social protection mechanisms and the linkages between the two. The latter could include NGO, civil society organisation (CSO) and faith-based organisation responses, as well as kin-based networks, remittances and credit societies. The report aims to provide recommendations to strengthen existing formal social protection initiatives, while enhancing and complementing existing informal mechanisms.

The report is organised as follows. After outlining the study analytical framework, Section 2 provides a brief overview of the political, economic and social context of the country. Section 3 explores DRC's poverty and vulnerability profile, paying particular attention to the vulnerabilities

experienced by women and children. Section 4 provides an analysis of the economic, social, environmental and child-specific vulnerabilities based on research conducted in Kinshasa, Katanga and Bas Congo. The first part of Section 5 analyses social protection systems in DRC, and the second part focuses more on the coping strategies available to individuals – particularly to women and children. Section 6 looks in more detail at child-sensitive social protection mechanisms currently available in DRC and the extent to which they respond to these vulnerabilities. Finally, the report concludes and presents some recommendations as to some promising practices which are already being implemented and could be developed further as part of a more comprehensive social protection system that is responsive to the risks facing children. This section also presents a table with additional social protection instruments that could be adapted to the DRC context to respond to context-specific vulnerabilities.

1.2 Analytical framework

Social protection is commonly defined as a ***set of interventions which aim to address poverty, vulnerability and risk***. Such interventions may be carried out by ***the state, non-governmental actors or the private sector, or through informal individual or community initiatives***. It is increasingly recognised that risk and vulnerability are multidimensional, and that vulnerability to risk includes not only economic and environmental dimensions, but also social and life-cycle features. Indeed, of the five poverty traps identified by the 2008-9 Chronic Poverty Report, four were non-income measures: insecurity (ranging from insecure environments to conflict and violence), limited citizenship (a lack of a meaningful political voice), spatial disadvantage (exclusion from politics, markets, resources etc. owing to geographical remoteness) and social discrimination (which traps people in exploitative relationships of power and patronage) (CPRC, 2008).

Box 1: Key concepts

Vulnerability: This is the likelihood of being negatively affected by shocks or stresses. It occurs when individuals or households lack the capacity to prevent, mitigate or cope with such events.

Risks: These can be economic, environmental or social, or a combination. A risk is thus the possibility of loss or other adverse or unwelcome circumstances or situations involving such a possibility. For example, an economic risk might be the likelihood of unemployment; a social risk might be discrimination against a member of the household because of age or sex, causing inadequate access to services; an environmental risk might be a flood.

Social protection: A set of interventions which aim to address poverty, vulnerability and risk. Such interventions may be carried out by the state, non-governmental actors or the private sector, or through informal individual or community initiatives.

The distribution and intensity of poverty, risk and vulnerability are likely to be experienced differently depending on a number of factors, including stage in the life-course (infant, child, youth, adult, aged), social group positioning (gender, ethnicity, class) and geographic location (e.g. urban/rural), among other factors.

For children, the experience of risk, vulnerability and deprivation is shaped by four broad characteristics of childhood poverty and vulnerability:

- **Multidimensionality** – related to risks to children’s survival, development, protection and participation in decisions that affect their lives;
- **Changes over the course of childhood** – in terms of vulnerabilities and coping capacities (e.g. young infants have much lower capacities than teenagers to cope with shocks without adult care and support);
- **Relational nature** – given the dependence of children on the care, support and protection of adults, especially in the earlier parts of childhood, the individual vulnerabilities of children

are often compounded by the vulnerabilities and risks experienced by their caregivers (owing to their gender, ethnicity, spatial location, etc.);

- **Voicelessness** – although marginalised groups often lack voice and opportunities for participation in society, voicelessness in childhood has a particular quality, owing to legal and cultural systems that reinforce their marginalisation (Jones and Sumner, 2007).

Health, life-cycle and social vulnerabilities have clearly identifiable child-specific manifestations. Natural/environmental and economic shocks impact children largely owing to the relational nature of childhood poverty and vulnerability. There is, however, an argument to be made that, as a result of children's physical and psychological immaturity and their dependence on adult care and protection, especially in early childhood, risks in general affect children more profoundly than they do adults. This suggests both that all types of vulnerability and risk should be assessed through the lens of children's 'evolving capacities' and that it is likely that the most detrimental effects of any shock will therefore be concentrated in infancy and early childhood. Tackling childhood poverty also has the potential to reduce the transmission of poverty into adulthood, as well as being instrumental to achieving several of the Millennium Development Goals (MDGs) that are related to improved wellbeing of children. Thus, child-sensitive social protection has a remit distinct from that of other mainstream social protection programmes.

In line with the more comprehensive and multi-dimensional conceptualisation of child vulnerability presented above, the approach taken by this study goes beyond the conceptualisation of 'Orphan and Vulnerable Children' (OVC) utilised by DRC's National Plan for OVCs which focuses on children that have lost one or both parents or who live outside a family setting, with a tutor, chronically ill adult or someone infected by HIV/Aids; children that is chronically poor and/or infected by HIV/Aids. Children in these categories are certainly considered vulnerable by this study, but beyond categories, the study focuses on individual, family or community level causes or experiences of child vulnerability – including social, economic or environmental - which affect a broader range of children and cause them to be deprived of many of their rights.

Box 2: Principles of child-sensitive social protection

The following principles should be considered in the design, implementation and evaluation of child-sensitive social protection programmes:

- Avoid adverse impacts on children and reduce or mitigate social and economic risks that directly affect children's lives (these risks for children in DRC are discussed in sections on children's vulnerabilities);
- Intervene as early as possible where children are at risk, to prevent irreversible impairment or harm;
- Consider the age- and gender-specific risks and vulnerabilities of children throughout the life-cycle;
- Mitigate the effects of shocks, exclusion and poverty on families, recognising that families raising children need support to ensure equal opportunity;
- Make special provision to reach children who are particularly vulnerable and excluded, including children without parental care and those who are marginalised within their families or communities as a result of their gender, disability, ethnicity, HIV and AIDS or other factors;
- Consider the mechanisms and intra-household dynamics that may affect how children are reached, with particular attention to the balance of power between men and women within the household and broader community;
- Include the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programmes.

Source: DFID et al. (2009).

There are two key strands of child-sensitive social protection. One *directly* addresses the rights of the child by providing services for children in or outside the family environment and/or ensuring that any support given to the family improves the situation of children. The other approach is more *indirect* and focuses on social change and transformation through social protection strategies to address poverty and vulnerability to prevent the intergenerational transfer of poverty.

The objective of this study was to carry out a diagnostic of the current social protection environment in DRC and to produce quantitative and qualitative evidence on the vulnerabilities and risks facing children – particularly those who are living in poverty. This report seeks to inform the development of child-sensitive social protection approaches in DRC, undertaken by the government as well as by the UN, donor agencies and NGOs.

1.3 Methodology

Overarching approach: To develop a social protection diagnostic in DRC, this study began by undertaking a broad review of national level literature and documentation on social protection to identify the existing knowledge base and key knowledge gaps. We then utilised a combination of qualitative and quantitative approaches to facilitate a broader understanding of the range and breadth of vulnerabilities faced by households living in a situation of poverty, and especially women and children, as well as the mechanisms in place to address them. The methodological tools used were household surveys, focus group discussions (FGDs), life history interviews and key informant interviews. More specifically, interviews with key stakeholders at the national level supported the overarching diagnostic, while the qualitative and quantitative research in three selected provinces was used to understand some of the realities facing children and their care-givers in different contexts of vulnerability, as well as to map what social protection mechanisms (formal and informal) were available to the population interviewed.

The research process was led by the Overseas Development Institute (ODI) in close collaboration with the UN Children's Fund (UNICEF) and the project's steering committee, which included the Ministry of Social Affairs, Humanitarian Action and National Solidarity (MINAS) and the Ministry of Plan. UNICEF and members of the steering committee were actively involved in commenting on the research framework and instruments and site selection. They also provided feedback on initial findings in a restitution workshop conducted in October 2010. The study was validated by representatives from a range of government ministries, as well as other social protection actors, at a workshop held in Kinshasa in May 2011.

Document review: The first step of the research entailed a comprehensive document and literature review, which provided contextual analysis, and fed into the development of the primary research instruments (key informant semi-structured questionnaires, the household questionnaire and qualitative life history and FGD semi-structured questionnaires). The review was informed by Devereux and Sabates-Wheeler's (2004) transformative framework, which classifies approaches to social protection as *protective* (to protect people from acute poverty and deprivation); *preventative* (to avert deprivation); *promotive* (to enhance income and capabilities so people are less vulnerable to risks); and *transformative* (to reduce vulnerability by improving the structural position of disadvantaged groups), and included a mapping of some of the main social protection interventions, such as social assistance, social services, social insurance and social equity measures. Particular attention was paid to understanding and reflecting the range of vulnerabilities faced by children, and the types of social protection systems that are available to address those vulnerabilities. The review encompasses 79 documents in French and English.

Fieldwork and sampling: Fieldwork was conducted in three provinces - Kinshasa, Katanga and Bas Congo - in July 2010 and October 2010. These provinces — represent diverse poverty profiles and socio-cultural characteristics in non-conflict-affected areas of the country. These provinces were identified by UNICEF and the study steering group at the beginning of the study, on the basis that they utilise the largest proportion of the national budget and make the most significant contributions to the budget through tax revenue. Initial plans to conduct quantitative fieldwork in all three provinces were modified owing to time and resource constraints; so in Katanga, only qualitative data was collected.

Sampling for both the quantitative and qualitative research was purposive and not representative of the entire population of the provinces or the DRC as a whole. The decision to conduct research in three provinces was based on the agreed scope and scale of the project (considering time and resource constraints), and as explained above, the three provinces were selected based on their level of relative wealth and development, as potentially more ‘fertile ground’ for the identification and potential scale up of social protection initiatives. Purposive sampling had the aim of focusing on the vulnerabilities and social protection mechanisms available to certain population groups (mainly children, youth, female carers), to shed light on some of the constraints faced by these particularly deprived segments of the population, in these contexts. One of the main criteria for selecting localities within the three provinces was that these were classified as poor, with a representation of rural localities (given that DRC is primarily rural), while including some urban and semi-urban localities, to obtain a more diverse variety of responses and experiences.

For the **quantitative fieldwork**, *territories* within Bas Congo and Katanga provinces were selected based on consultation with steering committee members from the DRC government (in particularly MINAS) and vulnerability mapping undertaken by OCHA in the Humanitarian Action Plan. This data goes to the territory level to include indicators related to protection, education, water/sanitation, epidemics and food security. The selection of territories (and in the case of Kinshasa, of communes) was guided by a desire to include a range of areas with different types of vulnerability. In Bas Congo, the territories selected for the quantitative work were Kimvula, Kasangulu, Madimba, Luozi, Songololo and Mbanza/Ngungu. The structured household questionnaires were translated to Lingala and piloted in Kinshasa.

To identify **villages and neighbourhoods** within territories, the following criteria were used:

- A balance between urban, rural and semi-urban households (hhs) (Kinshasa – 240 urban hhs, 60hhs semi-urban; Bas Congo – 240 rural hhs, 60hhs – semi-urban).
- Villages in Bas Congo and neighbourhoods in Kinshasa characterised by 70%+ poverty in line with the national average poverty headcount. Given the lack of data, this selection was done through a consultation process with key informants. UNICEF, MINAS and other government officials verified that areas met these criteria.
- Overlap with the MICS sites where possible (so as to get more information on social vulnerabilities).

To identify **respondents in village and neighbourhoods**, purposive sampling was used. The sampling framework indicated that 21% of hhs selected should be female-headed (based on the prevalence of female-headed households in the national population, according to national statistics). In the case of male headed hhs, respondents were divided equally between men and women. In addition, an age spread of respondents was sought, across the following three categories: young adult/adult (under 30 yrs), adult/middle-aged (30-55- yrs) and older (over 55 yrs plus) respondents. The purposive sample also included child-headed households, although many orphans that were in charge of sustaining and caring for their siblings were living with extended family members; only a few cases of children living on their own were found in research sites. The research assistants were tasked on a daily basis with locating the categories of respondents that they needed to cover. To identify a particular category, they counted nine dwellings and entered the 10th one. If the available respondent(s) did not correspond to the category, they continued to the subsequent dwelling(s) until they found a respondent corresponding to the category in question.

Sampling results: The sample consisted of 600 households in 18 localities in two provinces, Kinshasa and Bas Congo. The majority of individuals interviewed were female (53%). 388 of household in the sample are headed by males, 210 by females. The sample included a total of 27 child headed households: 24 households were headed by 17 years old individuals. Two of the household heads were 16 years old and the remaining one was 15 years old. Approximately 300 of the households interviewed were in urban localities in Kinshasa, although a couple of localities had

mixed urban and rural livelihoods. Similarly the 300 households surveyed in Bas Congo were rural, with some households living closer to the roads having mixed rural and urban livelihoods. The full table presenting the sampling results is below.

Table on Quantitative Sampling

Echantillon	Total	Femmes chefs		Hommes chefs		Enfants chefs		Total
		F	M	F	M	F	M	
Territoires	240	40	0	92	92	8	8	480
1 Kimvula	60	10	0	23	23	2	2	60
1. Kimpindi		3 (<30ans)		8 (<30ans)	8 (<30ans)	2	2	23
2. Kinsalulu		4 (30-55ans)		8 (30-55ans)	8 (30-55ans)			20
3. Kinvataba		3 (>55ans)		7 (>55ans)	7 (>55ans)			17
2 Kasangulu	60	10	0	23	23	2	2	60
1. Quartier Kilosa		3 (<30ans)		8 (<30ans)	8 (<30ans)	2	2	23
2. Mvululu		4 (30-55ans)		8 (30-55ans)	8 (30-55ans)			20
3. Kingantoko		3 (>55ans)		7 (>55ans)	7 (>55ans)			17
3 Madimba	60	10	0	23	23	2	2	60
1. Kilengi		3 (<30ans)		8 (<30ans)	8 (<30ans)	2	2	23
2. Bokodisu		4 (30-55ans)		8 (30-55ans)	8 (30-55ans)			20
3. Quartier Centre		3 (>55ans)		7 (>55ans)	7 (>55ans)			17
4 Luozi	60	10	0	23	23	2	2	60
1. Sundi kinganga		3 (<30ans)		8 (<30ans)	8 (<30ans)	2	2	23
2. Mbanzangoyo		4 (30-55ans)		8 (30-55ans)	8 (30-55ans)			20
3. Quartier Nsatumaza		3 (>55ans)		7 (>55ans)	7 (>55ans)			17
5 Mlieux urbains	60	8	0	22	22	4	4	120
5 Songololo	30	4	0	11	11	2	2	30
1 Bodila		1 (<30ans)		4 (<30ans)	4 (<30ans)	2	2	13
2 Bete		2 (30-55ans)		4 (30-55ans)	4 (30-55ans)			10
3. Quartier Indépendance		1 (>55ans)		3 (>55ans)	3 (>55ans)			7
6 Mbanza/Ngu ngu	30	4	0	11	11	2	2	30
1. KIMAZA		1 (<30ans)		4 (<30ans)	4 (<30ans)	2	2	13
2. Quartier Loma		2 (30-55ans)		4 (30-55ans)	4 (30-55ans)			10
3. Lufu		1 (>55ans)		3 (>55ans)	3 (>55ans)			7
Total	300	48	0	103	103	4	4	120

Qualitative fieldwork was conducted in the same areas as the quantitative fieldwork, and involved selecting a subsample of respondents per province. In Bas Congo, qualitative research was undertaken in Kasangulu and Madimba. In Kinshasa, the communes selected were Ngiringiri, and Kimbanseke. In Katanga, where only qualitative fieldwork was conducted, the territories selected were Kambove and Kasenga. The selection of territories for qualitative research in Bas Congo and Kinshasa was based on trends identified from quantitative research findings, with a focus on localities where respondents spoke about multiple vulnerabilities and the availability of some formal or informal social protection mechanisms.

The qualitative fieldwork consisted of:

- Life history interviews: 10 detailed life history interviews were conducted in each province (total of 30+). A life history interview using a semi-structured questionnaire was done with people who met one of the following criteria: 13-15 years female, 13-15 years male, 15-18 years female married, 15-18 years female unmarried, 15-18 years male, female child-headed household, male child-headed household, female-headed household, married female and male head of household. The interviews were conducted by the ODI researchers and/or local researchers in the local language.
- Focus group discussions: 10 focus groups were conducted per province (total of 30+). Focus groups consisted of 4-12 people per group. The groups were as follows: children aged 9-12 years in school, children aged 9-12 years not in school, youth aged 14-17 years, female adult and male adult. The focus group discussions were facilitated by local researchers in the local language, using a semi-structured questionnaire.
- Key informant interviews: local village leaders, church officials and teachers.

Key informant interviews were also conducted with government officials, donors and aid agencies in Kinshasa and Katanga using a semi-structured questionnaire. The key informants were identified by the study steering group. See Annex 1 for more information on the key informants interviewed.

It is important that readers keep in mind that the data generated from the quantitative survey in relation to vulnerabilities facing children is **indicative and not representative**. It aims to complement more comprehensive and representative survey data, such as the recently completed 2010 MICS. Because our questionnaire focused on particularly poor areas with households and children in situations of vulnerability, results are indicative of certain inequities that are prevalent in such areas.

2. Economic, political and social context

Following a constitutional referendum in December 2005 and the election of President Joseph Kabila in 2006, DRC embarked on a set of economic, political and social reforms. Kabila's campaign prioritised six key sectors: infrastructure, health, education, employment, water and electricity (ICG, 2010). More recently, the global financial crisis slowed economic progress, particularly in provinces with a high level of exports, such as Katanga. A number of macroeconomic indicators are now stabilising or improving. Inflation dropped from 514% in 2000 to 17.3% in 2008. While GDP growth was down from 6.5% in 2005 to 2.7% in 2009, International Monetary Fund (IMF) projections for 2010 have DRC's GDP growth exceeding the world average (IMF, 2010a; World Bank data¹). However, this remains insufficient to achieve the MDGs by 2015 (DRC, 2006b). Widespread poverty, affecting over three-quarters of the population according to the latest national poverty data (2005), continues to be exacerbated by conflict, particularly in the eastern part of the country, in North Kivu, South Kivu and Orientale provinces (UN Security Council, 2010; World Bank data). In late 2010, the number of persons displaced because of conflict was estimated at 1.7 million.²

2.1 Economy and finance

The largest threats to the DRC economy remain high inflation and deterioration in the current balance of payments, both of which are highly dependent on the security situation (DRC, 2006b). In 2004, for example, military spending pushed government budgets to unsustainable levels and made it difficult to fund other sectors. This triggered depreciation of the national currency and a resurgence of inflation the following year (up to 21.3% from 9.2% the previous year) (ibid). Depreciation of the Congolese Franc continued in 2008/09, with the currency falling by 21% in 2008 and 28% in the first quarter of 2009 (World Bank, 2009). Inflation rose slightly in 2008, owing to a rise in the global prices of commodities, but remains 'moderate' (ibid).

Recent GDP growth, at 6.2% in 2008 and 2.7% in 2009, is below some projections, mainly because of crisis-driven reductions in manufacturing, mining and oil production (Kabuya and Cassimon, 2010; World Bank, 2009). However, a significant recovery was observed in 2010, with the economy projected to have grown by 6% (IMF, 2011). In 2009, the government created a special commission to monitor crisis impacts and to develop appropriate policy responses. This prioritised both the stabilisation of the macro economy and expediting the Poverty Reduction and Growth Facility programme (PRGF) with the IMF (Kabuya and Cassimon, 2010).

Debt relief has been an essential element of the Congolese economy, as DRC ranks among the most heavily indebted countries in the world. In 2003, DRC qualified for relief under the enhanced Heavily Indebted Poor Countries (HIPC) framework (ADF and AfDB, nd; DRC, 2006b). In 2010, DRC became the 30th country to reach completion point under the HIPC Initiative and the IMF and the World Bank's International Development Association (IDA) agreed to \$12.3 billion in new debt reduction (IMF, 2010b). DRC's completion triggers, which included developing new poverty reduction and growth strategies, speeding-up structural reforms, overhauling fiscal policies and reducing inflation, highlight recent progress made by the government (DRC, 2010; IMF, 2010b; Kabuya and Cassimon, 2010). However, because DRC had been in moratorium of much of its debt prior to debt relief, the effective amount of funds freed in the form of fiscal space by the HIPC Initiative is relatively low (interviews, August 2010). Donors – mainly the IMF and the World Bank – have emphasised the importance of overcoming weaknesses in governance and transparency, especially in the extractive industries, if DRC is to benefit fully from this relief (IMF, 2011).

¹ <http://data.worldbank.org/indicator>, December 2010.

² IDMC; <http://www.internal-displacement.org/countries/drcongo>

Although the private sector drives economic growth, this does not trickle down to the majority of the population: high unemployment rates (49% in 2001 and 41% in 2006) have trapped most of the population in the informal sector (DRC, 2006b). Nearly 40% of Congolese work in agriculture (World Bank data)³ and another 20% in industry (ibid; UNICEF, 2008a). The services sector accounts for 31% of GDP. This suggests most poverty reduction efforts will need to come from government policy and the decisions that it takes to redistribute wealth equitably (UNICEF, 2008a).

2.2 Politics and governance

Although the 2006 election was a watershed event in DRC politics, the regime is still fragile. President Kabila has taken power at the expense of other institutions, such as parliament, and has suppressed any forms of rebellion against his regime (HRW, 2008; ICG, 2010). Power sharing between government levels called for in the Constitution remains nascent and, when the government has moved against political opposition, there has been no prosecution (ICG, 2010). In part, this owes to immature administrative and funding mechanisms that do not favour decentralisation: the Ministry of Justice and Human Rights (MJDH) receives only 1% of budget allocations and many institutions that the Constitution calls for are still not in place. However, progress is being made. For example, in early 2010 plans were made to create a new Court of Justice for Children. While this will require training, infrastructure and funding for it to function, it could improve some aspects of child protection in the country (UNICEF, 2010a).

At the end of 2010, as part of the IMF's Second Review under the Extended Credit Facility and Financing Assurances, IMF and World Bank staff focused discussions on measures to enhance governance and transparency in the extractive industries (forestry, mining, oil). High-profile disputes in these industries, lack of transparency in transactions and concerns over the relatively low level of returns to the state from the exploitation of natural resources have highlighted deficiencies in the policy framework, which the government has now committed to tackling through a series of reforms (IMF, 2011). This is a critical step to improving the likelihood of wealth generated in the extractive industries reaching the budget and being channelled to some of the many key development programmes that are currently severely underfunded.

2.3 Social sectors

Health, education, social protection and sanitation in DRC are in a state of deterioration (AfDB and OECD, 2008; USAID, 2010), but rising demand means pressure on these systems keeps growing, both in stable areas of the country and in conflict areas, where flows of internally displaced persons (IDPs), estimated at 1.6 million, also require service provision (UNHCR, 2010). There has been an increase in spending on the social sectors, although overall spending on health and education continues to be low in relation to other countries with similar levels of development. This progress has been supported partly by HIPC debt relief: in 2003 only 1% of total expenditure went to health and 2.3% to education; these figures increased to 3.0% and 10.8%, respectively, in 2009 (IMF, 2010b). This expenditure pattern is in line with the new PSRP currently being finalised, and signals the government's intent to continue moving away from emergency responses towards a development plan that emphasises social development (DRC, 2010).

2.3.1 Education

The school completion rate in DRC is only 29%. While the 2008 projected gross enrolment rate in primary school was 80% (up from 64.1% in 2006), enrolment remains significantly below that of the early 1970s, when it was at 92%. In large part, this reflects the spending priorities of the government – in 1960 education took up 30% of the budget, whereas in 2009 it was just under

³ The World Bank estimates that agriculture accounted for 46% of GDP in 2006.

10% (up from 2% in 2004) (AfDB and OECD, 2008; IMF, 2010b). Primary education is compulsory and the Constitution deems that it be free. However, this is not enforced, with both official and unofficial fees charged in schools, constituting a huge barrier to enrolment and attendance. In both cases, payments are a prerequisite for attendance and the result is the same: fees are a burden – particularly on poor households – effectively barring children from schools (UNICEF, 2007).

The cost of schooling is therefore a major impediment to increasing enrolment. Nationally, 10% of all primary schools and 15% of all secondary schools are private. However, there is considerable regional variation; in Kinshasa, 65% of primary schools are private (UNDP, 2009a; 2009b; 2009c). Public schools often fail to increase the economic viability of education; they typically require fees to supplement teachers' salaries (UNICEF, 2008a). Given the high poverty rate, these costs often lead to children being pulled out of school prematurely; 40% of school-leaving children claim financial difficulties as the cause (ibid). Furthermore, many children are expelled or barred for failing to pay fees – which means the enrolment rate is not a good reflection of actual schooling. In Katanga, 90% of families have had at least one child expelled (UNDP, 2009b). Other impediments to school enrolment include early marriage and parental death (UNICEF, 2008a).

Preschool education is essentially available only to the urban elite. Nearly 90% of preschools are private and over half are located in the city of Kinshasa (Vesituluta, 2006). Secondary enrolments have been essentially flat since the 1970s, at less than one in three children. School enrolments vary considerably by district, with rural children much less likely to attend school. Enrolments also vary by gender. In 2006, 72% of boys and only 56% of girls were enrolled in primary school (DRC, 2006b). This is, however, a step in the right direction: in 2001, 44% of women had never gone to school; in 2007 that number was down to 28% (UNICEF, 2008a). According to 2010 Multiple Indicator Cluster Survey (MICS) data, 75% of primary-aged children attend school, while only 32% of secondary level children do, which demonstrates the high attrition from one level to the other. The gender parity index for primary attendance is 0.93 – a relative balance between girls and boys – but drops to 0.81 in secondary, with girls' attendance much less frequent.

2.3.2 Health

Life expectancy in DRC remains low, at 48 years in 2008 (World Bank data). Infant mortality rates for the 2005-2009 period remained flat at 126 per 1,000 live births, with rural children far more likely to die before their first birthday than urban children (ibid). Additionally, 24% of children under five are underweight for their age (UNICEF, 2010a). However, despite the fact that total fertility remains high, at six births per woman, the maternal mortality rate is dropping, from 740 per 100,000 in 2005 to 670 in 2009 (World Bank data). Child immunisation rates are also creeping up, from 60% in 2005 to 69% in 2008 (ibid). According to the 2010 MICS, the under-five mortality rate is 158 per 1,000 and the infant mortality rate 97 per 1,000 (based on 2004 data) (Ministry of Plan, et al, 2010).

The health sector remains significantly underfunded, with an allocation of 3% of expenditure (IMF, 2010b) despite huge demand. Quality has been improving very slowly. Insufficient health centres, poor training, lack of decent work conditions and an inequitable distribution of trained personnel, have left parts of the country with little access to medical care (DRC, 2006b). Payment of fees and costs of medicines remain unaffordable for many.

2.3.3 Water and sanitation

Underinvestment is also a significant issue for water and sanitation in DRC. Paradoxically, while it has an abundance of water resources, less than half of all Congolese have access to an improved water source, with wide disparities between rural and urban areas (HDRSTAT;⁴ World Bank data; Ministry of Plan, et al, 2010). Lack of financial resources allocated to the sector means that new facilities are rarely built and existing ones seldom maintained (DRC, 2006b). In rural areas, 60% of

⁴ <http://hdr.undp.org/en/statistics/>; http://hdrstats.undp.org/en/countries/country_fact_sheets/cty_fs_COD.htm, April 2010.

existing waterworks are no longer operational owing to lack of maintenance (AfDB and OECD, 2008) Furthermore, only one in seven DRC residents has access to sanitation.

3. Poverty and vulnerability profile

3.1 Major trends

DRC ranks poorly in terms of human development. DRC's HDI score of just 0.239 is significantly below the 0.389 average for the sub-Saharan region (UNDP, 2010). Furthermore, while the country has made some progress in the past decade, its HDI score today is significantly lower than its score in 1980 (ibid). Using the inequality-adjusted HDI only serves to darken the picture – DRC's score is 0.153 (ibid). Per capita income in DRC dropped from \$380 in 1960 to \$224 in 1990 to \$150 in 2008 (AfDB and ADF, 2009).

In 2007, the population of DRC was 62.6 million (UNDATA),⁵ of whom slightly more than 50% were children (UNICEF, 2008a) and approximately 33% were urban citizens (UNDATA). Estimates suggest that 80% of the population lives on less than \$0.20/day (IMF, 2002). The national poverty line is \$0.72/person/day – significantly less than the \$1/day that is used in international standards. Using national standards this means that 56.6% of all children are poor; using international standards this figure climbs to 76.6%. Statistical generalisations about DRC also hide important discrepancies. It is vital to examine not just incidence of poverty, but also its depth. In this context, depth of poverty is measured in terms of the gap separating the poor from the non-poor.

Rural areas of the country suffer more extreme poverty: incidence of rural poverty is 76% vs. 61% for urban poverty. Rural poverty is also deeper (34.9% vs. 26.2%) and more severe (19.8% vs. 14.1%) (Table G, DRC, 2006b). There are also important differences between provinces, varying from Kinshasa, with a poverty incidence of 41.6%, to Equateur, with an incidence of 93.6%. There is a strong correlation between incidence and intensity of poverty, whereby provinces with the highest level of poverty also have the strongest intensity (UNICEF, 2008a). Kinshasa, for example, has a poverty depth of 13.4% and a poverty severity of 5.9%. Equateur, on the other hand, weighs in at 50.8% and 31.4%, respectively (République Démocratique du Congo, 2006b).

Household characteristics also impact levels of deprivation. Poverty is more extreme for larger families, those with an ill or disabled member and those in which children do not work. The risk of poverty and its severity decrease if both parents work and as their educational levels increase (UNICEF, 2008a). Regardless of how poverty is measured, children are more likely to be poor than adults – and to be poorer (ibid). A total of 8 in 10 of children suffer at least one 'severe deprivation' (living in a household with more than five people per room or without running water/ toilets; not having been to school and not having access to information; presenting at least three signs of acute malnutrition). A total of 3 in 10 children suffer from at least two types of severe deprivation.

3.2 Gender-based vulnerabilities

Women in DRC are economically and socially vulnerable across their lifespan. DRC's score on the Gender-related Development Index is .814 – leaving it in 137th place out of 138 countries. Girls are less likely than boys to be enrolled in school at all ages. In 2008, the male/female ratio for primary school was .93 and for secondary school .81 (Ministry of Plan, et al, 2010). In 2007, the ratio for tertiary education was only .35 (World Bank data). Only one-tenth of all women over 25 had graduated from secondary school in 2010 (vs. 36% for men) (UNDP, 2010). Women are consequently less likely to participate in the labour force than men (57% vs. 87%); when they do, they earn less (UNDP, 2010). Economic dependence on their husbands leaves them vulnerable to domestic violence, and many are forced to engage in survival tactics that include sex work (DRC,

⁵ <http://data.un.org/CountryProfile.aspx?crName=Democratic%20Republic%20of%20the%20Congo>, April 2010.

2006b). Women are also underrepresented in parliament: they hold fewer than 8% of seats (UNDP, 2010).

Congolese women face a multitude of unique health threats. While nearly three-quarters of all births are attended by skilled personnel, and 87% of all pregnancies involve at least one antenatal visit, only 18% of married DRC women use any type of contraceptive method (Ministry of Plan, et al, 2010). Early marriage is common and the age of sexual initiation is low – 25% of girls 15-19 are mothers (UNFPA, 2010a). In fact, one in every seven babies is born to an adolescent mother, which contributes to the country's high maternal mortality ratio, which is significantly higher than the rest of the continent (Ministry of Plan, et al, 2010).

Children and women are exposed to myriad forms of abuse and exploitation, far beyond the bounds of conflict zones. Women and girls are forced into sex work as a result of abject poverty. A recent study found that over 400,000 women are raped every year in DRC – a problem that is not confined to abuses by armed actors, who are typically primarily associated with the high levels of sexual violence in DRC (Peterman et al, 2011). The study highlighted significant problems related to abuse within families and the general acceptance of sexual violence (ibid.). Victims of sexual violence face social stigmatisation, are often denied legal recourse and suffer a plethora of physical effects, such as fistula, which, because of poor infrastructure, are typically left untreated (Landiech, 2009). In late 2009, the government launched the National Strategy on Sexual and Gender-based Violence. Since then, the country has taken steps to identify patterns of violence, educate peacekeepers and provide victim support (MONUC, 2009a; 2009b).

3.3 Food (in)security

Food security, or lack thereof, is a major issue for DRC. The country is prone to natural disasters, such as droughts, earthquakes (in 2008), fires and epidemics, and has endured tumultuous political insecurity and ensuing violence for decades (IFRC, 2009). Food production has actually decreased by 30-40%, leaving one-third of the population to subsist on one meal a day (WFP, 2008). Studies carried out by the WFP and partners show that more than 3.6 million people are severely food-insecure (representing 6% of all households) and about 17 million more are 'moderately' insecure (30% of households). Food insecurity primarily affects households located in the eastern part of the country, which has less access to safe water, higher rates of disease, more conflict and a higher ratio of IDPs. As might be expected, households that own their own land or are headed by a well-educated person are less likely to be food-insecure; those that rely on fishing, hunting and gathering are the most likely to go hungry (WFP, 2008).

The impact of food insecurity in the DRC is particularly severe for growing children. Acute malnutrition affects over 15% of children in Katanga and Equateur; it impacts over 10% in South Kivu, Bas Congo, Bandundu and Kasai Occidental (WFP, 2008). Nationally, 24% of children under age five are underweight, 43% are stunted and 9% are wasted (Ministry of Plan, 2010). Lack of potable water, non-optimal feeding practices for infants and poor food quality are key reasons for children's malnutrition – all of which are exacerbated by the ongoing financial crisis and persistent local conflict (WFP, 2010). The percentage of infants by their sixth month that are exclusively breastfed is below 5% and while nearly half the population (47%) uses an improved water source only 14% of household members use improved sanitation facilities (Ministry of Plan, et al, 2010). This is considerably lower in rural areas with 31% using improved sources of drinking water and 4 % using improved sanitation facilities (ibid). While there is recognition from policymakers that food insecurity derives from a complex set of factors, policies tend to be narrow in scope, crisis-oriented and top-down (Lecoutere et al., 2008; Swithern, 2008; Vlassenroot et al; 2006).

3.4 Child protection vulnerabilities

Children represent more than half the population of DRC and are particularly vulnerable to the impacts of poverty and conflict. Children most at risk are those who have lost one or both parents, the disabled and those impacted by HIV/AIDS. Decades of conflict have left the country struggling with large numbers of orphans, street children and child soldiers (Vesituluta, 2006). Long-term underinvestment in education has resulted in extreme poverty that many families can only begin to mitigate by perpetuating the cycle and placing their children in the workforce instead of school.

3.4.1 Orphans and vulnerable children

A total of 25% of the child population of DRC qualifies as an OVC – understood as having lost one or both parents, been made vulnerable owing to illness or affected/infected by HIV/AIDS (Lassalle and Le Pivert, 2010). Mortality rates, driven by both conflict and the HIV pandemic, are causing the number of households caring for an OVC to experience explosive growth. While these children are eligible for improved government services, this support rarely materialises and the pressure on families caring for them is extreme. HIV-infected children, for example, suffer discrimination – as do their caregivers. Furthermore, in the context of extreme poverty, the necessity of stretching family budgets to accommodate extra mouths and school fees is all but impossible (ibid).

3.4.2 Children in conflict

The bitter fight between militias and the army has taken its toll on families and children. Estimates suggest that of the 1,200 people who die each day over half are children. Children are sexually assaulted and forced into militia groups, where they are forced to sell their bodies for safety, are denied education and are made to wage war (UNICEF, 2006; UN Security Council, 2010).

3.4.3 Child labour

Child labour is also widespread in DRC, particularly in the eastern zone. Overall, 42% of children aged 5-14 years are involved in child labour, with children in rural areas more likely to be involved than those in urban areas (Ministry of Plan, et al, 2010). Armed groups not only force children to become soldiers, but also use them to mine minerals, hawk goods and beg (USDOL, 2008). Poverty is also a driving force behind child labour. It is estimated that, of the 100-140,000 people involved in mining in Katanga province, some 50,000 are children (SwedWatch, 2007). In 2008, the Ministry of Employment, Labour and Social Welfare set standards for child labour. For example, children under 15 are not allowed to work at all, those between 16 and 18 may not work more than eight hours/day and no minors may be used for sex or drug work (DRC, 2008). Penalties for violations include fines and prison terms – up to 20 years for sexual exploitation (UNHCR, 2009). However, this is rarely applicable and children of all ages work.

3.5 Summary of key findings

- **Poverty is rampant and endemic:** Incidence, depth and severity of poverty in DRC are extreme, reflected in the country's HDI score, which has dropped over time and is among the lowest in the world.
- **Geographic disparities are stark:** Rural families are poorer than urban families and some provinces, such as Kinshasa, are wealthier than others.
- **Gender matters:** Women and girls are consistently and uniformly disadvantaged in terms of education, employment, income, health and vulnerability to violence.
- **Household characteristics are key determinants:** Educated, employed, smaller families are less vulnerable to poverty.
- **Children are disproportionately vulnerable:** Representing over half the population of DRC, children are being denied adequate protection and access to basic services.
- **Food insecurity is problematic:** Production is down 30-40% on recent years and one in three people eat only once a day. This has specific consequences for child nutrition.

4. Analysis of vulnerability

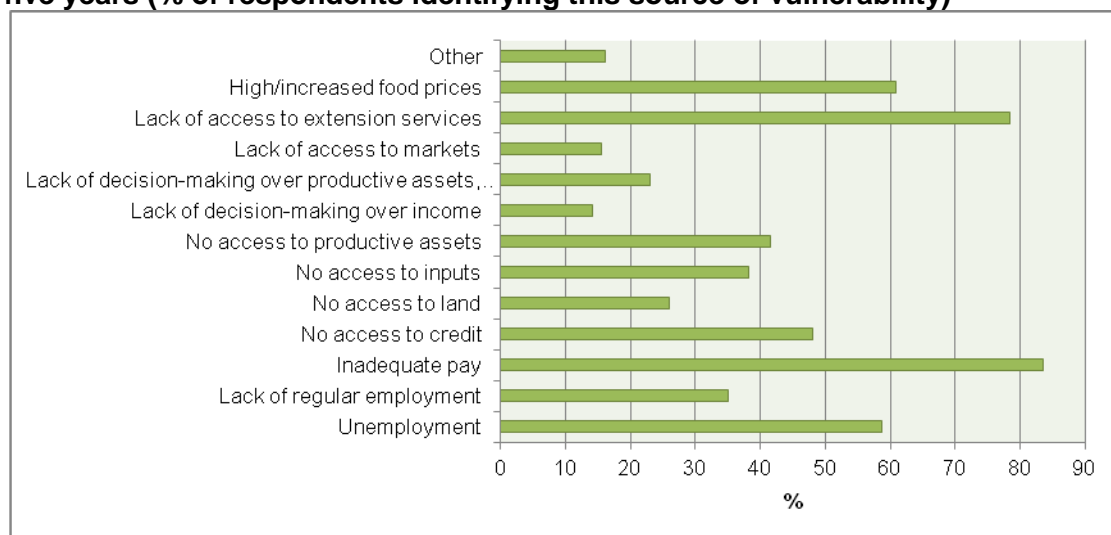
Drawing on our primary research findings from Kinshasa, Katanga and Bas Congo, this section aims to contribute to building an evidence base on the critical vulnerabilities facing populations living below the poverty line, with particular attention to risks facing children.

4.1 Economic vulnerabilities

In both the quantitative and qualitative research, respondents emphasised high levels and a complex overlap of vulnerabilities. On average, the majority of survey respondents considered the extent of vulnerabilities experienced during the previous five years 'high'. Economic vulnerabilities were considered the worst. On average, 77% of respondents classified economic vulnerabilities as high, 75% did so for health vulnerabilities, 59% for environmental risks and 53% for costs related to life-cycle risks. In terms of economic vulnerabilities, 84.5% of households considered inadequate pay/low income the greatest source of vulnerability. Outbreaks of insects and pests were identified by 74.8% of respondents as the highest environmental risk. Serious or acute illness of a family member was seen by 81.6% as the greatest source of health-related vulnerabilities. Funeral costs were mentioned by 71.21% of respondents as the highest life-cycle risk for households.

Figure 1 shows the main economic vulnerabilities according to respondents in both male- and female-headed households. The three main sources of economic vulnerability are inadequate pay or low income, lack of access to agricultural extension services and the high and rising price of food. That is, households see their real disposable income and purchasing power as falling.

Figure 1: Economic vulnerabilities most commonly cited as being experienced over the past five years (% of respondents identifying this source of vulnerability)



Analysing responses of the main sources of responsibility by gender of household head, male-headed households identified the greatest economic vulnerabilities as rising prices, lack of agricultural extension services and low pay; female-headed households identified their lack of decision-making power over the use of productive assets and income and lack of access to land. This illustrates gender differences in the challenges facing different types of households.

The perception of risk is different among regions. While most environmental vulnerabilities (pollution, deforestation, erosion, insects, declining soil fertility, death of livestock, fires) are more prevalent in Bas Congo, more households identified flooding as a source of environmental vulnerability in Kinshasa. This is clearly linked to the different forms of livelihoods, with agriculture

the primary form of livelihood in Bas Congo. In this latter province, the highest environmental vulnerability was the death of livestock. The pattern is distinctly different to that of sources of economic vulnerability: more households in Kinshasa identified economic vulnerabilities as the most important, except for those economic vulnerabilities linked to access to land, markets and agricultural extension services, as well as rising food prices, which were higher in Bas Congo. In Kinshasa, lack of decision making over income was the main economic vulnerability, possibly referring to limited capacity to transform low incomes into the satisfaction of needs.

These quantitative findings were reinforced by the qualitative interviews. Income poverty emerged as the key underlying factor triggering vulnerability as well as being the consequence of many other risk factors, such as low earnings, unemployment, limited capacity to produce on agricultural land, spending household wealth on health costs, among others. Interviewees spoke almost unanimously about a range of extreme economic limitations experienced as a consequence of low and unstable income: insufficient access to food and experiences of hunger in both urban and rural areas researched; inability to pay school fees and other school-related costs which limits primary-aged children's education and makes it difficult for children to continue to secondary school; increased health risks as a consequence of little to no preventive action; poor water and sanitation conditions; and reduced access to curative services at very high costs, etc. Income poverty creates a thin margin between destitution and the ability to provide basic care for children – a margin that can disappear in the event of one or several successive income shocks, which are common.

Interviewees also spoke about death as an important source of economic vulnerability. In economic terms, death of a provider/parent has a large impact on all household members, particularly on children. When it is the main or secondary income earner who is lost, the shock to household wealth is significant. During life history interviews, several respondents (mainly women and youth) reported a significant negative change in their lives as a result of this loss, with adjustments frequently implying a disinvestment in human capital or losses of assets over time. There is also the expensive payment of funeral costs, which erodes household wealth or on occasions causes households to incur debt, which might later be difficult to repay.

Health-related expenses resulting from severe injury or prolonged illness were also identified as a critical source of vulnerability for both male- and female-headed households, in rural and urban areas, with households unable to pay the costs for consultations and medicines. This was further aggravated in rural areas in Katanga and Bas Congo by the inaccessibility of health services. In Kilenfu, Bas Congo, for example, interviewees reported patients dying (including children) and women giving birth because of the 8km walk across rugged terrain to get to the closest clinic.

In more isolated rural communities, particularly in Katanga but also in Bas Congo, households spoke about isolation and poor access to transport (as there are not even basic roads). This impedes the development of economic opportunities, as trade is restricted to barter within the community – there is no possibility of selling goods in the market. On rare occasions when they are able to sell goods, it is through brokers who leave them with minimal earnings – this situation is particularly problematic in Kiniama, Katanga. Poor infrastructure and inaccessibility also pose a challenge to the provision of basic social services, such as health care and education. In Kiniama, Katanga, and Kilenfu, Bas Congo, there are no schools in the community, nor are there any within walking distance. In Kiniama, children simply do not attend school, whereas in Kilenfu many children walk together for close to a total of three to four hours daily, in the mornings and afternoons (to avoid crime along the way), to attend the closest school over 8km away.

Other challenges mentioned by respondents included mistrust of government, with individuals stating that politicians come only during elections to seek people's support and never return. Several respondents, particularly in Bas Congo but also a few in Kinshasa, said the situation was better under the previous government, and said that they perceived a deterioration in their economic and social circumstances over the past few years.

In rural areas, challenges to households that live on subsistence agriculture include the erosion of the land, which is affected by multiple environmental shocks (such as pests or floods) and its low productivity. Subsistence farmers who are unable to trade have no resources except the food they produce for themselves and their families, so that there is little access to money. This implies that many of these families do not have money to pay fees. Further, the land is being sold by local governments to private owners without their receiving any sort of compensation; as such, many subsistence farmers are losing their livelihoods. Some have started to work as wage labourers on farms, but wages are so low they cannot generate enough income; work opportunities elsewhere are scarce. Women tend to participate in similar activities to men, although more women are involved in petty trading, albeit earning very little money. These findings link to the quantitative survey which identified low income as one of the main vulnerabilities households experienced.

In urban areas, unemployment was identified by young people and adults of both sexes as a major economic risk factor. Respondents spoke about very limited opportunities to generate an income for their families, with many of them involved in petty trading and subsistence agriculture on small plots (such as patios) for survival. These activities were said to be poorly paid, so household incomes are precarious; interviewees said they needed to undertake multiple different activities to make ends meet. Several respondents said that the problem of unemployment or low capacity to sell goods produced seemed to be worse in the past year or two. In Katanga, this was linked to the collapse of the mining sector, with individuals losing their jobs. In other areas, perceptions were that reduced economic opportunities had been aggravated by rise in the price of basic food, eroding households' already precarious consumption capacity.

4.2 Social vulnerabilities

Many of the social risks identified were linked closely to economic vulnerabilities, exacerbated by a lack of safety nets. One common source of social vulnerability respondents in both urban and rural areas spoke about was family breakdown. This was generally attributed to the failure of the main income earner (typically the father) to provide for his family, triggering a loss of authority, which frequently involved abandonment by the mother. Additional consequences young people and children talked about included their *'lack of respect for authority'* and their engagement in socially risky behaviours, such as paid sex from a young age in the case of young women (both rural and urban areas) and gang or crime activity in the case of young men (mostly urban areas). As expressed by a young man in Kimbanseke, Kinshasa: *'Parents cannot provide for their daughters who are hungry, so they have to find a way to provide for themselves'*. Similarly, FGDs with women in Ngringiri and Kasangulu said there was less respect for parental authority by young people and children because parents were not able to provide them with support.

In both communities in Katanga, as well as in Kimbanseke, Kinshasa, excessive drinking and alcoholism (mainly among men but also among some women) was identified as a social risk. This was linked to domestic violence and 'wasted money': there were complaints that money spent on alcohol could go towards school fees (although drink is also brewed locally). Alcohol was also identified as a source of family breakdown, particularly as there are social norms (mainly in the communities visited in Katanga) whereby, if the wife drinks heavily, she can be sent back to her family; if it is the husband, it is also possible for the women's family to take the wife back.

Accusations of witchcraft in the villages visited were related to adults rather than to children, although children being accused of witchcraft is well-documented in DRC. While in Bas Congo and Kinshasa witchcraft was linked to bad luck in agriculture or economic hardship, in Katanga, sorcery was linked to a death in the family, most often of small children. In the two communities researched in Katanga, in order for the person to clear his/her name, it is necessary to go to three different spiritual authorities to get three certifications of not being a witch. If the result of all three is that the person is a witch, he/she will be incarcerated and must pay a fine; a tribunal must approve or reject

this accusation. This process can lead to divorce and social exclusion. For example, the wife's family can be compelled to take her back home.

In poor urban areas in Kinshasa, crimes and gang-related violence are a growing phenomenon, which respondents identified as being linked to youth unemployment, lack of opportunity and idleness, as well as a lack of programmes to help address these extreme challenges of poverty and disillusionment. Some of the younger boys interviewed said they often struggled to stay out of gangs given the pressure to participate and a lack of support at home.

A frequent source of economic vulnerability linked to a social practice, reported mainly in Kinshasa and Bas Congo, is the destitution facing women and children after the death of the male household head caused by his family coming to take possession of his properties (including land, home and smaller assets) and evicting the family. At least six interviewees spoke about this situation and the huge shock caused to their livelihood, as they were then forced to get by with nothing. This is illustrative of negative gendered practices, which still overwhelmingly affect women. In fact, as a result of this practice as well as other forms of discrimination, both male and female respondents agreed that the situation of women was more difficult than the situation of men.

4.3 Child-specific vulnerabilities

Findings from the quantitative survey in relation to vulnerabilities facing children aim only to complement more comprehensive and representative survey data, such as the recently completed MICS. However, because this questionnaire focused on particularly poor areas with households and children in situations of vulnerability, results are indicative of certain inequities that are prevalent in such areas.

4.3.1 Education

The quantitative survey showed low school attendance, with households indicating that only 33% of children (aged 5 to 17) living in the household attended school, which is below the national average. The survey sought to obtain information about the reasons for low school attendance, with responses synthesised in Table 1.

Table 1: Reasons given for children not attending school (% of children not attending)

Distance/transport costs	14.58
Work in the house (domestic/care)	12.63
Violence in schools (corporal punishment, sexual abuse and bullying)	5.29
Low quality of education	4.79
Work and generate income	3.16
Discrimination (gender, disability, illness, ethnic group, etc.)	0.00

In qualitative interviews, adults, young people and children concurred on the importance of primary education – despite many separate observations by respondents about limited work even for people with higher levels of education. As such, limited access to schools in some areas and their high costs were identified as huge challenges by most respondents, and efforts made to pay school fees can lead to adverse coping strategies, such as child work and the sale of household assets. Further, isolation from markets in some communities implies that, even when households harvest some goods, they are not able to sell them and earn cash to pay fees.

Importantly, income poverty results not only in limited enrolment but also in disrupted education for those who do enrol: it was reported that it is common for children to leave school halfway through the cycle when fees have not been paid by parents and to return when the money is available (e.g. after a harvest). This indicates that, despite ostensibly improved enrolment rates at the start of the school year, a better timeframe for assessment of progress in education is needed. Many out-of-

school children interviewed said they had been in school and had dropped out as a result of their incapacity to pay fees and related school costs. This further limits children's opportunities to engage in more productive work, or at least to have stronger capacity to resolve challenges in the community, including those related to health, nutrition and community development.

With regard to challenges facing children with disabilities, 90% of respondents who knew children with disabilities said these children went to school, although they recognised that no special services were provided for them; in general, 75% of households declared that there were no special services for disabled children in the community.

4.3.2 Health

In the case of health services, our survey found that the use of health centres was quite common if a child in the household was ill: 83% of respondents declared having taken their son/daughter for a medical consultation when they were ill. However, for those who had not accessed health services, more than half stated that the main reason was the cost of the consultation (51.76%), followed by distance from the health centre (30.68%) and dearth of medicines (28.05). This was supported by the qualitative findings, which underscored that high costs of health clinics and their inaccessibility have an impact on children's health, particularly in marginalised rural areas such as Kilenfu and Kinjama, where some adults talked about cases of children dying on the way to the health centre. In terms of state support, children and adult respondents confirmed that children receive virtually no support from state structures or government officials.

4.3.3 Protection deficits

When households were asked to identify the most common forms of vulnerabilities among children in the community, the most frequent response (59% of households) referred to early pregnancy in girls. Meanwhile, 46% of households felt the most common form of vulnerability was orphaned children and 25% felt it was children accused of witchcraft.

In cases of family breakdown, the research found evidence of a strong impact on children. In several life history interviews, both in rural and in urban areas, adverse changes in individuals' lives were caused by abandonment of parents, either because children were left to fend for themselves from a young age or because they were taken to form part of a new family, where the stepmother or father was abusive or excluded them from the benefits of family support. One such example was a 15-year-old girl in Kasangulu who had been abandoned by both parents and had to take care of her three younger siblings from age 11. She has not been able to attend school and has had to work since then in agriculture and petty trade, with no real support, except for a small contribution from her father every six months or a year.

The situation facing orphans is similar to that facing abandoned children. In the case of children who have lost their father, interviewees reported that they are often taken in by the widow's family, a situation that can disrupt their education because, although their mother's family might provide lodging and food, it generally does not provide money for school fees. The situation is often worse for children who have lost their mother: fathers easily remarry, with several cases cited of children being marginalised within the new household – some respondents spoke about being mistreated by stepmothers, which can lead to adverse coping strategies. In Kilenfu, a 16-year-old orphaned mother of a one-year-old baby, spoke about how her uncle, who had taken her in after she lost her parents, had thrown her out of his home after she had her baby. She explained that he did this because she was not able to contribute to the household income and as a result of tensions with her uncle's wife.

Another common source of vulnerability facing children as identified by children, young people and women interviewed was early pregnancy. In the case of girls, this can happen as a result of early sexual relationships with young men their age, but the most common source of pregnancy was reportedly girls' sexual rapport with older men in exchange for money or in search of a better

livelihood. This was reported in both urban and rural areas where research was undertaken, although more cases were identified in urban localities. Early arranged marriages were not reported to be frequent in Bas Congo and Kinshasa, although some young girls who become pregnant go to live with their partners. Others are abandoned with their children and frequently find themselves relying on the family home, which already faces a precarious economic situation. Once girls have a baby, their chances of continuing education are slim, placing them at a further disadvantage. In the villages visited in Katanga, early marriage was more frequent, with parents marrying off young girls (aged between 14 and 17). Reasons for this included the fact that they could not afford to send them to secondary school, which is more expensive than primary school and generally further away.

Parents (both male and female) identified girls as the most vulnerable to economic and social risks, as they are seen to be less able to find coping mechanisms or income-earning opportunities other than engaging in sex for money, with consequences for their future lives. Respondents (including young girls themselves) linked this vulnerability to their parents' inability to 'provide for them', a perception that places significant pressure on the family social fabric. However, it is clear that responsibility for the dearth of opportunities for young girls extends beyond the family circle to the economic and social context of communities, as well as to duty-bearers such as the state.

Further, despite indicators on relative gender parity in terms of access, many girls mentioned that it is difficult for them to continue on to secondary school, as a result of early pregnancy and marginalisation. Despite the frequency of girls' engagement in early sex, most girls interviewed have limited knowledge of sexually transmitted diseases and do not get health checks, either as a result of ignorance or because of the costs of a health clinic. Some instances of forced sex and sexual violence against girls were cited, but these were not common in our sample.

In rural areas, it is common for children to work in the fields or in other forms of work in addition to or instead of attending school, owing to the need for them to contribute to the household income as well as resulting from social norms. In rural communities in Katanga and Bas Congo, children interviewed spoke about having to work in the field for the entire day without eating. A 14-year-old boy in Kasangulu spoke about his need to work finding and selling charcoal to be able to pay his school fees. The research found many cases where child work took the form of exploitative labour – for example boys' direct involvement in mining or rock crushing; mainly girls' involvement in prostitution in rural and urban areas.

Services dedicated to the protection of children were said to be very rare, with only 6.59% of respondents able to identify child protection-related services in the community. In these rare cases, respondents mentioned that the majority were provided by religious institutions or NGOs (53% and 41%, respectively). Only one respondent was aware of services provided by the government.

4.4 Summary of key findings

- **In both the quantitative and qualitative research, respondents emphasised a high level of vulnerability and a complex patterning of vulnerabilities.** This included multiple and overlapping vulnerabilities (economic, social and environmental).
- **Income poverty emerged as the key underlying factor triggering vulnerability** as well as being the consequence of many other risk factors, such as low earnings, unemployment, limited capacity to produce on agricultural land, spending household wealth on health costs, among others.
- **There are gender differences in the perception of main vulnerabilities:** Male-headed households identified rising prices, lack of agricultural extension services and low pay as the greatest economic vulnerabilities; female-headed households identified lack of decision-making ability over use of productive assets and income and lack of access to land.

- **Health-related expenses resulting from severe injury or prolonged illness were also identified as a critical source of vulnerability** for both male- and female-headed households, in rural and urban areas, with households unable to pay the costs of consultations and medicines.
- **Many of the social risks identified were linked closely to economic vulnerabilities, exacerbated by a lack of safety nets and very limited basic service provision.**
- **Family breakdown was identified as a key source of vulnerability in both rural and urban areas.** This was generally attributed to failure of the main income earner (typically the father) to provide for his family, triggering a loss of authority, which frequently involves abandonment by the mother.
- **With respect to children, lack of schooling or the risk of being unable to attend school was identified as a major vulnerability.** As such, limited access to schools in some areas and their high costs were identified as huge challenges by most respondents, and efforts made to pay school fees can lead to adverse coping strategies, such as child work and the sale of household assets. Further, there is high school dropout related to children being unable to pay fees.
- **The situation of orphaned or abandoned children is particularly difficult.** Although these children may be taken in by a family member, they are often discriminated against, marginalised from household activities and mistreated. They are usually not provided with money for school fees.
- **Parents (both male and female) identified girls as the most vulnerable to economic and social risks,** as they are seen as less able to find coping mechanisms or income-earning opportunities other than engaging in sex for money, with consequences for their future lives. This situation was confirmed by young men and women interviewed.

5. Social protection and coping strategies

Social protection, as a concept and approach, has a range of interpretations in DRC. In general, it is seen as policies, programmes and informal networks that address the needs of vulnerable populations in order to prevent their destitution. Government officials and aid agencies often refer to categories of vulnerable people, specifically disabled persons, elderly, vulnerable women and children (including those separated from their families) and people displaced because of conflict.⁶ At the same time, there is a widespread belief that nearly ‘everyone is vulnerable’ owing to widespread poverty. This makes it conceptually difficult to separate out social protection from broader efforts to reduce poverty and to strengthen the provision of basic services.

Social protection is increasingly recognised as an essential instrument for poverty reduction in low and middle-income nations. International research and experience has recognised that high growth rates are necessary but not sufficient to effectively tackle poverty and vulnerability, emphasising the importance of the sustainability, composition and equitable quality of economic growth (e.g. OECD, 2009). At the same time, an emerging evidence base in developing countries is documenting the role of social protection in tackling poverty, supporting economic growth and enhancing the effectiveness of growth strategies for poverty reduction. Poverty reduction depends on *sustained and broad based growth*, which in turn requires complementary initiatives that *share economic benefits and promote better developmental outcomes for poor and excluded groups* – that is, it has a critical distributional function. Evidence also demonstrates the critical importance of protecting the poorest in an economic downturn (ibid). In DRC, economic vulnerabilities have the strongest impact on peoples’ lives and livelihoods, many of which are exacerbated by social vulnerabilities, as the analysis in section 4 indicates. While economic growth and development are one of the subjects of DRC’s poverty reduction strategy, social protection is instrumental to ensuring that any benefits from economic growth reach the most vulnerable and the poorest.

This section explores social protection systems in DRC, focusing on actors, legal frameworks and challenges in implementation.

5.1 Government policy and programming

Social protection is only slowly making inroads on the long list of competing priorities facing the DRC government. The 2006 PRSP described the weaknesses and inefficiency of social protection as continuing to pose a serious hindrance to meaningful programming, most pointedly the low share of the budget allocated to it (below 1% of the budget), poor budget execution, limited capacities of social assistance structures and absence of social safety nets for the vulnerable (DRC, 2006b; Ministries in Charge of social Protection, 2010).

The cross-cutting nature of social protection poses challenges for understanding and coordinating sector strategies. The revision of the PRSP in 2009 provided momentum to bring together different ministries to discuss social protection, increasing dialogue on the roles of ministries, progress made against previous objectives and future social protection priorities. This resulted in a review of the social protection sector with recommendations to take forward social protection strategy and programming in 2010. A national social protection strategy is currently being developed, based on this review of the sector. Participating ministries include:

- The Ministry of Employment, Labour and Social Welfare (METPS);
- The Ministry of Social Affairs, Humanitarian Action and National Solidarity (MINAS);
- The Ministry of Gender, Family and Children (MGFE);

⁶ These categories are listed in the PRSP 2006 with regard to social protection

- The Ministry of Justice and Human Rights (MJDH),
- The Ministry of Education; and
- The Ministry of Health.

The Ministries of Finance, Budget and Plan play roles in terms of financing and coordination, as they do with other sectors. Participating ministries went through a process of assessing progress in actions they committed to undertaking under the 2006 Priority Action Plan (PAP), as well as the current and planned actions they are undertaking in the sphere in which they specialise. More specifically, the exercise included an analysis of actors involved; resources allocated to social protection; problems in the sector; and challenges that need to be overcome to strengthen it. The report provides some basic recommendations about possible lines of action going forward. This exercise will feed into a strategy document that sets out the vision of social protection in DRC. However, as the report resulting from this review highlights, DRC has already made some progress in the development of strategies; the real challenge is related to the development of operational action plans to guide the implementation of such strategies. It will therefore be critical to work on the action plan in parallel with the strategy, without which it may not lead to concrete actions.

Experience in other fragile contexts suggests that engaging relevant line ministries in debates about social protection policies may help build analytical and implementation capacity to deliver social protection (Harvey and Holmes, 2007). However, limited understanding of social protection among many participants in social protection thematic meetings poses an obstacle to using these forums for planning concrete actions for which resources can be mobilised. Ministries are also aware that social protection has not attracted significant financial resources from donors or through the budget, which could hamper motivation in the future, unless the process of developing the strategy can command enough political momentum to mobilise resources. To date, the implementation of social protection actions is thin on the ground. The review of social protection highlights that much of the progress on social protection relates to the development of strategies and plans, in addition to a few projects carried out with support from development partners such as UNICEF, UNDP and WFP. NGO and UN programmes that provide assistance are more numerous in the eastern part of the country, as an element of the humanitarian response. However, there are no overarching flagship initiatives or programmes taking place at a scale that could have a substantial impact on the most vulnerable population.

Since the 2006 PRSP, several plans, strategies and legal frameworks have been established that take on different aspects of social protection. At the heart of these is the National Strategy for Social Protection of Vulnerable Groups (SNPS-GV), which provides a comprehensive set of objectives with the aim of progressively building a social protection system. This defines social protection as ‘the set of interventions that help support people, households and communities in their efforts to manage risks and reduce vulnerabilities, as well as in their willingness to regularise their consumption, thereby achieving greater social equity’ (Mboso et al., 2004). Priority is given to the implementation of legal dispositions to protect vulnerable groups, providing access to basic social services for all vulnerable people and reinforcing the capacity of social protection actors. Recognising the limitations of DRC’s government to implement the strategy, it suggests that all actors involved with social protection in DRC should work together towards its objectives (ibid). However, since its validation in 2004, the strategy has not yet been adopted by the government (Ministries in Charge of Social Protection, 2010).

Despite multiple challenges and constraints, some forms of government-led social protection programming are taking place. These consist mainly of initiatives that have financing sources outside the national budget, either through beneficiary contributions or through donor support. Social security is the most evident example. The National Institute for Social Security (INSS) provides social security for people who are formally employed, funded through mandatory contributions from employees and employers. This covers only a small proportion of Congolese, less than 2% of the population, and includes individuals who have a more secure economic situation given their employment status. For example, the INSS has approximately 8,000 recipients

in Katanga province (interviews, 2010), out of a population of more than 8 million. The bulk of INSS coverage is in the form of pensions, and the INSS does not yet provide assistance for unemployment, illness and maternity, which is part of international standards on social security. In addition, it is important to underline that, with regard to the level of pensions, the monthly individual rate is very limited, and payments are irregular. In its Government Programme 2007, DRC commits to elaborating a new Social Security Code and restructuring the INSS to improve coverage of social protection schemes to the elderly, as well as to promote contributory mechanisms such as the mutual insurance system (*mutuelles*) (DRC, 2007). This reform is ongoing.

The development of mutual insurance is currently being fostered by the government through the development of more up-to-date regulatory frameworks and the provision of some technical support at the provincial level. For example, the reform of the 1958 law to regulate mutual insurance has been reviewed and is in parliament waiting for approval. Mutual insurance is a form of social protection consisting of groups of people pooling resources together to provide members with a form of protection in case of shocks to income, which can include payment of for health costs, funerals or family events (such as weddings). Although these mechanisms are useful, their contributory nature implies that only those individuals with enough resources to contribute on a monthly basis can participate, which effectively excludes the poorest. Nevertheless, as part of the government's drive to extend health insurance coverage, mutual health insurance is being actively promoted through the National Programme for the Promotion of Mutual Health Insurance. This initiative aims to increase the usage of formal health systems, which is low, at approximately 20% only (interviews, Ministry of Health, 2010). The rollout of mutual health insurance to eventually promote a system of compulsory health insurance (*Assurance Maladie Obligatoire*) is being supported by the International Labour Organization (ILO), but it will be extremely difficult to implement given the inadequate and insufficient supply of health facilities and the monetary constraints that will prevent most households in DRC from enrolling.

The Social Fund of the Republic, funded by the World Bank, is a project implementation unit that works as part of the government (although it is not a formal government structure) and supports community development projects implemented by civil society groups which focus on creating infrastructure (e.g. markets, schools, health centres) and works throughout the country. The fund has received \$35 million until 2013 directly from the World Bank to carry out these projects; these resources do not go through the budget so as to ensure they are channelled to the programme's objectives – in fact, budget allocations to the fund are rarely disbursed, so it operates on donor funds. External evaluations of its community-driven projects have generally been positive. As a result of its good performance, the World Bank has provided it with a \$10 million grant to implement a public works project in Katanga, employing 3,000 people to address the rise in unemployment triggered by the contraction of the mining industry during the economic crisis. This project was being planned in 2010 and was due to start in early 2011, providing short-term jobs in infrastructure development (mainly sewage construction) and in the generation of green spaces (interviews, Social Fund of the Republic, 2010). In addition to this, the World Bank recently approved a \$10 million programme for the protection of street children, managed through the Social Fund of the Republic and implemented by MINAS with technical support from UNICEF.

Besides these more structured social protection programmes, there are some small-scale social protection interventions managed and/or implemented by MINAS, which include provision of basic skills training for vulnerable youth, support to orphans and street children – mainly in institutions – and programmes for the reintegration of the disabled. These programmes are limited in scale, reach and scope as a result of inadequate strategic planning, limited financial resources available to MINAS and MINAS's constrained human resource capacity. Other small initiatives are being piloted by provincial governments, such as exemption from health fees for children under five and subsidised school fees in Equateur and Bas Congo, respectively. There is no documented information about the progress of these initiatives, their reach or the financial resources available to them, so they have not yet generated an evidence base to inform such types of actions.

Up until the mid 1990s, state functionaries and their dependants benefited from an entitlement card (*carte d'ayant-droit*) which enabled them access to lower-cost medical care, which reduced their economic vulnerability. The current certificate of 'destitution' or 'indigence' granted by MINAS has important limitations: it enables fee-free access to public schools and justice services (to the few that obtain it) but, with regard to health, provides access only to consultations and examinations but not to medicines, which are usually the most expensive component of health expenditures.

The overall insufficiency of government programming indicates that formal social protection is more of an aspiration than a reality in DRC. New strategies and laws are gradually being put in place to advance the existing legal framework, including as it relates to children. While there is more progress to be made in terms of legal frameworks and strategies, the crux of the challenge for social protection remains translating words into action, amid the large volume of needs and limited government capacities to support and implement social protection. These obstacles are not unique to social protection. Decades of poor governance have eroded infrastructure and the provision of basic services like health and education. Extremely poor coverage of services remains, owing to the limited capacity and financial resources of the government, as do broader governance challenges like corruption and insufficient political will to garner political and financial support to the social sectors.

5.1.1 Constraints to government social protection

The social protection review (DRC, 2010) identifies a number of constraints to social protection which are relevant in diagnosing what needs to change to achieve progress on social protection:

- Absence of a coherent social development policy with social protection as a key pillar;
- Weak and fragmented social protection actions, implemented by under-resourced and under-staffed government ministries/agencies;
- A large gap between coverage of formal social protection and the needs of the vulnerable population, with more than 70% of the population living under the poverty line with poor access to basic social protection services;
- Inadequacy/insufficiency of human, financial and material resources and capacity;
- Inadequate budget allocations, aggravated by a low level of disbursement/expenditure;
- Dependence on aid;
- Weak implementation of social protection regulation and plans;
- Weak coordination of social protection actors, with no monitoring and evaluation (M&E) mechanisms leading to no real responsibilities taken for social protection interventions;
- Insufficient capacity of basic social services;
- Lack of data and information for adequate diagnostics;
- Multiple, overlapping and dysfunctional social protection regimes.

All of these elements are symptomatic of both the low prioritisation of social protection within the political establishment and much larger governance and institutional challenges, which need to change over the short, medium and long term to result in a functional social protection system. However, given institutional weaknesses in DRC, it is unrealistic to assume that these elements can change immediately. The key element that can trigger change is political commitment – matched with budgetary resources – to invest in an institutional transformation of the sector. The current multi-ministerial process of planning the strategy and making a diagnostic of the issues is a first positive step.

However, our research identified other critical challenges which have an impact on the potential to undertake any major, state-led intervention. These include the invisibility of government as a social protection provider at the grassroots level; severe underfunding to social protection; and the government's weak economic capacity, among others. These issues are discussed below.

5.1.2 Invisibility of the government as a social protection provider at the grassroots level

Findings from our empirical work corroborate the review's assertion that social protection mechanisms and safety nets are insufficient to reach the vulnerable. However, beyond 'sufficiency and scale' of interventions, there is a deeper problem: marginalised individuals facing vulnerabilities perceive the government as absent, as offering no form of support to the most vulnerable to cope with the multiple risks they face, not even the most basic social services. This means the problem is not only one of scale of support but also a more engrained one of the institutional absence of the government as duty-bearer and provider of social protection. This study's sample, which covered a mix of sites (urban and rural, with different levels of isolation) and the purposive sampling of poor and vulnerable localities, is indicative of what exists elsewhere, particularly considering that the three sampled provinces have more resources and services than many other provinces in the country, which means it is possible to assume that the situation in other provinces might be worse⁷.

Table 2: Sources of support identified by respondents (% of respondents)

Family outside of household	27.2
Friends	15.4
Church	11.8
Employer (in addition to salary)	3.56
International NGO	1.18
Local NGO	1.18
Other support	0.88
Government	0.34
No support	38.46

Table 2 shows responses to questions about the sources of support households can count on in cases of shock or in situations of extreme vulnerability. The responses could refer to cash, in-kind support or even support in the form of advice. The highest reported source of support in the dataset is members of the family outside the household (27%). Friends' transfers makes up 15% of answers in the sample; the church 12%; employers about 4%; and NGOs, local and international, about 2%. The government was hardly mentioned, with only 2 out of 600 respondents saying they received some form of support from the government. Most strikingly, the greatest share of the sample (38%) replied that they received no support.⁸

These quantitative findings were reinforced by our qualitative research, in which the majority of respondents indicated a negative perception of the government, highlighting that they received no support, nor were they aware of any support available to anyone in the community. Further to this, many respondents stated that they did not trust the government; in several localities where research was conducted, there were reports of incidents where government officials had taken a share of NGO or donor social assistance benefits.

As such, structural constraints to improve this situation in the short term mean there need to be parallel mechanisms for social protection provision driven by other actors while developing the capacity of the government to take this responsibility.

5.1.3 Government financing of social protection

One of the reasons for the dearth of social protection programming is the almost non-existent budget, which is exacerbated by low allocations to basic social services (mainly education and health), resulting in vulnerabilities linked to a lack of access to such services. Ministries that play a central role in social protection, particularly MINAS, METPS and MGFE, are under-resourced in comparison with more powerful ministries such as those focused on infrastructure, mining or

⁷ This does not refer to the eastern provinces, which have different types of constraints as well as different types of state interventions resulting from the emergency context.

⁸ They either directly replied 'no support' or were unable to identify any source of support.

defence. This reflects the relatively low priority given to the social sectors despite discourse suggesting the contrary. This is a critical challenge given that the budget process is very flexible, allowing for unplanned changes during the fiscal year which can result in resources being allocated away from sectors or ministries to which they were originally committed. According to interviews in the Directorate of Budget (October, 2010), the budget proposal contained in the Finance Law is only indicative of the reality: in a typical year, only about 60% of total planned revenues are mobilised, which means a 40% reduction in overall allocations, despite what is expressed in the initial budget for the year. These cuts do not correspond with a set plan of priorities which ring-fences certain critical sectors against budget cuts, but generally respond more to the criteria of the most influential decision makers. Further, there is a great deal of space for discretionary spending, which tends to crowd out social spending, including on social protection. Until this dynamic changes and resources for social sector spending – particularly social protection – are earmarked and ring-fenced, the likelihood of effective rollout of a social protection strategy is reduced.

5.1.4 Institutional capacity

State-driven social protection is challenging even in middle-income countries with functioning government structures at the national and local levels and where M&E systems are in place to maximise programme implementation. In less developed countries, further challenges to the delivery of social protection relate to the following:

- Implementing adequate targeting in contexts where there are a wide range of needs and vulnerabilities but limited budget resources, which results in more limited programmes;
- Identifying effective mechanisms through which to deliver assistance and/or to monitor the effective implementation of subsidies and access to programmes, to ensure resources are reaching beneficiaries. This is particularly complex in the presence of weak monitoring and accountability systems;
- Building the capacity of service providers.

In the context of a fragile state such as DRC, where institutional presence is extremely thin; where capacity constraints are significant; where corruption is prevalent, with accountability mechanisms virtually non-existent on the ground beyond those that individual communities can generate; where there is a dearth of monitoring systems; and where targeting is further complicated by the size of the poor and vulnerable population, institutional capacity becomes a major concern for operationalising state-led social protection mechanisms in the short term.

Thus, while it is desirable for the state to continue to strengthen its institutions to be able to develop a social protection system that it can lead, it is also important to recognise that systematic weaknesses in the government apparatus will take time to improve on. As such, addressing institutional challenges needs to be done simultaneously to responding to the social protection needs of the population in the short term, through more responsive mechanisms implemented by NGOs, while guiding interventions to fall within a state-driven vision of social protection.

5.2 UN and NGO programmes

UN agencies and NGOs are at the forefront of social protection programming because it is often a core aspect of their mandate (provide assistance to vulnerable populations) and because they have the funding and the capacity to implement such programmes. International donors channel funding through international organisations and NGOs because of concerns about corruption and the capacity of DRC's government. This arrangement poses coordination challenges for the government as it results in a large number⁹ of diverse agencies taking forward programming based on their own priorities rather than those of government. Most aid agencies straddle humanitarian

⁹ A document 'Who What Where' in South Kivu alone listed nearly 100 NGOs and UN agencies (OCHA, 2009)

and development mandates, implementing interventions that are mainly protective (to provide relief from deprivation) and promotive (to enhance incomes and capacities). These activities are rarely conceptualised as social protection by the agencies leading them, so can fail to be identified as such as part of any such institutional mapping. A small number of actors, such as Save the Children and UNICEF, engage in interventions focused specifically on children and child protection, as discussed later. Sectors and interventions include:

- Food security and nutrition: Food and seed distribution, agricultural support, nutrition interventions;
- Poverty reduction: Livelihoods support, income generation, capacity building, support to markets, public works;
- Child protection and OVC: Projects addressing children at risk, children separated from families, children with disabilities, street children, increasing access to education for children;
- Governance: Capacity building, peace building, social cohesion, democracy promotion;
- Basic services: Support to/provision of health services and water/sanitation, rehabilitation of social infrastructure, capacity building;
- Protection and addressing sexual and gender-based violence: Access to medical services, judicial reform, sensitisation, psychosocial care;
- Emergency assistance: Assistance to displaced, returnee and host populations affected by conflict (in all the above sectors, as well as non-food items and shelter).

Listing all such projects would be nearly impossible, given the large number of actors and lack of coordination of development projects.¹⁰ Coverage of UN agencies' and international NGOs' programme is fragmented, limited and geographically biased towards areas with experience of or recovering from conflict – North and South Kivu, Orientale, Katanga – as this is where most humanitarian and development assistance is directed (PGAI, 2009). The focus of international assistance on unstable areas has resulted in an imbalance of international support away from stable provinces, even though mortality rates and nutritional indicators can be just as bad, if not worse, than in areas affected by conflict (Darcy and Foliot, 2009; Lilly and Bertam, 2008). Owing to their low coverage or absence in non-conflict areas, NGOs and UN agencies were not seen as a reliable source of assistance by the focus groups consulted for this study, except for a few respondents who identified support provided by UNICEF.

In fact, as Table 2 indicates, only 2% of the total sample identified NGOs or UN agencies as sources of support. Qualitative findings were in line with this. Interestingly, while some respondents in Kilenfu, Bas Congo, spoke about support provided by an agricultural NGO that provided seeds, subsidised fertilisers and some tools – with the hope that they would return during the harvest to continue their support – interviewees in other communities had negative views about NGOs, indicating that they had made false promises of support, in some cases after requiring initial contributions from the community. This has clearly eroded trust in such institutions. Findings in Kimbanseke, Kinshasa, provided a clear example of this: several respondents in children and mothers' FGDs mentioned that an organisation claiming to be UNICEF had come through the community charging for mosquito nets, which UNICEF typically distributes free of charge. This suggests that, while in some cases NGOs can contribute to the provision of social protection mechanisms, they need to be monitored to ensure beneficiaries are not being undermined.

5.3 Humanitarian assistance and links with social protection

The review of social protection programming by the government refers to humanitarian assistance as 'providing a strong link to social protection'. Humanitarian assistance is a major form of

¹⁰ Humanitarian projects are much better tracked and can be found through the Office for the Coordination of Humanitarian Affairs' (OCHA's) Finance Tracking Service (FTS).

international assistance in DRC, having increased from \$98 million in 2002 to \$619 million in 2009.¹¹ It responds to temporary threats to lives and livelihoods, and therefore is confined primarily to areas experiencing or recovering from conflict. Humanitarian funding has occasionally been used to address chronic vulnerability in stable areas, but lack of NGO presence in these areas and their low prioritisation in comparison with areas experiencing conflict has resulted in their broad exclusion. Humanitarian assistance is implemented independently of DRC's government and there is very little coordination with government bodies.¹²

Humanitarian assistance is not meant to address vulnerability over the longer term, and is therefore inherently limited as a social protection tool. Humanitarian response does, however, provide learning on activities that could inform social protection programming. One of these is the use of vouchers. UNICEF in particular has supported the use of vouchers and 'fairs' (day-long markets where recipients can purchase items with vouchers) as an alternative to the in-kind distribution of non-food items. NGOs implementing projects using vouchers to meet basic needs include Solidarité, the Norwegian Refugee Council, Catholic Relief Services, CARE, Caritas and Concern, who pioneered the inclusion of payment of school fees as part of their broader voucher activities targeting displaced and returnee populations (Bailey, 2009). Their experiences provide pragmatic lessons on the implementation of such programmes, albeit in emergency contexts. The main advantages of vouchers over in-kind assistance are that they offer more choice to recipients and they support local traders. The disadvantage is that they are administratively more complex.

5.4 Social capital: friends, family, associations and religious institutions

Informal systems based on kinship and social capital were identified as the most common source of support for respondents. More than half of respondents had received assistance from friends, family and/or churches. Forms of support include cash (financial) transfers, in-kind transfers (in the form of food, agricultural support, asset transfers) and other forms of assistance such as counsel and advice.

5.4.1 Friends and family

Respondents indicated that family and friends were the most consistent source of support (42% of respondents have received support from these sources). Support provided by family and friends helps individuals absorb the blow of shocks, such as a death in the family or a health crisis. Extended families typically take in children orphaned or abandoned by their parents, although evidence from our qualitative research suggests there can be discrimination and exclusion against these children. Less commonly, family members provide predictable transfers to smooth income, such as food and remittances (e.g. from older/adult children working in cities to their parents in villages and, in some cases – particularly in Kinshasa – from family members abroad). However, widespread poverty and fragile livelihoods severely limit the extent to which people can rely on support from others. Informants in villages described a gradual deterioration of support systems owing to a declining quality of life since the 1970s. In fact, many interviewees stated that there were substantial limits to the support individuals could receive from family and friends because they were all equally poor.

For people who have strong social ties and are believed to be reliable in their repayments, loans can be obtained from friends and family, for example to cover health treatments. But if more family members fall ill, or if the person dies, additional expenses are incurred and obtaining more credit becomes difficult, if not impossible.

¹¹ OCHA Finance Tracking Services (FTS)

¹² See Bailey (forthcoming); Binder et al. (2010). The Edict on the General Dispositions Applicable to Philanthropic Institutions Operating in the Humanitarian and Development Domains in the Province of North Kivu was passed in April 2010 to provide a legal framework for non-profit humanitarian and development organisations.

5.4.2 Associations

The access individuals have to organisations (formal or informal), associations and social networks can be an important source of support in case of shocks or situations of vulnerability. Survey results indicated that approximately 31% of individuals belong to associations; overwhelmingly, these are religious associations (26% of the sample). It is unclear how many are active members of a church-related group and how many are just members of a church they attend. Still, qualitative findings indicate that belonging to a church is generally a prerequisite for receiving support from it.

A relatively small number of people reported that they belonged to other types of associations, such as trade organisations and labour unions, which served a more economic support function. It is also important to note that, in total, a greater number of male household heads belong to associations than female household heads – except in the case of religious associations - which might suggest that female-headed households have less access to support mechanisms from other sources than churches, compared to male-headed households.

Figure 2: Respondents reporting belonging to different types of associations (%)

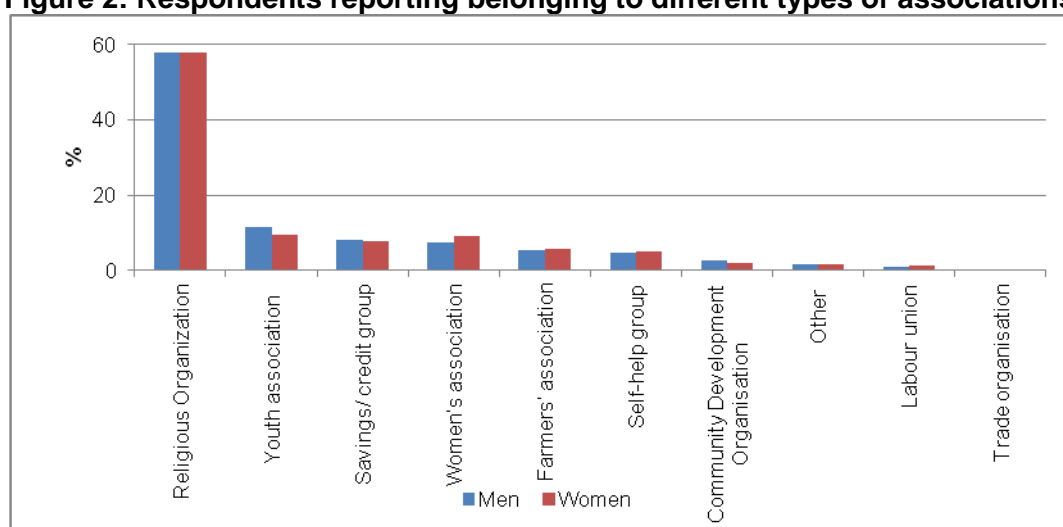


Figure 2 illustrates that, in percentage terms – that is, considering all the men and women who responded that they belonged to an organisation – there are no significant gender variations in the types of groups to which men and women belong. Close to 60% of male and female respondents stated that they belonged to a religious organisation. The second most common group was youth organisations, with qualitative findings suggesting that many youth groups were linked to churches. Approximately 8% of respondents said they belonged to some form of savings or credit group. Labour unions and trade organisation membership was not found among respondents.

Group membership seems not to be location-specific. Religious organisation membership is the most common for all communities, with more than 20% of respondents having membership to these in each community on average. In Kasangulu, after religious organisations come farmers' associations; in Kisenso self-help groups; and in Madimba, which is a semi-urban context, youth association and labour unions, in that order. An analysis by locality indicates that individuals in rural areas have greater access or prefer to join associations than those in urban localities. This may be for several reasons, including greater time availability in rural areas; greater reach of associations (particularly religious associations) and greater importance to developing these social networks by people.

However, belonging to an association does not necessarily imply that people have greater support in the case of shocks or difficult situations. For this purpose, the survey inquired about the benefits individuals perceived from being a part of these groups or associations. Table 3 shows the responses.

Table 3: Benefits from belonging to groups/associations identified by those who stated membership (%)

	Religious group	Savings/ credit group	Trade organisation	Women's organisation	Youth organisation	Farmers' association	Labour union	Self-help group	Community development group
Social support	46	19	40	41	20	22	38	34	33
Happy to be a part/ feeling of belonging	16	9	13	11	18	20	13	20	7
Financial support	8	69	43	11	8	8	19	25	33
In-kind support	1	0	0	4	4	11	0	2	4
Increased knowledge and information	1	2	3	2	17	9	13	2	7
Helping others in the community	0	0	0	2	3	0	0	5	7
Getting advice	20	1	0	26	26	18	13	5	4
Health care and care support	0	1	0	2	1	3	0	7	4
Other benefits	7	0	0	0	4	9	6	0	0

Note: *Highlighted cells indicate most common response per type of group.

Most people replied that social support was the main benefit of belonging to most types of groups/associations; this means having opportunities to hold discussions with individuals and develop social networks. Only a few people reported that they received some form of material support (in cash or in kind), and this was mainly in savings and loans organisations and trade associations.

One particular form of community financial support is linked to the payment of funeral costs, and was mentioned as being the only time when community contributions take place. There are pre-established mechanisms whereby individuals who have a death in the household can collect money from friends and neighbours to contribute to funeral costs. This is a useful support mechanism given the elevated costs of funerals, which can pose a significant financial shock to households. However, it is interesting that such forms of support are not available to households facing other risks, such as severe illness or destitution, when they are arguably in greater need. This builds on a tradition whereby the family experiencing the loss is socially conditioned to spend resources on funeral arrangements and contributors can publically show their 'generosity'.

5.4.3 Churches

Churches (primarily Catholic, although a variety of churches are present) and other religious institutions play an important social role, in terms of providing a critical sense of spiritual leadership and comfort, which some qualitative research respondents mentioned was crucial to get them through difficult moments. However, material support to members – provided mostly in the case of funerals and mourning – is often so small as to be close to token. Since most churches' income depends on donations from their members (many of whom are poor), churches have few resources available to provide assistance. In some localities, such as Kasangulu in Bas Congo, respondents underlined that the church provides support only to its members, which implies that, in many cases, those who are not members have one less social protection mechanism at hand in this locality. Overall, church membership is mostly linked to social (and spiritual) support, but not necessarily assistance that might be useful in coping with income shocks or poverty faced by vulnerable households. On the other hand, this level of trust and the prevalence of religious-based associations make churches a clear entry point to provide community members with social protection activities.

In specific localities, churches can provide important material support. Some churches have organised community support services through volunteers, including counselling to families at risk, provision of basic skills training and, in some extreme cases, limited cash or in-kind support. The level of support provided by churches varies significantly, from none at all to cases such as a church in Kiniamba (Katanga) which was seen by respondents as instrumental in helping them cope and cover health needs. As a young male head of household in Kasangulu said: *'Churches are better placed to help people than NGOs. They already take care of widows, orphans and others so they are in the habit of taking care of disadvantaged.'* However, funding available to churches is limited, which is reflected in their reach.¹³ Charitable and development branches of churches, such as Caritas, are an exception, providing social services funded by NGOs, UN agencies and other partnerships. Therefore in general, findings from our survey indicate that social capital in communities is formed predominantly through churches. This indicates the important potential of churches to provide some form of social protection, with more penetration than of most other institutions, including reaching women, children and youth.

5.5.4 Access to credit in the community

Some households (mostly women members) spoke about access to informal credit mechanisms, either through wealthier individuals in the community who provide loans or small credit groups. However, most individuals interviewed seemed suspicious about loans, for fear of becoming extremely indebted, and none of the interviewees reported being in a difficult situation as a result of debt repayment. There were also a few references to small-scale savings groups, again by women. These seem particularly important for women involved in petty trading as they allow them to manage their resources better, reinvest in their small businesses (such as selling produce in the market) and purchase items such as clothes after a while.

Close to 40% of households have loans, again more women (41.1%) than men (36.3%). The average amount of a loan is about 72,000 Congolese Francs (approximately \$75). Women reported higher loans than men (90,000 Congolese Francs, approximately \$95, vs. about 54,000 Congolese Francs, \$57). Possible reasons for this include the fact that moneylenders, informal lending institutions or groups and family members are more confident about the likelihood of women repaying loans than men. There was not a clear difference (only 2 percentage points) between access to loans in rural and urban localities.

Community groups can also be a means to generate savings. A total of 24.5% of households sampled had some savings, generally in small institutions or in savings schemes with members of the community. Another 75.5% do not have savings to help them overcome income shocks. Interestingly, out of those who said they did have some form of savings, 58.6% were female and 24.5% were male; this could be because more savings groups are formed among women, as the qualitative findings suggest.

5.5 Other coping mechanisms and absence of mechanisms

An interesting finding from our empirical work was that respondents indicated that, in response to economic and environmental vulnerabilities, they 'did nothing' to cope. There are many possible reasons for this, including, for example, such levels of precariousness that little can be done; lack of access to safety nets or other forms of social protection; or limited knowledge or agency to enable them to develop coping strategies. It might also result from the institutional challenges that render it difficult to undertake new initiatives and an environment with limited information to help individuals consider alternatives. Table 4 shows responses to the question on what coping

¹³ During our fieldwork in Kimbanseke, Kinshasa, one of our randomly selected respondents was a widow who was an educationist by training and the leader of her church's social assistance branch. One of her main objectives, in addition to distributing food to the poorest, was to provide counselling and life skills to young men and women, as this was identified as one of the key vulnerabilities in the community.

strategies were utilised for different types of risks. Observations by the research team and frequent responses suggest that individuals are waiting for an external opportunity that might help resolve their problems – either by the government or by other individuals. A passive attitude to coping with risks seems to exist. These qualitative observations coincide with responses to the quantitative survey in relation to households' coping strategies, in which the most frequent response was: 'do nothing'. A young male household head in Kasangulu, Bas Congo, said, *'since there are no jobs, even getting an education does not help'*.

In contrast with coping strategies related to economic and environmental vulnerabilities, in the case of health and life-cycle risks specific coping strategies were specified. For example, the main coping strategies to overcome shocks to household income caused by serious and acute illnesses of a family member include undertaking more paid work and the distress sale of assets. To cope with serious chronic illness, a common strategy is to rely on social networks for food and money, as well as both males and females undertaking more paid work. Increased indebtedness, distress sale of assets, use of indigenous treatment for health care and use of savings are also part of households' coping strategy for such vulnerabilities.

Box 3: Coping mechanisms used by girls and young women

Given the dearth of opportunities or safety nets available to individuals – particularly girls – adverse coping mechanisms were found to be common. Among these, one of the most frequently reported is girls' and young women's (aged anywhere between 14 and 26) engagement in paid sex. Although this is not open prostitution, as many of these girls carry out other activities to try to earn a living, individual respondents, as well as girls in FGDs, were quick to cite this as the easiest way of obtaining money for everything from food for their families to new clothes or hairstyles. A 17 or 18-year-old girl in a FGD in Ngringiri mentioned that this was better than selling bread, because it was possible to make more money. Another respondent said that this was a good way for girls to amass capital to set up their own micro business.

Despite the existence of a market for this activity in which most girls engage voluntarily, there are huge risks involved, particularly as measures to prevent pregnancy or sexually transmitted diseases are rarely taken, with potentially life-threatening consequences for girls in the case of HIV/AIDS– which is increasing in prevalence in DRC. Girls can also experience an increase in vulnerability and a loss of opportunities resulting from becoming single mothers at a young age.

The activity is relatively accepted by parents and other adults who 'understand' that girls might do this to be able to buy clothes and other things they need when parents are unable to provide for them. Communities in general fail to see any alternatives or to identify safety nets that could serve as a way out of this situation.

Meanwhile, young men were said to be increasingly involved in gang and criminal activities as a way to cope with the lack of economic opportunities, mainly in urban areas.

Table 4: Most common coping strategy identified by risk faced (% of households)

Unemployment	77.1	Nothing
Lack of regular employment	67.5	Nothing
Inadequate pay	70.2	Nothing
No access to credit	81.7	Nothing
No access to land	87.5	Nothing
No access to productive assets	84.5	Nothing
Lack of decision making over productive assets	70.9	Nothing
Lack of access to markets	77.4	Nothing
Lack of access to extension services	73.0	Nothing
High/increased food prices	79.6	Nothing
Environmental		
Pollution	65.7	Nothing
Deforestation	48.3	Nothing
Erosion	49.6	Other not specified
Floods	57.0	Other not specified

Death of livestock	67.8	Nothing
Outbreak of insects and pests	74.8	Other not specified
Declining soil fertility	47.4	Other not specified
Fires	44.8	Other not specified
Other	72.0	Other not specified
Health		
Serious or acute illness of family member	81.6	Undertook more paid work (male and female)
Serious chronic illness	70.1	Relied on social networks for food, money/support
Death of family member	No data	No data
Expenditures		
Weddings	61.6	Relied on social networks for food, money/support
Religious festivals	42.4	Relied on social networks for food, money/support
Funerals	71.2	Relied on social networks for food, money/support (mostly financial)
Birth of another child	39.3	Undertook more paid work (mostly male)

These differences in coping strategies in relation to different risks can be linked to the extent to which households think responding to the situation might generate a change; to the urgency of that response (e.g. tending to a severe illness might seem more urgent than reacting to a situation of low income over several months); and even to the level of agency of individuals, who cannot imagine how they might generate more and better economic opportunities for themselves to change the adverse economic situation in which they find themselves. Environmental shocks are frequently seen as being sent by God, so responses are not well-planned. Dearth of or limited access to formal and informal protective and promotive social protection mechanisms, explored below, might be another reason why individuals' responses are generally linked to inaction.

5.6 Summary of social protection actors in DRC

The below table summarises the key social protection actors outlines in this section and their challenges and limitations.

Table 5: The role of key social protection actors in DRC and the challenges they face

Actor	Role in social protection	Challenges
Government	Multiple sector strategies incorporating different aspects of social protection but no consolidated approach.	No national strategy, extremely limited programming, low prioritisation of social protection and very limited funding.
Donors	World Bank has strong interest in social protection globally and in DRC; funding multiple projects, including \$10 million project related to street children in Kinshasa and \$10 million public works programme in Katanga. Burgeoning interest in social protection among donors like DFID and USAID; who currently fund humanitarian and development interventions in DRC	Varying interpretations of social protection and no donor coordination around programming; stable provinces are 'assistance orphans'. Donors interested but have not identified the most adequate and effective funding mechanism given governance challenges
International NGOs	Large number of international NGOs who arrived or expanded operations owing to needs created by wars in 1997-1998 and 1999-2003; strongest operational presence in conflict-affected areas.	Interventions fragmented and limited in comparison with overall needs; little coordination with government. Not much work in non-emergency areas.
UN agencies	UNICEF leads on child protection, malnutrition, education; UNHCR provides assistance to former refugees and some IDPs and some protection programming; WFP and FAO engage in emergency, development and recovery programming on	Interventions supported by UN agencies limited and fragmented in comparison with needs.

	food security; ILO supports social security and social health insurance reform process through technical assistance.	
Local NGOs/ civil society	Long history of civil society in DRC but limited scope and resources. Advocacy for more efficient and effective attention and services for vulnerable groups.	The numerous actors and diversity of local civil society in DRC make it difficult to provide a comprehensive picture of their contributions to social protection. Coordination is also rendered complicated by the number of actors.
<i>Mutuelles</i>	Groups that vary in size and are based on mutual solidarity of members pool contributions to address social risks, often related to health. More common among those with jobs / income (e.g. teachers).	Unregulated and lacking solid legal framework; uncommon among poorest.
Churches/ religious institutions	Strong presence throughout DRC, some provide small amount of assistance in case of death/mourning.	Limited financial means as generally reliant on contributions from members (most of them poor); support very limited.
Associations	Often religious-based, associations bring together women, youth and professionals.	Limited membership and based on social capital; currently only few provide help.
Community	Small support in cases of mourning/funeral; people who trust one another engage in lending.	Limited support owing to widespread poverty,
Family/trusted individuals	Generally the most reliable source of support, Adult/older children often support parents.	Some people do not receive this; poverty limits amount and reliability of support.

5.6 Summary of key findings

- **There are multiple strategies, policies and laws pertaining to social protection, but no overarching government strategy for social protection.** Existing strategies provide a wealth of entry points, but they need to be adopted and translated into action.
- **Implementation challenges are linked to broader constraints which impact the potential for social protection programming.** For example, very low coverage of basic services like health and education means any initiatives to increase access by vulnerable populations (e.g. through cash, vouchers, waivers or subsidies) or to provide support through government will inevitably bump into challenges related to availability of services.
- **Insufficient fiscal space to meet multiple development demands and inefficient management of resources pose significant constraints to the implementation of government-driven social protection actions.** The government has multiple competing demands for resources, with significant underfunding of social sectors in general and social protection in particular. This poses a significant financing challenge.
- **Weak government capacity is a critical challenge for the implementation of social protection actions.** Limited government capacity and concerns among international donors about corruption indicate that external financial support will be directed largely through non-governmental actors such as UN agencies and NGOs. This highlights the importance of partnerships and coordination among UN agencies, NGOs and government bodies to design, implement and monitor social protection interventions in line with DRC

government priorities and strategies, as well as to build the capacity of the government to implement social protection over the longer term.

- **Social protection programming in DRC is dominated by short-term, small-scale interventions implemented by NGOs and supported by external donors.** The most visible safety net has been humanitarian assistance, which is inherently limited as a social protection tool because it is temporary in nature, concentrated on areas facing emergencies and addresses only acute problems like displacement and conflict. Longer-term, more predictable interventions in stable areas are needed.
- **The invisibility of the government as a duty-bearer and mistrust in government institutions** are two critical challenges to government implementation of social protection. Identifying possible structures that can support the rollout of social protection interventions in the short run is unrealistic. These structures need to be developed over time, while ensuring that the poor and vulnerable can gain access to safety nets in the short term.
- **Informal transfers are the strongest source of support, which provides entry points and possibilities for synergy with more formal systems.** Widespread poverty severely limits the extent to which people can rely on friends, family and the church, particularly in the case of successive shocks. More formal programmes would be important in their own right as well as to strengthen informal systems, which people rely on most. The role of the church and religious institutions in social protection provides a logical entry point for programming.
- **Importantly, most individuals noted that they do nothing to cope with economic, social and environmental vulnerabilities,** largely because they lack access to formal and informal mechanisms, as well as having a sense that there is little or nothing to be done in their circumstances, which indicates that they see no opportunities.

6. Child-sensitive social protection

Formal social protection for children in DRC has been picking up strength in recent years as a result of a combined push by child-sensitive NGOs and UNICEF working jointly with MINAS and MGFE, recognising children as critically vulnerable to the multidimensional risks existing in rural and urban contexts in the country. As a result of this active engagement, there has been some progress in plans and legislation specific to children. MINAS has developed a National Action Plan in Favour of OVC with the support of UNICEF and USAID. This prioritises capacity building of government institutions, families and communities, increasing access of OVC to basic services, reinforcing M&E of interventions and mobilising resources.

A Law on Child Protection was passed in 2008, and enacted on the 10 January 2009, creating a national legal framework for child protection in DRC. This defines children as ‘all persons under the age of 18’ and, among other steps, establishes justice mechanisms for children, which are not yet functional. First steps have been taken towards developing a law on social action, which has been drafted by experts and submitted to the government for review (Ministries in Charge of Social protection, 2010), although enactment is still in process.

Despite this progress, however, the reach of social protection measures that benefit children directly or indirectly is quite limited. As outlined in the conceptual framework, the main objective of social protection is to help vulnerable populations cope with risks. As discussed, there are many specific risks rendering children vulnerable: in a challenging context such as DRC, vulnerabilities facing children are multiple and overlapping and arise throughout the country in different ways.

This section briefly discusses some of the most salient child-sensitive social protection interventions identified by this study, particularly in relation to the child-specific vulnerabilities identified above, and highlights some of the most critical gaps. It does not look specifically at programmes in conflict areas in the east, although some models being implemented in such regions are integrated into Table 6 in Section 7 as possible models to draw on.

6.1 Education and training

The Constitution of DRC underlines the free and compulsory nature of primary education in public schools (Article 43). Further, the Law on Child Protection demands the state ‘integrate education on human rights, and in particular the rights and responsibilities of children’ (Article 38).

Recognising the importance many households give to primary education and the major barrier put up by costs, in order to help promote greater access to education for the poor, UNICEF and other child-sensitive NGOs have programmes that cover the fees for very poor children or provide in-kind support to help meet school supply costs. Such is the case of the annual drive to provide school kits to children in Grade 1 in all schools, led by UNICEF. Most other programmes are limited to a number of schools in certain localities, given restricted financial capacity among NGOs and UNICEF. A critical social protection challenge thus lies in the actual abolition of school fees, as highlighted by the social protection review (DRC, 2010). This would reflect real recognition of a significant source of vulnerability for households, as well as a genuine prioritisation and commitment to education. The costs involved in such an approach are high, however, and it might not be easy to implement given the multiple actors involved in the provision of education, including for the poor (national government, provincial government, churches, private sector) – that is, eliminating fees in government schools might be a first step, but these do not represent the majority of schools. In the face of weak governance, poor accountability and weak institutions, financing is also only one of the challenges. Another challenge is ensuring that transfers by the government to cover these costs reach schools, which would be a complex task.

Other important social protection programmes in the area of education include UNICEF-supported community development centres, which coordinate UNICEF and government efforts to provide vaccinations, nutritional support and early childhood stimulation for children in poor areas. This model may be useful to ensure a healthier start for children in poor communities, although it is still at a very small scale.

A mix of actors support and provide training and vocational training for youth, especially those who have not completed formal schooling, with some level of government coordination. These programmes are critical to improve the qualifications of youth and to help them find opportunities to integrate themselves productively in society. However, in the communities where we conducted research, there was little to no evidence of young people having access to such systems, because they are unavailable, they are difficult to access or young people do not know about them. A challenge therefore is expanding the reach and accessibility of such programmes, particularly to poorer areas. Given the number of young women who have been unable to continue secondary education – many as a result of early motherhood – vocational centres providing some form of child care facilities in schedules that would allow young women to undertake some work would be essential to improving their access.

6.2 Income support for children or income generation for youth

There are no programmes identified to provide direct income support to children or to households with children (cash transfers), other than in a component of one child protection programme discussed below. Similarly, information about youth employment programmes – whether through direct temporary employment or through training and placement in private sector enterprises – was not available. If such programmes exist, they are small in scale. This is a key gap, given the need for income-generating opportunities as clearly identified by young people, to prevent them engaging in adverse coping strategies.

6.3 Health

Infant and maternal mortality continues to be a challenge, and costs and accessibility continue to be a major barrier to health care. There has been limited progress in terms of providing social health insurance coverage to the poorest, although some plans are being developed to subsidise health care costs for the extremely poor and destitute, which is unlikely to happen in the short term. Identifying ways to subsidise some key services for children (under three or five) and mothers (pre and postnatal) to ensure their treatment would need to be considered in the short term as part of a strategy to improve child and maternal survival. This is expensive and thus would be likely to require sequenced implementation, as well as detailed planning of how health centres could be paid by the state for providing subsidised services (which has been a major obstacle in the implementation of such systems in countries such as Mali). Nevertheless, it is still important to consider potential impacts on health outcomes.

6.4 Nutrition

In addition to some small-scale programmes providing nutritional support to infants, school meal programmes are another important child-sensitive social protection intervention being implemented in DRC, largely with the support of WFP. These programmes are limited to areas where WFP implements its programme – mainly in the eastern provinces. WFP focuses most of its support on food-insecure areas and has some school feeding programmes for specific groups, such as children infected and affected by HIV/AIDS, which it started recently. However, as a result of capacity and resource constraints, there are limits to the scale of these programmes, so WFP is

looking to form partnerships with organisations such as UNICEF to expand the reach of its programme and to combine it with water, sanitation and hygiene campaigns to maximise impacts on children. In addition to reaching food-insecure areas, school meals are of particular importance for children who have to walk over 5km to get to school, as they frequently have nothing to eat during the day, with energy wasted from walking hours in the sun.

6.5 Protection for vulnerable children

A range of providers (churches, NGOs, UN agencies, government agencies) implement programmes for children suffering a range of vulnerabilities, from orphans, to children on the street, to children with disabilities. Most of these are implemented in urban areas, which means a significant number of children facing vulnerabilities are excluded. Programmes supporting children were not found in any of the rural sites researched, which indicates their limited coverage, although there is documented information of a few programmes in place in certain rural localities.

Among social protection programmes focusing on vulnerable children are those supported by ILO, though the International Programme on the Elimination of Child Labour (IPEC), to reduce child labour. These are implemented with the support of METPS in specific problematic areas, such as in the mines in Katanga. Similarly, there are several initiatives in Kinshasa and other major urban sectors to provide protective services to street children, mainly through shelters where lodging and food are provided, with some plans to promote their reintegration, including through basic skills training that could allow them to find some form of work.

An interesting model to provide child-sensitive social protection to OVC – the Protected Communities Programme – focuses on strengthening communities' and households' capacities to cope positively with situations that might undermine children's rights and increase the risk of violence, abuse and exploitation toward children, by giving households (and communities) tools to prevent children's vulnerability and protect children who are already vulnerable (UNICEF, 2010b). This initiative is being supported by UNICEF working in close partnership with Caritas, the implementing agency, and with the participation of national and provincial governments, including the Ministry of Education, the Ministry of Health, MINAS and MGFE. It also involves local NGOs and parent teacher committees at schools. Together, these actors form the provincial coordination and are tasked with providing support to children identified as vulnerable by community volunteers, who are the backbone of the programme.

Overall, the programme is largely community-based and locally coordinated. Volunteers actively identify community and household social and economic risk factors that can push children into a situation of extreme vulnerability or destitution, and try to mitigate these by referring the child and/or household members to the appropriate agency, frequently through social workers, attached to the local offices of MINAS. In this sense, the programme is both preventative and protective. Its definition of 'community' for project implementation purposes relates to health zones, for which it is generally possible to identify a health centre and a school (this could be more difficult as the programme expands, given the insufficient coverage of basic services). In 2010, the programme was implemented in Kinshasa, Bas Congo and Bandundu, and it was estimated to touch – directly or indirectly – approximately 180,000 children in these three provinces. In 2011 it will be expanded to all provinces.

As the programme currently builds on Caritas' network of volunteers, who are in charge of the practical implementation of the project, this defines the choice of communities where the programme works. It functions in a similar manner in rural villages and urban neighbourhoods. Although the identification of vulnerable children is based on the OVC policy (which is the basis for the programme), there is flexibility for community participants to identify the most relevant dimensions of child vulnerability (for example, in some cases, targeted children might be in households with sick parents; in other cases they might be internally displaced). The programme

aims to prevent family breakdown by providing advice, counselling, emotional support and access to key services for the most vulnerable children before there is a fallout. In line with the research evidence presented in this study which identifies community disintegration and family breakdown as critical sources of vulnerability for children, a programme that acts at this level has critical potential for transformation.

The network of volunteers coordinated by Caritas (who can belong to any religion) can work with any household in a community regardless of religion. Volunteers are given a small stipend (in some cases even a bicycle) and notepaper but are not paid. They are responsible for monitoring the well-being of children within the households in their area. When a case of children at risk is identified, the volunteer makes a diagnostic and talks to the family, providing advice and emotional support. Depending on the problem, the household is referred to the most relevant local government structure: school, health centre, social worker or other. In some specific cases, support to households at risk has included a small cash transfer, but this is not a systematic part of the programme. Households are then monitored over a period of time.

To date, programme results have been positive. Results of a recent UNICEF assessment highlight that, through the support provided by this initiative, 67,176 children had been registered in school; 20,216 benefited from free medical care; and 6,499 were included in professional training programmes. More than 4,500 community volunteers have provided close monitoring throughout the project. Nevertheless, some challenges to the programme include the following:

- Currently, the programme reaches only the extremely vulnerable children in each community, particularly because of the time constraints facing volunteers. This is important as these children are commonly underserved but, given the extent of vulnerability in DRC, the programme needs to expand within communities to cover a greater share of OVC.
- Caritas' networks are extensive but do not have comprehensive coverage in the country. Ways to overcome this challenge in scaling up the programme beyond these networks might include drawing on community-based religious organisations which, as indicated by our results, many individuals see themselves as part of. Some of these already have their own volunteer networks which can be tapped into; others can be formed. Non-religious community volunteer structures might also be identified. Although it is unlikely that such structures can be replicated in all communities, there is significant potential for expansion by diversifying to different local networks.
- The programme works through volunteers who have received basic training and support, which is useful for fostering community cohesion. However, in certain community contexts it might take time to develop such commitment, particularly if there is no tradition of this. A recent study examining the drive of volunteers participating in this initiative found that the main motivation was a desire to contribute to transforming their community and improving the situation facing children at risk, which was frequently linked to faith (Lassalle and LePivert, 2010). This is positive, as it indicates that the main drivers are not religion or money. Faith and community activism might therefore be found – or fostered – in other communities throughout the country, allowing for expansion, although caution should be taken in making assumptions (ibid).
- The Protected Communities Programme has made an important contribution to addressing some of the social risks that contribute to family breakdown and render children vulnerable, including as a result of economic risks. However, other risk factors need to be addressed at the community and household level to reduce children's vulnerabilities: the research undertaken as part of this study showed clearly that one factor leading to family and household breakdown is income poverty. As such, complementary mechanisms to reduce economic risk need to be identified, either through linkages with employment programmes, training for parents (not only for children), links to microfinance schemes that might provide mechanisms for self-employment or even temporary cash support (provided through the church network or other sources), with the aim of triggering a process of change.

7. Conclusions and policy recommendations

7.1 Conclusions

A great proportion of the population in DRC – particularly children – face multiple and overlapping vulnerabilities which put them at risk of falling into poverty and vulnerability. Given the dearth of formal social protection mechanisms, the population draws on a number of forms of informal social protection mechanisms, although not always efficiently. In particular, many of the poor see themselves as having limited options and incur adverse coping strategies, which can push them further into vulnerability. In the case of children and young people, particularly girls, these negative coping strategies can have consequences over the lifetime. For this reason, it is crucial to build on existing informal social protection mechanisms that have shown to be successful, providing support, resources and structures to strengthen them where possible, in addition to developing formal social protection mechanisms that respond to contextual realities and constraints but also slowly strengthen the presence of the state as a key duty-bearer for social protection.

An important challenge in creating an overarching social protection strategy will lie in integrating different actors and approaches within it, so it can serve as a reference document mapping existing policies, programmes and gaps and identify how to develop synergies among different sectors. The strategy should be informed by the range of vulnerabilities discussed in this analysis and include inputs from diverse actors. It must be translated into action plans backed by resources and concrete steps to develop the capacity needed to implement them. Strengthening links between ministries and integrating social protection within different sector strategies is crucial.¹⁴

The sequencing of interventions is critical to ensure the population progressively has access to safety nets to help guarantee their right to survival and a minimum standard of well-being, while moving to a situation where their basic needs can be met in a way that is conducive to human capital development. While fiscal resources are currently insufficient to scale up social protection interventions, real improvements in the social sector are possible through better public financial management systems and strengthened institutional capacity for planning, greater transparency in the use of resources and, above all, political will to mobilise resources to these critical areas. Currently, these elements are not entirely present. In addition, strengthening the provision of basic services must be linked to efforts to increase access to them, as this is still a crucial constraint for many – particularly children – in DRC.

Improved donor coordination of social protection is also necessary given how much existing social protection programmes are financed outside of government budgets. This requires a fundamental shift in the mindset of donors away from ‘humanitarian’ and ‘development’ dichotomies to address the question of how they can support efforts to tackle chronic vulnerability over the long term.

In the case of children, legal frameworks related to child protection have yet to be operationalised. Development of legal frameworks is a crucial step in ensuring the protection of children’s rights. The Law on Child Protection must be accompanied by a clear action plan for its implementation, including measures to establish justice mechanisms to deal with children’s cases.

In the case of child to youth transitions, an important aim should be adapting vocational training to the needs of the area. Given limited employment opportunities, it is necessary for vocational training programmes – including those target poor youth – to reflect on what really useful factors

¹⁴ Experience of scaling up programmes in Kenya and Zambia shows the importance of links between ministries and departments – especially if the programme is implemented by an underfunded department, such as ministries and departments of social welfare, without strong links to more powerful central ministries such as finance and/or planning (Devereux et al., 2005, in Harvey and Holmes).

respond to contextual needs. This goes beyond the typical hair styling and tailoring for women and carpentry for men to a deeper strategic reflexion on how to integrate both young men and women into community development: better farming techniques, development of irrigation systems, basic nursing skills, refuse and waste management in urban areas, among others, with the objective of better linking them to employment opportunities.

Progress on social protection policy and planning needs to be seen in a context of broader governance reforms that ensure that systems are in place, that these are well funded and responsive. For example, while the population might face risks to their economic stability as a consequence of physical insecurity, social protection is not the adequate response to such vulnerability, but rather reforms to justice and security sectors to better protect the population against those risks. As such, while social protection is related to multiple sectors, it has distinct areas of intervention which need to be complemented through strengthening these complementary sectors.

7.2 Policy recommendations

Our research findings indicate there is a strong and pressing need to tackle economic and social vulnerabilities facing children and their families in DRC in a coordinated and tailored manner. Even in the three non-conflict-affected provinces in which our primary research was carried out, a high degree of diversity in the patterning of vulnerability and poverty affecting children and their families was identified. This highlights the need for the government, development partners and NGOs to recognise the necessity of developing a repertoire of social protection instruments and to promote the delivery of a tailored package of social protection interventions in accordance with local context demands and capacities.

7.2.1 Promising practices

This study identified a series of ‘promising practices’ already taking place or being planned in DRC. Some (not all) of these have already been discussed here, but it is important to group them to highlight how they might be useful for managing the risks and vulnerabilities identified and thus as potential schemes to be replicated and scaled up as part of a social protection strategy. It is important to clarify, however, that some of these are only planned or have started only recently; others do not have adequate M&E systems, which means that assessment of their potential use is speculative. However, it is worth continuing to follow these programmes and to monitor and evaluate them more closely to see to what extent they can be replicated.

Social health insurance

Currently, there are high-level policy discussions about the development of a health fund that provides social protection coverage to the destitute. While this will be very hard to implement in a context such as DRC, with a large number of people living under the poverty line who require support to afford health services, a proposed first step to this universal coverage approach could be subsidising consultations for children under five and mothers (pre and postnatal health). This will target at least two of the population groups most at risk.

Office of Local Counsel for Women

While conducting research in Kimbanseke, the research team came across this recently opened community centre (which started operating in early October). It is part of a small network of similar offices promoted and supported by MGFE, which draw on existing women’s structures or support groups in the locality and provide training on counselling women and families in the case of violence or family breakdown that entails risks to children. They also aim to provide literacy training and promote cooperatives to develop income-generating initiatives among women. Rather than funding, the ministry has provided the centre with a large TV, a set of movies and a generator, so the centre makes a return by showing movies. It utilises these funds to sustain the operating costs

of the centre and provide some small support in cases of extreme risk. Most of the women participating and who have received training are volunteers. This interesting model builds on informal social protection while being led by a government agency. Like UNICEF/Caritas' initiative, it is focused largely on prevention, and is a promising model with potential for scale up.

Church-based network of volunteers

In Ngringiri, the research team came across a group of church-based community volunteers led by an educationist. Their objective is to give 'education for life' skills that can help children and youth to seek opportunities and not engage in negative coping strategies. They also aim to create social networks among children and youth in the community and foster social networks. As with the Office of Local Counsel for Women, it provides advice to local women on health care and nutrition practices. This type of church-based network, likely to exist in many localities, could be the basis for more extensive and less costly mixed-approach social protection initiatives that look to tackle some of social vulnerabilities identified. Ideally, these types of initiatives would be paired with income-generating programmes that could simultaneously tackle economic vulnerabilities.

UNICEF community development

As explained above, this initiative can make a significant contribution to child protection, focusing on preventative actions to reduce vulnerabilities, including those linked to family breakdown and lack of parental support. UNICEF is currently looking to expand the model to promotive and transformative forms of social protection by providing some of the networks with skills development for young people, access to sources of microcredit accompanied with basic training on how to utilise resources and linking beneficiaries with potential sources of income, particularly older adolescents and their families, where necessary. This is happening in a challenging environment with resource constraints, so the programme's expansion towards a reduction in economic vulnerability has to be more strategic and able to rally funding to support its momentum.

Public works

Public works programmes can address problems of unemployment while developing useful skills and addressing real problems: waste management, infrastructure development and possibly 'softer approaches' such as community health care, literacy and others (Jones and Holmes, 2010). The World Bank, through the Social Fund, is starting to finance a public works programme focused on infrastructure development and waste management for individuals in Katanga who have lost their jobs as a result of the mining sector decline. Given the scale of unemployment among adults and youth, public works may represent an option to provide temporary relief during income shortfalls, while being of practical use too. These programmes are expensive, but if designed as part of the country's development strategy, whereby the local population is contracted to work on community and provincial development projects – both software and hardware to ensure equitable gender access to the project – and if accompanied by a strong capacity-building component which might help develop practical and transferable skills, they could be a useful form of social protection to mitigate income vulnerabilities, at least temporarily, and make the population more employable. Management of this project by the Social Fund will provide an interesting model in terms of implementation and impact. It will be important also to look at models elsewhere, including those developed in partnership with the private sector.

7.2.2 Additional instruments

In addition to promising practices, Table 6 maps out a number of potential social protection instruments which we believe could be feasible in the DRC context and points to evidence from promising international practices which could be considered for adaptation. The table also includes a column on potential challenges, recognising some of the specific politico-institutional and socio-cultural barriers that such approaches may encounter in the context of the DRC.

Table 6: Policy and programming options to tackle key economic and social vulnerabilities facing children and their families in DRC

Instrument	Child-sensitive rationale	Entry point	Potential approach	Evidence from international practices	Challenges
Cash transfers / social transfers	Promote human capital development; can be twinned with awareness raising around social issues from which children can benefit (e.g. HIV/AIDS awareness; dangers of early pregnancy).	<p>Target youth for school fees – would help reduce reliance on risky work – e.g. hard physical labour or sexual bartering (aware of this practice from as young as 8).</p> <p>Would in turn contribute to improving reproductive and sexual health and combating early pregnancy which is an issue in our research sites.</p>	<p>NGO-implemented.</p> <p>Twinned with a sensitisation programme for both male and female youth.</p> <p>Use of mobile phones to transfer cash where coverage exists.</p>	<p>Learn from Zomba Cash Transfer Experiment in Malawi – some sites with conditions (school attendance) some without. Significant increase in school retention and lower incidence of sexually transmitted diseases, including HIV; limited impact on girls who had already dropped out of school.</p> <p>Bolsa Família in Brazil – combined package of cash + social services + social awareness raising.</p>	<p>Distribution of cash in context of weak governance.</p> <p>If cash goes to household, risk of male alcohol consumption in some communities given high pre-existing consumption.</p> <p>Need to rethink community ‘sensitisation’ in order to improve efficacy.</p> <p>Problematic in rural areas where cash is less necessary (mostly barter) – but often used for school fees which is positive. Introducing them could change local economies.</p>
Public works	Improves household income which may be invested in children; improves creditworthiness; creates community assets;	<p>Urban areas – garbage collection; tackling sanitation challenges</p> <p>‘Soft’ approach (beyond physical</p>	Needs strong organisation – would require a partnership between NGO with strong management capacities and government institution	Ethiopia’s Productive Safety Net Programme focuses on creation of environmental assets, including developing water and fuelwood	Salary balance between underpaid service providers and para-extension workers; currently rely on fees from service users.

Instrument	Child-sensitive rationale	Entry point	Potential approach	Evidence from international practices	Challenges
	can be twinned with awareness raising around social issues (e.g. child nutrition; reproductive health issues).	<p>infrastructure development) – involving people in awareness raising around sexual/reproductive/maternal/child health issues.</p> <p>Community assets to enhance land productivity in rural areas; water points to reduce time poverty and protection risks for women and children.</p> <p>Key vulnerability is death of provider and funeral costs, especially given high death rate (worse for children if father dies; if mother dies and father remarries children risk marginalisation by stepmother).</p> <p>Widows' risk of being dispossessed following death of spouse.</p>	to develop the latter's capacities.	<p>collection points near villages; now also introducing HIV/AIDS and child nutrition awareness raising at public works sites; also using public works labour to provide child care so mothers can join in but ensure satisfactory care of their children; public works schemes have also given the poorest and most vulnerable households the means to participate in funeral societies which as in DRC constitute a major source of vulnerability</p> <p>Early warning approach from Andhra Pradesh, India, where women are paid an honorarium to take care of women living in a certain cluster of houses</p>	
Asset transfers	Improve household	Livestock (e.g.	More creative	Bangladesh's	Input-intensive – need

Instrument	Child-sensitive rationale	Entry point	Potential approach	Evidence from international practices	Challenges
	income and potentially livelihood skills which may be invested in children; can be twinned with awareness raising around social issues.	chicken, fish farm) + training on how to manage this at community level for women. Bicycles – key means of transport.	vocational training needed alongside asset transfers. Link to livelihoods improvements programmes. Agricultural extension services – could strengthen household resource base and livelihood security. Needs strong organisation – partnership between NGO with strong management capacities and government institution to develop latter's capacities.	Challenging the Frontiers of Poverty Reduction Programme combines livestock asset transfers to women with social awareness raising (e.g. risks of early marriage; reproductive health options; importance of men supporting women's involvement in the programme).	to get training right. Need market linkages so can sell produce but some villages are non-monetarised. Limited market opportunities; ensuring productivity potential of asset transfers.
Tailored social services	Improves demand–supply balance between service provision and service uptake especially for basic services critical to develop children's human capital.	Identifying households at risk and linking them up with appropriate services (NGO/government) and monitoring outcomes.	Relies on volunteer labour (volunteers already doing this for Catholic Church). Could provide an honorarium/fee waivers for schools/subsidised health services/bicycle for	UNICEF/Caritas pilot initiative in DRC.	Volunteerism – is such an approach replicable or sustainable? Exacerbating women's time burden (not a major issue in research sites). Getting incentive

Instrument	Child-sensitive rationale	Entry point	Potential approach	Evidence from international practices	Challenges
			transport.		structure right is critical but need to ensure incentives are still affordable/sustainable .
Subsidies (food or services)	Enable poor and vulnerable families to ensure children's rights to food, education and health are met.	Scholarships for poor children; additional incentives for girls at secondary school level.	Needs strong organisation – would require a partnership between an NGO with strong management capacities and a government institution to develop the latter's capacities.	Bangladesh's Girls' Scholarship Programme significantly improved poor rural girls' school enrolment rates. India's Balika Samridhi Yojana is designed to change attitudes to girl children at birth, improve enrolment and retention at school, raise the marriage age and help girls undertake income-generating activities. 'Periodical deposits' of money for the first two girls in a family from birth until 18, with payments conditional on school attendance and remaining unmarried. Redesigned in 1999/00 to ensure the dividend went directly	Government does not cover enough on the supply side so additional fees are levied. School quality is poor and education does not necessarily translate into improved livelihood security.

Instrument	Child-sensitive rationale	Entry point	Potential approach	Evidence from international practices	Challenges
				to the girl child.	
Vouchers	Enable poor and vulnerable families to ensure children's rights to education and health are met; strengthens service user and provider relationship.	Providing vouchers to families to facilitate especially secondary-age children's school retention.	Needs strong organisation – partnership between NGO with strong management capacities and government institution to develop the latter's capacities.	Provision of education vouchers in conflict-affected areas of DRC as part of humanitarian assistance initiatives.	Necessitates good links to institutions. Issues of lack of trust.
National-level fund/committee coordinating funds for social protection for their strategic use, delivered by NGOs and faith-based organisations.	Would build on existing local NGOs (which must be monitored and evaluated) and focus on strategic child development and well-being priorities as per OVC and other strategies.	Given the need to promote development of state institutions over the short and medium term but recognising institutional weaknesses, this mechanism is a mixed model that draws on state-managed funds directed at strategic priorities for children agreed by the state (so more coherent approach reducing hundreds of uncoordinated NGO actions), while relying on NGO implementation.	Drawing on the positive operational record of the Social Fund, including in terms of local coordination and assessment, this could be the platform for project implementation. The central coordinating body would be responsible for raising funds, which could include specific taxes (e.g. 0.5% tax on exploitation of wood and minerals going straight into the fund), grants from donors and private donations. The committee would	Entraide Nationale in Morocco has shown important successes in coordinating social protection interventions to vulnerable population, by channelling resources to strategic priorities, without leading the implementation. For more information, see www.entraide.ma/ .	M&E of local NGOs to ensure they are undertaking planned activities. Ensure that funds managed by the committee are being transferred to local NGOs without leakage.

Instrument	Child-sensitive rationale	Entry point	Potential approach	Evidence from international practices	Challenges
			identify NGOs to fund and delegate some responsibilities at the grassroots level (using strong M&E). These must apply for funding to ensure their adequacy.		
Public–private partnerships for social protection, particularly adolescent and youth training and paid internships	Adolescents and youth are at high risk of falling into adverse coping strategies without adequate work opportunities and the capacity to see different horizons.	Training and paid internships in areas with potential for development for young people in poverty. Programme can be government-funded but planned and implemented (including training) by firm. In some cases, firm can also pay part of costs of training and employment.	Developing a strategy of what sectors, industries or areas require human resource development and subsidise technical training in those areas, targeting youth (18-33)	Ghana National Youth Employment Guarantee scheme undertaking waste management and sanitation activities through Zoomlion, a private sector company www.zoomlionghana.com .	Maintain gender sensitivity in design ensuring programmes include young men and women. Need to co-finance private sector initiative to ensure they maintain incentives.

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Annex 1: Key informants

Key informant interviews were conducted with government officials, donors and aid agencies in Kinshasa and Lubumbashi, Katanga. In Katanga, interviews were conducted with DIVAS (Division of Social Affairs), Fond Social de la Republique Division Jeunes Femmes et Enfants, Division de Plan, Division de la Santé, Ministère de la Santé et Affaires Sociales, UNDP, World Vision.

In Kinshasa the following interviews were conducted:

Name	Structure	Position
Erick MPIANA	DEP/Ministère des Affaires Sociales	Expert en Planification et Point Focal OEV
Raphael NUNGO	DEP/ Ministère de la Santé	Directeur Coordonateur Principal
MASASU	Direction des Mutuelles /Ministre du Travail	Directeur Chef de Service
Adelaïde NKODIA	DEP/ Ministre du Genre	Expert en Planification
ESSIMBO	UPPE/Ministre du Plan	Coordonnateur Général
Augustin BAMBEDI	Direction des Secteurs Sociaux/ Ministre du plan	Chargé des questions Jeunes et Enfants
Pacifique ILOSIO	DEP/Ministère du Budget	Directeur Coordonateur Principal
Roger KAMBU	BIT	Chargé de Projet
Ruphin BO-ELONGO	Fonds Social de la RDC	Coordonnateur Général
Robert DEKKER	PAM	Head of Program
Gratien MUNDIA	CARITAS CONGO	Chargé de Projet
TAMSIN Ayliffe	DFID	Social Development Advisor
Elyse ZAMBITE MAKUTA	Programme du VIH Intégré au Congo (PROVIC)	Systems strengthening Specialist
MBELLA Ngongi	Programme du VIH Intégré au Congo (PROVIC)	Chief of Party
Maurizio CRIVELLARO	CARE International	Country Director
Me Henry KAMVUNZE	Programme National de Promotion des Mutuelles de Santé	Chef de division
Dr Mude WILLY	Programme National de la Santé au Travail (PNST)	Directeur National
MUFUANKOLO Mundel	Programme National de Promotion des Mutuelles de Santé	Directeur
MANGALA Anatole	Programme National de Promotion des Mutuelles de Santé	Directeur Adjoint
Robert DEKKER	Recovery and Development Poverty Reduction Unit	Direction des programmes
Marcel KANDA	UPPE/Ministre du Plan	Expert Macro

Annex 2: Steering committee members

Name	Ministry	Area	Title
AUGUSTIN BAMBEDI	MINISTRY OF PLANNING	Directorate of Social Services.	.-Head of Office, in charge of children, youth and family themes.
MARCEL KANDA	MINISTRY OF PLANNING	.UPPE	.Macro Expert
FRANCIS BOKOTSI	MINISTRY OF SOCIAL AFFAIRS, HUMANITARIAN ACTION AND NATIONAL SOLIDARITY	.Direction d'études et Planification Directorate of Planning Studies	.-Project analysis

Annex 3: Characteristics of the three provinces

Kinshasa

The Province of Kinshasa fares better in terms of social indicators than other areas of the country. Poverty levels in the province are lower, with 41.6% of Kinshasa under the poverty line compared to 71.3% nationally (UNDP, 2009a). However, this figure hides glaring inequalities. The Gini coefficient of Kinshasa Province is 39% (République Démocratique du Congo, 2006b). Slightly over half of the province population is under 20 years of age and the unemployment rate is 15% (2005 figure), which is actually higher than other provinces. The informal sector provides 66% of all employment (UNDP, 2009a).

The average household in Kinshasa Province has 7.3 members; poverty is higher among female headed households (FHH) than male headed households (MHH) (45.7% versus 40.7%). This can be explained by the lower social status of women, their lower levels of education, as well as their difficulty in accessing capital and formal employment (UNDP, 2009a). Educational attainment has a significant impact on household poverty. Households headed by an individual with a primary education have a poverty rate of 76.2%, compared to a rate of 36.8% for households headed by someone who reached university level. The main impediments to poverty reduction in Kinshasa are ascribed to a lack a jobs, poor nutrition and a lack of capital (République Démocratique du Congo, 2006b).

The primary school enrolment rate in Kinshasa was 74.8% in 2005, significantly above the national average. Less than 5% of the population was illiterate, compared to 20% nationally (UNDP, 2009a). Girls in Kinshasa are nearly as likely as boys to enroll in primary school, though inequality does rise with age—with obvious repercussions for women's employment (ibid.). Men's unemployment is a full 15% lower than women's, which is nearly 50% (ibid.).

Infant mortality in Kinshasa Province is lower than that of other provinces; in 2007 it was 73/1,000 (ibid.). Less than 9% of children under five are stunted and the HIV infection rate is also lower than that of other regions (ibid; WHO, 2005). While there are only 94 hospitals in the entire district, partly explaining why two-thirds of all women report difficulties accessing affordable health care, overall the district fares comparatively well on health indicators (UNDP, 2009a).

Katanga

Katanga is the second largest—and the second wealthiest—province in the DRC (UNDP, 2009b). The province is rich in minerals, is home to several agro-industrial companies, and benefits from custom taxes (UNDP, 2009b). While this provides some economic leverage for carrying out reforms, lack of human capital often means the decentralization programme is not always achieved (ICG, 2010). Ninety percent of the population works informally in agriculture (UNDP, 2009b).

Nearly 70% of Katanga's population is poor and its Gini coefficient is over 40% (République Démocratique du Congo, 2006b; UNDP, 2009b). Rural residents are slightly more likely to be poor than urban residents. Katanga, despite its wealth, suffers from an acute lack of infrastructure—roads, schools, and hospitals—as well as high levels of population displacement, inflation and familial destruction (République Démocratique du Congo, 2006a).

Poor households in Katanga are larger than non-poor households—6.2 persons/HH compared to 4 (UNDP, 2009b). Contrary to Kinshasa province, the incidence of poverty in households headed by women is marginally *lower* than those headed by men (66.6% compared to 69.7%) (ibid.). Katanga's citizens also suffer from high levels of food insecurity, with less than 10% of households eating three meals per day, and low doctor-to-patient ratios—1 to 2,700 (République Démocratique du Congo, 2006a; UNDP, 2009b). The lack of transport infrastructure leaves many without access to hospitals, meaning that few women access pre-natal and natal care (UNDP, 2009b).

Like Kinshasa, residents of Katanga have, on average, better access to drinking water and electricity (UNDP, 2009b). They also spend a relatively high proportion of their income on food (ibid). School enrolment rates in the province roughly mirror national averages, with eight girls for every ten boys enrolled in primary school and six for every ten in secondary school (ibid.). Women's literacy rates are significantly lower than those of men (34% versus 48%) (ibid.).

In 2008, a cholera crisis in several urban centres hit the Katanga province particularly hard and necessitated a large scale response. UNICEF, for example, provided "water transport, well disinfection, chlorination points, and a public health awareness campaign." (UNICEF, 2008b: 100)

Bas Congo

Bas Congo is considered the third most prosperous province in the DRC and is the only one with a coastline. However, despite the fact that it has significant hydroelectric resources, as well as mineral deposits and oil, it relies heavily on subsistence agriculture to feed its dense population. Over half the province's population is younger than 20 and poverty levels are high across all household types (UNDP, 2009c). Like Kinshasa, poverty is more severe in households headed by women (78.5%) than by men (67.7%) (UNDP, 2009c). Education of household-head makes a significant difference to poverty levels; the poverty rate for households with a primary education is 71%, compared to "only" 52.5% for those in which the head attended university (UNDP, 2009c). Interestingly, those employed in the formal sector are often poorer than those in the informal sector (AfDB and AfDF, 2009).

Net school enrolment rates in Bas Congo are quite high, 64.7% in the province compared to 55% nationally. Like in the other provinces, the gap between boys' and girls' education levels rises in accordance with age: net enrolment rates for girls fall from 61.3% in primary school to 23.1% in secondary school--and only 0.3% at university level (ibid.). Only one-in-three residents has access to clean drinking water and only one-in-four has access to a toilet ((AfDB and AfDF, 2009).

Unemployment is generally quite low in Bas Congo, less than 2%, with most people being employed in agriculture (76%) or the informal sector (14%) (ibid.). However, despite labour inputs, agricultural output has been falling in recent years—primarily due to deterioration of the road network (AfDB and AfDF, 2009). Migration of educated youth is another recent phenomenon that is negatively impacting the province, as is deforestation, which has devastating impacts on the forestry industry (ibid.).

Health coverage in Bas Congo is relatively privileged. There are a plethora of hospitals, clinics and health posts. Despite this, a significant proportion of the population lacks access to quality care, primarily due to the state of infrastructure and equipment (AfDB and AfDF, 2009), and a dearth of accessible facilities for the more isolated villages, with poor road onfrastructure. Malaria, tuberculosis and HIV/AIDS are significant provincial concerns (ibid.).

While Bas Congo does not suffer from the levels of violence seen in the eastern regions of the country, there are several factors which foment instability, including the traffic of natural resources by international actors and ethno-nationalist tensions. Furthermore, NGO's and UN organisations have little presence in the province (Mouflet, 2009).