Executive Summary

Key achievements for UNICEF Congo can be grouped into four result areas: i) improved enabling environment for the realisation of children’s rights; ii) improved access to social services; iii) improved demand for the utilisation of social services; and iv) improved management.

I) Improved enabling environment for the realisation of children’s rights:
   a) Under United Nations Children’s Fund (UNICEF) leadership, in its capacity as coordinating agency, the education sector’s new strategy for 2015-2015 was developed in close collaboration with key education stakeholders (government counterparts at all levels, education development partners, civil society representatives). The strategy meets global standards, integrates important policy measures and is a major move for Congo to join the Global Partnership on Education (GPE) as a member.
   b) The UNICEF Congo child protection section made a qualitative move in making an important programmatic refocus through the adoption of a child protection system approach in support for the implementation of the National Social Action Plan. The technical expertise provided to the Ministry of Social Welfare was instrumental in the development of the strategic framework for reinforcement of the national child protection system.
   c) UNICEF in collaboration with the World Health Organization (WHO) supported the Ministry of Health to develop and validate the new National Strategic Health Development Plan 2014-2018.
   d) Furthermore, the Ministry of Finance’s buy-in of the UNICEF capacity-development approach to social budgeting was effective, and manifested itself with the Ministry funding a capacity-building programme itself using the technical assistance offered by UNICEF Congo.

II) Improved access to social services:
   a) In child and maternal health, UNICEF supported the launch of four rounds of polio campaigns with an average coverage of 95 per cent (861,750 children under five years of age) to allow the country to maintain its “polio-free” status while two neighbouring countries were infected in 2014.
   b) Thanks to the Japanese Government, UNICEF contributed to the improvement of the provision of education through the construction, rehabilitation and equipping of 18 re-schooling centres and 36 community early childhood centres.
   c) In collaboration with UN agencies, especially the United Nations High Commissioner for Refugees (UNHCR), WHO, the United Nations Population Fund (UNFPA) and the World Food Programme (WFP), UNICEF provided humanitarian assistance (shelter, water and sanitation, health, psychosocial support, nutrition) to 20,000 refugees from Central African Republic (CAR) and 21,400 displaced Democratic Republic of Congo (DRC) citizens.

III) Improved demand for the utilisation of social services: UNICEF Congo supported the development of the national polio communication plan, and its team was deployed throughout the country during the four polio rounds to raise awareness of the population to promote use of polio vaccination and Vitamin A. In education, thanks to the Japanese Government, UNICEF Congo supported community mobilisation to promote the use of early childhood community
centres for young children (three to five years) as well as the use of re-schooling centres by out-of-school adolescents. Moreover, UNICEF Congo was proactive in supporting the prevention and preparedness of the country to respond to the Ebola outbreak (preparation of a national communication plan on Ebola and hygiene, development of training plans, development of communication materials, provision of ten tents, and mobilisation of resources from the local private sector as well as national public companies).

IV) Improved management: All audit recommendations were closed; the compliance level to the harmonised approach to cash transfer (HACT) improved significantly (macro-assessment and micro-assessment conducted, programme monitoring plan fully implemented, spot checks started and a consulting firm hired to accelerate spot checks and conduct audits for eligible implementing partners). Most management indicators met UNICEF standards: no outstanding direct cash transfers (DCTs) over nine months (0 US$) and no donor reports overdue. UNICEF Congo paid particular attention to staff wellbeing. An office improvement plan was developed, the staff association developed a plan of action to address staff issues, and ethics training for all staff was conducted.

Shortfalls: i) the development and signature of the United Nations (UN) joint annual action plans developed by results groups were delayed; ii) the Government did not fully meet its commitment to contribute the funding of the Country Programme, with only 62 per cent being paid (US$ 2,300,000); iii) the Multiple Indicator Cluster Survey (MICS) was delayed; and iv) antiretroviral drugs stock outs hindered the elimination of mother-to-child transmission of the human immunodeficiency virus (HIV).

Partnerships: New partnerships were developed with mobile phone companies (MTN, AirTel) and national public institutions (Société nationale des pétroles du Congo [SNPC], Ministry of Communication) to contribute to the fight against Ebola. The GPE was also a new partner that provided funding to UNICEF Congo to support the process of Congo joining this global partnership.

Humanitarian Assistance

UNICEF Congo provided basic assistance to children and women in two main emergency situations.

UNICEF Congo took action in the Department of Likouala (north), which has been hosting thousands of refugees from CAR since the beginning of socio-political unrest in that country. This inflow of refugees negatively impacted a Congolese health system that was already functioning poorly. UNICEF Congo helped to ensure refugees’ access to health care and service packages through the provision of complementary medicines and health products to health facilities. As a result of this three-month intervention, 7,862 refugees benefited from the health care supply (treatment of common diseases, nutritional screening, awareness of key family practices, deworming), including 2,600 children under five years of age and 4,304 women, from 184 trained and equipped health providers. Nutritionally, 168 severe acute malnutrition cases were treated with a recovery rate of 89 per cent, and 228 lactating women were empowered to prepare enriched porridge.

UNICEF Congo also built 70 latrines for CAR refugees in the Department of Likouala (20 sustainable latrines in schools and medical centres, and 50 semi-sustainable latrines for families hosting refugees). More than 3,900 refugees have access to basic sanitation facilities and can defecate safely. Moreover, six wells were built and 11 wells were rehabilitated in refugee sites.
Five wells were also built in schools. Furthermore, community volunteers conducted awareness campaigns on Life Savers (hygiene and drinking water consumption). A total of 10,534 people were sensitised on individual, domestic and environmental hygiene practices.

In addition, more than 845 children aged two to five years, 439 girls (52 per cent) and 406 boys (48 per cent), from CAR (81 per cent), the DRC (11 per cent) and the local population (8 per cent) were supported in three child-friendly spaces (CFS) in Betou and Ikpengbélé (Department of Likouala). They enjoyed a daily snack and participated in educational and recreational activities. 29 community volunteers acquired skills that they used to conduct awareness campaigns to prevent violence against children.

In the overcrowded and poorly equipped secondary school of Betou with more than 1,500 students, which has been facing a massive influx of CAR refugees, UNICEF Congo built three new classrooms, latrines and an administrative office. This school was also equipped with tables and benches for children. Thus, the conditions for learning were improved for all students going to this lower secondary school, which is the only one in the host community of Betou. Furthermore, UNICEF Congo provided more than 5,000 CAR refugee primary students with recreational and school kits.

UNICEF Congo also provided assistance to DRC migrants in a transit site in Brazzaville (The Beach) before their transfer to their country of origin (due to immigration and security issues). Two large tents (shelters), 20 temporary latrines, 12 showers and seven bladders were installed by UNICEF Congo. More than 21,400 people in transit benefited from these facilities.

In addition, 4,239 children of DRC migrants, aged one to ten years of age, including 2,348 girls (55 per cent) and 1,891 boys (45 per cent) in transit in Brazzaville Beach were supported in a CFS built for the occasion. They participated in recreational and educational activities and the partnership with WFP improved the daily snack offered to children. Fifteen children in a particularly vulnerable situation (unaccompanied and abandoned, malnourished, abused, disabled, etc) also received assistance tailored to their needs. Moreover, 3,212 people in transit were sensitised on Life Savers, children’s rights and child protection.

**Equity Case Study**

To support the focus on equity, UNICEF Congo used the analysis of child deprivation (Multiple Overlapping Deprivation Analysis [MODA]) developed with the support of Innocenti Research Centre. The report provides a comprehensive view of the multidimensional aspects of child poverty and deprivation in the Republic of Congo. The results clearly indicate that the first three deprivations that affect the most children under five are sanitation (64 per cent), nutrition (43 per cent) and water (40 per cent). The deprivations most likely to affect children simultaneously are also the deprivations most likely to affect children simultaneously for this age group. Sanitation and water are also the first two privations that affect the most children between five and 17 years of age. Most of the deprived children live in the rural areas, thus indicating that despite the high urbanisation, addressing inequity more effectively will need a special focus on rural areas. Evidence-based advocacy and awareness-raising activities were thus more effective in gaining the support of the highest levels of Government officials, and mobilising civil society and media, especially during the celebration of 25th anniversary of the Convention on the Rights of the Child, during which the brochure highlighting key results of the MODA was disseminated. That celebration was an opportunity to allow UNICEF’s partners to get a clearer picture of the relative importance of factors determining deprivations and to encourage them to concentrate on highly deprived groups in the most marginalised areas,
Led by the protection section, the focus of the UNICEF Congo programme on the indigenous population, the most vulnerable population in the country, was strengthened during 2014. A mobile approach for provision of services to indigenous children, especially those hardest to reach, was applied with a special attention to improving and expanding the strategies. Data collection and analysis is now embedded in the process with the aim of improving the capacity to monitor the equity results for these children.

Summary Notes and Acronyms

BCP – Business Continuity Plan
C4D – Communication for Development
CAR – Central African Republic
CERF – Central Emergency Response Fund
CFS – Child-Friendly Space
CLTS – Community-Led Total Sanitation
CMT – Country Management Team
DCT – Direct Cash Transfer
DHS – Demographic and Health Survey
DRC – Democratic Republic of Congo
FAO – Food and Agriculture Organization
GPE – Global Partnership for Education
HACT – Harmonised Approach to Cash Transfer
HIV/AIDS – Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
MCHW – Mother and Child Health Week
MDGs – Millennium Development Goals
MICS – Multiple Indicator Cluster Survey
MODA – Multiple Overlapping Deprivation Analysis
MoRES – Monitoring Results for Equity System
MoU – Memorandum of Understanding
NGO – Non-Governmental Organisation
ORA – Observe, Reflect, Act
PMTCT – Prevention of Mother-to-Child Transmission
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNFPA – United Nations Population Fund
UNDAF – United Nations Development Assistance Framework
UNDP – United Nations Development Program
UNIPP – United Nations Indigenous Peoples' Partnership
WASH – Water, Sanitation and Hygiene
WFP – World Food Programme
WHO – World Health Organization

Capacity Development

In education, the capacity of 54 sub-urban and rural communities to advocate for school attendance and community organising was strengthened through an inclusive process and led to an increase in demand for schools by the community. UNICEF Congo took advantage of the 18 re-schooling centres and 36 community early childhood centres built by UNICEF in six departments, thanks to a US$ 6 million grant from the Government of Japan, to facilitate acquisition of advocacy skills for a wide range of actors within and outside the schools, including
In both the education and health sectors, capacity for using the monitoring results for equity system (MoRES) was acquired by counterparts at the national and local levels. More data was systematically collected in four health districts.

In social policy, the launch in 2014 of the first ever MICS in Congo was a tremendous capacity-building exercise for national statistics staff involved in the process. The national statistics institutional and technical capacities were strengthened with the use of new technologies (tablets for real time data processing) and integration of water testing in the survey. Thanks to high-level technical assistance from UNICEF regional and headquarters experts, national ownership of the MICS was strengthened and quality assurance mechanisms were implemented as planned.

By supporting the Government to implement its reform of public financial management, UNICEF Congo took important steps toward positioning the organisation to influence national policy processes and the quality of public expenditure. For such a result, a long-term advisory team of consultants worked closely with UNICEF staff to strengthen the capacity of six ministries, including a new strategic partner, the Ministry of Economics, Finance and Planning.

Evidence Generation, Policy Dialogue and Advocacy

In order to build solid evidence-based policy advocacy, UNICEF Congo undertook the following studies: (i) an analysis of child deprivation identifying deprived children from a multidimensional perspective, using MODA, with the support of Innocenti Research Centre; (ii) a rights-based and equity-focused situation analysis of children and women; (iii) a MICS survey; and (iv) an impact analysis of interventions to reduce child mortality.

A publication on the situation analysis of children and women and a brochure on MODA were disseminated to a wide variety of audiences and used for effective policy design and strategy development at the national and local level to accurately address children’s needs. The results of the ongoing MICS will provide factual data on Congo’s efforts to meet its national development goals and to measure progress made towards the Millennium Development Goals (MDGs).

UNICEF supported the Ministry of Health to commission a study aimed at a better understanding of the determinants of the decline of 42 per cent in the under-five mortality rate between 2005 and 2012. The Lives Saved Tool (LiST) was used to estimate the effect of change in coverage of high-impact interventions. Key recommendations included: setting the coverage of high-impact interventions to 90 per cent by 2018 for a reduction by half of under-five mortality; focusing on community-based approaches targeting the most disadvantaged; and conducting bottlenecks analyses. Results were used to inform the development of the new health sector development plan for 2014-2018.

Policy dialogue was instrumental in the availability of a key strategic document in the education sector. The development of the Education Sector Plan 2015-2025 was initiated in 2013 under the facilitation leadership of UNICEF in its role as coordinating agency. It was undertaken in compliance with the standards prescribed by GPE guidelines and included broad participation from civil society and technical and financial partners.
**Partnerships**

UNICEF Congo made important steps toward building strategic partnership with the private sector. Contacts were started through discussions with corporations, with the aim of developing a specific strategy on working with the private sector. The outbreak of Ebola in West Africa and its threat to other countries on the continent, including Congo, accelerated this partnership building. UNICEF was instrumental in mobilising the private sector for their contribution to the Government’s preparation to fight the disease. Key results included awareness raising, commitments for support, in-kind and cash contributions, and a new tripartite Memorandum of Understanding (MoU) signed between UNICEF Congo, the Government and AirTel, a private sector company.

More specifically, awareness was raised and commitments gained from national corporations through a workshop organised by UNICEF, the Ministry of Health and the trade unions. Bilateral sensitisation and advocacy meetings were held with major international and national companies, including mobile companies AirTel and MTN, oil companies (SNPC, X-Oil), the national electricity company (SNE) and Ecobank. Two MoUs were signed between UNICEF, the Government and two private sector institutions (AirTel and SNPC) that led to approximately US$ 400,000 of in-kind and cash contributions. AirTel contributed to the production of education materials, the sensitisation campaign in 40 public schools in the two main cities (Brazzaville and Pointe-Noire), and provision of hand disinfection products. UNICEF provided hand washing equipment to these schools and ensured quality control of the sensitisation sessions and visibility of the partners involved. Contributions are expected from the other companies as well.

In view of a successful entry in the GPE, the various actors in the education sector built a functional partnership around the process to develop the education sector plan through setting operational links among the main entities involved (the local education group, the group of technical and financial partners, and the Government through a technical committee established by the three ministries in charge of education in the country [Ministry of Primary and Secondary Education, Ministry of Vocational Training and Ministry of Higher Education]).

**External Communication and Public Advocacy**

Despite limited capacity in communication in the UNICEF Country Office, special attention was paid to ensure that external communication best supports UNICEF-related activities and public advocacy with the aim of increasing results for children.

Key initiatives undertaken in 2014 included:

i) Organisation of the parliamentary day chaired by the representative of the President of the National Assembly. This forum assessed progress in the implementation of the national action plan (2014-2017) for the improvement of well-being of the indigenous population and progress in strengthening the legislative framework to protect their rights. Participants included parliamentarians, government representatives, representatives of the indigenous population, civil society organisations, UN agencies and members of the UN Indigenous People’ Partnership (UNIPP) who came from Geneva and Chad for the occasion.

ii) Celebration of the 25th anniversary of the Convention of the Rights of the Child (CRC) and the launch of the report on the State of the World’s Children by the Ministry of Social Affairs represented by the Minister of Higher Education. This event was a significant opportunity for UNICEF Congo to advocate and sensitise national and international media in Congo on the CRC and the recommendations made by the Committee on the Rights of the Child with regard to the implementation of CRC. It allowed the media to define their role in the promotion and the
realisation of the rights of the children.

iii) Advocacy targeting civil society and reflections oriented towards setting up a national coordination mechanism to monitor implementation of the recommendations of the Committee on the Rights of the Child.

iv) Strengthening external communication with the improvement of communication through social media with the creation of Facebook and Twitter accounts for UNICEF Congo. The posting of the launch of the MICS survey on these two social media sites potentially reached 22,824 people in 28 days.

**South-South Cooperation and Triangular Cooperation**

To protect Congolese children and women, the Ministry of Health launched the Child and Maternal Health Week in November 2014 to provide key high-impact interventions (vaccines, Vitamin A, iron/folic acid, deworming and insecticide-treated nets) to mothers and children. In order to do so, it was crucial to have all routine vaccines ready, but this was not the case as the Expanded Programme on Immunisation (EPI) notified of stock outs of some vaccines. The Congolese Government requested that neighbouring countries (DRC and Cameroon) help by procuring needed vaccines. UNICEF provided its support to negotiate with these countries and to transport the vaccines. This support allowed the Government of Congo to conduct the mass campaign and achieve high coverage.

**Identification Promotion of Innovation**

The use of new technologies for the collection of the MICS data was an important step as it allowed for the processing of information in real time, and thus reduced the time of the survey and the costs associated with manual data entry. Additionally, this innovation contributed to the modernisation of working methods, which ultimately should enhance the quality and reliability of the data collected.

Another innovation was the inclusion for the first time of water quality testing in an MICS survey. This pilot project was an opportunity for the country to get data on water contamination for the first time. Moreover, the evidence-based data will allow the country to intensify its actions in the areas of disease prevention and reduction of water-borne diseases.

**Service Delivery**

Thanks to the Japanese Government, 18 re-schooling centres and 36 early childhood community centres were built and equipped with teaching and learning materials and games. The re-schooling centres are being used by out-of-school adolescents, while early childhood centres are used by children from three to five years of age in sub-urban and rural poor areas of six departments for both their reintegration and school preparedness.

In the area of child and maternal health, UNICEF supported the country to organise an integrated mass campaign to enable children to benefit from various high-impact interventions (immunisation, Vitamin A, deworming, insecticide-treated nets). In addition, UNICEF supported the launch of four rounds of polio campaigns with an average coverage of 95 per cent (861,750 children under five years of age) to allow the country to maintain its “polio-free” status while two neighbouring countries were infected in 2014.

In collaboration with sister UN agencies, especially the UNHCR, WHO, UNFPA and WFP,
UNICEF provided humanitarian assistance (shelter, water and sanitation, health, psychosocial support, nutrition) to 20,000 refugees from CAR and 21,400 displaced DRC citizens.

To contribute to the improvement of demand for the utilisation of social services, UNICEF Congo supported the development of the national polio communication plan, and its team was deployed throughout the country during the four polio rounds to raise awareness of the population to promote use of the polio vaccination and vitamin A.

In education, thanks to the Japanese Government, UNICEF Congo supported community mobilisation to promote the use of early childhood community centres for young children (three to five years of age) as well as the use of re-schooling centres by out-of-school adolescents.

Moreover, UNICEF Congo was proactive in supporting the prevention and preparedness of the country to respond to the Ebola outbreak (development of a national communication plan on Ebola and hygiene, training plans, and communication materials; provision of ten tents; and mobilisation of resources from the local private sector and the national public companies).

**Human Rights-Based Approach to Cooperation**

A rights-based situation analysis identified significant disparities between ethnic groups (Bantu vs. indigenous), socio-economic status (poor / rich), residence area (rural / urban) and gender, and demonstrated that overlapping factors increase the vulnerability of some groups, as observed with the indigenous populations (1.2 -10 per cent of the population), generally excluded and deprived of basic human rights with two to three times less access to services. Results were used to emphasise the relevance of refocusing the programme on equity in the Country Programme Document (CPD) (2014-2018).


In the Department of Likouala, sanitation and safe drinking water facilities were installed to benefit 5,000 Bantu and indigenous residents. Among the 2,280 indigenous people were 251 indigenous pupils from ORA (Observe, Reflect, Act) schools of Modzaka, Enyelle, and Akolo.

In 2014, the Congolese authorities expelled citizens from DRC without legal residency status. Concerns were raised about people waiting for their trip at the beach without access to drinking water, food, hygienic latrines or health services. In its role to protect children and mothers, UNICEF Congo influenced coordinated and effective advocacy from the UN agencies for better assistance to the people from the Government. As a result, a transit site was opened by the Government, and a holistic response was provided from a joint action of the UN agencies. As a result of the UNICEF Country Office intervention, no epidemic was reported.

**Gender Mainstreaming and Equality**

The National Girls’ Education Action Plan was prepared with the active participation of civil society partners, particularly the Forum of African Women for Education (FAWE), which will be approved by the Government in 2015. Its development was financially and technically supported
Secondary demographic health survey data analysis generated disaggregated data showing several disparities, including related to gender. This strategic information was instrumental in feeding policy dialogue at the national level and promoting government investment to improve girls’ access to education.

Internal UNICEF capacities on gender were developed. The entire UNICEF Country Office took a training session on gender as part of the workshop on UNICEF programming, policies and procedures. During an all-staff meeting, the Representative presented the contents of the new UNICEF gender action plan, and discussions chiefly centred on how to implement this global framework of action in the Congo context.

Taking into account the size of the UNICEF Country Office budget (less than US$ 20 million) as well as the staffing structure, the Office has a Gender Focal Point instead a staff member dedicated to gender-related issues. The Office also has no gender specialist.

### Environmental Sustainability

In 2014, the UNICEF Country Office contributed to environmental sustainability in preventing water, soil and air pollution by implementing the community-led total sanitation (CLTS) approach in 300 villages. As a result of that initiative, 137 villages were declared open-defecation free. The Government had already adopted the CLTS approach and showed commitment to support its implementation with an allocation of US$ 200,000 to UNICEF Congo to conduct this exercise while building Government capacities. Building a national programme may thus contribute to increase fundraising results with both the Government and external partners and ensure large-scale interventions and effective and sustainable impact.

It is well known that humanitarian situations like flow of refugees affect the environment. UNICEF contributed to mitigating this risk by building latrines for CAR refugees in the Department of Likouala (20 sustainable latrines in schools, and 50 semi-sustainable latrines for families). Twenty temporary latrines were also built at a transit site in Brazzaville for DRC citizens.

The UNICEF Country Office contributed actively to improving the environmentally sustainable health practices in promoting awareness of hygiene practices and management of waste during the water, sanitation and hygiene (WASH) emergency response in the Departments of Likouala and Brazzaville.

An assessment of paper used for DCTs and contracts was done within the Dynamic Leadership Programme Action Learning Plan Programme. Measures agreed upon included using VISION in a more efficient way and saving paper through reduced printing of VISION supportive documents.

### Effective Leadership

UNICEF Congo developed in a participatory manner a Country Programme Management (CPMP) for 2014-2018 as well as a 2014 Annual Management Plan, which set out both management and programme priorities. The following priorities for 2014 were identified: MoRES; modelling country programme approaches in five selected poor rural districts; strategic partnerships; HACT compliance; better preparation to deliver the office mission, including the business continuity plan (BCP), enterprise risk management, and emergency preparedness and
response; and effective and efficient management of resources. Clear targets as well as Key Performance Indicators were established to measure the extent to which UNICEF Congo achieved its management and programme objectives.

Senior management, Country Management Team (CMT) members, programme coordination group members, members of different office consultation committees and focal points were tasked in their assignment to monitor progress towards the achievement of objectives in relation with the above-mentioned priorities. The performance indicators set out by Headquarters through the management system VISION and the Regional Office, as well as additional indicators set out by the UNICEF Country Office, were used to assess programme and management performance. Other mechanisms used to assess progress included: the United Nations Development Assistance Framework (UNDAF) annual review of joint UN action plans of Results Groups, the Annual Management Review (internal UNICEF process), and regular use of the Results Assessment Module (RAM) of VISION/Insight.

Actions plans were developed in a participatory manner and monitored by the CMT for the Emergency preparedness and response and Business Continuity Plan (BCP). The BCP was tested thanks to the technical support of the Regional Office. The Regional Office also supported UNICEF Congo to finalise the Early Warning Early Action plan.

UNICEF Congo paid particular attention to staff wellbeing. An office improvement plan based on a staff survey (conducted by the office/survey monkey in 2014) and issues raised by staff was developed during an all-staff retreat. The staff association also developed a plan of action to address staff issues, and ethics training for all staff was conducted by the Representative. Implementation of these plans was monitored twice by the CMT in 2014.

The leadership role went beyond UNICEF; the Representative spearheaded the move of the UN Country Team and the Government to the “Delivering As One” approach, UNICEF programme chiefs played a key role in leading UNDAF Results Groups, the Deputy Representative role was instrumental in supporting the development of the UN contingency plan, and the Operations Manager led the HACT process within UN.

Finally, UNICEF played a leading role among development partners in technically and financially supporting the preparation of Congo to prevent and prepare for the response to the Ebola outbreak.

Financial Resources Management

The year 2014 was marked by an increase in the processing of financial transactions through the many improvements of the new management system (VISION), its better control by Programmes and Operations, workflows revision, effective implementation of the Programme Assistants pool and the support of the Regional VISION Specialist.

The definition and a better use of indicators by the Office for the most significant transactions allowed for a better understanding of the situation and follow up by the CMT, Programmes and Operations.

A HACT action plan was developed during the first quarter of the year with three components: spot checks, though only one could be carried out as the Office did not have the required staff to do the job alone (an auditing firm was recruited in December 2014 to alleviate this difficulty); a briefing / training about HACT implementation with approximately 50 participants; and 54 micro-
evaluations completed on behalf of UNICEF, UNFPA and the United Nations Development Programme (UNDP).

A checklist for field visits to be used by the Programmes was also developed. It allowed for incorporating a programme verification component into the field missions from June 2014. All these measures helped strengthen control of the resources transferred to partners by the Office.

Moreover, through a rigorous DCT monitoring mechanism, as of December 31, 2014, there was no DCT over nine months, and the six-to-nine month DCT rate was 1.24 per cent.

Finally, each section or unit undertook a quarterly review of its budgetary commitments, and closed or adjusted transactions as required.

This budget monitoring and regular clearance mechanism allowed for good absorption of the resources allocated. As of December 31, 2014, utilisation rates were 100 per cent for Regular Resources (RR), 98.62 per cent for Other Resources Regular (ORR) and 100 per cent for the Institutional Budget (BMA).

**Fund-raising and Donor Relations**

The UNICEF Country Office has put in place a dual approach to track submission of donor reports. Periodic output of donor reports from VISION is analysed by the Deputy Representative and shared with section chiefs and project managers. Section chiefs were also tasked with the responsibility for submitting donor reports on time. A schedule for donor report management was set and included in the CMT monitoring issues. Draft donor reports were submitted to the Deputy Representative for feedback ten days before the deadline to allow for feedback and review by the section. Finalised versions were sent to the Deputy before the deadline for a last quality check before sending. The Deputy is responsible for sending the reports to the donor and for their timely integration in the VISION database. For 2014, the database indicated zero overdue donor reports.

The Country Programme Document Other Resources (OR) ceiling for 2014 was US$ 9 million. During 2014, OR funds available were US$ 7,987,775, while new OR funds raised in 2014 totalled US$ 3,462,289, which represents 38 per cent of new OR raised in 2014 in reference to the expected OR funds to be raised according to the Country Programme Document (CPD).

The national counterpart funds allocated to the Country Programme in 2014 (US $ 2.3 million). The amount raised represents 67 per cent of the total new ORR funding raised in 2014.

UNICEF Congo demonstrated good capacity for funds absorption. In 2014, 16 grants were expiring, including multi-year grants and thematic funds. By December 31, 2014, a 99.9 per cent funds utilisation rate was reached for all 16 expiring grants.

**Evaluation**

As part of 2014 Annual Management Plan, UNICEF Congo developed a five-year Integrated Management Plan, which included planned evaluations as well as one for 2014 related to the improvement of the situation of indigenous people. The design for that evaluation was started in October. Even though the Terms of reference (ToRs) were drafted by UNICEF Congo, it is actually a joint UN approach involving other UN agencies, including WFP, UNFPA, UNDP, WHO, the Food Agriculture Organization (FAO) and UNICEF. The ToRs were shared with the Resident Coordinator (RC) and the United Nations Country Team for review. The RC shared the
ToRs with the Minister of Social Welfare who will lead the steering committee with the RC. The ToRs were improved based on feedback received from the Regional Office evaluation regional adviser. The process followed for the evaluation fosters objectivity and impartiality since all key stakeholders are involved from the start.

Congo attempted to join the GPE in 2010; unfortunately education development partners did not endorse the Education Sector Plan developed at that time because of several flaws, including poor participation of key stakeholders. A formal evaluation of the process and the Education Sector Plan commissioned by education partners including UNICEF was performed. In 2014, UNICEF in its capacity as coordinating agency for the GPE process fully implemented the recommendations of that evaluation.

**Efficiency Gains and Cost Savings**

During 2014, the United Nations Operations Management Team decided on several priority activities, mainly concerning the implementation of long-term agreements related to fuel purchases, maintenance of vehicles, purchases of office supplies, freight and customs clearance, training and auditing of implementing partners.

Common services agreements are already in place for micro-evaluations, UN dispensary, security, DSA revision and the document pouch. UNICEF also manages a United Nations Joint Zone Office in Pointe-Noire that is also being used by UNDP, UNFPA and FAO.

In a context of cost reductions, savings followed the trend initiated in 2013. A new internal telecommunications policy was implemented in June 2014, which resulted in a reduction of US$ 2,700 as of the end of November 2014). Other savings came from electricity consumption (US$ 324.00).

Unfortunately, consumption of fuel for generators increased by about 10 per cent in 2014 compared to 2013. This is being addressed by the installation of a hybrid back-up system (mains/solar) for the LAN and lighting.

The committee for the efficient use of resources and the reduction of the carbon footprint (Green Committee) plans in 2015 to carry out awareness raising for staff, cleaners and security guards to ensure cost reductions in the areas where expenditures tended to increase, such as the excessive use of air conditioning, and the consumption of fuel and water.

**Supply Management**

The procurement and logistics component of the Country Programme was characterised by significant throughput in 2014 related to UNICEF’s acquisitions as well as support to the Government through regular Procurement Services and GAVI, the Vaccine Alliance. The local market did not remarkably evolve or grow and remained dominated by the sale of mainly imported products.

The improvement of road infrastructure from Pointe-Noire, the only port of entrance and in the northern part of the country, attracts more structured carriers. Nevertheless, the transportation costs still remain prohibitive.

The management of UNICEF Congo stocks procured by UNICEF and their distribution to project sites was globally still the responsibility of the Country Office, though discussions were started in 2014 with the Ministry of Education about signing an MoU for the management and
distribution of education material in stock. This is a first step, once concluded, before expansion to the Ministry of Health with the same type of MoU as part of the responsibility of the transfer of logistics activities to the Government of Congo.

The Contract Review Committee met in 2014 to review 14 procurements of goods and services cases in accordance with the organisation’s rules and procedures. They were later approved by the Representative.

**Security for Staff and Premises**

In 2014, security issues were addressed several times by the CMT in order to assess the implementation of the Minimum Operational Security Standards (MOSS), Minimum Operating Residential Security Standards (MORSS) and the BCP.

Discussions covered the installation of an automatic fire detection system, a security gate at the main entrance and motorisation of the portal for a better filtering and control of vehicles, acquisition of post-exposure prophylaxis (PEP kits), setting up a safe haven within the office and participation of the drivers in a safe driving workshop.

Concerning the BCP, the interconnection of the Office with the homes of the Representative, the Deputy Representative and the Chief of Operations was reinforced and an emergency Internet connection via a local ISP was also set up on the three sites. Additional new BEGANs, Thurayas, VHF radio handsets and laptops were pre-positioned on these sites.

An alternative electricity supply system on batteries (sector / solar) and a solar drinking water drilling system are being installed in order to ensure greater autonomy at the Office in case of crisis.

A BCP test was organised in March 2014 in the presence of a regional advisor, who technically supported the office team. The communication tree was revised and is currently in place.

An extinguishers exercise also took place on 26 August 2014, jointly with WFP staff, whose office is adjacent to UNICEF’s compound.

As in recent years, the security situation is by and large good in Congo with level 1 in most of the country’s territory and level 2 in the Pool region. In all areas of the country, the security level does not impede the optimal implementation of the programmes. However, increased vigilance was requested from the UN staff during missions in the northern areas bordering CAR.

Among the outstanding security issues that are part of the BCP action plan and not yet resolved are: use of appropriate equipment that allows access control to critical doors of the office as well as the warehouse, and reinforcement of the main entrance gate to the UNICEF compound.

**Human Resources**

Results Based Management (RBM) has been at the heart of human resources and staff management. The organisation of a staff retreat was a highly motivating element for the Office, after several years of vacuum. It enabled UNICEF Congo to develop an Annual Management Plan (AMP) outlining the results expected in 2014 and ways to improve the working environment within the Office.

The lack of funding had a considerable impact on the structure of the Office, which led to the
recourse of consultants and volunteers to cover some positions. All recruitment was suspended in the context of implementing the GSSC (Global Support Service Centre), which also had a negative impact on daily work. To meet the needs of the next implementation of the GSSC-induced changes, a vacant position was abolished (GS04 Operations Assistant). Temporary posts were established to mitigate the impact of this initiative on office work, awaiting the end of the positions’ freezing period. Within the same framework, it should also be noted that a pool of Programme Assistants was created with a fairer distribution of tasks.

The performance evaluation was a key indicator of the annual management plans (AMP) for the management of human resources. From the beginning of the year, management referred to the relevance of performance assessment in a competitive and changing environment. Supervisors were encouraged to meet with their supervisees to clarify their expectations, establish evaluation criteria, examine training and development needs, and discuss the possibilities of career evolution. Thus, 87 per cent of the staff finished the intermediate discussions of their individual work plan on time, and by the end of 2014 the implementation rate of the office training plan was 83 per cent.

Enhancement of the staff professional performance was also at the centre of UNICEF Congo priorities. A "Staff Award" programme was implemented. Five staff members, whose merits were recognised, were congratulated by the whole office.

On the basis of the priorities and expected results of the AMP, supervisors and supervisees were able to define clear results that led to the development of an effective and efficient training plan, while integrating the overall objectives and new challenges of UNICEF.

UNICEF Congo also appointed two staff members as Caring for Us focal points, who have been trained by UN Care on the methodology to promote the ten minimum standards for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in the workplace for staff and their families.

**Effective Use of Information and Communication Technology**

The year 2014 was marked by the migration to Office 365, i.e. the migration from Office 2010 to Office 2013. Outlook 2013 and Lync 2013 replaced Lotus Notes and Cisco WebEx. OneDrive for Business and SharePoint for backup and data sharing were also made available.

Taking into account the Efficiency and Effectiveness (E&E) initiative and the BCP, the information and communication technology (ICT) infrastructure was improved. Indeed, the bandwidth of the two VSATs was increased from 1Mbps to 2Mbps for the main one and from 0.7 Mbps to 1Mbps for the secondary one, which had a positive impact on the daily work of users. The local and remote access to data (individual OneDrive cloud) and data security were improved.

UNICEF Congo tested the BCP in March 2014, which allowed for improvements to be made. In addition to a fixed radio-data link between the Office and the three BCP sites, another independent Wi-Fi connectivity was implemented. The Office Cisco IP Telephony system was also extended to the three sites. Communication means were reinforced: additional BEGANs, Thurayas and VHF handsets were positioned on the three sites.

BlackBerry and Android smartphones were made available to the Office top management on two different mobile phone networks to ensure permanent access to voice communication and
email. Essential staff were also equipped with BlackBerry smartphones.

A hybrid power system (back up and solar) was put in place to support the ICT systems, to be used in case of a power shortage to guarantee access to data systems and the Internet 24h/day.

Finally, thanks to technical support from the Regional Office, UNICEF Congo was empowered to use social media, starting with Facebook and Twitter.

**Programme Components from RAM**

**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, there was good progress made towards achieving the expected results. In the area of social budgeting, UNICEF Congo took important steps to reposition the organisation to influence national policy processes. Technical assistance to the Government to develop the national budget allowed for the linking of sectoral priorities and planned expenditures. For the first time, UNICEF Congo succeeded in mobilising 62 per cent of Government counterpart funds registered in the 2014 capital budget for the implementation of three country programme components (education, social policy/Planning, Monitoring and Evaluation (PME), WASH).

In order to build solid evidence-based policy advocacy, the area of strategic information generation was very productive. UNICEF Congo published its MODA analysis of child deprivation and a rights-based and equity-focused situation analysis of children and women. The very first MICS Survey in Congo was launched, and will provide factual data on Congo’s efforts to meet its national development goals and to measure progress made towards the MDGs.

However, the planned work related to capacity building in equity programming at the subnational level was postponed to 2015 because of the delay caused by the local elections.

**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:*
By supporting the Government to implement its reform agenda on public financial management, UNICEF Congo took important steps to position the organisation as a key actor in influencing national policy and budgeting processes. In 2014, UNICEF support in the budgeting process was fully endorsed by the Ministry of Economics and Finance and led to a request for an intensive and ministry-wide training programme, which UNICEF led. Explicit integration of lines for UNICEF in the 2015 budget and disbursements during 2014 have important implications for UNICEF in terms of improvement of the quality of public expenditure for children and the delivery of basic social services to benefit all children.

Specific results include the following:
1. Capacity in child-sensitive programme budgeting was strengthened for six line ministries, which includes the key Ministry of Economics, Finance and Planning. This is a new important actor joining the five line ministries trained in 2013 (Education, Health, Social Affairs, Women, Water).

2. Annual performance projects of five line ministries were reviewed and updated to fine tune the linkages between programme priorities and annual budgets.

3. Programming and budgeting of joint UNICEF-Government projects were included in the 2014 capital budget.

4. Disbursement by the Government of 62 per cent of Government counterpart funds were registered in the 2014 capital budget as a result of sustained advocacy and close follow-up by UNICEF.

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

**Analytical Statement of Progress:**
The 2014 work plan included significant support to local communities in the preparation of child-centred and equity-focused local plans of development. Unfortunately, the political agenda did not allow for the implementation of activities since local elections were held after a delay of over a year. Planned interventions were postponed to 2015.

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

**Analytical Statement of Progress:**
UNICEF Congo made important efforts to produce strategic information on children and to support the design of research and data collection.

The main information products produced were: (i) a MODA analysis on child deprivation from a multidimensional perspective with the support of the Innocenti Research Centre; (ii) a rights-based and equity-focused situation analysis of children and women; (iii) an ongoing MICS survey; and (iv) an impact analysis of child mortality.

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

**Analytical Statement of Progress:**
All key results management indicators met UNICEF standards: there were no outstanding DCTs of more than nine months, no donor reports overdue, and grants were fully utilised. Thematic technical meetings of the social policy programme were held for social budgeting and strategic information generation.

OUTPUT 5 Programme support

**Analytical Statement of Progress:**
The support costs for the social policy programme component are managed at the programme coordination level.
OUTCOME 2 By 2018, at least 90 per cent of pregnant women and children under five living in the targeted most vulnerable areas have access to and utilise packages of high-impact interventions for their survival

Analytical Statement of Progress:
Progress was made in the area of maternal and child health through the development of key missing policies, high polio campaign coverage, implementation of MoRES (decentralised planning and equity-focused monitoring), and appropriate responses to existing or planned emergencies.

Through joint actions, UNICEF, in collaboration with WHO, supported the development of the following key strategic documents that were validated in 2014:

- A two-year National Strategic Health Development Plan (2015-2016);
- A Strategic Plan to accelerate the reduction of maternal, newborn and child deaths; and

At the global level, penta-3 was selected as the referral antigen to assess the performance of the national routine immunisation programme. The national database indicated on 30 October 2014 that 23 out of 30 health districts (77 per cent) achieved penta-3 coverage above 80 per cent (only 23 per cent reached penta-3 coverage above 90 per cent).

Under the leadership of the Ministry of Health and in close collaboration with WHO, the private sector and the Red Cross, UNICEF supported the launch of four rounds of polio campaigns. The targeted coverage of 95 per cent was achieved for all four rounds with an average coverage of 94.8 per cent (861,750 children under five years of age reached). This performance allowed the country to maintain its “polio-free” status while two neighbouring countries were infected in 2014.

The 4th polio campaign, conducted in November 2014, was followed by the Mother and Child Health Week (MCHW), which provided an opportunity to deliver an integrated package of high-impact interventions including immunisation in order to reach unreached children and mothers during routine activities. The package included: Vitamin A supplementation, deworming, folic acid and iron supplementation and distribution of 88,493 insecticide-treated nets (ITNs) to 49,162 households.

In 2014, 12 health districts targeted by UNICEF were trained on bottleneck analysis and were able to develop their health annual action plan, including activities in the field of the elimination of transmission of HIV from mother to child. From 2013 to date, a total of 24 health districts conducted the decentralised planning exercise (12 of them were directly funded by the Government of Congo as its commitment to implement this approach).

UNICEF pursued its efforts for the implementation of an equity-focused monitoring approach in Congo through the experimentation of level three MoRES/(L3M) in three health districts. Furthermore, six health districts completed training and will soon launch monitoring meetings. At the end of this process, nine health districts will be able to implement L3 monitoring.

Thanks to support from UNICEF and other partners, a Preparedness and Response Plan for Ebola was developed and validated. UNICEF focused on the development of the communication plan, good practices on hygiene, including a training plan and modules, and the design and production of communication materials. Successful advocacy from UNICEF led to the leverage of in-kind and cash contributions from the private sector amounting to US$
Two MoUs were signed between the Ministry of Health, UNICEF and the private sector: the first with AirTel, a mobile telephone company, and the second with SNPC, the national oil company.

Responding to the emergency created by the flow of more than 20,000 refugees from CAR into the Department of Likouala, and thanks to Central Emergency Response Fund (CERF) funds, UNICEF assisted refugees and host families by providing preventive curative services including high-impact interventions (vaccination, Vitamin A, folic acid and iron supplement, deworming, screening and management of malnutrition, and diagnosis and management of common childhood illnesses) using health facility-based, outreach and mobile strategies. In close collaboration with WFP, a SMART survey on nutrition was conducted targeting refugee populations and host families.

UNICEF also supported the Government of Congo to respond to the emergency created by the movement of more than 100,000 citizens from DRC, by providing WASH interventions (water, latrines and showers).

The review of the UNDAF Action Plan / Health took place in December 2014 under the co-chairmanship of the Ministry of Health and WHO. Because of a shortage of funds, UNICEF was not able to conduct some key planned activities, such as community-integrated management of childhood illnesses, inventory of cold chain and activities related to antenatal and postnatal care.

**OUTPUT 1** By 2015, at least 80 per cent of health districts in Congo have immunisation coverage for all vaccines above 90 per cent

**Analytical Statement of Progress:**
Progress was made on immunisation. UNICEF supported the launch of four rounds of polio campaigns. The average achieved coverage was 94.8 per cent (861,750 children under five reached) for all four rounds. This performance allowed the country to maintain its “polio-free” status, while two neighbouring countries were infected in 2014.

At the global level, penta-3 was selected as the referral antigen to assess the performance of the national routine immunisation programme. For Congo, the national routine immunisation database indicated on 30 October 2014 that 23 out of 30 health districts (77 per cent) achieved penta-3 coverage above 80 per cent (only 23 per cent reached penta-3 coverage above 90 per cent).

To reach unreached mothers and children during routine activities, UNICEF supported the launch of the MCHW in November 2014 following the 4th polio campaign. All routine antigens were provided in addition to other high-impact interventions: Vitamin A supplementation (85 per cent), VAR (77 per cent), deworming (47 per cent), folic acid and iron supplementation, and distribution of insecticide-treated nets.

The results of an external review of the Expanded Programme on Immunisation (EPI) (Oct-Nov 2014) indicated that gross rates of children fully immunised (using card and history) was 74.8 per cent, which is different from data provided by the Demographic and Health Survey (DHS) 2011-2012 (45.5 per cent).

The inventory of cold chain planned for 2014 was postponed due to lack of funds and multiple
overlapping activities implemented during the fourth quarter of the year, including the polio campaign and MCHW.

OUTPUT 2 By 2015, at least 80 per cent of health structures in the 15 targeted health districts provide integrated management of childhood illness (IMCI) at all levels (health centre and communities)

Analytical Statement of Progress:
Despite advocacy from UNICEF, progress was not made in the development and implementation of a community-IMCI approach.

As demonstrated by the analysis of DHS data using the Lives Saved Tool (LiST) tool, such an approach will enhance demand for health services and allow community health workers to manage uncomplicated cases of malaria, diarrhoea and pneumonia in children under five.

From 2012 to the end of 2014, institutional IMCI at health facilities was implemented in all 15 targeted health districts. UNICEF supported the development of tools, training of health personnel, and procurement of medicines and tests in the field of malaria.

OUTPUT 3 By 2015, at least 90 per cent of pregnant women benefit from four antenatal (ANC) care visits in the 15 targeted health districts

Analytical Statement of Progress:
A study on unmet needs of emergency obstetric and neonatal care (EmONC) conducted in 2014 by UNFPA and WHO highlighted some important challenges related to the very low quality of care. The report stated that nearly 79 per cent of birth deliveries taking place in health facilities do not deliver all basic functions of EmONC.

Antenatal care is part of the minimum package of activities of health facilities. This activity is routinely implemented by health services with a national rate of 78.9 for four ANC visits (DHS 2011-2012).

UNICEF’s role was to reinforce quality and regular monitoring, and the agency supported the update of the national Health Information System. Monitoring of ANC performance was included in the decentralised planning exercises and bottleneck analysis facilitated by UNICEF. However, specific data from the 15 targeted districts have not yet been compiled.

OUTPUT 4 By 2015, at least 70 per cent of children under one receive quality postnatal care at least two days after delivery in the 15 health districts

Analytical Statement of Progress:
Postnatal care is part of a minimum package of activities of health facilities. This activity is routinely implemented, with 64 per cent of women receiving such services in the first two days after delivery (DHS 2011-2012).

UNICEF’s role was to reinforce quality and regular monitoring. UNICEF supported the updating of the National Health Information System that will allow for timely reporting of achievements on a routine basis. Monitoring of postnatal performance was included in the decentralised planning exercises and bottleneck analysis facilitated by UNICEF. However, specific data from the 15 targeted districts have not yet been compiled.
OUTPUT 5 By 2015, at least 80 per cent of households have insecticide-treated nets (ITNs)

Analytical Statement of Progress:
In November 2014, UNICEF supported distribution of 88,493 ITNs during MCHW to 49,162 households. The malaria national programme database reports a national ITN coverage of 56.2 per cent of households for the 2012 campaign.

OUTPUT 6 Effective preparedness and response to emergency situations regarding child survival and development (Early Warning Early Action)

Analytical Statement of Progress:
Thanks to support from UNICEF and other partners, a Preparedness and Response Plan for Ebola was developed and validated. UNICEF focused on the development of the communication plan, good practices on hygiene, including a training plan and modules, and the design and production of communication materials. Successful advocacy from UNICEF led to the leverage of in-kind and cash contributions from the private sector amounting to US$ 400,000. Two MoUs were signed between the Ministry of Health, UNICEF and the private sector: the first with AirTel, a mobile telephone company, and the second with SNPC, the national oil company.

Responding to the emergency created by the flow of more than 20,000 refugees from CAR in the Department of Likouala, and thanks to CERF funds, UNICEF assisted refugees and host families by providing promotional and preventive curative services including high-impact interventions (vaccination, Vitamin A, folic acid and iron supplements, deworming, screening and management of malnutrition, and diagnosis and management of common childhood illnesses) using health facility-based, outreach and mobile strategies. In close collaboration with WFP, a SMART survey on nutrition was conducted targeting refugee populations and host families.

UNICEF also supported the Government of Congo to respond to the emergency created by the movement of citizens from DRC by providing WASH interventions (water, latrines and showers).

OUTPUT 7 By 2015, all 15 targeted health districts have annual action plans based on bottleneck analysis

Analytical Statement of Progress:
In 2014, 12 health districts targeted by UNICEF were trained on bottleneck analysis and were able to develop their health annual action plan, including activities in the field of the elimination of transmission of HIV from mother to child. From 2013 to the end of 2014, a total of 24 health districts conducted the decentralised planning exercise (12 of them were directly funded by the Government of Congo as its commitment to implement this approach).

OUTPUT 8 By 2015, all targeted health districts implement monitoring exercises (L3 monitoring)

Analytical Statement of Progress:
UNICEF pursued its efforts for the implementation of an equity-focused monitoring approach in Congo through the experimentation of level three MoRES/(L3M) in three health districts. Furthermore, six health districts completed training and will soon launch monitoring meetings. At the end of this process, nine health districts will be able to implement L3 monitoring. This approach adds value by facilitating a continuing bottleneck analysis and allowing the more deprived children to be reached by high-impact interventions.
OUTPUT 9 By 2015, a package of high-impact interventions on child survival will be reflected in all policies and other strategic documents at national and decentralised levels

Analytical Statement of Progress:
Through joint actions, UNICEF, in collaboration with WHO, supported the development of the following key strategic documents that were validated in 2014:

- A two-year National Strategic Health Development Plan (2015-2016);
- A Strategic Plan to accelerate the reduction of maternal, newborn and child deaths; and

OUTPUT 10 Health Programme Coordination is effective and efficient

Analytical Statement of Progress:
The review of the UNDAF Action Plan Health (and HIV) took place in December 2014 under the co-chairmanship of the Ministry of Health and WHO.

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

Analytical Statement of Progress:
Nutrition was one of the two main areas of deprivations (in addition to WASH) that affect most children under five according to the MODA conducted in 2014.

Key results obtained in 2014 in nutrition with UNICEF support include:

- Availability of a final version of the National Strategic Framework against malnutrition integrating inputs from all relevant ministries and a draft operational plan.
- Launch of two rounds of Vitamin A supplementation to children and women coupled to polio campaigns; 85 per cent of children aged six to 59 months were supplemented with Vitamin A during the first round of the polio campaign and 106.3 per cent during the 4th round of the polio campaign.
- Establishment of a coordination multi-sectoral platform called the Food and Nutrition Security Group and chaired by the Secretary General of the Presidency, to support the implementation of the SUN (Scaling Up Nutrition) initiative.
- A signed convention for a five-year project between UNICEF and the Ministry of Industry for joint funding of interventions on home fortification with multi-micronutrient powder and sugar fortification with Vitamin A. The Ministry committed to providing US$ 2,500,000. There have been no disbursements to date.

In 2014, the political will at the highest level to combat malnutrition was re-affirmed. During the General Assembly of the United Nations in New York, the President of Congo officially informed heads of state and world leaders that Congo agreed to be the first country to contribute to the global effort to fight malnutrition by contributing ten cents per barrel of oil produced, with an estimate of $US 120 million annually.

In the humanitarian response in Likouala, in addition to providing nutritional support to the CAR refugees, a SMART survey on nutrition targeting CAR refugees and host populations was conducted in close collaboration with WFP and UNHCR.
OUTPUT 1  By 2015, at least 90 per cent of children under five are supplemented with Vitamin A and dewormed

Analytical Statement of Progress:
The results of the first supplementation round conducted in July 2014 indicated that 85 per cent of children aged six to 59 months were supplemented with Vitamin A. A second round of Vitamin A supplementation was organised in November 2014, coupled with the 4th round of the polio campaign, and 106.3 per cent of children aged six to 59 months were supplemented.

Only 47 per cent of targeted children were dewormed. The reason for the discrepancy between the Vitamin A and deworming coverage is due to the strategy applied. Vitamin A was administered during the polio campaign using a door-to-door strategy while deworming was administered using a health facility-based strategy without outreach activity. In future, deworming could be coupled with Vitamin A during a polio campaign using a door-to-door strategy.

OUTPUT 2  By 2015, at least 30 per cent of health structures in the ten targeted health districts are offering packages of high-impact interventions on nutrition

Analytical Statement of Progress:
The MCHW was organised in November to provide high-impact interventions to mothers and children (deworming, iron, folic acid, immunisation and insecticide-treated nets) with mixed results. The coverage of folic acid and iron supplementation was 39 per cent for pregnant women and 66 per cent for post-partum women. In addition, 64 per cent of postpartum women were supplemented with Vitamin A. During the MCHW, all health structures offered these interventions.

For the prevention of malnutrition, health providers in health structures targeted by UNICEF are pursuing the implementation of the Essential Package on Nutrition for mothers and children including infant and young child feeding, and pregnant and lactating women.

OUTPUT 3  By 2015, at least three widely consumed foods are fortified with micronutrients

Analytical Statement of Progress:
From 2011 to date, two widely consumed foods have been fortified with micronutrients. DHS 2011-2012 shows that iodised salt is used by more than 95 per cent of Congolese households. Wheat flour was fortified with iron in 2013.

In 2014, a MoU was signed between the Ministry of Industry and UNICEF. The Ministry approved a five-year project to provide funds to UNICEF to launch key activities like home fortification with multi-micronutrient powder and sugar fortification with Vitamin A. The Ministry committed to providing $US 2,500,000. Since the funds have not yet been made available, activities planned in 2014 were not conducted.

OUTPUT 4  By 2015, at least 80 per cent of households in the ten targeted districts are informed on nutrition behaviours

Analytical Statement of Progress:
Health providers are pursuing sensitisation of mothers on essential nutrition practices in the health facilities targeted by UNICEF. During the 2014 humanitarian response in Betou for CAR refugees, the capacities of 160 community health workers were reinforced to allow them to
provide information on good nutritional practices to 2,311 women. In the humanitarian response in Likouala, in addition to providing nutritional support to the CAR refugees, data on nutritional status was improved thanks to a SMART survey on nutrition of the CAR refugees and host population, conducted in close collaboration with WFP and UNHCR.

OUTPUT 5 By 2018, Programme coordination is effective and efficient

Analytical Statement of Progress:
Congo was approved as member of the Scaling up Nutrition (SUN) movement in October 2013. In 2014, a coordinating body called the Food and Nutrition Security Group was launched. This body is chaired by the Secretary General of the Presidency who is the SUN focal point in Congo. He attended the International Conference on Nutrition in Rome in November 2014. In addition, the strategic framework to fight against malnutrition, which takes into account all nutrition actions in a multi-sectoral approach, was finalised and accompanied by a draft plan to operationalise it.

Nutrition programme management indicators are compliant with standards set for the office in 2014.

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

Analytical Statement of Progress:
UNICEF supported the country to strengthen the capacities of more than 80 per cent of health facilities in the provision of HIV preventive and care services to women and children. From 2013 to 2014, in the 12 health districts targeted by UNICEF, the proportion of health facilities providing integrated services increased from 70 to 93 per cent for prevention of mother-to-child transmission (PMTCT), from 70 to 80 per cent for paediatric care and from 70 to 100 per cent for HIV testing among adolescents.

UNICEF contributed to these results through the development of guidelines and tools (PMTCT, paediatric care), decentralised planning based on bottleneck analysis, equity-focused monitoring, bottleneck analysis of paediatric HIV infection treatment and management, health staff training and supervision of activities.

Capacity building of health personnel on bottleneck analysis and decentralised planning was pursued in 2014 using HIV as an entry point. Health personnel of 12 health districts were trained and generated their annual action plans.

UNICEF pursued its efforts for the implementation of an equity-focused monitoring approach in Congo through the experimentation of level three MoRES/(L3M) in three health districts. Furthermore, six health districts completed training and will soon launch monitoring meetings. At the end of this process, nine health districts will be able to implement L3 monitoring. From 2013 to date, a total of 24 health districts have already conducted this exercise (12 of them were directly funded by the Government of Congo as its commitment to implement this approach).

Despite progress made on an extension of health facilities offering PMTCT and paediatric care HIV-related services, the utilisation rate of these services by women, children and young people/adolescents remains low due to stock outs of HIV drugs and tests. In UNICEF-targeted areas, 50 per cent of expectant pregnant women attended antenatal care (ANC) services and 29 per cent of pregnant women who attended antenatal care services were tested.
Bottleneck analyses conducted in 27 health districts in 2012 during the development of elimination of mother-to-child transmission decentralised plans identified five major bottlenecks: i) lack of a committee for quantification of drugs; ii) poor management of COMEG, the national agency responsible for procurement and distribution of drugs; iii) multiple channels responsible for the procurement of HIV drugs; iv) lack of accurate data on the consumption of HIV drugs at the peripheral level; and v) poor data management at all levels.

Thanks to advocacy conducted by UNICEF and other partners (the Joint United Nations Programme on HIV/AIDS [UNAIDS], WHO, European Union, World Bank), key decisions were made to address these bottlenecks:

1. Appointment of a committee for quantification of drugs
2. Creation of the Directorate General of medicines and other pharmaceutical products
3. Dissolution of COMEG
4. Capacity building of health personnel on the follow up of the consumption of drugs and other medicines
5. Procurement of software for follow up of drug consumption
6. Appointment of UNICEF as interim procurement agency. The first batch of drugs is expected in January 2015.

The improvement in availability of HIV drugs is expected with the launch of the second phase of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 9 in 2015. Indeed, GFATM will provide HIV drugs for both paediatric care and PMTCT.

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

**Analytical Statement of Progress:**
From 2013 to 2014, in the 15 health districts targeted by UNICEF, the proportion of health facilities that are able to offer ANC and PMTCT increased from 70 to 93 per cent. However, repeated stock outs of HIV tests and antiretroviral drugs was the major bottleneck for the utilisation of the PMTCT services. Twenty-nine per cent of pregnant women who attended ANC services were tested.

Bottleneck analyses conducted in 27 health districts in 2012 during the development of elimination of mother-to-child transmission decentralised plans identified five major bottlenecks: i) lack of a committee for quantification of drugs; ii) poor management of COMEG, the national agency responsible for procurement and distribution of drugs; iii) multiple channels responsible for the procurement of HIV drugs; iv) lack of accurate data on the consumption of HIV drugs at the peripheral level; and v) poor data management at all levels.

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1. Appointment of a committee for quantification of drugs
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5. Procurement of software for follow up of drug consumption
6. Appointment of UNICEF as interim procurement agency. The first batch of drugs is expected in January 2015.

Capacity building of health personnel on bottleneck analysis and decentralised planning was pursued in 2014 using HIV as an entry point. Health personnel of 12 health districts were trained and have generated their annual action plans.

UNICEF pursued its efforts for the implementation of equity-focused monitoring approach in Congo through the experimentation of level three MoRES/(L3M) in three health districts. Furthermore, six health districts completed training and will soon launch monitoring meetings. At the end of this process, nine health districts will be able to implement L3 monitoring. From 2013 to date, a total of 24 health districts have conducted this exercise (12 of them were directly funded by the Government of Congo as its commitment to implement this approach countrywide).

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 positive

Analytical Statement of Progress:
In the 15 health districts supported by UNICEF, 80 per cent of health structures are able to provide testing and paediatric care to infected children. Health personnel of these structures were trained and have integrated paediatric care. However, repeated stock outs of antiretroviral drugs was the major bottleneck for the implementation of the paediatric care service.

In 2014, UNICEF supported the Government of Congo to launch the bottleneck analysis on paediatric HIV infection treatment and management. This was a first step towards the development of the strategic acceleration plan.

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 (131) in the health districts supported by UNICEF have integrated HIV into the behaviour change communication package for adolescents and women.

In 2014, UNICEF supported the production of an operational guide on HIV testing to adolescents. Formative supervision and monitoring facilitated the sensitisation of adolescents. Health committees and community health workers took part in monitoring sessions and were key partners in the implementation of this activity.

OUTPUT 4 By 2018, Programme coordination is effective and efficient

Analytical Statement of Progress:
The review of the UNDAF Action Plan Health (and HIV) took place in December 2014 under the co-chairmanship of the Ministry of Health and WHO.

OUTCOME 5 By 2018, 85 per cent of rural, peri-urban and urban population utilise potable drinking water and 30 per cent of them utilise hygienic sanitations
Analytical Statement of Progress:
WASH is one of the areas of deprivation which affect most of the children under five (43.2 per cent of children face deprivation on nutrition, 40.5 per cent on water and 63.7 per cent on sanitation). Deprivation on water (38.6 per cent) and sanitation (57.5 per cent) are the main two dimensions that affect five to 17 year olds. Hence, WASH as a response for all children’s survival and development is a critical and significant challenge.

In 2014, thanks to a US$ 200,000 grant received from the Government of Congo, the UNICEF WASH Programme focused on sanitation and hygiene with the extension of CLTS in three new departments (Sangha, Kouilou and Cuvette). As a result, in the three targeted departments, 137 of 300 villages were declared free of open defecation (45.7 per cent). This process allowed 72 per cent of households to be sensitised on hygienic practices and hand washing, and 43.8 per cent of households to benefit from hygienic latrines.

From 2011 to date, 377 villages (7.5 per cent national coverage) were certified free of open defecation. A great deal remains to be done.

Actions were taken to improve access to safe drinking water in schools through the construction of water drillings in 54 early childhood development and re-schooling centres thanks to a grant from the Government of Japan. In total, 21,000 people, including the students enrolled in these schools, are enjoying potable drinking water.

In line with the Strategic Framework on Water in rural and peri-urban areas developed with support from UNICEF and other partners in 2011, the Government of Congo launched a presidential initiative in 2014 called "Project Water for All", which aims to drill 4,000 boreholes in more than 2,000 villages between 2014 and 2016. UNICEF started discussions with the Government for a potential collaboration and support to improve community participation and ownership. UNICEF support will provide help on the correct utilisation and maintenance of the drillings by communities.

Monitoring of the implementation of the WASH Programme jointly led by UNICEF and the Government within the WASH UNDAF action plan was conducted twice this year (one mid-term review and one annual review).

Implementing the WASH Programme is a significant challenge because of lack of funds and the limited technical capacities in UNICEF Congo. Key actions must be taken at both the upstream level for advocacy and the downstream levels for implementation of the operational plan. This is not possible with only one NOB staff. Additional and higher-level staffing is needed, which would likely increase UNICEF Congo’s potential for better resource mobilisation and visibility.

OUTPUT 1 By 2015, at least 40 per cent of villages in the three targeted departments are declared open defecation-free villages

Analytical Statement of Progress:
In order to scale up CLTS activities, the Government of Congo provided US$ 200,000 to UNICEF in 2014 to target three departments. Thus, an additional 137 villages out of a total of 300 (45.7 per cent) were declared open defecation-free in 2014, meaning that a population of 487,000 persons in nine districts (Ouesso, Mokéko, Souanké, Makoua, Owando Madingou-kayes, Mvouti Hindika and Loango) located in the three departments (Sangha, Cuvette and Kouilou) live in a more hygienic environment. In these three targeted departments, 72 per cent
of households were also sensitised on hygienic practices and hand washing.

From 2011 to date, 377 villages have been declared open defecation free, representing only 7.5 per cent of the villages in Congo. Hence, a great deal remains to be done.

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

**Analytical Statement of Progress:**
In the education sector, lack of water in schools is a critical issue. Actions were thus taken to improve access to drinking water in schools thanks to a community empowerment project funded by the Government of Japan. A total of 43 bore holes were drilled in six poor departments. With this project, 21,500 people and 54 schools improved their access to potable drinking water. UNICEF also supported construction of wells in schools to respond to the flow of 20,000 refugees from CAR in Likouala. This project ended in 2014 and a high proportion of schools, mainly in the rural areas, are lacking water points in the facilities.

In line with the Strategic Framework on Water in rural and peri-urban areas developed with UNICEF and other partners, the Government of Congo launched a presidential initiative in 2014 called "Project Water for All", which aims to build 4,000 water drillings in more than 2,000 villages between 2014 and 2016. UNICEF started discussions with the Government for a potential collaboration and support to improve community participation and ownership. UNICEF support will help with the correct utilisation and maintenance of the drillings by communities. It is not clear when the funds from UNICEF will be available to support the 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:**
In 2014, thanks to the US$ 200,000 grant received from the Government of Congo, the UNICEF WASH Programme focused on sanitation and hygiene with the scale up of CLTS in three departments (Sangha, Kouilou and Cuvette). As a result, in the three targeted departments, 137 of 300 villages (45.7 per cent) were declared free of open defecation. This process allowed 72 per cent of households in the three departments to be sensitised on hygienic practices and hand washing. From 2011 to date, 377 villages (7.5 per cent national coverage) have been certified free of open defecation.

Additional efforts were made to promote utilisation of hygienic latrines such as the SANPLAT model. A stock was already available to respond to the needs of 43.8 per cent of households in one department. Delays in construction of the hygienic latrines hindered progress.

**OUTPUT 4** By 2015, at least 80 per cent of households have information on hygiene in the ten targeted districts

**Analytical Statement of Progress:**
Thanks to the implementation of the CLTS activities, all 300 targeted villages in the three departments benefitted from information on hygienic good practices, and 72 per cent of households were sensitised on hygienic practices.

**OUTPUT 5** By 2018, Programme coordination is effective and efficient
Analytical Statement of Progress:
UNICEF is co-leading (with the Ministry of Energy and Hydraulics) the UNDAF results group on WASH. To evaluate the implementation of the UNDAF action plan related to WASH activities, a meeting was planned. In 2014, UNICEF supported the Ministry of Water to organise two meetings (one mid-term review and one annual meeting) as planned.

Implementing the WASH Programme at a level commensurate to the needs is a significant challenge because of lack of funds and the limited technical capacities at UNICEF Congo. Key actions must be taken at both upstream and downstream levels. Adequate skilled staff are needed for advocacy and operational work, which is not possible with only one NOB staff. Additional and higher-level staffing is needed, which would likely increase UNICEF Congo’s potential for better resource mobilisation and visibility.

OUTCOME 6 By 2018, 100 per cent of girls/boys of primary school and 70 per cent of girls/boys of the 1st 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:
Important steps were made toward the improvement of quality and inclusive education for girls and boys.

In the process of preparation to join the GPE, UNICEF was instrumental in building strong partnerships within the education sector that resulted in the availability and adoption by the Government of a new Education Sector Strategy 2015-2025. This strategy includes new policy measures that will lead to a strong reform of the education system in all areas (quality, human resources, infrastructure, equity, violence) thus paving the way for scaling up access, retention and learning of girls and boys. In the new strategy, specific attention was given to girls in order to ensure that spaces, opportunities and support will be specifically dedicated to reducing the gender gap throughout the education system.

Within the strategy development process, operational links were set between the main entities involved in the process (the local education group, the group of technical and financial partners, and the Government through a technical committee established by the three ministries in charge of education in the country [Ministry of Primary and Secondary Education, Ministry of Vocational Training and Ministry of Higher Education]).

At the community level, the capacity to advocate for school attendance and community organising was strengthened for communities living in the catchment areas of 54 sub-urban and rural re-schooling and early childhood centres through a participatory and inclusive process. The process led to an increase in demand for early child education and re-schooling of girls and boys by communities. Adequate infrastructure is available to partially absorb the demand through 18 schooling centres and 36 early childhood community centres built in six of the most deprived departments of the country thanks to a US$ 6 million grant received from the Government of Japan. These centres were equipped with basic commodities including toilets, hand-washing materials, toys and education and recreation kits. This will allow more than 8,000 children to learn and be ready for school in child-friendly environments.

The MoRES implementation in education is on track and being piloted in a district, thus allowing the development of the Government and partners’ capacity to identify and act on bottlenecks that hinder better outcomes of the education system. Furthermore, data was systematically
collected in four districts. A key result was also obtained toward the implementation of equity-based and inclusive schooling with new curricula developed for ORA schools for indigenous children.

Knowledge production activities (studies and evaluations) were more complex to implement because of difficulties identifying suitable consultants. It is the same with the acquisition of certain supplies due to the low capacity of local suppliers.

The partnership between UN agencies faced emerging challenges including refugee children from CAR and the organisation of school feeding in schools for indigenous children (ORA schools).

Within the UNDAF implementation framework, a results-based joint action plan co-led by the Ministry of Basic Education and UNICEF was developed that guided the UN work in the education sector.

The availability of funds received thanks to Regional Office efforts was instrumental in the progress made in the education sector in Congo. Government willingness to provide substantial funds is also an asset and a tremendous opportunity to tap into.

The main threat and concern in UNICEF Congo’s capacity to influence and get optimal results for children in the education sector is the need to acquire the funds needed to hire an international P4-level staffer. Filling such a position in 2015 is urgent as high-level technical support is needed to effectively support the Government to undertake the reform and implement the new policy measures that were included in the Education Sector Plan.

OUTPUT 1 By 2015, access to basic education for girls, adolescents and indigenous children is increased, including actions on school readiness

Analytical Statement of Progress:
Despite overall good school enrolment rate of boys and girls at primary school, ten per cent of children are still out of school, especially indigenous children and the poorest. Furthermore, access and retention for girls in lower secondary school is not yet optimal.

An experimental programme of education for indigenous children in ORA schools is underway. Following a formal assessment of current ORA schools' curricula, a more suitable curriculum was developed and will be implemented in six experimental schools in the first quarter of 2015. The experimental plan includes capacity building of teachers in these schools and monitoring of educational activities. More than 3,500 indigenous children enrolled in ORA schools will benefit from this new curriculum aimed at improving the quality of their education. The ORA schools are conceived as a bridge to formal schooling for indigenous children. The improved ORA system will lead to improved access and retention in basic formal education for these children.

Thanks to the Government of Japan’s US$ 6 million grant for the development of a community-based approach for inclusive schooling, the model for an early childhood community-based approach is now available. The model was adopted in rural and poor peri-urban areas and integrated into the Education Sector Plan for future replication and scaling up with Government funding. This school readiness programme is also meant to improve access and retention of children in the basic education system.
The Girls Education Action Plan developed in 2013 with the Forum of African Women for Education (FAWE) was finalised in 2014 and should be adopted by the Ministry in 2015.

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

**Analytical Statement of Progress:**
During 2014, UNICEF Congo strengthened its actions to improve quality with the following results:

- Capacity developed in the teaching process for 3,000 primary-level teachers in partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO);
- New improved curricula for ORA schools based on the assessment of children's learning outcomes;
- Improved quality of education in emergency through provision of education supplies; and
- Beginning the process for the generation of evidence on teachers’ situation for a better understanding of the chronic problem of school staffing at both the primary and first cycle of secondary levels.

However, in order to reach quality standards in education, an adequate budget and quality in its spending are critical. These issues were addressed in the Education Strategy Plan 2015-2025.

**OUTPUT 3** By 2015, the Republic of Congo is member of GPE

**Analytical Statement of Progress:**
In the process of preparation to join the GPE, UNICEF was instrumental in building a strong partnership within the education sector, which resulted in the availability and adoption by the Government of a new Education Sector Strategy 2015-2025. This strategy includes new policy measures that will lead to a strong reform of the education system in all areas (quality, human resources, infrastructure, equity, violence), thus paving the way for scaling up access, retention and learning of girls and boys. In the new strategy, specific attention was given to girls in order to ensure that spaces, opportunities and support will be specifically dedicated to reducing the gender gap as through the education system.

Within the strategy development process, operational links were developed between the main entities involved in the process (the local education group, the group of technical and financial partners, and the Government through a technical committee established by the three ministries in charge of education in the country [Ministry of Primary and Secondary Education, Ministry of Vocational Training and Ministry of Higher Education]).

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

**Analytical Statement of Progress:**
Over 2,000 young children (aged three to five years) and 6,000 children / adolescents out of formal school or those who dropped out of school are being enrolled in 36 early childhood community centres and 18 re-schooling centres built and equipped in six of the most deprived departments. This project was made possible thanks to a US$ 6 million grant received from the Government of Japan. The Ministry appointed 90 teachers to these new centres, thus helping
ensure continuity and sustainability of the project. The communities living around the centres were mobilised, trained and acquired skills that they successfully used to advocate for the realisation of their children’s rights to education.

Data collection and analysis planned for the preparation of the school Statistical Yearbook 2015 will measure the impact of these centres on child learning outcomes and retention rates in non-formal education.

OUTPUT 5 By 2018, all children in emergency situation benefit from the package of essential services of education in accordance with UNICEF’s core commitment for children in emergency

Analytical Statement of Progress:
A total of 5,225 refugee children (of whom 2,665 are girls) from CAR were able to pursue their education at primary and secondary level in the schools of the host area in the Likouala Region (northern part of the country). Primary schools and secondary schools were rehabilitated / constructed (including sanitation), and equipped to accommodate them. Around 6,000 children are improving their learning outcomes thanks to the significant quantity of kits (both education and recreational) distributed and used in classrooms as well as in open learning spaces.

Three classrooms and a latrine block were built in the only secondary school available in the host community of Betou in order to expand its capacity to accommodate more than 150 refugee children, in addition to the 1,500 children already enrolled from the host community.

OUTPUT 6 By 2015, decentralised planning and monitoring are implemented in two districts

Analytical Statement of Progress:
A national and a local team were officially appointed by the Ministry of Education to lead the promotion of the use of MoRES in the education system. Key progress was observed as follows:

- monitoring indicators were identified by local stakeholders;
- data collection tools were developed;
- a decentralised education action plan for equity was developed in the experimental department (Department of Plateaux with low indicators); and
- school stakeholders in 11 administrative areas acquired the relevant skills and knowledge and were able to conduct a thorough analysis of their school, identify bottlenecks that affect school attendance and children’s learning success, and prepare and implement a response plan to remove bottlenecks. The exercises were conducted with a grant from the Government of Congo.

As of the end of 2014, 31 primary and 1st cycle of secondary schools adopted and were practising this decentralised planning and equity-focused monitoring approach.

OUTPUT 7 By 2018, programme management and coordination are effective

Analytical Statement of Progress:
Technical support for implementation of the programme’s activities was performed by the programme staff and consultants as planned. The main outputs were the following: i) joint UN action plan for the basic education component; ii) annual report on the UNDAF basic
education component; iii) no outstanding DCT of more than nine months; and iv) two significant
grants expired in 2014 with zero per cent unutilised funds. Moreover, other managerial
indicators were improved: no donor reports were overdue, field visits were implemented as
planned, and staff performance discussions held on time.

The availability of funds received thanks to the Regional Office efforts was instrumental in the
progress made in the education sector in Congo. Government willingness to provide substantial
funds was also an asset and a tremendous opportunity to tap into.

Yet, the main threat and concern in UNICEF Congo’s capacity to influence and get optimal
results for children in the education sector is the need to acquire the funds needed to hire an
international P4-level staffer. Filling such a position in 2015 is urgent, as high-level technical
support is needed to effectively support the Government to undertake the reform and implement
the new policy measures that were included in the Education Sector Plan.

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:
In 2014, the reorientation of the Government's response towards the establishment of a national
child protection system was a major step in the implementation of the national social action
policy. The adoption and implementation of this approach would enable Congo to ensure that 50
per cent of girls and boys, especially the most vulnerable, are better protected against abuse,
violece, exploitation and discrimination by 2018.

The high-level expertise secured by UNICEF through the support of an international consultant
allowed the Government to have an agenda, a national strategic framework for strengthening
the child protection system and an action plan. This process will provide a solid basis for the
launching, by January 2015, of the pilot phase of the implementation of the system approach in
urban (Brazzaville) and rural (Sibiti) areas.

Thanks to the continued yearly grant received from the Andorra National Committee, UNICEF
Congo was able to optimise this partnership in 2014 and intensify its action towards the
improvement of life, status and well-being of indigenous children. An important gap was thus
filled through better availability of data on indigenous children, with the increased possibility of
having more reliable and complete evidence on progress in improving their welfare.
Decentralised state structures and associations were able to demonstrate a more rapid
deployment capability through mobile teams offering a diversified range of key interventions.
Thus, the coverage of the supply of essential services (health, education) improved especially
for the hardest to reach children and families living in the Region of Lékoumou, the most
landlocked constituencies of Likouala. The United Kingdom National Committee and UNIPP
also contributed funding to UNICEF Congo’s work for indigenous people.

Important progress was also noticed in the diversification of partnerships at international and
local levels. The improvement of the synergy between the actors to meet the multiple distinctive
needs of girls and boys is becoming a reality. With the US Fund for UNICEF and the Serge
Ibaka Foundation (young Congolese basketball player in the NBA in the USA), UNICEF Congo
supported two initiatives of local partners (Espace Jarrot and the International Solidarity
Association) to better support more than a hundred children from broken families (100 street
boys and 40 girl prostitutes and their children).
The protection of children in emergency situation improved qualitatively through increased programmatic visits, follow-up and monitoring. In collaboration with partners such as the ASPC (Association of Peres Spiritains in Congo), the International Conservation and Education Fund (INCEF) and Action of Educating for Development (AED), UNICEF Congo contributed to the promotion of child-friendly support services, violence prevention and protection measures. Thus, more than 5,000 children (2,787 girls / 2,296 boys) aged one to ten years of age, including 684 CAR refugee children and 4,239 RDC children of migrants in transit in Brazzaville Beach, were supported in the CFSs. This special attention, in a protective and playful setting, allowed for the relief of suffering of the children while contributing to their harmonious development.

Finally, for the first time, UN agencies, in collaboration with government and civil society, designed a common annual work plan linked to the UNDAF outcomes. As a result, a work plan on social protection was adopted and signed. With the signing of a US$ 350,000 agreement in 2014 between UNICEF and the Ministry of Social Affairs, there is some hope that the Government commitment to fund the programme will materialise in 2015.

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:
Under the coordination of the Ministry of Social Affairs, a process is ongoing for the reorientation of the implementation of the national plan of the social action for the child protection component. The objective is to move from an ad hoc implementation towards more integrated national system building for child protection.

Thanks to high-level expertise secured by UNICEF through support of an international consultant, a road map and a national strategic framework for strengthening the child protection system is available. The process will be finalised in February 2015 with the development of an action plan, and will provide a solid basis for the launch of the pilot phase in urban (Brazzaville) and rural (Sibiti) areas. The desired outcome of such a participatory and inclusive process is to create the conditions for a protective environment for all children.

In addition, as part of the consolidation of legislation, high-level advocacy was conducted to accelerate the signing of decrees related to child protection laws (five decrees) and indigenous people (eight decrees) developed since 2012. However, despite the frequent advocacy and follow up, the signing of these decrees by the responsible public authority encountered significant delay. Nevertheless, the efforts will be maintained.

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:
With the technical leadership of UNICEF Congo, improving the social status of the indigenous population became a shared priority that unites several actors and development partners. At the operational level, UNICEF support to the well-being of indigenous population was guided by the implementation of the national action plan (2014-2017) for the improvement of living conditions of indigenous people adopted in 2013.

Continued high-level advocacy at international and national levels helped increase the visibility of initiatives to create a conducive environment for indigenous populations. Higher visibility and
commitment to support from a wide range of partners were gained through participation in the 13th Session of the Permanent Forum of the United Nations on Matters of Indigenous People, the UNIPP side event on Indigenous Peoples in New York (March 2014) and the visit of the UNIPP focal point to Congo. The Government ownership of the rotating celebration of the International Day of Indigenous People, and the organisation of the parliamentary day of awareness on the rights of indigenous people helped to strengthen direct dialogue between different constituencies.

The availability of a translated French version of the UNICEF, UNDP and UNFPA joint study on social norms of indigenous peoples and a terms of reference for a joint evaluation of interventions are useful tools for planning strategic joint actions.

At the local level, UNICEF Congo supported the launch of the modelling process of the decentralised and integrated approach in Lékomou Region, which resulted in the availability of accurate baseline data meant to significantly fill the gap in strategic information and the programme capacity to monitor progress. In total, 33,572 people were counted, including 5,470 indigenous inhabitants (16 per cent); 12,137 children (5,863 girls / 6,274 boys), of whom, 1,343 were indigenous; 2,839 without a birth certificate (1,416 girls / 1,423 boys), including 1,816 indigenous children; and 1,015 children not enrolled in school (485 girls /530 boys), including 682 indigenous children.

Decentralised structures’ capacities for deployment in the most remote areas were increased through: (i) several outreach activities through mobile health strategies for vaccination, supplementation, deworming, HIV prevention, and antenatal care; (ii) recording almost 2,000 indigenous children without birth certificates; and (iii) school enrolment of 630 indigenous children.

In the Region of Likouala, and thanks to the United Kingdom National Committee contribution, UNICEF was able to provide better sanitation and access to drinking water to more than 5,000 Bantu, and 2,280 indigenous people, including 251 indigenous students enrolled in ORA schools living in very isolated areas.

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:
UNICEF Congo supported partners’ initiatives (Space Jarrot, International Solidarity Association) to better support children from single parents and living on the street thanks to the collaboration and funding from US Fund for UNICEF and Serge Ibaka (young Congolese young basketball player in the NBA in the US).

The first funding allotment (US$ 100,000) was used in part for the rehabilitation of shelters, support and social reintegration of 100 street children at the Espace Jarrot. As well, in collaboration with the NGO International Solidarity Actions (ASI), a pilot programme was developed to improve the socio-economic status of girls in prostitution, and the rehabilitation and equipment of a day care. Between July and October 2014, 40 girls in prostitution and their children attended the centre at least once. Twenty-nine girls received support for professional integration and 23 children (22 girls and 1 boy) in vulnerable circumstances received direct support in the form of educational support, support in attending school (school fees, school uniform and kit), assistance for basic needs and awareness of life skills.
OUTPUT 4 By 2018, programme coordination is effective and efficient

Analytical Statement of Progress:
The contribution of UNICEF was instrumental and decisive during the first year of joint planning within the UNDAF framework and work plan development. Participatory discussions facilitated a common understanding and consensus on priorities around the annual work plan within the result group on social protection co-led by the Ministry of Social Affairs and the WFP, and also involving UN agencies and the World Bank.

Technical support and ongoing advocacy with the Ministry of Social Affairs led to the signing of a convention aimed at securing domestic resources in support of the programme of cooperation on child protection. The Ministry of Social Affairs committed US$ 350,000, however the disbursement was not made in 2014.

OUTPUT 5 Preparedness and response in child protection in emergency are effective

Analytical Statement of Progress:
In collaboration with civil society, UNICEF Congo helped establish a basic assistance service for children in emergency situations. CERF funds, as well as thematic funds allocated by the UNICEF Regional Office, allowed for rapid assistance to refugees, especially those coming from CAR.

Thus, more than 845 children aged two to five years (439 girls, 52 per cent and 406 boys, 48 per cent), including refugees from CAR (81 per cent) and DRC (11 per cent) and the local population (8 per cent) were supported in CFSs in Betou and Ikpengbélé (Region of Likouala) where they enjoyed a daily snack and recreational and educational sessions. Thanks to the CFSs, over 75 children with specific vulnerabilities were identified. Sixty of them where referred / supported for common diseases or post-traumatic stress disorder. Community volunteers involved in the animation of CFSs conducted awareness campaigns on life-saving practices (hygiene and drinking water consumption) reaching 3,000 to 5,000 people each month.

A total of 4,239 children of RDC migrants, aged one to ten years, including 2,348 girls (55 per cent) and 1,891 boys (45 per cent) on transit in Brazzaville Beach were also supported in CFSs built for the occasion. The partnership with WFP improved the daily snack offered to children and 3,212 people on transit were sensitised to lifesaving practices, rights and child protection.

The development of CFSs is relevant to the management of quality education for young children, when there are no real alternatives to fully meet the different needs of education, protection and psychosocial support. These CFSs promote the development of the child, ensure the safety of children in a threatening environment and help ease tensions by putting together refugees and the local population. In addition, CFSs represent an opportunity for direct contact with children and facilitate the rapid screening of some creeping vulnerabilities that often threaten the very life of children. These children identified are then referred to other specialised services for their care.

In partnership with UNICEF, information and communication campaigns on violence against children were organised in Likouala, 29 social mobilisers (including 25 CAR refugees) were trained in the field of child protection and 96 social mobilisation sessions were organised in the refugee sites. Knowledge evaluation performed before and after social mobilisation among a sample of 400 indicated increased knowledge on child abuse and child protection.
OUTCOME 8 By 2018, in an enabling social and political environment, households, community, families and individuals, especially the marginalised groups, in the targeted interventions areas, adopt regularly essential family practices relative to child survival, development and protection and mobilise themselves to request for access to essential services packages offered to them

Analytical Statement of Progress:
Communication for development (C4D) activities in 2014 were conducted in support of the implementation of the four polio campaigns thanks to additional technical support obtained with the surge capacity process, which provided a P3 C4D specialist for six months as well as the availability of a STOP Team C4D Officer. Timely and quality key actions were performed. Improvement was observed in the overall coverage of the campaigns (95 per cent of coverage for polio campaigns), but there was no significant reduction of the refusal rate for immunisation during the polio campaigns.

C4D work was also important in education with a strong capacity-building component of community members for advocacy and for organising themselves in support of education in six targeted departments. Capacity was built for 134 members of the communities living around a total of 49 re-schooling and early childhood community centres out of the total of 54 planned. This process was done within the framework of the Government of Japan-funded US$ 6 million project, which allowed for the construction / rehabilitation of 36 early childhood development centres and 18 re-schooling centres.

UNICEF Congo had planned to design and implement a communication plan to promote healthy family practices and parental education, however this initiative was constrained due to lack of adequate skills and financial resources.

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

Analytical Statement of Progress:
C4D cross-sectoral work was effectively implemented with significant contributions of the relevant sections. The C4D component in health / immunisation and in education was strengthened thanks mainly to additional staff capacity, especially for polio (P3 consultant, a STOP Team Officer and a national consultant at the NOB level).

Adequate and substantial financial resources for about US$ 1,210,968 were mobilised for social mobilisation and communication in support of four polio campaigns conducted in 2014 thanks to technical assistance received from the Regional Office for the fundraising proposals development on C4D related to the campaigns and for the additional staff funded.

It is also worth mentioning the important C4D work in the education sector to support communities’ empowerment and to develop their advocacy skills for improvement in school attendance by the most vulnerable and out-of-school children. As a result, community members around the schools expressed interest in the registration of 8,000 children, thus making the demand for schools (both early childhood development centres and re-schooling centres) higher than the number of places the facilities could offer.

Gaps in staff availability with the relevant level and skills and lack of resources did not allow for the design and implementation of a communication plan to promote adoption of family practices and parental education. The work needed in social norms transformation in order for all children to access all services and live and grow in a conducive environment free of discrimination was
also not undertaken for the same reason.

Management indicators related to the C4D programme component were in line with UNICEF standards.

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 2014, the partnership in support of C4D-related activities around children, health and education was strengthened.

For health, the 3rd and 4th polio campaigns paid more attention to improvement of partnerships with civil society and religious communities. More formalised partnerships will improve the potential they offer for better involvement of all components society in interventions related to child health.

In education, partnership was built with civil society through the revitalisation or creation of Community Management and Development Committees around 49 community pre-schools and re-schooling centres constructed or rehabilitated with the support of UNICEF and thanks to a grant from the Government of Japan for community empowerment in the education sector.

UNICEF Congo began the process for the design and implementation of a communication plan to promote healthy family practices and parental education in order to build on lessons learned from two separate past experiences on two projects. The new broader and diversified partnership that is meant to support the plan will help boost demand and create a more conducive environment for the needed changes in social norms and in behaviours that are impediments to child survival and development. A compilation of key information on the past two experiences was shared with the Regional Office and was meant to inform the development of a new programme. Discussions were started between the UNICEF Congo and Regional Office planning and education sections. Progress was slow in the implementation of the process because of the lack of C4D staff at the appropriate level and lack of resources that might have allowed for the recruitment of a short-term consultant.

Overall, UNICEF Congo needs a more formal partnership to ensure sustainability around such initiatives. A specific strategy will be designed in 2015.

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

Analytical Statement of Progress:
Community mobilisation work intensified in 2014, in support both to four national polio campaigns and to community empowerment in the area of education.

The implementation of the Government of Japan’s US$ 6 million project on community empowerment for education in six departments in Congo, which included an important component on social mobilisation, fostered a productive interaction between the Education Programme and the C4D unit. It is worth mentioning the important C4D work done in the education sector in support of community empowerment. It included: i) the development of
social mobilisation skills of community-based organisations for communication-related interventions aimed at the improvement in school attendance by the most vulnerable and out-of-school children; ii) five training workshops conducted and benefiting 134 participants coming from five departments covered by the project; and iii) the revitalisation or creation of Community Management and Development Committees around the schools. As a result, 8,000 children were identified for registration, thus making the demand for schools (both early childhood development centres and re-schooling centres) higher than the number of places the facilities could offer.

A significant amount of C4D staff time was allocated to support implementation of the social mobilisation component for the Education Programme, which partially supported the salaries of the C4D staff.

Adequate and substantial financial resources of approximately US$ 1,210,968 were received to support the social mobilisation and communication components of four national immunisation campaigns on polio. These funds were raised thanks to technical assistance received from the Regional Office for the fundraising proposal writing for the C4D component. Funds provided contributed to the training on social mobilisation in each of the 12 departments and for each of the four polio campaigns. Communication and social mobilisation were thus strengthened throughout the campaigns, and an overall improvement in indicators on communication-related indicators and polio immunisation was observed by the end of the year.

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

Analytical Statement of Progress:
The lack of financial resources did not allow for implementation of this programme component.

OUTPUT 5 Salary and other related cost for the consultants

Analytical Statement of Progress:
Thanks to surge capacity set up within the framework of the global eradication of polio, funds were provided for six months to hire a P3-level consultant. Recruitment was completed and the consultant supported three out of the four campaigns conducted in 2014.

OUTCOME 9 Special Purpose

Analytical Statement of Progress:
All the planned security and safety training activities and investments were implemented or launched according to the plans in 2014 and within the funds allocation, permitting an improvement of the general security and safety of the office and the staff.

OUTPUT 1 Premises and security

Analytical Statement of Progress:
All purchase orders were issued and training was undertaken in 2014 according to plan. An anti-fire system, door automation system and barrier were installed and are functional.

OUTCOME 10 Management and support to the cooperation programme implementation are effective and efficient
Analytical Statement of Progress:
Most of the set targets were met or exceeded by the end of 2014, particularly under the governance and management systems outcome and the financial resources and assets management outcome. All the indicators were improved when compared to 2013. This is also the case for the human resources management outcome’s indicators, but the targets were not fully met, mainly due to financial and epidemiologic (Ebola) constraints, amongst others.

Nevertheless, it should be noted that in general all the indicators improved significantly, translating to more effective and efficient work of the entire staff at all levels. The implementation rate of the related outputs reached 90.28 per cent in 2014, exceeding 2013’s performance by 30 points. This is a real accomplishment for the whole Office.

OUTPUT 1 Governance and management systems are effective and efficient

Analytical Statement of Progress:
Annual action plans, the Country Programme Management (CPMP), the Annual Management Plan, BCP, Early Warning/Early Action, the updated Office risk profile (Enterprise Risk Management, UNDAF, HACT action plan) were all available and used. Meetings of the CMT, the Joint Consultative Committee and Programme Coordination were held regularly and documented.

OUTPUT 2 Financial resources and asset management are effective and efficient

Analytical Statement of Progress:
UNICEF Congo ensured information and communication technology (ICT) conformity to the Regional Office and Headquarters indicators. The Office also focused on Minimum Operational Security Standards (MOSS) indicators conformity. The Office managed to maintain a very low rate of more than nine months pending DCTs throughout the year, below the one per cent global benchmark.

OUTPUT 3 Human resources management is effective and efficient

Analytical Statement of Progress:
UNICEF Congo emphasised personnel evaluation and discussion between supervisors and supervisees as a mean to improve personnel and Office performance.

The implementation rate of the annual training plan progressed but was impended by cancellation of some workshops and a shortage of available resources. This last point also applies to the Office improvement plan implementation, although a few actions and investments to improve the quality of the working environment were implemented.

OUTCOME 11 The Programme of Cooperation of UNICEF with the Government of the Republic of Congo is based on the results linked to "Deliver As One" approach in support of the realisation of the most deprived girls and boys

Analytical Statement of Progress:
Under the leadership of UNICEF, a new modality was introduced for work planning within the UNDAF framework. This innovation was successfully endorsed by all UN agencies and the relevant government and found to be a more efficient way of implementing the UN agencies' Programme of Cooperation linked to the UNDAF outcomes.
Five result groups were created and co-led by the government and the relevant UN agencies; each result group has a work plan jointly signed by the co-leads that was implemented during this year. Mid-year and annual reviews were conducted and recommendations for corrective actions were endorsed.

An UNDAF steering committee was created and functional, with two meetings held, to endorse the work plan at the beginning of the year and to discuss their implementation status during the annual review held in December 2014.

UNICEF is leading two result groups (basic education (primary and secondary) and WASH. UNICEF is also an active member of four others: social protection, food security and nutrition, health and HIV, governance. Such participation allowed UNICEF to support the Government in the realisation of the full range of children rights. It also ensured that all key national or sectoral documents and strategies are child-rights sensitive.

In emergency work, UNICEF is a member of the task force set to develop a two-year (2015-2016) contingency plan for the UN system. A draft plan is available. Some progress was made in UNICEF partnership with the private sector, with Ebola as the current entry point for such a partnership. A strategy is being designed for more systematic and broader areas of agreement with the private sector.

The overall programme management in the UNICEF Country Office met the requirements and standards set in the office management indicators related to DCTs, grant and donor reports management.

**OUTPUT 1** By 2018, all annual/bi-annual action plans jointly designed with the other agencies of the UN system are result-based

**Analytical Statement of Progress:**
In 2014, in line with the new orientations of the United Nations Development Group (UNDG), the UN system adopted a new way of work planning, based directly on the UNDAF outcomes. UNICEF was instrumental in the introduction of this innovation. The introduction of this planning process was also endorsed by the Government thanks to UNICEF advocacy and leadership.

Five result group work plans (two of them co-led by UNICEF), encompassing all critical areas for the full realisation of children rights, were developed and co-led by one UN agency and a high-level authority in the relevant ministry for each sector. The result groups are the following:

- Primary and secondary levels education, co-led by UNICEF and the Ministry of Basic Education;
- Vocational training and higher education, co-led by United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Ministry of Higher Education (a sub-group of the education result group);
- Health, co-led by WHO and the Ministry of Health and Population, and including 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 FAO
In addition to these result group work plans, joint work plans signed by UNICEF and the Minister of Communication and the General Director of Plan, formalised the inter-sectoral actions of UNICEF in communication and social policy with the Government.

A delay was observed in the availability of validated and signed work plans. Nevertheless, before mid-year, 100 per cent of the result groups work plans were co-signed by the relevant ministers and representatives of the UN agencies.

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

**Analytical Statement of Progress:**
Progress reviews of the result based work plans were made by the different sectors.

In December, the annual review took place within the statutory UNDAF committee director meeting.

Updates of the work plan implementation status, constraints and recommendations were discussed, including better and timely disbursement of Government funds allocated to the UN, early validation and signature of the 2015 work plan, and increased ownership by both government and the UN agencies.

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

**Analytical Statement of Progress:**
The documentation and data analysis of specific groups and interventions are in the centre of the implementation of the Country Programme, including better utilisation of financial resources. In order to build solid evidence-based policy advocacy, UNICEF Congo undertook a series of studies from which brochures and publications were produced to support advocacy and policy dialogue.

Three publications, the first on human rights, gender and equity-based situation analysis of children and women, the second on multiple overlapping deprivations among children and the third on impact analysis of health interventions on child mortality reduction, were disseminated to a wide variety of audiences and used for effective policy design and strategy development at national and local levels to accurately address children’s needs.

The result of the ongoing MICS will provide factual data on Congo’s effort to meet its national development goals and to measure progress made towards the MDGs.

Policy dialogue was instrumental in the availability of a key strategic document in the education sector. The development of the Education Sector Plan 2015-2025 was initiated in 2013 and was sustained by an ongoing intensive policy dialogue with government authorities at the highest levels, leading to adoption of important new policy measures. It was undertaken in compliance with the standards prescribed by GPE guidelines and included broad participation from civil society and technical and financial partners.

Successful advocacy with the private sector led to the signature of two Memorandums of Understanding (MoUs) between the Ministry of Health, UNICEF and the private/public sector (a mobile phone company and the national oil company) in support of the preparedness of the
response to fight Ebola.

More work is needed on the visibility of key results, especially those linked to government policy decisions and direct actions that benefit children, e.g. social budgeting.

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

**Analytical Statement of Progress:** Thanks to Regular Resources (RR) funding, some key positions were filled. Programmes’ contributions allowed funding for cross-sectoral staff such as C4D and monitoring and evaluation.

Because of limited funds, the Country Office did not succeed in funding a P4 position for the education programme.

**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:**

UNICEF Congo provided basic assistance to children and women in two main emergency situations: assistance to 20,000 CAR refugees as well as to 21,400 DRC expelled illegal expelled who were at Brazzaville beach before their transfer by boat to Kinshasa City.

The results obtained in both situations through UNICEF support, were made possible thanks to successful fundraising processes. All sections in the UNICEF Country Office contributed effectively both in terms of fundraising and response implementation. The provision of thematic funds for emergency by the emergency section and the education section at the Regional Office allowed UNICEF Congo to respond to the humanitarian situation in Likouala while pursuing fundraising. Successful proposals submitted to the Office for the Coordination of Humanitarian Affairs (OCHA) for CERF Rapid Response allowed for the mobilisation of a total of US$ 1,059,347 distributed as follows: US$ 502,614 in April 2014 (for WASH, health/nutrition and protection) and US$ 556,733 in December 2014 (for health/nutrition, protection and education).

UNICEF is also actively contributing in the development of the contingency plan for the UN system.

Due to limited staffing in the office, it was a significant challenge to respond to emergency and implement the development component of the Country Programme.

**Document Centre**

**Other Publication**

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