

The Republic of the Congo

Executive summary

Key achievements:

1) Improved enabling environment for the realization of children rights:

- The child survival section supported the Ministry of Health (MoH) in the development of key policy documents and strategies, such as the national policy on community-based approach to health and the costing of the multi-sectoral operational plan against malnutrition.
- The child protection section supported the Ministry of Social Welfare and its partners to move from reactive programming based on specific issues to a national system on child protection putting emphasis on prevention and care of children in need of protection. A national strategy was developed with key stakeholders. Implementation of this strategy is being tested in rural and urban sites.
- New knowledge was generated that will be key to informing policy dialogues and assessing the effectiveness of public policies. The Multiple Indicator Cluster Survey (MICS) was successfully conducted and key findings were used to assess the performance of the Congo in the achievement of the Millennium Development Goals (MDGs) and the setting of baseline data for the Sustainable Development Goals (SDGs). Under the technical leadership of the United Nations Children's Fund (UNICEF) Congo, the Ministry of Social Welfare and the United Nations Resident Coordinator led the evaluation of interventions aimed at improving quality of life for indigenous people. This paved the way for the development of a joint programme on indigenous people.
- In its capacity as coordinating agency, UNICEF led the finalization of the Congo Education Plan 2015–2025. The plan was recognized as credible, not only by education development partners, but also by the Global Partnership for Education (GPE). As a result, the Congo was accepted as the sixty-first member of GPE.

2) Improved access to quality social services:

- To support the supply and quality of child and maternal health services, UNICEF Congo facilitated three rounds of polio vaccination campaigns, two of which were coupled with vitamin A supplementation. An average coverage rate exceeding 90 per cent was achieved. UNICEF Congo and the World Health Organization (WHO) also supported the launch of the inactivated poliovirus vaccine. New guidelines on the integrated management of acute malnutrition and a scorecard on maternal and neonatal child health were developed.
- With regards to neonatal and maternal health, UNICEF Congo, WHO and the United Nations Population Fund (UNFPA) supported the MoH to conduct quality assessments of newborn services in nine major general hospitals. An action plan for improving the quality of care and services for newborns, which will be based on the results of these assessments, is under development.
- In water, sanitation and hygiene (WASH), 160 villages were declared open defecation free in the three targeted departments.

- In education, promotion of inclusive quality education for girls and boys, including vulnerable children such as indigenous and refugee children, continued. In particular, this involved the provision of school supplies to students, assistance to schools for indigenous children and training for teachers. Training on gender and human rights was provided to members of the Forum for African Women Educationalists (FAWE) to promote girls' education, to teachers on monitoring results for equity, to the Education Management Information System team and to members of local development and management committees.
- In regards to child protection, 1,440 children, most of whom were refugees, were supported through three child-friendly spaces (CFS) in Bétou and Ikpengbé. All children benefited from balanced daily meals and participated in educational and recreational activities. Thirty CFS staff and 36 community volunteers, including adolescents, were trained on children's rights and child protection, early childhood development and care, identification, and referral/care for children with specific needs or victims of violence.

3) Improved demand for utilization of social services: UNICEF Congo supported social mobilization for polio campaigns as well as the prevention of Ebola, community mobilization to promote the use of early childhood community centres and the use of re-schooling centres by out-of-school adolescents. Awareness campaigns on child protection, birth registration, physical and sexual violence, child labour, early marriage, female genital mutilation and witchcraft reached 3,000 people every month in the refugee zones of Bétou and Ikpengbé.

4) Improved management: Significant progress was achieved in the area of management. The implementation rate of the harmonized approach to cash transfers (HACT) assurance plan was more than 90 per cent. Most management indicators met UNICEF standards (zero direct cash transfers (DCTs), no donor reports were overdue and there were almost no travel authorizations open for 15 days). The office improvement plan was fully implemented. Some 95 per cent of staff members successfully completed online ethics training. Key planned activities aimed at reducing the office's environmental footprint were also implemented.

Shortfalls:

Due to the fall of oil prices and competing political priorities, the Government of the Congo did not fund the UNICEF Country Programme. In addition, significant bottlenecks for Country Programme implementation included commodities stock-outs, especially for antiretroviral (ARV) medications, diagnosis tests for HIV, and, to a lesser extent, new vaccines.

Partnerships:

New partnerships were developed with local and international non-governmental organizations (NGOs) and media groups with whom the office worked to promote Ebola prevention.

Humanitarian assistance

An interagency multi-risk contingency plan (that takes into account risks related to floods and elections) was updated in 2015. In 2015, the UNICEF Congo response to two broad types of emergencies – support to refugees and epidemic prevention and response – improved significantly in terms of quality, particularly through regular programme monitoring visits, as well as strengthened cooperation with local authorities, other United Nations agencies (the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), etc.), NGOs and communities.

1) Support to refugees:

UNICEF Congo was on the ground in the department of Likouala (north), which hosts the majority of the refugees, including 30,000 from the Central African Republic and 23,000 from the Democratic Republic of Congo. More than 8,000 of the refugees are children, including 3,572 who are in need of basic education.

UNICEF Congo provided school supplies to more than 7,000 children in primary schools (2,100 child refugees from the Central African Republic and the Democratic Republic of the Congo). In the lower secondary school of Bétou, which faced a massive influx of refugees from the Central African Republic (288 refugees out of 803 students), school supplies were provided to 300 adolescent boys and girls.

With respect to child protection, quality improvements were observed in the UNICEF Congo response on the ground. In collaboration with its implementing partner Association des Spiritains au Congo (ASPC), UNICEF Congo strengthened and expanded CFS capacities, improved the quality of children's care and increased community involvement in child protection activities. Thirty CFS staff and 36 community volunteers, including adolescents, were trained on children's rights and child protection, early childhood development and care, identification, referral/care for children with specific needs (malnutrition, disease, disability, traumatic stress disorder) or victims of violence. Approximately 1,440 children (766 girls and 676 boys) age 2 to 5 years, mostly from the Central African Republic (72 per cent) and the Democratic Republic of the Congo (16 per cent) were supported through three CFS in Bétou and Ikpengbé.

All children, whether Muslims, Christians, indigenous, orphans or disabled, enjoyed balanced daily meals and participated in educational and recreational activities. More than 200 special needs children (malnourished children, sick children and children with psychological problems) were identified in the CFS and referred to specialized services. Parents voluntarily participated in order to help with CFS activities. Community volunteers conducted awareness campaigns on child protection issues (birth registration, child marriage, child labour, sexual and gender-based violence, etc.), reaching about 3,000 people each month, and contributed to the identification and referral of children with specific needs and victims of violence.

With regards to health and nutrition, health facilities were equipped with materials, furniture, medicine and therapeutic food. Some 9,150 refugees, including 1,200 children under 5 years and 4,867 women, received curative and preventive care such as management of infections, vaccination, supplementation for malnutrition and micronutrient deficiency. Twenty-four health workers and 100 community workers trained and equipped to provide assistance to refugees raised awareness on best practices in health and nutrition. Of the 545 children under 5 years suffering from acute malnutrition admitted to nutritional recovery centres, 88 per cent were cured, 10 per cent defaulted and 1 per cent died.

Support was also provided for the prevention and management of HIV and AIDS, as well as on the improvement of water and sanitation facilities and hygiene practices.

2) Epidemic prevention and response:

To prevent an Ebola epidemic, UNICEF Congo supported the Government to develop and implement a contingency plan against Ebola, leveraging and mobilizing resources from the private sector, especially the national oil and mobile phone companies. The partnership with

three mobile companies included sending messages to their subscribers through short message service (SMS) (more than 1 million reached) and conducting a pre-Knowledge, Attitude and Practice (KAP) survey on Ebola, targeting the populations in high-risk departments. Communications materials and hygiene and handwashing devices were distributed to 306 schools and 88 health facilities. Capacity was developed for 78 health professionals (focusing on prevention and case management), 42 community trainers and 64 customs officers based in Brazzaville, Pointe-Noire and Ewo. Overall, approximately 700,000 were reached with Ebola awareness raising messages.

Congo also experienced a measles outbreak in May 2015, with 885 cases reported and 30 deaths recorded. Eighty-four per cent of these cases were reported in the outbreak epicentre of Pointe-Noire, but the disease spread to affect other departments in the country. UNICEF Congo mobilized funds for the procurement of vaccines and social mobilization activities for a catch-up campaign.

Regular programme monitoring visits were carried out by UNICEF Congo staff to follow up on project results and strengthen the capacities of implementing partners. Overall, the main constraint to emergency response remains the lack of funding for a broader and more sustainable response.

Summary notes and acronyms

ACCP	area committees for child protection
AFD	French Development Agency
AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ARV	antiretroviral
ASI	International Solidarity Action
ASPC	Association des Spiritains au Congo
C4D	Communication for Development
CFS	child-friendly spaces
CLTS	Community-Led Total Sanitation
CSD	child survival and development
CSO	civil society organizations
DCT	direct cash transfer
DHS	Demographic and Health Survey
eMTCT	elimination of mother-to-child transmission
FAO	Food and Agriculture Organization
FAWE	Forum for African Women Educationalists
GPE	Global Partnership for Education
HACT	harmonized approach to cash transfers
HIV	human immunodeficiency virus
ITN	insecticide-treated nets
IYCF	infant and young child feeding
KAP	Knowledge, Attitude and Practice
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MoRES	Monitoring Results for Equity System
MoSW	Ministry of Social Welfare
MTEF	medium-term expenditure frameworks

NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ORA	Observe, Think, Act
PER	Performance Evaluation Report
SDG	Sustainable Development Goal
SMART	Standardized Monitoring and Assessment for Relief and Transitions
SMS	short message service
SUN	Scaling Up Nutrition
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCCP	village committees for child protection
VISION	Virtual Integrated System of Information
WASH	water, sanitation and hygiene
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization

Capacity development

In 2015, UNICEF Congo enhanced the capacities of partners from the Government and civil society organizations (CSOs) for decentralized planning and monitoring, protection in emergencies and resource management. Partners received tools, skills and hands-on practice to increase the effectiveness of duty bearers to fulfil their obligations and of rights holders to access services.

In the health sector, UNICEF Congo built capacity by supporting policy formulation on community-based approaches to health. The new policy that was developed aims to enhance community participation in health development at the local level and promote the adoption of positive social health practices. In addition, thanks to the Communication for Development (C4D) team, 880 field workers were trained on Ebola prevention and reached 155,565 households in six high-risk departments.

Capacity building in the education sector focused on support for girls' education through the training of 18 members of FAWE on approaches to gender and human rights, the social mobilization of communities to use early childhood centres, as well as re-schooling centres for out-of-school adolescent girls and boys and the development of a national strategy to promote girls' education. With funding from the Government of Japan, 161 members of local development and management committees were trained and empowered to mobilize communities to use of non-formal education facilities.

To prevent Ebola, 884 teachers, and 131 primary school inspectors were trained as master trainers on interpersonal communication.

Within the framework of the improvement of living conditions for indigenous people, 80 local

actors in Lékoumou Department acquired skills in monitoring results for equity systems (MoRES).

In regards to HACT implementation, 71 representatives of 22 implementing partners were trained to improve their skills in management and accountability.

In terms of knowledge generation, UNICEF Congo supported the realization of MICS-5 and the evaluation of interventions aimed at improving the quality of life of indigenous people.

Evidence generation, policy dialogue and advocacy

In 2015, evidence generation, policy dialogue and advocacy focused on the evaluation of interventions targeting indigenous people, MICS-5 and advocacy on essential health commodities, specifically vaccines.

As in previous years, UNICEF Congo maintained its commitment and its leadership role on the realization of indigenous rights. An important gap was filled in 2015 with regards to data on indigenous people. Being an ethnic minority, indigenous people in Congo are socially excluded and marginalized by historical oppression and persistent discrimination. Over the past few years, many actors and interventions have improved the living conditions of indigenous people. However, the scarcity of data on this group made it difficult to assess the effectiveness of these interventions. UNICEF Congo advocated for and successfully secured the buy-in of the United Nations Country Team (UNCT), the Government of the Congo and the European Union for a joint evaluation. UNICEF Congo developed the terms of reference with technical support from the UNICEF West and Central Africa Regional Office (WCARO), which were discussed and adopted by stakeholders. The initiative was led by the Ministry of Social Welfare and co-financed by the Resident Coordinator. The evaluation found that Congolese society has evolved positively but slowly with regards to the continued discrimination against indigenous people. Results of the evaluation will be used to develop a joint programme to be implemented by the different stakeholders.

A second important source of evidence generated in 2015 was the MICS-5 preliminary report on key findings. The findings were used to assess the country's progress towards the achievement of the MDGs.

Advocacy efforts, which targeted government officials, focused on the issue of stock-outs of health essential commodities, including vaccines, ARVs, drugs and diagnostic tests.

Partnerships

During 2015, with UNICEF as the coordinating agency in the GPE, partnerships were facilitated and strengthened. The partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Ministry of Education led to a signed agreement to train 3,000 teachers.

In the area of health, partnerships were strengthened with state actors at central and decentralized levels through capacity building activities aimed at reducing maternal and child mortality. With the support of UNICEF Congo, trainings were organized in six health districts for 64 stakeholders on decentralized planning, bottleneck analysis and monitoring, using the elimination of mother-to-child transmission (eMTCT) of HIV as an entry point. From 2013 to end of the year, 27 UNICEF Congo-funded health districts conducted this exercise, and 15 improved coverage.

Under the Scaling-Up Nutrition (SUN) initiative, the multi-sectoral platform was extended to the network of parliamentarians and media. UNICEF supported the development of the costed operational plan against malnutrition with the involvement of key partners (ministries, CSOs and the private sector).

Partnership with the private sector and CSOs allowed for the implementation of C4D initiatives. The strong partnerships built with the private sector in 2014 went a step further and, thanks to an agreement signed between UNICEF Congo and mobile phone companies (MTN, Airtel, Azur), SMS messages on Ebola were sent out to 1,079,627 subscribers and the companies' databases was used to carry out a KAP survey on Ebola.

Programme cooperation agreements were signed with seven new CSOs to build their capacities on community engagement for Ebola outbreaks. Thanks to this expanded partnership, UNICEF Congo was able to reach approximately 700,000 people with awareness raising messages on Ebola prevention. In addition, 88 health facilities and 306 schools received handwashing devices, and of these schools, 281 also set up hygiene clubs.

In 2015, UNICEF Congo developed a strategy paper for partnership with the private sector, which included a mapping of companies.

External communication and public advocacy

In 2015, the communications team spent a great deal of time developing important communication and public advocacy documents for both offline and online dissemination. Advocacy documents were aligned with the project to revamp the UNICEF Congo website, with the aim of better transitioning the office's digital presence, before the launch of the new website in 2017.

Steps have been taken to gradually align with the global communication and advocacy strategy in the first few months of 2016 to better articulate activities, reorient communication approaches, build staff capacity and, most importantly, measure impact with the appropriate tools and indicators.

In regards to developments in communications, the number of digital followers of UNICEF Congo digital has grown consistently as new tools and platforms have been introduced.

Introducing the use of the blog platform, Medium, in July 2015 allowed UNICEF Congo to better understand the chemistry and language of blog platforms and begin to communicate to engage instead of simply communicating to inform. In a few months, UNICEF Congo gradually shifted its digital communication language from almost non-existent to growing and finally to thriving. Two other blog entries have been posted since then, and UNICEF Congo plans to gradually increase the number of blog entries in the coming months.

As part of the Ebola prevention programme, UNICEF Congo helped the country to develop a media strategy. A network of public, private and community media was set up, trained and is now operational.

South-South cooperation and triangular cooperation

Secondary analysis of Demographic and Health Survey (DHS) data demonstrated that universal coverage of high-impact interventions would never be achieved if community-based approaches were not fully implemented in the Congo. Using the South-South cooperation framework, UNICEF Congo requested and obtained support from UNICEF Togo, which released a community health specialist for two months to support the MoH to develop its health community-based health policy document.

The Congo experienced a measles outbreak in 2015. The epicentre of the outbreak was the town of Pointe-Noire. Lack of measles vaccine stocks limited UNICEF Congo's ability to conduct a response campaign. Using the South-South cooperation framework, UNICEF Congo discussed the issue with UNICEF Democratic Republic of the Congo, which agreed to provide a vaccine loan to the Government of the Congo, thereby enabling the timely launch of the campaign.

In the WASH sector, UNICEF Congo facilitated a mission trip to the Democratic Republic of the Congo. In order to facilitate the implementation of the Government's 'Village Assaini' vision, officials from the MoH, the Ministry of Hydraulics, CSOs and UNICEF Congo carried out a mission in the Democratic Republic of the Congo to learn from their experience with this approach. Based on this, the Congo will conceptualize its model of 'Village Assaini', and implementation will begin in 2016.

Surge supports were also received from UNICEF Burkina Faso to support the Ministry of Education and FAWE. With this support, advances were made on key programme issues, including girls' education and capacity development of FAWE, which is the national NGO promoting girl's education.

Support to integration and cross-sectoral linkages

UNICEF Congo focuses on equity in access to and utilization of high-impact interventions by all mothers and children, including indigenous persons.

The situation of indigenous persons is a cross-sectoral issue and thus inter-sectoral linkages have been built both inside and outside of UNICEF to allow for a more effective response.

Internally to UNICEF Congo, the education, child survival and development (CSD) and child protection sections have developed and implemented an inter-sectoral approach to work. The child protection section has done this through a pilot process in Sibiti and Zanaga (Lékoumou Department) of applying MoRES to indigenous people. Eighty local actors from Zanaga acquired competencies in equity-based monitoring relative to the improvement of their living conditions and access to basic social services, particularly education, health and protection.

Externally and with partners, many government ministries are involved in this work related to indigenous people. At a government level, the Ministry of Social Affairs is leading the coordination of the operational implementation of the National Action Plan on the Improvement of the Quality of Life of Indigenous Peoples. The Ministry thus ensured national leadership and played a key role in the evaluation of interventions for indigenous people conducted in 2015.

Cross-sectoral linkages also guided the UNICEF Congo emergency response. Both internal and partner C4D, health and education sectors together to work on Ebola prevention.

In Likouala, for refugee response, multi-sectoral proposals were submitted and formal joint actions were conducted between the protection and nutrition sections.

Service delivery

In health, UNICEF Congo supported planning, implementation and follow up for three polio campaigns (according to independent monitoring data, coverage was 92.7 per cent in round 1, 95.3 per cent in round 2 and 95 per cent in round 3).

UNICEF Congo mobilized its staff to oversee all rounds of the vaccination campaigns and supported the implementation of communications strategies through capacity building of national and local media, the establishment of listening clubs and the strong involvement of religious and community leaders.

To reach women and children in remote areas, UNICEF Congo supported outreach services for communities in Lékoumou Department. Services included antenatal care, HIV testing, immunization, micronutrient supplementation and the management of mother and child diseases.

In education, the secondary school in Bétou (Likouala) was equipped with 2,449 textbooks. In addition, 2,635 primary and secondary school students received stationeries, 161 members of local development and management committees were trained on community mobilization in six departments, 79 local actors in Lékoumou were trained to conduct MoRES exercises and 131 primary school inspectors were trained as master trainers on interpersonal communication.

In nutrition, 88 per cent of 545 severely malnourished children admitted to treatment were cured. The defaulter rate was 10 per cent, and the mortality rate was 1 per cent.

In 2015, C4D work primarily focused on the implementation of the Ebola Contingency Plan. Prevention activities were organized in 281 schools. Some 141 educators and inspectors and 845 school principals and teachers were trained on Ebola prevention hygiene clubs, coaching, and communication activities with and for their peers. Awareness raising activities reached more than 86,000 students. For the Ebola prevention campaign, mobile phone companies broadcasted two messages on preventive measures and handwashing. Partial figures indicated that a total of 1,079,627 subscribers were sensitized (320,000 by Azur and 759,627 by Airtel).

Significant improvement in assurance activities increased partners' management of cash transfers. Twenty-seven spot checks and 128 programmatic field visits were conducted in 2015.

Human rights-based approach to cooperation

In 2015, the Congo strengthened the institutional framework for child protection. This is reflected in particular through the dissemination of the Convention on the Rights of the Child concluding observations; the presentation of the initial report on the African Charter on the Rights and Welfare of the Child; the draft of a bill on the adoption and ongoing revision of the codes; the celebration of major events for the promotion of rights; and advocacy for the implementation of existing protection laws.

The situation of indigenous persons constitutes a serious human rights issue. The objective of equity and an improvement of the status of this very disadvantaged group is a priority in public policies, UNCT annual work plans and the non-contributory social protection outcome group. In

this regard, United Nations agencies and other partners conducted a joint evaluation of interventions for indigenous people. Overall, the evolution of Congolese society has been positive but slow in regards to discrimination against indigenous persons. Poverty also remains very present. Ultimately, the final joint evaluation report will be the basis for the development of a future joint programme involving multiple partners (the European Union, the United Nations Development Programme (UNDP), UNFPA and WFP). The outcome of this process will serve to optimize the impact of future interventions.

UNICEF Congo trained FAWE members on approaches to gender and human rights as part of efforts to empower this local NGO to better promote girls' education.

In the area of child protection, particularly the protection of refugee children in Bétou and Ikpengbéle in the northern department of Likouala, 30 CFS staff and 36 community volunteers, including adolescents, were trained on children's rights and child protection, early childhood development and care, identification and referral/care for children with specific needs or victims of violence.

Gender mainstreaming and equality

In early 2015, UNICEF Congo developed a gender action plan in line with the global framework. In addition to mainstreaming gender into programme components, this plan has two specific priorities: 1) advancing girls' secondary education; and 2) addressing gender-based violence in emergencies.

In 2015, with the intent to strengthen the gender-focused approach in education policies, UNICEF Congo worked on the national strategy for girls' education with the active participation of partners such as FAWE and the three ministries for education (the Ministry of Primary and Secondary Education, the Ministry of Technical, Vocational Education, Qualification Training and Employment and the Ministry of Higher Education and Scientific Research). This strategy is an important outcome that will help address gender disparities in the departments where gender imbalance exists in terms of access to and completion of quality education for both girls and boys, from primary to tertiary schools, in vocational training and back-to-school programmes. The finalization and validation of this strategy is scheduled for 2016.

UNICEF Congo also supported FAWE in the improvement of school environments for girls and their successful completion of schooling. *Tosolola* clubs, which means to express ourselves freely, were established in 10 pilot secondary schools in Brazzaville and will serve as a formal setting for building girls' self-esteem and supporting girls to experience better schooling outcomes. FAWE members were also trained on approaches to gender and human rights as part of efforts to empower the NGO to better promote girls' education.

With respect to gender-based violence in emergencies, 36 community volunteers in the district of Bétou, including adolescents, were trained on child protection issues (such as sexual violence, child marriage and female genital mutilation) and the identification and referral of child victims of violence. These volunteers conducted awareness campaigns on these issues, reaching approximately 3,000 people (including refugees and local populations) every month and contributing to the identification and referral of child victims of violence and child marriage.

Environmental sustainability

In 2015, UNICEF Congo conducted an environmental footprint evaluation, which concluded that each staff member produced an average of 5.8 tons of greenhouse gas emissions in 2014.

Using the results of this evaluation, the UNICEF Congo Greening Committee proposed a work plan aimed at reducing the office's emissions footprint from 2015 onwards. Key actions encompassed in the work plan include the use of solar energy, economic bulbs and economic air conditioners, as well as staff education on the economic use of energy and water at the office, among other actions. An important change undertaken in 2015 was to reduce the office's environmental footprint by increasing the coverage of solar power from 30 per cent to 70 per cent.

UNICEF Congo and UNESCO worked together to fund the development of cross-cutting modules on sustainable development and human rights education, which will be used to train master trainers who will in turn train 3,000 teachers in their first effort. The module on sustainable development focuses in particular on environmental education and climate change. The year 2016 will be dedicated to rolling out this national training programme.

Under the United Nations Development Assistance Framework (UNDAF) biannual action plan 2014–2015, UNICEF Congo received a US\$200,000 grant from the Government in 2014 to support the scale up of the Community-Led Total Sanitation (CLTS) approach to reach at least 180 villages (60 per cent of the 300 targeted villages) in the Departments of Sangha, Cuvette Centrale and Kouilou. In total, 160 villages have been declared open-defecation free: 137 villages in 2014 and 23 villages in 2015. Overall, the rate of open defecation decreased from 21 per cent in 2011 to 17 per cent in 2014, according to the WHO/UNICEF Joint Monitoring Programme for Water, Supply and Sanitation 2015.

Effective leadership

The Country Management Team played a critical role in monitoring and addressing operations and programme management issues. This was done primarily through the systematic review of management indicators drawn mainly from inSight. Corrective actions were agreed upon and their implementation allowed UNICEF Congo to meet most of the management indicator standards.

With technical support provided by WCARO, UNICEF Congo updated and tested its Business Continuity Plan. The critical actions for addressing preparedness constraints were implemented. These included the installation of power generators in alternative office sites; equipping critical staff members with devices facilitating Internet connection at home and the ability to work home; equipping all staff members with radios; and the acquisition of an additional broadband global area network for the third alternative office site.

UNICEF Congo continued to focus on HACT implementation with successful results, including conducting planned programme visits, spot checks, micro-evaluations and capacity strengthening activities for implementing partners and UNICEF staff.

As requested by UNICEF Headquarters, UNICEF Congo conducted the environmental footprint assessment. The UNICEF Congo Greening Committee proposed an action plan that is being implemented with an investment of US\$40,000. The most important change undertaken in 2015 to reduce the office's environmental footprint was increasing the coverage of solar power from 30 per cent to 70 per cent.

The UNICEF Congo leadership role benefited other United Nations agencies as well as development partners' coordination mechanisms. The UNICEF Congo team played an instrumental role in updating the United Nations Contingency Plan and enabling the functionality

of the UNDAF results' groups and development partners' and United Nations common services theme groups. UNICEF Congo was nominated as the lead agency for indigenous population issues, which is one of the three United Nations leadership issues in the Congo.

Financial resources management

The UNICEF Congo 2015 Office Management Plan defined key indicators for follow-up on resource mobilization and grant management. Grant monitoring and expenditure levels were optimal. The budget monitoring and regular clearance mechanism allowed for good absorption of the resources allocated. As of 31 December 2015, utilization levels were 100 per cent for regular resources, 98 per cent for other resources regular and 99 per cent for other resources emergency. For the US\$75,000 not spent before the expiration of grants, UNICEF Congo, with the technical support of UNICEF Headquarters, requested to change the funding source to avoid loss of these funds.

Keeping DCT liquidation to UNICEF standards throughout 2015 was an ongoing challenge that required intensive follow-up. Better attention to mechanisms set in the office and appropriate actions taken for partial liquidations ensured good standards throughout the year. As a result of the continued and rigorous DCT monitoring mechanism, as of 31 December 2015, there was no DCT stretching longer than nine months.

In 2015, UNICEF Congo placed particular emphasis on the quality and improvement of transactions executed through the Virtual Integrated System of Information (VISION). These efforts were bolstered through a four-day VISION workshop facilitated by the VISION Unit from UNICEF Democratic Republic of the Congo.

The implementation of the HACT action plan continued in 2015 with the capacity strengthening of 22 implementing partners through a training workshop; the drafting of a manual of procedures for implementing partners; and a spot check and programme monitoring training for identified UNICEF Congo staff. All of these activities were facilitated by the contracted audit firm. These activities were developed to help strengthen UNICEF Congo's control of resources transferred to partners as well as the ability of UNICEF staff to carry out programmatic monitoring instead of the audit firm.

Fundraising and donor relations

In 2015, following the development of the resource mobilization strategy, UNICEF Congo developed a specific strategy for private sector partnerships. This strategy focuses on both resource mobilization and resource leveraging. Private sector mapping has started and will be completed through face-to-face meetings with companies that showed good potential for resource leveraging, resource mobilization and corporate social responsibility improvement. In terms of donor management, all donor reports were submitted on time and met quality standards.

With regard to the UNICEF Congo resource mobilization objectives, it was expected that the office would raise 50 per cent of its other resources funding by the end of the second year. As of the year end, 95 per cent of other resources have been mobilized.

Contrary to the situation in 2014 (when 60 per cent of other resources grants came from domestic sources), in 2015, UNICEF Congo did not successfully raise domestic funds due to the Government's many competing priorities.

Despite the low-level of success in regards to raising funds with traditional donors and given the middle income status of the country, efforts were made to develop proposals that were posted on the intranet market place with support of the UNICEF Private Fundraising and Partnerships Division in Geneva. Others were submitted to the Government of Japan within the supplementary budget framework and to the Central Emergency Response Fund within the regional appeal framework.

Evaluation

In line with the 2015 Annual Management Plan, UNICEF Congo developed a detailed monitoring, evaluation and research plan for 2015 that was validated by the Country Management Team.

The joint programme of the UN agencies in Congo on their contribution to the improvement of indigenous peoples' quality of life was conducted on indigenous people. The objective of the evaluation was to assess interventions benefiting indigenous people aimed at improving their quality of life, in line with the strategic national action 2014–2017. The UNICEF Congo team drafted the terms of reference for the evaluation, which was improved through feedback received from WCARO. The terms of reference was then shared with key stakeholders, specifically, the UNCT, the Ministry of Social Affairs and steering committee members, including several government counterparts, civil society representatives and development partners such as the European Union.

The evaluation was conducted by a team of three national experts from different backgrounds (a specialist in education, a specialist in public health and a jurist) who were coordinated by an international expert selected following a competitive vetting process.

The evaluation report was discussed and validated at the technical level by the steering committee under the leadership of the Ministry of Social Affairs and UNICEF Congo. The political validation of the report will be conducted in early 2016 under the leadership of the United Nations Resident Coordinator and the Ministry of Social Affairs.

This evaluation was meant to be co-financed by five United Nations agencies. Thus far, however, only UNDP has contributed its share of this funding. UNICEF has advanced the balance of the funding.

UNICEF Congo developed and implemented the management response for the 2014 evaluation that assessed the draft Congo Education Sector Plan 2015–2025. At the end of the year, 70 per cent of the recommendations had been implemented.

Efficiency gains and cost savings

In 2015, UNICEF Congo maintained its efforts to improve efficiency, particularly in regards to United Nations common procurement services. The following initiatives were undertaken under the leadership of UNDP: 1) the Memorandum of Understanding on fuel stock; 2) the Memorandum of Understanding with CIGNA and Allianz regarding cost recovery of medical services provided by the United Nations dispensary; 3) a long-term agreement with MTN, the largest mobile company in the Congo to ensure that mobile MTN communications are free of charge for United Nations staff; and 4) the acquisition of badges for selected United Nations staff to access restricted airport areas.

The main savings were related to the consumption of fuel for the generator; these costs dropped from US\$24,889 in 2014 to US\$15,829 in 2015, representing a 36 per cent reduction. UNICEF Congo will likely accrue additional savings in 2016 due to the increase in the coverage of solar energy from 25 per cent to 70 per cent and improved maintenance of electricity installation of the national electricity company.

UNICEF Congo will continue to implement the action plan proposed by the Greening Committee for the efficient use of resources and the reduction of the office's carbon footprint.

Supply management

UNICEF Congo 2015	Value of all supply input in US\$
Programme supplies	1,638,011
Operational supplies	317,654
Services with constructions	548,505
Construction	293,512
Total	2,797,682

Supplies channelled via procurement services	Value in US\$
Via regular procurement services	1,565,352
Via the GAVI Alliance	1,667,397
Total	3,232,749

Locally managed procurement	Value in US\$
Programme supplies	595,769
Operational supplies	317,654
Services	842,017
Total	1,755,440

The value of the inventory of programme supplies controlled by UNICEF Congo that were recorded as being physically in the warehouse as of 5 January 2016 was US\$60,088.

The value of programme supplies issued from local warehouses controlled by UNICEF Congo recorded in VISION on 5 January 2016 was US\$486,019.

The total value of supplies managed in the UNICEF Congo-controlled warehouses in 2015 was US\$546,107.

In October 2015, the Congo accepted GAVI Alliance funds within the health system strengthening project, which includes the vaccination system. This project includes strengthening Expanded Programme on Immunization management, outreach strategies and

the cold chain, as well as developing community-based approaches with the involvement of civil society.

Security for staff and premises

In September 2015, UNICEF Congo conducted a new test of the Business Continuity Plan in the presence of a regional advisor. The following recommendations from 2014 were implemented: three 20KV diesel generators were procured, each with 100-litre fuel tanks, and food rations and office supplies were pre-positioned.

After the 2015 test of the Business Continuity Plan, three new broadband local area networks were procured to ensure connectivity at each business continuity site. Wi-Fi routers were procured for business continuity staff to ensure their ability to connect from home or when on a field trip. All UNICEF Congo staff members were equipped with mobile phones to enable zero-cost communication between staff. The 'communication tree' was revised and is in place.

The capacity of the office's solar electricity supply system was improved and reinforced with the installation of new solar lighting within the different office rooms to ensure greater autonomy.

Despite the political unrest related to the referendum for the new constitution, the security situation had improved by the end of October; most of the country was at security level 1, with the Pool region in security level 2. The United Nations Department for Safety and Security team organized a security briefing for United Nations staff under the supervision of UNDSS. Simulation exercises were also conducted.

In all areas of the country, the security level has not impeded the optimal implementation of the programme. However, UNDSS have requested that staff vigilance be increased in the coming months during the run-up to the elections of 20 March 2016.

Human resources

Results-based management has been at the heart of human resources and staff management and performance evaluation has been a key indicator of the Annual Management Plan.

Several briefings and training sessions were organized to improve the working environment: on the new Performance Evaluation Report (PER) system; prevention of harassment in the workplace; code of conduct for international civil servants; UNICEF training policy; and the UNICEF policy for the protection of staff against retaliation.

UNICEF Congo received a briefing session for staff from the UN Cares team on stigma and discrimination against people living with HIV.

PER discussions were held as planned. Overall, 95 per cent of staff completed the PER third phase for 2014 on time during the first quarter of 2015.

UNICEF Congo management gave awards to six staff members to recognize their outstanding performance.

UNICEF Congo recruited two professional staff members at National Officer category (NOC) level for C4D and education, as well as one United Nations Volunteer for education. As a result, UNICEF Congo decided to recruit an international United Nations Volunteer monitoring and evaluation specialist to fill the gap; the recruitment process is currently underway. The loss of

capacity in operations was addressed through the recruitment of a new staff member who is expected to join by 1 February 2016. Out of the four professional staff members recruited, three are female, which increases the proportion of women in the professional category.

The office action plan, which was developed based on the results of the global survey, was more than 90 per cent implemented. Eighty-six per cent of the office training plan was implemented.

To fill capacity gaps, UNICEF Congo hired national and international consultants as well as staff from other UNICEF offices on stretch assignments.

Effective use of information and communication technology

In 2015, UNICEF Congo upgraded information technology infrastructure and telecommunications systems to reflect the new vision from the UNICEF Information Technology Solutions and Services Division at Headquarters, with special emphasis on connectivity. In 2015, UNICEF Congo also focused on supporting Microsoft Office 365 users. Various briefings were organized about several aspects of Microsoft Outlook as well as Microsoft OneDrive, SharePoint and Skype for Business. Due to bandwidth limitations, the use of OneDrive and SharePoint was limited to emails and data sharing.

Office connectivity was improved through the introduction of the load balancing system, which has allowed for better management of the connectivity provided by the offices' very small-aperture terminals by balancing the loads. A third Wi-Fi access point was set up to ensure optimal Wi-Fi coverage in the office. This has allowed staff to access their emails even when out of the office, using smartphones and tablets.

The test of the UNICEF Congo Business Continuity Plan, which was facilitated by WCARO in September 2015, was an opportunity for the Information and Communication Technology Unit to update the Information and Communication Technology Disaster Recovery Plan and test the connectivity at each business continuity site. At the end of the test, three Explorer 710 broadband local area network terminals were purchased to strengthen and secure connectivity at the business continuity sites.

Regarding telecommunications, it should be noted that the office's very high frequency park was renovated. UNICEF Congo proceeded to replace the accessories (batteries, antennas, etc.) so that each staff member can effectively use a very high frequency radio. Some new radios were also ordered to expand the park.

To contribute to the reduction of communication-related costs, mobile phones were bought for all staff to allow zero-cost communication among staff.

Programme components from the Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2018, girls and boys, in the most vulnerable areas benefit from inclusive social policies and more resources thanks to evidence-based advocacy.

Analytical statement of progress:

Overall, good progress has been made towards achieving the expected results, despite some major constraints that slowed the effective implementation of the programme.

One of the most important achievements in 2015 was the finalization of MICS Congo (2014–2015). The results were discussed with technical partners and will be used to measure the country's progress towards the achievement of the MDGs and National Development Plan (2012–2016) objectives. The results will also serve as a baseline for planning new social policies at both the national and local levels and for achieving the SDGs. The final report will be published in February 2016.

Among the challenges identified, UNICEF Congo was not sufficiently involved in the budget planning process at the national level. In 2014, UNICEF Congo played a major role in this area by providing technical assistance to the budgetary process through building the capacities of government ministries, including the Ministry of Economy, Finance, Planning, Public Portfolio and Integration and three social ministries (MoH, Ministry of Primary and Secondary Education, and Ministry of Social Affairs). However, in 2015, the Ministry of Economy, Finance, Planning, Public Portfolio and Integration signed an agreement entitled 'Development Strategies and Public Finance' with a group of partners (UNDP, France, the European Union, and the International Monetary Fund). This agreement aims to strengthen the public financial management system.

UNICEF Congo then refocused its strategy by making a commitment to continuing to strengthen the capacities of the social ministries. In order to do this, UNICEF Congo will support the development of the ministries' medium-term expenditure frameworks (MTEF). The main objective of this new strategy is to ensure that sectors' priorities are taken into account in the MTEF as well as in the annual budgets of the concerned ministries. This strategy has been endorsed by the Ministry of Economy, Finance, Planning, Public Portfolio and Integration and should be implemented at the beginning of 2016.

In regard to social protection, UNICEF Congo maintained the dialogue with the Government through the Ministry of Social Affairs to determine its specific contribution to implementing the social cash transfer programme. So far, the emerging agreement is that UNICEF Congo will support the C4D-related component of this programme.

OUTPUT 1 By 2018, national counterparts have skills and tools needed to allocate adequate resources to social sectors and are accountable for their use

Analytical statement of progress:

Within the United Nations system, there are several actors, such as UNDP and the International Monetary Fund, that support public finance management. To avoid duplication or waste of resources, support to the budget planning process is ensured under the leadership of the International Monetary Fund, in collaboration with UNDP and the European Union. In agreement with the Ministry of Economy, Finance, Planning, Public Portfolio and Integration, UNICEF Congo has refocused its strategy for 2016, which will consist of strengthening capacities of the social ministries to develop their MTEFs and to ensure that sectors' priorities are taken into account in the MTEF, as well as in the annual Government budget.

As part of the preparation for the 2015 national budget, UNICEF and the Government of the Congo identified five joint projects that would have received government counterpart funds totalling US\$1.1 million. These projects were budgeted for and included in the 2015 national budget. Unfortunately, the disbursement of these funds has remained a major constraint. None of the funds have been disbursed due to, amongst other reasons, the decline in oil revenues,. However, the mechanism set up to mobilize domestic resources remains functional despite the

economic and financial constraints that affected the strategies of all development partners involved in domestic resource mobilization in the Congo.

OUTPUT 2 By 2018, national and local counterparts, including civil society (NGOs, communities, religious groups) acquire technical skills required to effectively plan, implement and monitor child-sensitive and equity-centered social policies and programmes.

Analytical statement of progress:

As observed in 2014, UNICEF's strategy to support the departments could not be implemented. Once again, the political agenda (change of the Constitution) did not allow for working directly with local authorities who were only put in place at the end of 2014. Furthermore, the support to local authorities in the development of local development plans, which is part of a United Nations joint work plan, did not appear as a priority for many partners due to the elections process. Finally, UNICEF Congo will focus its support on the development of a planning process at the local level in areas where it has a comparative advantage.

OUTPUT 3 By 2018, the National Statistical Information System provide disaggregated data and strategic information needed to analyse the situation of child deprivation, and children and women's vulnerability.

Analytical statement of progress:

The MICS survey allowed UNICEF Congo to generate evidence on the country's progress towards its national objectives and international commitments such as the MDGs. Indeed, the MICS survey has generated information for more than 20 MDG indicators. In addition, the 2015 MICS Congo made data available for situation analysis of vulnerable people and decision making for political leaders. The MICS process also gathered data for designing programmes and policies aimed at fighting poverty. In addition, the MICS is an important tool used by UNICEF Congo as part of its advocacy for the development of child-sensitive policies and for increasing national investments for children. MICS data is highly anticipated by national and department-level authorities. It is seen as an opportunity that can be used in the preparation of national and local development plans using recent, reliable baselines that will allow for the setting of realistic and achievable targets.

OUTPUT 4 By 2018, the programme's performance is measured and monitored

Analytical statement of progress:

The major key results management indicators met UNICEF standards. No outstanding DCT of more than six months was registered and no donor reports were overdue; only one temporary appointment was open for more than 15 days. The UNICEF Congo office is among the top offices globally in terms of efficiency indicators meeting UNICEF standards. More attention will be paid to ensure improvements in grant monitoring both internally and with partners. Participation of social policy programme staff in thematic technical meetings was effective.

OUTPUT 5 Programme support

Analytical statement of progress:

The social policy programme is staffed with one professional staff member at the NOC level, supported partially by a general service five external communications assistant. Although UNICEF Congo has advertised the position of NOC monitoring and evaluation specialist three times, an adequate candidate has not yet been selected. UNICEF Congo is considering the

recruitment of a United Nations Volunteer monitoring and evaluation specialist who will work under the supervision of the social policy specialist.

OUTCOME 2 By 2018, at least 90 per cent of pregnant women and under-five children living in the targeted most vulnerable areas have access and utilize package of high impact interventions for their survival

Analytical statement of progress:

Significant progress was made in the field of immunization in 2015. Polio vaccination campaigns were conducted, and high coverage was achieved (93 per cent in the first round, 95 per cent in the second round and 95 per cent in the third round, according to independent monitoring). Gradual improvement was observed in the quality of polio campaigns and the decline in the number of refusals, the latter of which can be explained by the strengthening of communication activities, the involvement of the media, religious leaders and community leaders, and the establishment of listening clubs.

The Congo has been facing a measles outbreak since 2013 due to sub-optimal vaccine coverage. The department of Pointe-Noire was the epicentre, and the outbreak extended to all other departments. In May 2015, 885 cases had been reported and 30 deaths had been recorded. Pointe Noire reported 84 per cent of the total number of cases. UNICEF mobilized funds for the procurement of vaccines and social mobilization activities for the catch up campaign. In total, 105 per cent of targeted children under 5 years were vaccinated. This campaign has contributed to halting the expansion of the outbreak.

In 2015, two health districts out of 30 (6.67 per cent) achieved more than 90 per cent coverage for all antigens, and three health districts (10 per cent) achieved more than 90 per cent coverage for the Penta 3 vaccine. Efforts to strengthen routine immunization must be intensified. In 2015, UNICEF Congo supported the MoH to build the capacities of health personnel on vaccine management and to launch an effective vaccine management assessment. UNICEF Congo supported the MoH to launch the inactivated poliovirus vaccine and implement the switch from trivalent oral polio vaccine to bivalent oral polio vaccine.

Frequent stock outs of medicines, vaccines and other supplies were a huge challenge and limited the overall implementation of the CSD programme in the Congo. Key partners (France, the United States, the European Union, WHO, UNICEF, UNFPA, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Committee of the Red Cross) met with Congolese authorities to advocate for more resources and more transparency on procurement, distribution and utilization of vaccines and medicines. All of these authorities committed to supporting sustainable solutions on this issue. Advocacy is ongoing to ensure the effective disbursement of the pledged funds. A high-level mission involving GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, WHO, UNICEF and the World Bank was planned to meet with the Government of the Congo in November 2015 to discuss the Government's involvement in overcoming the challenge of vaccine and medicine supply management. Unfortunately, this mission was cancelled due to scheduling conflicts.

In 2015, UNICEF supported the MoH to develop the National Policy on Community-Based Health Care. The Policy will help to reinforce community empowerment and enhance demand for and utilization of health services.

The Performance Based Financing project was launched in May 2015. Funded by the Government of the Congo (US\$100 million) and the World Bank (US\$20 million) and with

UNICEF technical support, the project is expected to contribute to enhancing demand and improving access to and utilization of services. The project is linked to the newly launched GAVI Alliance health systems strengthening project (US\$5 million) to support the implementation of the Health Systems Strengthening programme in eight health districts.

The newborn mortality rate remains high at 23 deaths per 1,000 live births, according to the Demographic and Health Survey (DHS) 2011–2012, and contributes to more than 30 per cent of the under-five deaths. Ninety per cent of the newborn mortality deaths occurs in hospitals, and the main causes remain respiratory distress, prematurity and infections.

According to the study on unmet needs of emergency obstetric and neonatal care conducted in 2014, the low quality of emergency obstetric and neonatal care services has strongly contributed to the increase in the rate of newborns deaths. In 2015, UNICEF, UNFPA and WHO supported the MoH to conduct quality assessments of newborn services in nine major general hospitals that receive almost 50 per cent of all births countrywide. The study generated information on the organization and functioning of these services and the level of client satisfaction. Based on this, an action plan to improve the quality of care and services for newborns is under development.

Malaria remains the leading cause of under-five mortality in the Congo at 25.9 per cent. Over the past few years, the number of children under 5 years sleeping under insecticide-treated nets (ITN) increased from 26 per cent (DHS 2011–2012) to 60.4 per cent (preliminary 2015 MICS data).

UNICEF Congo supported the MoH to increase the capacity of health and community workers to use the malaria rapid diagnostic test and prevent malaria among pregnant women.

To more effectively integrate HIV into the maternal, child and newborn health framework, the Congo developed the new 'Integrated Health Booklet' to monitor pregnancy, childbirth and the postnatal period.

With the support of WHO, UNICEF and UNFPA, the MoH developed and validated a scorecard for the maternal, child and newborn platform that will allow health personnel to effectively monitor progress towards the implementation of high-impact interventions for maternal and child survival.

In 2015, UNICEF Congo continued to support the MoH to carry out bottleneck analysis and decentralized planning using eMTCT as an entry point. The health personnel of six health districts were trained to conduct the exercise. From 2013 to 2015 year end, a total of 27 health districts have conducted bottleneck analysis and developed their micro-plans.

Regarding the implementation of the equity-focused monitoring approach in the Congo, UNICEF Congo targeted three additional health districts to implement the Level-3 Monitoring (L3M). By the end of the year, six health districts have completed training and launched the monitoring process.

As part of the humanitarian response for the Central African refugees living in Likouala, effective interventions were provided in the areas of health, HIV, WASH and nutrition. UNICEF Congo provided supplies, trained health personnel and community members and supervised activities. **OUTPUT 1** By 2018, at least 80 per cent of health districts in the Congo have immunization coverage for all vaccines greater than 90 per cent

Analytical statement of progress:

Since 2013, the Congo has faced a measles outbreak due to sub-optimal vaccine coverage. The department of Pointe-Noire was the epicentre, and the outbreak extended to all other departments. By May 2015, 885 cases had been reported, and 30 deaths had been recorded. Pointe Noire reported 84 per cent of the total number of cases.

In 2015, polio vaccination campaigns were conducted, and high coverage was achieved (93 per cent during the first round, 95 per cent during the second round and 95 per cent during the third round, according to independent monitoring). Gradual improvement in the quality of polio campaigns was observed. This can be explained by the strengthening of communication activities, the involvement of media, religious leaders and community leaders, and the establishment of listening clubs.

UNICEF Congo mobilized funds for the procurement of vaccines and social mobilization activities for the measles catch up campaign in Pointe Noire and Kouilou departments. In total, 105 per cent of targeted children under 5 years were vaccinated. This campaign has contributed to halting the expansion of the outbreak.

In 2015, two health districts out of 30 (6.67 per cent) achieved coverage above 90 per cent for all antigens and three health districts (10 per cent) achieved coverage above 90 per cent for Penta 3 as referral vaccine. Efforts to strengthen routine immunization must be intensified. In 2015, UNICEF Congo supported the MoH to build the capacities of health personnel on vaccine management and to launch an effective vaccine management assessment. UNICEF Congo supported the MoH to launch inactivated polio vaccine and implement the switch from trivalent oral polio vaccine to bivalent oral polio vaccine.

Frequent stock outs of medicines, vaccines and other supplies has been a huge challenge and has limited the overall implementation of the CSD programme in the Congo.

OUTPUT 2 By 2018, at least 80 per cent of health structures in the 15 targeted health districts provide integrated management of childhood illness at all levels (health centre and communities)

Analytical statement of progress:

In depth analysis of DHS 2011–2012 data shows that lack of implementation of integrated management of childhood illness services contributed to the limited progress towards MDGs 4 and 5. Based on this evidence, in 2015, UNICEF Congo supported the Government of the Congo to develop the national policy on community-based interventions, in order to reduce disparities and increase demand for and utilization of health services through the efficient use of community health workers. Thanks to funds provided by the UNICEF Headquarters malaria team, 140 community health workers were trained in four departments.

OUTPUT 3 By 2018, at least 90 per cent of pregnant women benefit from four antenatal care (ANC) centres in the 15 targeted health districts.

Analytical statement of progress:

According to the DHS 2011–2012, at the national level, the newborn mortality rate remains high at 23 deaths per 1,000 live births and contributes to more than 30 per cent of the under-five mortality rate. Ninety per cent of newborn mortality deaths occur in hospitals, and the main causes are: respiratory distress, prematurity and infections. Specific data is not yet available for

the 15 targeted health districts. According to the 2014 study on unmet needs of emergency obstetric and neonatal care, the low quality of emergency obstetric and neonatal care strongly contributes to the increase in the number of newborn deaths.

In 2015, UNICEF, UNFPA and WHO supported the MoH to conduct quality assessments of newborn services in nine major general hospitals that receive almost 50 per cent of all births countrywide. This evaluation generated information on the organization and functioning of the hospitals and the level of customer satisfaction. Based on this, an action plan to improve the quality of care and services for newborns will be developed.

In the Congo, malaria remains the leading cause of under-five mortality (25.9 per cent). Over the past few years, the number of children under 5 years sleeping under ITNs has increased from 26 per cent (DHS 2011–2012) to 60.4 per cent (preliminary 2015 MICS). UNICEF Congo supported the MoH to increase the capacity of health and community workers to use the malaria rapid diagnostic test and prevent malaria among pregnant women.

OUTPUT 4 By 2018, at least 70 per cent of under-one children receive quality postnatal care at least two days after delivery in the 15 health districts.

Analytical statement of progress:

Over the past few years, post-natal care coverage has increased from 64 per cent (DHS 2011–2012) to 86 per cent (MICS 2015).

To more effectively integrate HIV into the maternal, child and newborn health framework, the Congo developed the new 'Integrated Health Booklet' to monitor pregnancy, childbirth and the postnatal period.

With the support of WHO, UNICEF and UNFPA, the MoH developed and validated a scorecard for the maternal, child and newborn platform that will allow health personnel to effectively monitor progress towards the implementation of high-impact interventions for maternal and child survival.

OUTPUT 5 By 2018, at least 80 per cent of households have ITNs

Analytical statement of progress:

In the Congo, malaria remains the leading cause of under-five mortality (25.9 per cent). The latest mass distribution of ITNs took place in 2012. Another round was scheduled for 2014 but was cancelled due to lack of ITNs and funds for operational costs. Over the past few years, the number of children under 5 years sleeping under ITNs has increased from 26 per cent (DHS 2011–2012) to 60.4 per cent (preliminary 2015 MICS data). In 2015, UNICEF Congo provided technical and financial support to the MoH to increase the capacity of health and community workers to use the malaria rapid diagnostic test and prevent malaria among pregnant women.

OUTPUT 6 Effective preparedness and response to emergency situations regarding CSD (early warning early action)

Analytical statement of progress:

Following the notification of the first case of Ebola in Guinea in March 2014, the epidemic quickly spread to other African countries in the West and Central Africa region. The Congo had already experienced an Ebola epidemic in the past. Since the Congo shares a long border with the Democratic Republic of the Congo and because most of the refugees from the Democratic

Republic of the Congo and living in the Likouala came from the area that was affected by Ebola, there was a fear that this epidemic would migrate from the Democratic Republic of the Congo to the Congo.

In September 2015, the Congo has organized the African Games, a sports competition that gathered thousands of athletes and fans from various countries, including those affected by the disease. To prevent the epidemic from migrating to the Congo, UNICEF Congo supported the Government to develop a contingency plan for preparedness and response to Ebola. UNICEF Congo also supported the development of tools for the implementation of this plan, focusing on communication and hygiene. UNICEF Congo supported the Government to mobilize private sector resources for the implementation of this plan. With UNICEF Congo support, funds were raised from the national oil company to implement the communication component of the plan. UNICEF Congo signed partnership agreements with mobile phone companies, MTN, Airtel and AZUR, to support the launch of the KAP study on Ebola and the dissemination of SMS for public awareness raising. UNICEF Congo also supported the Government to train 184 personnel, including 78 health professionals, 42 community trainers and 64 customs officers based in Brazzaville, Pointe Noire and Ewo.

Since 2013, the Congo has faced a measles outbreak due to sub-optimal vaccine coverage. The department of Pointe-Noire was the epicentre, and the outbreak extended to all other departments. By May 2015, 885 cases had been reported, and 30 deaths had been recorded. Pointe Noire reported 84 per cent of the total number of cases. UNICEF Congo mobilized funds for the procurement of vaccines and social mobilization activities for the Catch-Up Campaign. In total, 105 per cent of targeted children under 5 years were vaccinated. The campaign helped to halt the expansion of the outbreak.

As part of the humanitarian response for the Central African refugees living in Likouala, health, HIV, WASH and nutrition support was provided and in-depth needs assessment was conducted on all sectors, in partnership with WFP and UNHCR, to identify needs and develop an integrated action plan.

OUTPUT 7 By 2018, all 15 targeted health districts have annual action plan based on bottleneck analysis

Analytical statement of progress:

In the Congo, health districts did not have action plans documenting their activities. To implement a decentralized planning process based on bottleneck analysis, UNICEF Congo worked to convince other key partners (WHO and UNFPA) to support the decentralized approach. A key challenge was convincing the MoH of the added value of this approach and the extent to which it would strengthen the health system. The MoH has been requested to provide funds to scale up the approach after the UNICEF-funded pilot phase.

Another challenge was convincing health personnel, local political authorities and communities of the importance of implementing the decentralized approach rather than conducting business as usual without an action plan. Their involvement in this approach allowed the process to start in 2013 through the training of all stakeholders on bottleneck analysis.

From 2013 to the end of 2015, a total of 27 health districts conducted this exercise using eMTCT as an entry point (18 districts were directly funded by the Government as part of its commitment to implement this approach countrywide). In 2015, six health districts implemented the approach.

OUTPUT 8 By 2018, all targeted health districts implement monitoring exercise (L3 monitoring)

Analytical statement of progress:

Because health districts didn't have action plan documents, monitoring of activities was not being conducted. The MoH launched the equity-focused monitoring approach in pilot health districts that had implemented the decentralized planning process. The added value of this approach is that it facilitates an ongoing bottleneck analysis process that allows deprived children to be reached by high impact interventions. This is an integrated approach involving health personnel, local political authorities and communities analysing their performance using key indicators related to maternal and child health, WASH, HIV and nutrition. At the end of 2015, six health districts had completed training and launched the monitoring process.

OUTPUT 9 By 2018, package of high impact interventions on child survival will be reflected in all policies and other strategic documents at national and decentralized levels

Analytical statement of progress:

In 2015, UNICEF Congo supported the MoH to build the capacities of health personnel on vaccine management and to launch an effective vaccine management assessment. UNICEF Congo supported the MoH to develop the National Policy on Community-Based Health Care. This policy will help to reinforce community empowerment and enhance demand and utilization of health services. UNICEF, UNFPA and WHO supported the MoH to conduct quality assessments of newborn services in nine major general hospitals that receive almost 50 per cent of all births countrywide. This evaluation generated information on the organization, functioning and level of customer satisfaction at the hospitals.

To more effectively integrate HIV into the maternal, child and newborn health framework, the Congo developed the new 'Integrated Health Booklet' to monitor pregnancy, childbirth and the postnatal period. With the support of WHO, UNICEF and UNFPA, the MoH developed and validated a scorecard for the maternal, child and newborn platform that will allow health personnel to effectively monitor progress towards the implementation of high-impact interventions for maternal and child survival.

OUTPUT 10 Health programme coordination is effective and efficient

Analytical statement of progress:

Inter-Agency Co-ordinating Committee is a mechanism that puts together all partners involved in immunization and health system strengthening activities funded by the GAVI Alliance. The Committee is chaired by the MoH. There is also a quarterly meeting of health partners convened under the leadership of WHO. When needed, MoH senior staff are invited to attend these meetings to clarify the subject under discussion.

The Director-General of Population is leading the coordination mechanism around the UNDAF action plan within the framework of the implementation of the results group work plan on health.

OUTCOME 3 By 2018, at least 90 per cent of under-five children and pregnant and lactating women have good nutritional status

Analytical statement of progress:

According to the Multiple Overlapping Deprivation Analysis conducted in 2014, malnutrition is one of the two main types of deprivation affecting children under 5 years.

Thanks to UNICEF Congo support, the following key results were obtained in the nutrition sector in 2015:

- Availability of a costed, multi-sectoral operational plan against malnutrition.
- Launch of two rounds of vitamin A supplementation for children, which was integrated into polio vaccination campaigns. In total, 82 per cent of children aged 6 to 59 months received vitamin A supplementation during the first round in May 2015. During the December 2015 round, 112.4 per cent of targeted children aged 6 to 59 months were supplemented with vitamin A (administrative data).
- During the measles campaign in response to the measles outbreak in Pointe Noire, 105 per cent of targeted children under 5 years received vitamin A supplementation.
- A total of 78 per cent of children aged 6 to 59 months were dewormed with mebendazole.
- Reinforcement of the multi-sectoral coordination mechanism thanks to the involvement of a network of media and parliamentarians trained to conduct advocacy for nutrition programmes. This network attended the SUN global meeting in Milan, Italy, in October 2015.
- The mid and annual review of the UNDAF annual action plan was conducted in 2015 with the involvement of all partners.
- Attendance at the second international conference on nutrition provided an opportunity to finalize the operational plan against malnutrition. During this meeting, a roadmap was developed by the Congo delegation that included additional activities not reflected in the action plan of the Second International Conference on Nutrition. Among these activities was the launch of the fundraising meeting to mobilize sufficient resources for the nutrition programme.
- Reinforcement of the implementation of the SUN initiative. The multi-sectoral coordination mechanism is under the leadership of the Secretary General of the Presidency of the Republic. In 2015, this mechanism was enlarged to include representatives of the media, parliamentarians, and private sector and education sector actors. The involvement of these actors and their networks have strengthened the SUN movement through attendance in SUN teleconferences with other SUN partners.
- In 2015, the costed operational plan against malnutrition was developed with the support of the SUN Secretariat and UNICEF Congo
- Representatives of the Ministry of Foreign Affairs attended the launch of the NuLife initiative in New York to confirm and renew the Government of the Congo's commitment to contributing to the global effort to fight malnutrition, with an annual estimated contribution of US\$120 million. The Congo was the first country to commit to this initiative during the United Nations General Assembly in 2014.
- As part of the humanitarian response to Central African refugees living in Likouala, nutritional support was provided and a Standardized Monitoring and Assessment for Relief and Transitions (SMART) survey was conducted in partnership with WFP to identify the needs and develop an integrated action plan.
- To scale up the management of acute malnutrition, UNICEF Congo received technical assistance from WCARO to revise the integrated management of acute malnutrition guidelines for the infant and young child feeding (IYCF) strategy.
- According to preliminary results of the MICS 2015, the prevalence of chronic malnutrition decreased from 24.4 per cent in 2011 to 21.3 per cent in 2015. This important achievement is linked in part to the implementation of nutrition-specific and sensitive interventions in the Congo such as vitamin supplementation, deworming and awareness

raising on essential nutrition actions. According to the MICS 2015, 32.9 per cent of infants under six months are exclusively breastfed.

The main constraint to the implementation of nutrition activities is the lack of resources available to support the implementation of activities and to purchase supplies such as vitamin A, mebendazole and therapeutic food (F-75, F-100 and ready-to-use therapeutic food).

OUTPUT 1 By 2018, at least 90 per cent of under-five children are supplemented with vitamin A and dewormed

Analytical statement of progress:

- Vitamin A supplementation for children was integrated into polio vaccination campaigns. In total, 82 per cent of children aged 6 to 59 months received vitamin A supplementation during the first round in May 2015. During the December 2015 round, 112.4 per cent of targeted children aged 6 to 59 months were supplemented with vitamin A (administrative data). In addition, 78 per cent of children aged 6 to 59 months were dewormed with mebendazole.
- During the measles campaign in response to the measles outbreak in Pointe Noire, 105 per cent of targeted children under 5 years received vitamin A supplementation.

The main constraint has been the lack of funding for the purchase of vitamin A and mebendazole and for operational costs.

OUTPUT 2 By 2018, at least 30 per cent of health structures in the four targeted health districts are offering package of high impact interventions on nutrition

Analytical statement of progress:

To prevent malnutrition, health providers in targeted health structures supported by UNICEF Congo are pursuing the implementation of the essential nutrition package for mothers and children, including the management of acute malnutrition and IYCF for children, pregnant women and lactating women. The national integrated guideline for the management of acute malnutrition was revised to incorporate the new WHO recommendations. A training of trainers was conducted for 15 targeted national trainers. Due to lack of supplies (therapeutic milk and Plumpy'nut), the management of acute malnutrition could not be properly implemented. High-impact interventions were pursued in 33 out of 82 health facilities (40 per cent) in the 15 targeted health districts in eight departments.

OUTPUT 3 By 2018, at least three widely consumed foods are fortified with micronutrients

Analytical statement of progress:

From 2011 to the end of 2015, two widely consumed foods were fortified with micronutrients. The MICS 2014–2015 found that iodized salt is utilized by 86 per cent of Congolese households. In the Congo, 85 per cent of wheat flour consumed by the population is produced by MINOCO (a Congolese miller), which began fortifying with iron in 2013. In 2015, WFP and UNICEF Congo signed a Memorandum of Understanding with the Ministry of Industry that provides UNICEF Congo with funds to launch key activities such as home fortification with multiple micronutrient powder and sugar fortification with vitamin A. Although the first instalment of the project was integrated into the 2015 national budget, government funding was not released, and therefore planned activities for 2015 were not implemented.

The main constraint to the implementation of these interventions is the lack of a national

strategy to fight micronutrient deficiencies. Another constraint is lack of norms on food fortification in the Congo.

OUTPUT 4 By 2018, at least 30 per cent of households in the three targeted districts are informed on nutrition behaviours

Analytical statement of progress:

The national IYCF strategic plan was developed and validated. In 2015, health providers sensitized mothers on the essential package of nutrition, especially IYCF, in 33 of 82 health facilities in 15 targeted districts, focusing on Bétou/Enyelle, Impfondo and seven districts of Brazzaville. As part of the humanitarian response to Central African refugees living in Likouala, UNICEF Congo reinforced the capacities of 100 community health workers to provide information on good nutritional practices to 3,829 pregnant and lactating women. Medicines and nutrition supplies were available to manage acute malnutrition.

OUTPUT 5 By 2018, at least 30 per cent of children suffering of severe acute malnutrition are screened and well managed at health centre and community levels in targeted districts

Analytical Statement of Progress:

The national integrated guideline for the management of acute malnutrition was revised to reflect the 2013 WHO recommendations. A training of trainers was conducted to disseminate new orientations on the management of acute malnutrition. Due to lack of funds, it was not possible to scale up activities to manage acute malnutrition. However, 100 community health workers and 25 health workers in three health districts in Likouala were trained on the management of acute malnutrition. Also in this department, 492 children aged 6 to 59 months with severe acute malnutrition were admitted for treatment and 94.4 per cent were discharged as recovered.

OUTCOME 4 By 2018, at least 90 per cent of the most vulnerable pregnant women, children and teenagers living the targeted areas utilize prevention and health care services

Analytical statement of progress:

In 2015, UNICEF Congo provided technical and financial support for the following activities: 1) bottleneck analysis and development of decentralized plans at the health district level; 2) training of health personnel, equity-focused monitoring of high impact interventions using eMTCT as an entry point at the health district level; 3) the development and validation of the new 'Integrated Health Booklet' to monitor pregnancy, childbirth and the postnatal period.

The integration of HIV into the maternal, newborn and child health platform was initiated following the launch of the eMTCT plan in 2013 and was completed by 2015. . Unlike the previous booklet, which did not include any information on HIV, the new booklet focuses on HIV screening of pregnant women, their spouses and children born to HIV-positive mothers. The booklet will therefore contribute to providing more accurate data on the management of HIV-positive women and their children at the decentralized level.

Despite this progress, the utilization of HIV services by women, children and adolescents remains very low due to chronic stock outs of HIV tests and drugs. Since 2014, this situation has become more and more worrying. It is estimated that due to these stock outs, fewer than 60 per cent of the most vulnerable pregnant women, children and teenagers are utilizing prevention and health care services, according to the National Control Programme against AIDS. A joint initiative involving France, the United States, the European Union, WHO, UNICEF, UNFPA,

UNAIDS and the International Committee of the Red Cross) met with Congolese authorities to advocate for more resources and more transparency on the procurement, distribution and use of HIV tests and drugs. All of these authorities committed to solving the issue of HIV supplies. Advocacy is ongoing to ensure the effective disbursement of the pledged funds.

A high-level mission involving GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, WHO, UNICEF and the World Bank was planned to meet with the Government of the Congo in November 2015 to discuss the Government's involvement in overcoming the challenge of vaccine and medicine supply management (including HIV tests and ARVs). Unfortunately, this mission was cancelled due to scheduling conflicts.

Thanks to the support of UNICEF Congo, to the end of 2015, 100 per cent of health facilities (130 out of 130) have strengthened the capacities of their health personnel to implement HIV prevention and care services for women, children and adolescents. Unfortunately, the main bottleneck on the implementation of these activities remains the permanent stock outs of HIV tests and ARVs.

In 2015, UNICEF continued to support the MoH to implement bottleneck analysis and decentralized planning using eMTCT as an entry point. The health personnel of six health districts were trained to conduct the exercise. From 2013 to the end of 2015, 27 health districts have conducted bottleneck analysis and developed their micro-plans.

Regarding the implementation of the equity-focused monitoring approach in the Congo, in 2015, UNICEF Congo targeted three additional health districts to implement the L3M. To the end of 2015, six health districts have completed the training and launched the monitoring process.

UNICEF Congo also supported the MoH to develop and validate the National Policy on Community-Based Health Care. This policy will help to enhance demand and reinforce the decentralization of health services, including eMTCT.

OUTPUT 1 By 2015, at least 50 per cent of health structures are offering ANC, testing and health care to HIV-positive pregnant women and their children

Analytical statement of progress:

Thanks to the support of UNICEF Congo, , 100 per cent of health facilities (130 out of 130) have, through training, strengthened the capacities of their health personnel to implement HIV prevention and care services for women, children and adolescents.

Despite the progress made in the area of capacity building, the utilization of HIV services by women, children and adolescents remains very low due to chronic stock outs of HIV tests and drugs. It is estimated that due to these stock outs, fewer than 35 per cent of health centres are offering ANC, testing and health care to HIV-positive pregnant women and their children, according to the PNLIS. Partners' efforts to advocate for more resources and more transparency on the procurement, distribution and use of HIV tests and drugs have not produced the expected results.

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In 2015, UNICEF Congo also supported the MoH to develop and validate the National Policy on Community-Based Health Care. This policy will help to enhance demand and reinforce the decentralization of health services, including eMTCT.

OUTPUT 2 By 2015, at least 50 per cent of health structures provide testing to children and teenagers and health care to those who are HIV positive

Analytical statement of progress:

A total of 100 per cent of the 15 health districts supported by UNICEF are able to provide testing and paediatric care to infected children. Health personnel were trained and have integrated paediatric care into the maternal and child package of services offered at the health centre level. However, permanent stock-outs of HIV tests and ARV are the major bottlenecks for the implementation of the paediatric care service.

OUTPUT 3 By 2018, at least 80 per cent of health structures are offering information to teenagers on HIV transmission

Analytical Statement of Progress:

Since 2013, 100 per cent of health facilities in the UNICEF-targeted health districts have integrated HIV into the package of behaviour change communication for adolescents and women.

OUTPUT 4 By 2018, programme coordination is effective and efficient

Analytical statement of progress:

In the Congo, the HIV coordination mechanism is under the leadership of the Government, which leads an annual meeting to assess progress. Despite the fact that since 2014, the meeting was not conducted at this level, technical meetings were conducted at various levels. The Country Coordinating Mechanism is functional and is the mechanism by which partners discuss the HIV programme in regards to Global Fund support.

The UNDAF annual work plan is another opportunity for partners to meet, plan activities and discuss progress. Two such meetings were conducted in 2015.

OUTCOME 5 By 2018, at least 85 per cent of rural, peri-urban and urban populations use potable water and 30 per cent of them use hygienic sanitations

Analytical statement of progress:

The Government of the Congo decided to launch the CLTS approach in the country in 2011. Under the UNDAF biannual action plan 2014–2015, in 2014, the Government granted UNICEF Congo with US\$200,000 to support the scale up of this approach and to reach at least 180 villages (60 per cent of the 300 targeted villages) in the departments of Sangha, Cuvette Centrale and Kouilou. In total, 160 villages have been declared open defecation free: 137 villages in 2014 and 23 villages in 2015.

UNICEF Congo continued to support the Government to develop and disseminate updated messages on good hygiene practices in households. The percentage of households reached

with these messages rose from 72 per cent in 2014 to 85 per cent in 2015. In addition, the rate of open defecation decreased from 21 per cent in 2011 to 20 per cent in 2014 (Joint Monitoring Programme 2015).

This success is also due to the strong support of decentralized authorities and communities for the project's activities. Nevertheless, efforts should continue to generate behaviour change in regards to harmful social norms.

Access and utilization of potable water was one of the key success stories of the WASH programme in 2015. As a result of the adoption of a strategy of access to drinking water in rural and peri-urban areas, which was developed with UNICEF Congo support in 2013, the Government launched the Water for All initiative. This is a US\$400 million project entirely funded by the Government of the Congo to build more than 4,400 wells/boreholes in 2,000 villages to make drinking water available to more than 75 per cent of the rural population. In 2015, the Government built 2,650 wells/boreholes in 1,200 villages, including the 300 villages selected for the CLTS approach in the three targeted departments.

Building on opportunities generated by the Water for All initiative, the Government of the Congo developed and implemented the Sanitized Village project. As a result, hygiene and sanitation components will be added in villages where the Water for All initiative was implemented. UNICEF Congo is the technical partner for this project and facilitated the mission to the Democratic Republic of the Congo to learn from that country's experience of the Sanitized Village approach.

UNICEF Congo finalized a partnership agreement with the Government to launch activities related to C4D and to build the capacities of communities to maintain structures and manage water points and latrine construction. The partnership agreement, which is for US\$14 million (64 per cent funded by the Government) and covers the period 2016–2018, will allow UNICEF Congo to support the Government to implement the Sanitized Village project.

OUTPUT 1 By 2018, at least 40 per cent of villages in the three targeted departments are declared open defecation free villages

Analytical statement of progress:

Under the UNDAF biannual action plan 2014–2015, in 2014, the Government granted UNICEF Congo with US\$200,000 to support the scale up of this approach and to reach at least 180 villages (60 per cent of the 300 targeted villages) in the departments of Sangha, Cuvette Centrale and Kouilou. In total, 160 villages have been declared open defecation free: 137 villages in 2014 and 23 villages in 2015.

Overall, thanks to efforts in the areas of sanitation and hygiene, the rate of open defecation decreased from 21 per cent in 2011 to 20 per cent in 2014 (JMP 2015). UNICEF Congo continued to support the Government to develop and disseminate updated messages on good hygiene practices in households. The percentage of households reached with these messages rose from 72 per cent in 2014 to 85 per cent in 2015. This success is due to the strong support of communities and decentralized authorities for the project. Nevertheless, efforts should continue to generate behaviour change in regards to harmful social norms.

OUTPUT 2 By 2015, at least 50 per cent of households in the three targeted departments have access to potable water drinking water

Analytical statement of progress:

In the area of water, due to the adoption of the strategy of access to drinking water in rural and peri-urban areas, which was developed with UNICEF Congo support, the Government launched the Water for All initiative. This is a US\$400 million project entirely funded by the Government of the Congo to build more than 4,400 wells/boreholes in 2,000 villages to make drinking water available to more than 75 per cent of the rural population. In 2015, the Government built 2,650 wells/boreholes in 1,200 villages. Notably, the 300 villages selected for the CLTS approach in the three targeted departments were included in this initiative.

OUTPUT 3 By 2015, at least 50 per cent of households in the three targeted departments have access to hygienic latrines

Analytical statement of progress:

Under the UNDAF biannual action plan 2014–2015, in 2014, the Government granted UNICEF Congo with US\$200,000 to support the scale up of this approach and to reach at least 180 villages (60 per cent of the 300 targeted villages) in the departments of Sangha, Cuvette Centrale and Kouilou. In total, 160 villages have been declared open defecation free: 137 villages in 2014 and 23 villages in 2015.

UNICEF Congo continued to support the Government to develop and disseminate updated messages on good hygiene practices in households. The percentage of households reached with these messages rose from 72 per cent in 2014 to 85 per cent in 2015. As a result of this work, the rate of open defecation decreased from 21 per cent in 2011 to 20 per cent in 2014 (JMP 2015). This success is also due to the strong support of communities and decentralized authorities for the project's activities. Nevertheless, efforts should continue to generate behaviour change in regards to harmful social norms.

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OUTCOME 6 By 2018, 100 per cent of girls/boys of primary school age and 70 per cent of girls/boys of first cycle of secondary school, particularly the most vulnerable, achieve quality and inclusive education, and 100 per cent of girls/boys and adolescents out of formal school benefit from alternative education.

Analytical statement of progress:

One of the most important achievements in the education sector in 2015 was gaining membership in the GPE. The partnership, set with the Government, multilaterals and CSOs, has developed, and UNICEF Congo has confirmed its leadership in the education sector. In addition to the Education Sector Strategy (2015–2025), new policy measures have been adopted and have paved the way for significant future improvements in the education sector. The newly developed Education Sector Plan (2015–2025) did not benefit from GPE funding because

the proportion of the national budget allocated to primary education was 34 per cent, far below the standard level set by the GPE of 45 per cent. The 2016 United Nations education joint action plan will support the education system in the Congo to implement the new 10-year education plan, particularly to address the crosscutting issues of education management and information systems.

In 2015, the education sector became more inclusive for vulnerable children, including indigenous and refugee children. To improve access to basic education particularly for girls, UNICEF Congo supported the development of the national strategy for girls' education with the active participation of partners such as FAWE. This strategy will serve as an important framework for addressing gender disparities within departments in which such disparities have been observed, using criteria that include access to and completion of education. The finalization and validation of the strategy is scheduled for 2016.

In regards to non-formal education, UNICEF Congo continued to support *Observer, Réfléchir, Agir* (Observe, Think, Act or ORA) schools for indigenous children through the production of new curricula and textbooks and by supporting trainers. In 2015, thanks to ORA schools, 4,253 indigenous children were able to exercise their rights to education.

To support refugee children from the Central African Republic and the Democratic Republic of the Congo, UNICEF Congo provided primary and secondary school children with school supplies. and built a borehold n the secondary school of Bétou.

Within the framework of decentralized planning and monitoring, local actors in the department of Lékoumou were trained on MoRES. Data collected in the school districts of Sibiti and Zanaga contributed to education actors raising their awareness on school quality.

The partnership among United Nations agencies continued in 2015, as did the joint Peace, Conflict Prevention And Human Security programme (2012–2015) in the department of Pool. In 2015, in the school districts of Mindouli, Loulombo, Kindamba and Mayama, 81 teachers and 47 child leaders were trained and sensitized; 9,635 students (5,096 boys and 4,539 girls) were indirectly sensitized; 59,500 pupils were dewormed; and 41 schools received environmental and hygiene kits.

OUTPUT 1 By 2018, Access to basic education for girls, adolescents and indigenous children is increased including actions on school readiness

Analytical statement of progress:

Access to education for girls has improved over time. However, although the MICS 2015 confirmed gender parity at primary and secondary school levels, approximately 13 per cent of girls are still out of school. To improve girls' access to basic education, UNICEF Congo began to work on the national strategy for girls' education with the active participation of partners, including FAWE and the three ministries for education. This strategy will be an important tool for addressing disparities between departments in access to and completion of quality education for both girls and boys, for all levels of schooling, vocational training and back-to-school programmes. The finalization and validation of this strategy is scheduled for 2016.

OUTPUT 2 By 2018, quality of education is improved for all children, girls and boys, including those of the most disadvantaged

Analytical statement of progress:

In 2015, UNICEF Congo strengthened its action to improve the quality of education with the following results: 1) expanded partnership with UNESCO with an agreement to train 3,000 teachers; 2) the publication of 1,200 textbooks and curricula for ORA schools based on the assessment of children's learning outcomes.

OUTPUT 3 By 2015, the Congo is a member of the GPE

Analytical statement of progress:

UNICEF Congo led and coordinated the GPE process, the Education Sector Strategy (2015–2025) and the finalization and adoption of all related documents at both national and GPE levels, thereby enabling the Congo to become a member of the GPE. The Education Sector Strategy includes new policy measures that will generate strong reform of the education system in all areas (quality, human resources, infrastructure, equity, violence, etc.) and pave the way for expanding access to education and retention for girls and boys.

In the process of developing the strategy, operational links were set among the main entities involved: the local education group, the group of technical and financial partners and the Government (through a technical committee composed of the three ministries in charge of education in the country).

OUTPUT 4 By 2018, in community preschools, re-schooling centres, ORA schools in the six departments where the programme activities are implemented, the enrolment rate in non-formal education increases by 10 per cent

Analytical statement of progress:

In order to promote the education of disadvantaged and vulnerable children, particularly indigenous children, UNICEF Congo increased advocacy for ORA schools in the departments of Likouala and Sangha. As a result, the schooling of 4,253 indigenous children was pursued in 46 ORA schools with financial support from the Government to support the 76 trainers. Access to education through new re-schooling centres and community early childhood development centres built in the framework of the support to child-friendly environments through community participation project funded by the Government of Japan in 2011–2014 continued to increase in the 2015–2016 school year. A total of 2,561 out-of-school adolescents/young people and 2,244 children are now enrolled.

OUTPUT 5 By 2018, all children in emergency situations benefit of the package of essential services of education in accordance with UNICEF's Core Commitments for Children in humanitarian action

Analytical statement of progress:

In response to the humanitarian situation linked to refugees in Likouala in the north, UNICEF Congo provided school supplies to children in primary and secondary schools (including refugee children from the Central African Republic and the Democratic Republic of the Congo). The secondary school in Bétou (Likouala department) was equipped with 2,449 textbooks that cover subjects including French, mathematics and science. Some 2,635 students in primary and secondary schools were equipped with school supplies (portfolios, books, pencils and slates). In the secondary school of Bétou, which has faced a massive influx of Central African refugee students (288 refugee students out of 803 total students), UNICEF Congo also provided school supplies to 300 adolescent boys and girls, as well as access to clean water by building a borehold.

UNICEF Congo supported the Ministry of Education to raise the awareness of 86,000 schoolchildren on Ebola. In addition, 306 schools received handwashing devices to support Ebola prevention, and 281 of these schools set up hygiene clubs.

OUTPUT 6 By 2018, decentralized planning and monitoring are implemented in two districts.

Analytical statement of progress:

The education, CSD and child protection sections developed an inter-sectoral way of working. A total of 79 local actors in Sibiti and Zanaga (Lékoumou Department) acquired new skills in MoRES.

OUTPUT 7 By 2018, program management and coordination are effective.

Analytical statement of progress:

Programme staff and consultants provided technical support for the implementation of programme activities, as planned. The main outputs were the following: 1) the report on the United Nations joint Peace, Conflict Prevention and Human Security programme was finalized; 2) the mid-term report (six months) on the UNDAF basic education component was finalized; 3) there were no outstanding DCTs of more than nine months; 4) two main grants that expired in 2015 had no unutilized funds.

OUTCOME 7 By 2018, 50 per cent of girls and boys, especially the most vulnerable, are better protected against abuses, violence, exploitation and discrimination.

Analytical statement of progress:

Since the National Social Action Policy was adopted, important strides have been made towards the establishment of a national child protection system under the leadership of the Ministry of Social Affairs.

In 2015, the Congo consolidated the necessary infrastructure to operate the child protection strategic framework developed in 2014 with the following main results: 1) budgeted action plans and clear operational frameworks established at the local and central levels; 2) integrated scheme of child protection and documents, standards and tools developed to optimize its operationalization; 3) a local mapping of actors and services carried out; 4) a network of 26 community child protection mechanisms established (village committees for child protection (VCCPs) and area committees for child protection (ACCPs)).

A plan to forge links between the operational phase of the child protection system and assistance for children from broken homes was initiated to better meet the specific needs of these children. The welfare of more than 355 particularly vulnerable children (214 street boys, 90 young women engaged in prostitution, and 55 of their children) was therefore improved.

The institutional protection framework was also strengthened. This is particularly reflected in the dissemination of the Convention on the Rights of the Child concluding observations, the presentation of the initial report on the African Charter on the Rights and Welfare of the Child, the draft of a bill on adoption, the ongoing revision of the legal codes, the celebration of major events for the promotion of rights and advocacy for the implementation of existing protection laws.

Regarding the indigenous situation, the joint evaluation report of the different stakeholders' interventions and the introduction of the comprehensive monitoring approach for action led to

greater availability of data and evidence for measuring progress towards improving the well-being of indigenous children. Furthermore, the availability of data on the provision of essential services such as birth registration, health and education has gradually improved in the intervention areas.

For the protection of children in emergencies, UNICEF Congo, in collaboration with ASPC, contributed to the promotion of child-friendly support mechanisms and violence prevention measures. As a result, 1,442 children aged 2 to 5 years (766 girls and 676 boys), 72 per cent of whom were from the Central African Republic, received support in CFS. This special attention, provided in a protective and playful setting, helped to relieve the suffering of children and contribute to their healthy development.

Finally, UNICEF Congo continued to actively support the Government and partners' joint planning process within the social protection outcome group. This helped to better prioritize and optimize partners' contributions to national development.

OUTPUT 1 By 2018, a national child protection system is developed in accordance with the national social policy and action plan

Analytical statement of progress:

Since November 2014, with technical and financial support from UNICEF Congo and WCARO, the Government has been conducting a pilot project on the national child protection system. The first phase aimed to sensitize stakeholders and gain a common understanding of this new systemic approach. A roadmap and a national strategic framework for strengthening the child protection system were developed.

In 2015, the second phase laid a solid foundation for operationalization. More than 70 actors involved in child protection were trained, and three budgeted action plans were developed with the participation of actors working in protection and related sectors. These operational frameworks describe actions to be taken at local (pilot sites) and central levels (for strong coordination).

Other results included: 1) the validation and appropriation of documents, standards and tools for the operation of the child protection system; 2) the establishment of 26 child protection community mechanisms, including 17 ACCPs/VCCPs in Sibiti (southwest) and nine ACCPs in Mougali (Brazzaville); 3) the training of 20 community mechanism trainers; 4) the adoption of a roadmap for the implementation of these mechanisms.

However, the training of ACCP and VCCP members and administrative procedures for the formal establishment of coordination bodies at the national and local levels have not been finalized due to the security situation related to the constitutional referendum process.

Experimentation around this new approach will require sustained support. The next steps involve: 1) a decree establishing the National Coordinating Committee for Child Protection; 2) issuance of formal instructions for the establishment of the district and constituency committees for child protection coordination for Sibiti and Mougali, respectively; 3) support for the operation of the child protection systems in these two pilot sites; 4) provision of protection services by the two committees; 5) regular meetings of integrated system and coordination mechanisms.

UNICEF Congo also supported initiatives aimed at strengthening the institutional protection framework. More than 2,000 brochures on the observations of the Committee on the Rights of

the Child were produced and disseminated. In collaboration with the European Union (PAREDA Project), UNICEF Congo took an active part in discussions on how to strengthen national capacities and better appropriate the ongoing development/revision process of legal codes. With support from UNICEF Congo, the Government is currently drafting a bill on adoption to harmonize the national legislation with international law. The concerted advocacy has continued to support the development of decrees to implement laws to protect children and indigenous people.

OUTPUT 2 By 2018, at least 50 per cent of indigenous girls and boys in target areas receive a package of essential services including birth registration, schooling, health care and HIV/AIDS information.

Analytical statement of progress:

UNICEF Congo has maintained its commitment and leadership in regards to the situation of indigenous people. Strategic partnership in regards to this issue has continued to improve. United Nations agencies and partners carried out an assessment of interventions aimed at improving quality of life for indigenous people. This joint initiative was placed under the coordination of the Ministry of Social Affairs and the Resident Coordinator. This evaluation shows that results are mixed. Although positive change has taken place in society, the pace of change remains slow due to poverty and discrimination. Interventions should be articulated in both multi-sectoral and multi-annual perspectives.

In Lékoumou Department (southwest), UNICEF Congo continued to support outreach for essential services related to birth registration, school enrolment and health. The following results were achieved through a combination of on-site and mobile services:

- Nearly 2,700 predominantly indigenous children (1,402 girls and 1,298 boys) out of 4,461 identified children (60 per cent) were registered in the civil registry. A departmental action plan was developed for systematic registration, and 1,057 birth certificates were signed out of the 2,173 targeted (49 per cent).
- 525 indigenous children were enrolled for the 2014–2015 school year. In addition, 75 teachers and community volunteers were trained in pedagogical support and school attendance. More than 1,000 sensitized parents agreed to send their children to school. School kits were provided to 1,076 indigenous students, representing significant progress. However, in the Sibiti school area, out of 477 school-age indigenous children, only 334 (70 per cent) were enrolled in school.
- Access to health services has improved for indigenous people: 7,610 indigenous people benefited from free consultations and curative care; 389 pregnant women received prenatal care and LLT nets; 44 women received supplements and postnatal care; 224 indigenous children (aged 0-11 months) were vaccinated with Bacillus Calmette-Guérin; 250 malnourished children received support; 11,439 children were dewormed; and 4,066 people were sensitized on key practices related to hygiene and health issues, including HIV/AIDS.

These achievements were confirmed during the first in-depth monitoring for action meetings in Sibiti and Zanaga with all stakeholders. Budgeted new micro-plans were also developed. UNICEF Congo strengthened the capacities of more than 80 operational partners on disaggregated data collection mechanisms.

Furthermore, the joint European Union, UNICEF, and WFP support for indigenous children's schooling in 2014–2015 in the north of Likouala benefited 2,794 indigenous students in 39 ORA

schools (1,263 girls). In addition, the integration of 246 former ORA students (76 girls) into 14 public schools was monitored.

OUTPUT 3 By 2018, all boys and girls from risk areas, including in emergency settings, are better protected against violence, trafficking, abuse and exploitation.

Analytical statement of progress:

The issue of children from broken homes is pervasive, especially in urban areas. In response, UNICEF Congo supported a pilot intervention of decentralized response to protect children in the streets or children who face prostitution.

Working with the United States Fund for UNICEF and the Serge Ibaka Foundation, UNICEF Congo continued to help specialized partners such as Space Jarrot and International Solidarity Action (ASI) to better support these particularly vulnerable children.

Key results achieved include: 1) the rehabilitation, equipping and official inauguration of the new day care centre. Thanks to its strategic position, in the central area, the number of girls attending the centre has nearly doubled. Some 90 young women/adolescents practicing prostitution and 55 of their children received support for their basic needs (health, nutrition and hygiene). Within this group, 28 young women/adolescents attended literacy classes, 19 attended vocational training and 23 were in the 'professional integration phase'. In addition, 24 particularly vulnerable children received support for school integration. The Ministry of Social Affairs made five social workers available to ASI, marking its commitment to assume responsibility for vulnerable children. 2) At the Space Jarrot, residential and non-residential centres were rehabilitated and equipped. These centres supported 214 boys that had been living on the street. Among these, 100 children were enrolled in school, 24 were enrolled in vocational training and 34 were reintegrated into their families. In addition, the Ministry of Social Affairs granted official accreditation to Space Jarrot, noting merit recognition and endorsement by the Government authority of its achievements.

The partners of *Réseau des Intervenants sur la Problématique des Enfants en Rupture*, including ASI and Space Jarrot, are stakeholders in the child protection system. The utilization of their recognized expertise and presence as key actors constitute a powerful tool for the operationalization of this system and clearly strengthened the link between the Government's responsibility for child protection and these projects, which are integrated into the national child protection system.

OUTPUT 4 By 2018, programme coordination is effective and efficient.

Analytical statement of progress:

UNICEF Congo remained proactive within the social protection UNDAF result group. In 2015, the joint planning process was improved. The annual work plan was developed and signed in March 2015. The stakeholders learned about the process during a day of brainstorming dedicated to social protection, led by the Ministry of Social Affairs and WFP, as sector co-leads. However, the coordination mechanisms, such as holding regular mid-term and annual reviews, need to be strengthened to ensure the quality of implementation and performance evaluation.

Despite limited financial and technical resources, with the support of an international consultant, the UNICEF Congo child protection section carried out groundbreaking work by shifting to the child protection integrated system approach. However, the pilot phase is still fragile. Furthermore, despite technical assistance and strong advocacy for the mobilization of domestic

resources, the child protection flagship project has not been included in the 2015 national budget (it was included in the 2014 national budget). Therefore, it will be critical, albeit challenging, to ensure good coordination and national ownership of the child protection system approach and support for financial resource allocation.

OUTPUT 5 Preparedness and response in child protection in emergencies are effective.

Analytical statement of progress:

In the department of Likouala, funds from UNICEF Congo and the Central Emergency Response Fund were used to respond promptly and effectively to emergencies.

In collaboration with ASPC, UNICEF Congo contributed to the improvement of basic assistance to children in emergencies, the strengthening of CFS capacities and quality of care and the increased involvement of communities in child protection. More than 30 CFS staff were trained on the rights and protection of children, early childhood development, identification/referral and support for particularly vulnerable children. Community volunteers conducted awareness campaigns on child protection issues, such as birth registration, child marriage, child labour, sexual and gender-based violence, etc.. These campaigns reached about 3,000 people each month and contributed to the identification and referral of child victims of violence.

Overall, 1,442 children aged 2 to 5 years (766 girls and 676 boys) were supported in the CFS in Bétou and Ikpengbéle. Of these children, 72 per cent were refugees from the Central African Republic, 16 per cent were refugees from the Democratic Republic of the Congo and 12 per cent were Congolese children. Regardless of their status as indigenous, orphaned, disabled, Muslim or Christian, every child benefited from a balanced daily meal, as well as recreational, educational and listening sessions. CFS have also made it possible to identify and refer 200 children with special needs to specialized services for malnourished children, sick children (including children suffering from malaria, hernia, respiratory infection, parasitosis, skin disease, anaemia or ear infections), and children with psychological problems (including children who have been abandoned or victims of violence).

The CFS approach is relevant to provide quality care for young children when there are no real alternatives to meeting their various needs in education, protection and psychosocial support. These CFS: 1) support child development; 2) guarantee security in a threatening environment; 3) contribute to the promotion of equity and social inclusion; 4) contribute to the management of community tensions; 5) offer an opportunity for direct contact with a large number of children and facilitate early detection of vulnerabilities that often threaten children's lives.

Finally, data collection was carried out and a report on the needs of refugees was produced to better adjust the response. However, despite the proven effectiveness, high-level of satisfaction, and the search for alternative strategies at the community level, the major constraint remains the lack of funds for a long-term response involving a higher proportion of the population.

OUTCOME 8 By 2018, in an enabling social and political environment, households, communities, families and individuals, especially the marginalized groups, in the targeted interventions areas, adopt regularly, essential family practices relative to child survival, development and protection and mobilize themselves to request for access to essential services package offered to them.

Analytical statement of progress:

In 2015, the UNICEF Congo C4D section provided cross-sector support to other programmes, including CSD, education and child protection. Special emphasis was placed on Ebola prevention.

UNICEF Congo achieved the following main results in 2015:

- Capacity of partners (public institutions and NGOs) strengthened: 884 teachers, 131 inspectors of primary education, 20 NGO leaders, 156 health workers and 57 community actors were trained on Ebola, interpersonal communication and community engagement.
- Communication materials (posters, leaflets and a video documentary on children) and hygiene kits (handwashing devices and soap) were provided.
- Important steps were achieved in terms of nurturing partnerships with the private sector, particularly the mobile phone companies. Two important programmes (CSD on polio immunization campaigns and the emergency programme on the Ebola prevention campaign) sensitized 1,079,627 subscribers with support from mobile companies such as Airtel, MTN and Azur.
- Partnerships with CSOs were expanded, including through programme cooperation agreements signed with new partners and memoranda of understanding signed with the private sector. Thanks to newly built partnerships with CSOs, UNICEF Congo was able to reach 700,000 people with awareness-raising messages on Ebola prevention. In addition, 306 schools and 88 health facilities received handwashing devices within the framework of Ebola prevention. Among the 306 schools, 281 set up hygiene clubs.
- 36 child protection actors acquired knowledge and skills on child protection issues, the promotion of children's rights, tracking and referral of cases, and awareness-raising techniques.
- Progress towards the development of the partnership with the Ministry of Social Affairs to formalize the support from UNICEF Congo for the implementation of the social safety net project called Lisungui. The World Bank and the French Development Agency (*Agence Française de Développement (AFD)*) provided US\$10 million to the Congo to co-finance the project. UNICEF Congo technical support will focus on the C4D component to enable the implementation of follow-up measures that promote essential family practices among beneficiaries.
- With regards to child survival and thanks to the support provided by UNICEF Congo and WCARO, continuous partnership with the MoH led to improved results in three rounds of the polio campaign and in the preparation and development of communication plans (for the introduction of the new inactivated polio vaccine and for the media).
- Increased results on advocacy and the visibility of UNICEF at national and international levels improved the ability of management to share information more widely and in a more timely way and to use social media websites such as Twitter and increased the audience for UNICEF Congo's major achievements and results for children, including through publications.

OUTPUT 1 Effective and functioning coordination is guiding the planning, implementation and management of the communication programme

Analytical statement of progress:

Synergy was created during the implementation of the Ebola Preparedness and Emergency Response Contingency Plan. This process allowed UNICEF Congo to work in close collaboration with the MoH, the Ministry of Primary and Secondary Education, the Ministry of Communication and Relations with Parliament and partners from the private sector, such as mobile phone companies (MTN, Airtel and Azur). In addition, C4D activities were implemented

at a decentralized level during the national immunization campaigns under the joint supervision of UNICEF staff and the MoH.

Although efforts were made internally to ensure good coordination of C4D activities, implementation was impacted by weak coordination among decentralized level structures, which reduced the programme's effectiveness. The reduced effectiveness of national structures can be explained by the lack of dedicated personnel that are skilled in C4D. It may also be due to the fact that in governmental and NGOs structures, all C4D-related activities are managed at the central level.

OUTPUT 2 By 2018, a partnership is effective between the Government, NGOs, associations and media for the promotion of norms and behaviour favourable to health, education and the protection of children

Analytical statement of progress:

In 2015, various partnerships were established and strengthened with CSOs, the private sector, and the media that allowed for the implementation of behavioural change and communication initiatives in health, education and child protection. More specifically:

- Umbrella programme cooperation agreements were signed on Ebola preparedness and emergency response with six NGOs: *Terre sans Frontières*, *Croix Rouge Congolaise*, *Association Monde Action*, *Association Nationale pour l'Education Périnatale*, *Association Tchicaya U'Tamsi*, and *Agence Regionale pour l'information et la prevention en Santé*. Advocacy and building community engagement were emphasized and allowed partners to maximize the participation of both local authorities and community leaders during follow up and at the inception of activities. Overall, 365 political, administrative, and religious authorities were actively involved. Through interactive theatres, the NGO, *Association Tchicaya U'Tamsi*, raised the Ebola awareness of 11,926 people (7,391 women and 4,535 men) in nine districts in Brazzaville.
- Partnerships with the private sector were strengthened in 2015 to support Ebola prevention. Thanks to funds mobilized in 2014 with the national oil company, *Société Nationale des Pétroles du Congo*, achievements such as the training of health workers and the distribution of handwashing devices to 306 schools and 88 health facilities were made possible in 2015. Successful advocacy with mobile phone companies led to their active support of the KAP survey on Ebola and the broadcast of prevention messages to more than 1 million mobile phone companies' subscribers.
- Partnerships were also nurtured with the media under the leadership of the Ministry of Communication relations with Parliament. Using funds raised for Ebola prevention, 40 community members and public and private media professionals were trained on Ebola. The trainees also received financial support in order to implement the media plans that were formulated.
- In the protection sector, UNICEF Congo is in the process of developing a new partnership with the Ministry of Social Affairs to support the implementation of the social protection programme called Lisungui. This project promotes social safety nets and follow-up measures for access to services and the adoption of essential family practices among beneficiaries. This programme is co-financed by the World Bank and the AFD (for a total contribution of US\$10 Million from these two donors). In addition, 36 community workers were trained on child protection issues to support the implementation of the child protection strategy.

- Partnerships were also developed in regards to the emergency situation in the north with an emphasis on Central African refugees. The delivery of services for the emergency response was primarily supported by two NGOs: ASPC and TSF.
- In the education sector, the CSO, INCEF, supported community mobilization activities. This mobilization built community ownership of early childhood and back-to-school literacy centres. This activity was performed within the framework of a project funded by the Government of Japan entitled 'Community Empowerment and Participation for the Creation of a Decent Learning Environment for Young Children'.
- With regards to UNDAF implementation, UNICEF Congo participated actively in the elaboration of the communication strategy to encourage a change in nutritional behaviours in the Congo.

OUTPUT 3 By 2018, actors from all levels in the Government, CSOs, community-based organizations in each intervention area are able to design and implement community-based mobilization interventions in favour of children

Analytical statement of progress:

Community mobilization work was enhanced in 2015 in a number of areas, including health (immunization and Ebola prevention) and education.

In health and immunization, UNICEF Congo provided support during three rounds of the national polio immunization campaign. For Ebola prevention, capacity strengthening benefited 860 actors from NGOs and community-based organizations in the areas of interpersonal and community engagement. The availability of this capacity is an important asset for building future interventions that will positively affect the well-being of the mother and the child.

In the education sector, community empowerment activities supported the implementation of the Government of Japan's US\$6 million community empowerment project in six departments. This entailed the development of the social mobilization skills of community-based organizations for communication-related interventions aimed at improving the school attendance of the most vulnerable children and out-of-school children. Five training sessions were conducted in this spirit and benefited 134 participants.

OUTPUT 4 By 2018, individuals, households, and communities in the targeted interventions areas receive and share information on child survival, development, education and protection through mobile phones

Analytical statement of progress:

In 2015, two important UNICEF Congo programmes (CSD for polio immunization campaigns and C4D for Ebola prevention) had their messages sent to all national subscribers in French and two major national languages due to the partnerships with mobile phone companies such as Airtel, MTN, and Azur. In regards to the polio immunization campaigns, the messages emphasized the importance of immunization, the age of targeted children, the parents' role and responsibility, the childhood immunization schedule and the vaccination sites. In regards to the Ebola prevention campaign, two specific messages were broadcasted: the first one on preventive measures and the second one on handwashing using clean water and soap. Preliminary figures showed that 1,079,627 subscribers were sensitized, including 759,627 by Airtel and 320,000 by Azur.

OUTPUT 5 Salary and other related cost

Analytical statement of progress:

An NOC C4D specialist was recruited in June 2015, which strengthened the C4D team tasked with supporting C4D activities in all the sectors. The professional level C4D specialist is dedicated to polio activities only.

OUTCOME 9 The programme of cooperation of UNICEF with the Government of the Congo is based on the results linked to 'Deliver As One' approach in support of the realization of the most deprived girls and boys

Analytical statement of progress:

Under the technical leadership of UNICEF Congo, a new modality was introduced in 2014 for work planning directly linked to the UNDAF outcomes. The UNDAF Steering Committee created in 2014 is functional and co-chaired by the Ministry of Economy, Finance, Planning, Public Portfolio and Integration and the Resident Coordinator. UNDAF results groups, co-led by senior government staff, are also functioning. The UNDAF Steering Committee held its meeting to endorse the results group work plans, and an annual review was held to discuss their implementation status. This innovation was successfully endorsed by all United Nations agencies and the relevant ministries and was found to be a more efficient way of implementing the United Nations agencies' programme of cooperation.

Among the five results groups created and co-led by the Government, UNICEF Congo is leading two: basic education (primary and secondary) and WASH. UNICEF Congo is also an active member of four other groups: social protection, food security and nutrition, health and HIV, and governance. Emergency preparation and response is cross-sectoral and cross-agency. UNICEF Congo is a member of the task force that developed the two-year (2015–2016) contingency plan for the United Nations system.

In 2015, as previously in 2014, the results group work plans were developed, endorsed by the UNDAF Steering Committee and implemented. UNICEF Congo played key roles in all results group work plan development and implementation and was therefore at the forefront of the agencies' support to the Government for the realization of the full range of children rights. UNICEF Congo also ensured that all key national or sectoral documents and strategies were child rights-sensitive. Ownership by some of the United Nations agencies remains a challenge, however.

Partnerships have been strengthened within the United Nations system and the private sector, with the Ebola situation serving as an entry point for partnership. A partnership strategy with the private sector was developed to complement the overall UNICEF Congo resource mobilization strategy.

Important progress was also made in terms of a broader partnership involving not only the United Nations but also other development partners, including bilateral and multilateral institutions (i.e. the AFD, the United States Embassy and the European Union).

Overall program management in UNICEF Congo met the requirements and standards set in the office management indicators, which are related to DCT, and grant and donor reports management at mid- and end-year.

OUTPUT 1 By 2018, all annuals/bi-annuals action plans jointly designed with the other agencies of the United Nations system are result-based

Analytical statement of progress:

In 2015, as was previously the case in 2014, UNICEF was instrumental in the development and implementation of results group work plans (as co-leader in education and WASH) and as an active member in the other results groups (social protection, nutrition, health and governance). The results group work plans were developed earlier in 2015 than was the case in 2014, were endorsed by the UNDAF steering committee and were implemented. This joint planning was an opportunity for UNICEF Congo to ensure that children are in the centre of both national and United Nations development work. The results groups and leadership were as follows:

- Primary and secondary level education, co-led by UNICEF and the Ministry of Primary and Secondary Education
- Vocational training and higher education, co-led by UNESCO and the Ministry of Higher Education (a sub-group in the education results group)
- Health, co-led by WHO and the MoH (this includes HIV).
- WASH, co-led by UNICEF and the Ministry of Energy and Hydraulics.
- Social protection, including child protection, co-led by the Ministry of Social Affairs and WFP
- Food security and nutrition, co-led by the Food and Agriculture Organization (FAO)
- Governance, co-led by UNDP and the Ministry of Economy, Finance, Planning, Public Portfolio and Integration .

Important progress was made in terms of a broader partnership around key topics and involved the United Nations as well as other development partners, such as bilateral and multilateral institutions, including the AFD, the United States Embassy and the European Union. Five thematic groups were set up, with UNICEF serving as an active member of three: the basic social services group, the democratic governance group and the economics and statistics group. These are additional frameworks that allow the United Nations to indirectly review progress with development partners and jointly plan around major issues.

OUTPUT 2 By 2018, all joint action plans are reviewed each year

Analytical statement of progress:

In 2015, important progress was made in terms of joint action planning, implementation and reviews. The joint results group work plans developed within the framework of the Delivering as One were implemented. Mid-term reviews were conducted by all results groups. An analysis of the work plans' implementation status was carried out by the different groups, and PowerPoint presentations were prepared for the annual review, which will take place early January 2016.

One of the main constraints in the implementation of the joint action plans was the lack of domestic resources. Even though the Government allocated funds to specific agencies in 2014, including UNICEF, UNDP, UNFPA and WFP, none of the agencies received funds in 2015.

Within the United Nations system, key joint initiatives were designed and commitments were made to work together around three joint priorities: gender, youth and indigenous people. Concept notes were developed as a joint tool to orient UNCT joint programming and joint resource mobilization. A fiduciary fund was designed to host multi-partnership funds in a common basket.

Expansion of UNCT's partnerships included AFD, the United States Embassy and the European Union. The UNCT used this framework and facilitated a process leading to the establishment of five thematic groups. UNICEF is actively supporting the implementation of three of these groups, namely the group on basic social services (which includes education,

health and social protection), the group on democratic governance and the group on economics and statistics. These frameworks are additional opportunities for the UNCT to discuss development issues in the Congo in a broader partnership.

OUTPUT 3 Evidence-based data are available and used for policy, strategies and national legislation that contribute to improve the realization of the rights of the most disadvantaged children

Analytical statement of progress:

Evidence generation has significantly improved. In 2015, interventions for indigenous people were evaluated, and the lessons learned and recommendations will guide and help fine-tune the work and action taken for this disadvantaged group. The MICS 5 survey preliminary report was finalized, and preparation of the final report is underway (expected by the end of February 2016). The MoRES applied to indigenous people in two pilot districts is being used as a first step to generate additional data that will support evidence in service delivery and the reduction of inequity in the Congo.

OUTPUT 4 Support costs - salary of staff and operations cost for programme

Analytical statement of progress:

Thanks to regular resources funding, some key positions were filled as per the CPMP. Programme contributions allowed funding for cross-sectoral staff such as in the areas of C4D and monitoring and evaluation.

Progress in recruitment: staff members for C4D and education are on board. Despite several post advertisements, hiring a monitoring and evaluation specialist remains a challenge, and the office cannot afford an international staff member. After three attempts to get an NOC monitoring and evaluation specialist, UNICEF Congo is now looking for a United Nations Volunteer.

OUTPUT 5 By 2018, a coordinated response on emergency situations affecting children (girls and boys) and vulnerable women is effective in terms of preparation, management and follow-up

Analytical statement of progress:

In 2015, all programmes demonstrated their capacity to respond quickly and effectively to humanitarian crisis in terms of resource mobilization and programme implementation.

Programme quality continued to improve, particularly in regard to the protection of children in emergency situations. A multi-sectoral needs assessment provided better knowledge on refugee and host population needs. The data collected is allowing for better targeted interventions that link the response to the humanitarian situation and resilience building in order to maximize short- and long-term gains for the department and the beneficiaries.

UNICEF Congo played a key role in the review of the UNCT contingency plan. A simulation of the plan will take place in January 2016 with technical support from the Office for the Coordination of Humanitarian Affairs (OCHA).

UNICEF Congo submitted a supplementary budget proposal on emergencies to the Government of Japan and is preparing a response to the French National Committee for UNICEF's call for proposals on emergencies and resilience.

OUTCOME 10 Communication for Development (C4D) - external communication and advocacy – monitoring and evaluation – contribute to the achievement of country programme results.

Analytical statement of progress:

In 2015, the successful advocacy carried out by UNICEF Congo led to multiple outcomes:

- Finalization of the GPE process, with the Congo becoming a member of the GPE.
- Government financing of ORA schools and planning for the integration of these schools into the education system.
- Joint planning for evaluation of interventions for indigenous people.

External communications were conducted using both traditional channels and innovative ones for advocacy purposes.

Significant time was spent on the conception of important communication and public advocacy documents for both offline and online use by partners for wider dissemination.

With regards to communication-related contextual shifts, the UNICEF Congo digital fan base has grown significantly (1,100 followers on Facebook) as new tools, new formats for storytelling and blog platforms were introduced to expand the office's voice and reach various audiences. The introduction of the blog platform, Medium, in July 2015 allowed the office to better understand the chemistry and language of blog platforms and their potential to carry the discussion beyond its original destination.

As part of the preparation for Ebola response and prevention, UNICEF Congo has helped the country to develop a media strategy. A network of public, private and community media was set up and trained, and is now operational within the framework of the partnership with the Ministry of Communication. Besides the celebration of key events (launching of the *State of the World's Children* and Global Handwashing Day), the media gave a remarkable visibility in support of UNICEF's actions for the realization of the rights of Congolese children.

OUTPUT 1 External communication is effective in support of policy dialogue and advocacy on behalf of boys and girls, especially the most vulnerable

Analytical statement of progress:

In 2015, the communications team spent a great deal of time on the conception of important communications and public advocacy documents for both offline dissemination and online use, aligning the latter with UNICEF Congo's current website revamping project. The aim is to better transition the UNICEF Congo digital presence before the launching of the new unicef.org website in 2017 in line with the UNICEF Division of Communication's digital transformation project framework.

Steps were taken to gradually align with the global communication and advocacy strategy in the first few months of 2016 to better articulate activities, reorient communication approaches and, above all, measure impact with the appropriate tools and indicators.

Combined communication and advocacy efforts with partners, media broadcasters, journalists and the Government enabled UNICEF Congo to achieve commendable and encouraging results such as: 1) the Congo became a member of the GPE network; 2) the celebration of international days (Global Handwashing Day, CRC day, etc.) and other events of great relevance (launch of

the *State of the World's Children*, etc.) both offline and online; 3) more than 1 million people reached through SMS on Ebola prevention awareness raising.

With regards to communication-related contextual shifts, the UNICEF Congo digital fan base has grown significantly (1,100 followers on Facebook) as new tools, new formats for storytelling and blog platforms were introduced to expand the reach of the office's voice. Although this is just the beginning, and the foundations are being built from the ground up, some changes in the UNICEF Congo communication culture are already evident, as is the demand for continued efforts from most programme sections.

Introducing the use of the blog platform, Medium, in July 2015 allowed UNICEF Congo to better understand the chemistry and language of blog platforms and their potential to carry the discussion beyond its original destination and begin to communicate to engage instead of simply communicating to inform. A first blog entry was posted on 1 July 2015 regarding UNICEF Congo's partner Airtel's achievement award in recognition of all of its years of work for the children of the Congo and more recently in its actions and commitments during the Ebola prevention campaign with the UNICEF C4D team. In a few months, UNICEF Congo managed to gradually shift its digital communication language from almost non-existent to growing and thriving. Two other blog entries have been posted since then (on Ebola health workers preparedness and the 'I Stand for Equity' campaign). The aim is to gradually increase the number of blog posts in the coming months.

UNICEF Congo combined its efforts to support the country to develop a communication and media strategy to better articulate its response in terms of preventative measures against the Ebola virus threat.

Finally, a network of public, private and community media broadcasters was set up, trained, and was operational within the framework of the UNICEF Congo partnership with the Ministry of Communication and Relations with Parliament .

OUTPUT 2 Multi-sector commitments

Analytical statement of progress:

Significant effort was made to recruit new staff as per the approved CPMP. Although lack of funding did not allow for the recruitment of an international education specialist at professional level , UNICEF Congo successfully recruited the NOC education specialist as well as an NOC C4D specialist. Out of three professional positions, UNICEF Congo successfully recruited two female candidates, and one male candidate, contributing to a reduction in the gap between male and female staff in the professional category.

OUTPUT 3 Support cost- salary and operational costs

Analytical statement of progress:

Important steps have been taken in regards to HACT implementation. In 2015, the focus was on programmatic visits, capacity strengthening through three rounds of HACT training and management of projects and funds. Overall, 71 representatives of 22 implementing partners acquired knowledge, information and tools and are better prepared to improve effectiveness and efficiency in cash transfer management.

An additional 12 spot-checks were conducted, which are meant to strengthen internal capacity for spot-checking in order to reduce the cost of HACT implementation.

Field visits helped to improve the quality and results of programmes. Some delays were observed in regular audit plans for this year due to operation staff moving and reduced follow-up.

The following vacant positions have not been filled: a professional level in education due to lack of funding and an NOC monitoring and evaluation specialist despite several processes to find suitable national candidates. However, UNICEF Congo has successfully recruited an NOC C4D specialist and an NOC education specialist.