



UNICEF REPUBLIC OF CONGO

CONTEXT IN THE REPUBLIC OF CONGO

The Republic of Congo is located on the western coast of Central Africa. It is bordered by Gabon, Cameroon, Central African Republic, Democratic Republic of Congo (DRC) and Angola, as well as the Atlantic Ocean to the south-west. The capital city, Brazzaville, lies on the Congo River in the south of the country, just across the border from Kinshasa, the capital of DRC.

Formerly part of the French colony of Equatorial Africa, the Republic of Congo was established in 1958 and gained independence from France in 1960. However, the country was rapidly confronted with the complex

issue of political governance. Between 1960 and 1992, the history of the Congo was characterized by numerous episodes of violence and socio-political crises, which led to several regime changes. The country has held multi-party elections since 1992, but, following a civil war, the democratically elected government was ousted in 1997.

Over the past decade, Congo has benefited from a consolidation of peace and security, which has led to political stability (presidential elections in 2009 and legislative in 2012). The results of the presidential elections of 2016 were challenged by the opposition, resulting in political unrest and a resurgence of tensions in the Pool Region, between the security forces and the former Ninja rebels, with the displacement of more than 80,000 people. A ceasefire was signed in December 2017, although challenges exist for the displaced populations. The next presidential elections are scheduled for March 2021.

Congo has become the fourth largest oil producer in the Gulf of Guinea, which has given the country a degree of prosperity. However, basic social services still need to be improved. Economic growth has slowed considerably since the post-2014 drop in oil prices. During 2019, there were modest signs of growth, likely to stabilize around 2%, but this level remains too low to have an impact on poverty reduction according to the International Monetary Fund (IMF).



DEMOGRAPHICS AND DEVELOPMENT

The Republic of Congo has a young population: 47% of its over 5 million inhabitants are under the age of 18 years. Nearly 62% of the total population lives in the two largest cities, Brazzaville and Pointe-Noire.

Congo ranks 154th out of 188 countries globally on the Human Development Index and 8th out of 48 countries in Sub-Saharan Africa. This puts it in the medium human development category.

Some 35% of the population in Congo lived in poverty in 2016 according to the World Bank. Evidence from Multiple and Overlapping Deprivation Analysis (MODA) has shown that 61% of children under the age of 18 years – some 1.3 million – are in a situation of multidimensional poverty. Although there has been progress in increasing access to quality services, the social situation of the Congolese population remains worrying, and children and the most vulnerable groups bear the brunt.

Wide income disparities, an expanding peri-urban population, high rates of youth unemployment – first-time job seekers represent 79.4% of the unemployed – and limited access to economic opportunities may fuel tensions in the country.

Congo is prone to cholera, measles and Ebola outbreaks and natural disasters, including floods, and there continues to be a large influx of refugees from Central African Republic and DRC.

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KEY FACTS ON HEALTH AND NUTRITION

- Only 27% of children are fully immunized, 67% have received three doses of pentavalent vaccine and 67% are vaccinated against measles before their first birthday.
- Seeking care in institutions or from health providers remains low: 50% of children with diarrhoea do not receive appropriate services; only 35% benefit from treatment with oral rehydration salts and 8% with the combination of oral rehydration salt and zinc.
- Only 32.9% of children are exclusively breastfed, and 21% of children under five suffer from chronic malnutrition.
- Only 61% of children under five years of age sleep under insecticide-treated nets, 49% of children with febrile episodes of malaria have accessed health services and only 8% have received treatment.
- The key bottlenecks to health and nutrition improvement for children under five years old include lack of qualified human resources; frequent stock-out of essential commodities; poor implementation of key interventions such as integrated management of childhood illness and infant and young child feeding; a persistence of social and financial barriers that limit access to quality health care; and a lack of access to water and sanitation services.



KEY FACTS ON HIV

- There was an increase in new HIV infections in Congo between 2010 and 2017, with 28% of new infections occurring in children under 14 years old.
- The mother-to-child transmission rate increased from 15.9% in 2013 to 18.8% in 2017.
- The proportion of women who are HIV-positive and pregnant and on anti-retroviral therapy fell from 82% per cent in 2014 to 33% in 2017.
- The share of infants born to mothers who are HIV-infected receiving antiretroviral therapy decreased from 25% in 2014 to 12% in 2017, owing to a stock-out of drugs and laboratory tests.
- Only 1,663 out of 8,507 children under 14 years old living with HIV received antiretroviral treatment (21%).

KEY FACTS ON WATER, SANITATION AND HYGIENE

- A total of 68% of the population has access to safe drinking water, but there is a large urban–rural disparity (85% vs. 56%). Only a quarter of the population uses unshared improved toilets, 24% of the population uses basic sanitation services and 23% of the rural population practices open defecation.
- The main bottlenecks to at-scale coverage include insufficient translation of policies and strategies into actions; limited institutional capacities at subnational and local levels for planning, monitoring, budgeting and service delivery; and insufficient investment and funding.

KEY FACTS ON EDUCATION

- Although primary education is available for almost all children (97% of children are enrolled in primary school and 92% have completed the cycle), the country still faces many problems linked to the quality of learning.
- Few students complete primary education with the required skills in both mathematics (41%) and reading (21%).
- A total of 14% of children aged 12–17 are out of school and 29% of children aged 12–14 are involved in economic activities.



KEY FACTS ON PROTECTION

- While the national birth registration rate is 96%, it is only 35% for children of minority indigenous groups.
- 82% of children aged 1–14 are victims of violent disciplinary practices in the community.
- There is limited knowledge about the consequences of violence on children, as well as a poor demand for services.
- In December 2018, over 16,000 refugees from DRC crossed the River Congo to Plateaux Region fleeing ethnic tensions, of whom approximately 50% are children.

UNICEF IN CONGO

UNICEF has been working in Congo since the 1960s in partnership with the government and other development partners, by means of a proactive and sustainable approach. Over time, UNICEF has become the main defender of children's rights in the country.

The UNICEF Country Programme is based on the Convention on the Rights of the Child and aligns with the five objectives of the UNICEF Strategic Plan 2018–2021, which are:

1. Every child survives and thrives
2. Every child learns
3. Every child is protected from violence and exploitation
4. Every child lives in a safe and clean environment
5. Every child has an equitable chance in life

PROGRESS SO FAR TOWARDS THE SDGs THROUGH THE PAST PROGRAMME OF COOPERATION

The UNICEF Programme of Cooperation with Congo has contributed to the acceleration of progress toward the Sustainable Development Goals (SDG) and the realization of the rights of all children, especially the most vulnerable, in the areas of maternal and child health, nutrition, HIV/AIDS, water sanitation and hygiene, education and gender equality, child protection and inclusive social policies.

On SDG 2 on nutrition:

- The share of under-six-month-old children exclusively breastfed has gone from 33% (MICS 2014–2015) to 40% in 2019.
- A total of 771,583 children aged 6–59 months (89%) received two doses of vitamin A at national level in 2019.

The Country Programme is also aligned with the government's National Development Plan (NDP) 2018–2022, which works within the framework of the Sustainable Development Goals and the African Union's Agenda 2063. The NDP focuses on strengthening governance, human capital development and diversification of the economy. The main contribution of UNICEF is to the second of these – human capital development – in particular with regard to the access of all children to quality social services, with a major focus on reducing inequality.

The United Nations Reform and its implementation were launched in Congo, while a new United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020–2024 was signed in March 2019.

On SDG 3 on health and well-being:

- At national level, coverage of DTP3 increased from 75% to 79% between 2018 and 2019, and for OPV3 from 74% to 78%.
- The percentage of districts with coverage of DTP3 of at least 80% has increased from 42% to 47%.

On SDG 4 on education:

Although children aged 3–5 have limited access to pre-school education (36%), primary education is available to all children aged 6–11 (96%).

On SDG 6 on clean water and sanitation

- The current rate of open defecation is estimated at around 8%. UNICEF-supported Community Led Total Sanitation interventions are underway.



UNICEF has also provided support to tackle recurrent emergencies that have affected an estimated 112,000 children. Capacity and resources have been put in place to address issues related to internal displacement and natural disasters while maintaining a focus on a humanitarian–development continuum. The aim is to enable emergency preparedness and response while strengthening the system and building national capacities to prepare and respond to the humanitarian needs of the most vulnerable populations.



LESSONS LEARNT FROM THE PREVIOUS COUNTRY PROGRAMME

An analysis of the comparative advantage of UNICEF as an impartial advocate for children's rights and source of technical expertise informed lessons learnt from the previous Country Programme and contributed to the design of the new CPD:

1. Policy and legislation development should aim to accelerate implementation by identifying and addressing bottlenecks at subnational level so they can have a more significant impact on the situation of children, especially the most vulnerable.
2. A life-cycle and rights-based approach is necessary to help deliver a cohesive and integrated set of services at the community and facility levels.
3. The collection and dissemination of real-time data using innovative approaches and technologies, such as SMS messages to remind parents of vaccination schedules, is paramount to strengthen subnational response planning and analysis.
4. The imperative of progressing towards the SDGs in a context of limited fiscal space calls for a greater emphasis on leveraging resources and catalysing new investment for child-sensitive social sectors.

UNICEF believes the private sector can play an important role in improving the lives of children in Congo, through participating in finding solutions to the greatest challenges facing this group. A broad range of partners, philanthropic organizations, foundations, businesses and individuals can invest at the national level to catalyse sustainable solutions and systematic changes to create a Congo that is more equitable for all its inhabitants.

Going forward, the UNICEF Country Office will capitalize on emerging opportunities that can help reach the furthest-behind children and accelerate results at scale in collaboration with the private sector. It will work to harness the power, reach and influence of business actors on behalf of children with a view to supporting UNICEF's programmatic activities and reaching the most disadvantaged communities.

In addition, UNICEF will continue to advocate for "value for money and improved budgeting for children", including supporting the Health Ministry to make good use of the VII platform to procure vaccines and health commodities, thus improving efficiency and reducing costs.

UNICEF Congo will strategically sustain the gains achieved in 2019 in the areas of Duty of Care and management excellence; Public Finance for Children (PF4C); data for children; violence against children; and resource leveraging and mobilization. As 2020 will be the first year of the new country programme cycle 2020–2024, the Country Office will explore new avenues such as those under PF4C, including poverty analysis and measurement, as a tool for reducing inequality and poverty in Congo. A greater focus on innovations through partnership-building will be central to strategic UNICEF-supported interventions in 2020.

THE NEW UNICEF CONGO COUNTRY PROGRAMME 2020–2024

In 2019, UNICEF, through an inclusive process, in consultation with the government, the UN Country Team and development partners, developed its Country Programme Document (CPD) 2020–2024, which was approved by the board in June. The CPD, guided by the UNICEF Strategic Plan (and its common chapter) and the Gender Action Plan, is aligned with the UNSDCF and Congo's NDP 2018–2022.

The Programme Strategy Note and draft CPD were informed by recommendations from a strategic moment of reflection of October 2018 in Brazzaville. This included line ministries, development partners, UN agencies, civil society organizations, children and young people, academia and the private sector.

The UNICEF Country Programme will address the needs of children during their first and second decades of life using an integrated life-cycle approach at the heart of its efforts. An equity focus across all interventions will allow girls and boys, without distinction, to progressively gain access to high-quality and inclusive services. Human rights, gender and disability will be mainstreamed across the components. In line with the UNICEF Gender Action Plan 2018–2021, analysis and programme design will address discriminatory norms and practices and promote the empowerment of girls and women.

THE TARGETED OUTCOMES FOR THE 2020–2024 COUNTRY PROGRAMME ARE AS FOLLOWS:

- **Child survival and development.** By 2024, Congolese children, boys and girls, aged 0–10 years enjoy significantly improved access to quality and equitable maternal, neonatal and child health, education, child protection, Early Childhood Development (ECD), nutrition and Water, Sanitation and Hygiene (WASH) services.
- **Education, protection and adolescent development.** By 2024, a greater proportion of adolescent boys and girls survive, learn and participate in their development in a healthier environment, free from violence, exploitation and abuse.
- **Programme effectiveness.** By 2024, the rights of children and adolescents are monitored; data and evidence are used to inform national policy and resource allocation and communities; and adolescents participate in the promotion of their rights.

FUNDRAISING NEEDS

The CPD includes a proposed aggregate indicative budget of \$8,385,000 from regular resources, subject to the availability of funds, and \$21,891,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2020 to 2024.

Programme component	Regular resources	Other resources	Total
Child survival and development	\$3,250,000	\$10,508,000	\$13,758,000
Education, protection and adolescent development	\$3,135,000	\$9,194,000	\$12,329,000
Programme effectiveness	\$2,000,000	\$2,189,000	\$4,189,000
Total	\$8,385,000	\$21,891,000	\$30,276,000

UNSDCF 2020–2024 CHILD-RELATED OUTCOMES

By 2024, people have equitable access to quality essential health care packages and services (including nutrition and WASH), health security and social protection to enhance human capital and take full advantage of the demographic dividend.

By 2024, children (girls and boys), youth and adults (men and women) and children with disabilities in targeted areas have increased access to inclusive and quality education services in the formal and non-formal systems, particularly qualifying training for better social and professional integration.

By 2024, the most disadvantaged populations in the targeted areas implement sustainable diversified economic activities and resilience to climate change and disasters, creating jobs and income in the areas of sustainable agriculture, food security and ecotourism by respecting environmental standards.



UNICEF STRATEGIC PLAN 2018–2021 GOAL AREAS: KEY RESULTS FOR CHILDREN IN WEST AND CENTRAL AFRICA

- > Immunization
- > Prevention of stunting
- > Improved learning outcomes
- > Protection of children from violence, including in humanitarian contexts
- > Ending open defecation



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CHILD SURVIVAL AND DEVELOPMENT

ISSUE

- > Fertility rates are high (33.6%) and 20.5% of pregnant women who attended antenatal care in 2015 were 15–19 years old.
- > The main causes of neonatal deaths are prematurity (40%), asphyxia/respiratory distress (29%) and neonatal infections (27%). The three main causes of under-five deaths are malaria (54%), acute respiratory infections (18%) and diarrhoea (17%).
- > After reaching an immunization rate of 90% in 2014, coverage in Congo fell to 69% in 2017 because of the frequent stock-out of vaccines and decreased domestic financing.
- > Only 33% of pregnant women with HIV accessed antiretroviral therapy during antenatal care in 2017 and 21% of infants born to mothers living with HIV were receiving antiretroviral therapy (ART).
- > While the national birth registration rate is 96%, it is only 35% for children of minority indigenous groups.
- > More than a fifth (21.2%) of children under five years of age were stunted in 2015.
- > The rate of exclusive breastfeeding is only 32.9%, with premature complementary feeding increasing the risk of nutritional deficiencies and exposure to unsafe water.
- > While the national birth registration rate is 96%, it is only 35% for children of minority indigenous groups.

ACTION

UNICEF OUTCOME: By 2024, Congolese children, boys and girls, aged 0–10 years enjoy significantly improved access to quality and equitable maternal, neonatal and child health, education, child protection, Early Childhood Development (ECD), nutrition and Water, Sanitation and Hygiene (WASH) services.

If children have improved access to quality and equitable services during the first decade of life, then they will be in a better position to realize their rights with equity.

UNICEF will contribute towards this vision using a life-cycle approach to promote the delivery of an integrated package of quality services for the survival and holistic development of children during the first decade of life.



The Country Programme 2020–2024 will contribute to improved access to high-quality and equitable maternal, neonatal and child health; nutrition; education; protection; ECD; and WASH services for children aged 0–10 years. It will strengthen multi-sectoral service delivery systems and build national capacities to provide an essential package of high-impact, integrated services throughout the first decade of a child's life, including the first 1,000 days.



To improve maternal, neonatal and child health and nutrition

The Country Programme will work closely with UN partners to support the achievement of universal health coverage. It will mobilize political leadership to:

- Accelerate the implementation of health policies and strategies;
- Improve emergency obstetric and neonatal care;
- Scale up the strategy for the integrated management of childhood illness and the essential nutrition package; and
- Promote improved infant and young child feeding practices, the prevention of micronutrient deficiencies and the integrated management of acute malnutrition.

To eliminate mother-to-child transmission of HIV

UNICEF will support the procurement of antiretroviral drugs and laboratory tests and the integration of HIV diagnosis and treatment into maternal and child health platforms. The agency will strengthen the management of immunization services by implementing the Reach Every Child approach to ensure full vaccination within the first 12 months of life.

To enhance water, sanitation and hygiene

UNICEF will promote the Community Led Total Sanitation (CLTS) approach to support rural communities to achieve open-defecation-free status, by improving the management of services, increasing children's access to safely managed water and sanitation services and expanding access to water and hygiene facilities in schools and maternal and child health centres.

To promote early learning and stimulation

UNICEF will support the government and implementing partners to scale up access to ECD centres, pre-primary and junior primary education to improve early learning and stimulation and foundational numeracy and literacy, especially for marginalized children and those with disabilities or from poor and remote rural areas.

Critical assumptions underlying the programme are that the government will invest in improving the national coverage of key services to children, families and their communities and that communities will commit to the promotion and protection of children's rights. A continued slowdown in economic growth may negatively affect the social sectors or a humanitarian crisis may divert resources. In either case, UNICEF will strengthen advocacy to allocate resources for children and seek to mobilize new partners and innovative financing.

TARGETED RESULTS

Indicative outputs from the Country Programme 2020–2024 are as follows:

- Relevant high-level decision-makers and institutions allocate resources and ensure efficient spending on services for maternal, newborn and child health, child protection, ECD, education, sanitation and nutrition.
- Service providers have increased capacity to deliver quality and integrated health, HIV, nutrition, education, sanitation and child protection (including birth registration) services.
- Communities, parents, children and religious and traditional leaders have increased capacity to claim access to quality integrated services for maternal, newborn and child health, sanitation, child protection, ECD and nutrition.

The programme will also make concerted efforts towards the following Western and Central Africa Region Key Results for Children (KRC), as specific contributions to the child-focused Sustainable Development Goals:

- Immunization through the Expanded Immunization Plus Programme;
- Prevention of stunting by scaling up the essential nutrition package (infant and young child feeding, vitamin A and iron-folic acid supplementation, deworming) and integrating the management of acute malnutrition;
- Improved learning outcomes through improved teaching skills and enhanced early learning and early stimulation;
- Ending open defecation, through CLTS approaches.

FUNDRAISING NEEDS

Donor support to Congo has declined since 2010, a year when the country achieved the Heavily Indebted Poor Countries (HIPC) Initiative completion point, which resulted in both multilateral and bilateral creditors granting substantial debt relief. UNICEF will continue to advocate for the increased and more efficient use of domestic resources to focus on vulnerable children and adolescents and for the prioritization of children and adolescents in development partners' programmes and budget allocations.

Christ, a two-year-old malnourished refugee from Central African Republic recovered from severe acute malnutrition at the Intensive Nutritional Rehabilitation Unit in Bétou (Likouala Region).

Christ's health was not good. His whole body, feet, arms and cheeks were swollen, and his hair became yellow. The president of the Ikpengéle refugee site referred him and his mother to the Intensive Nutritional Rehabilitation Unit based in Bétou, where they arrived by boat.

"My son is taken care of and already after 15 days his health is gradually improving. Even his hair has started turning to black again. The nurses told me that I had misfed my child in the village, which is why he had malnutrition."

According to the coordinator of the management of malnutrition cases at the centre in Bétou, cases of malnutrition have been increasing recently. Between 50 and 60 malnourished children have been hospitalized every month since December 2018. Before this period, only between 20 and 30 malnourished children were received per month. These children come from both the refugee and the local populations.

Poverty in families and traditional food practices explain this resurgence of malnutrition cases.

The rehabilitation unit is a service set up by UNHCR, managed by the NGO Terre sans Frontières and supported by UNICEF.

"The food I used to give him," says Christ's mother, "was not rich in vitamins. Now I must give him rich, varied and balanced food using local products such as taro, sweet potato, caterpillar, squash, rice, milk or plantain. This is the advice given to me at the centre."





UNICEF REPUBLIC OF CONGO

EDUCATION, PROTECTION AND ADOLESCENT DEVELOPMENT

ISSUE

- > Few students complete primary education with the required skills in both mathematics (41%) and reading (21%).
- > 14% of children aged 12–17 are out of school and 29% of children aged 12–14 are involved in economic activities. Boys have higher dropout and repetition rates than girls.
- > In remote rural areas, fewer than 24% of children entering Grade 1 complete secondary education, in part because of increasing rates of teenage pregnancy and early economic activity.
- > Repetition rates in Congo are among the highest in the region (23% at primary level and 18% at lower secondary level).
- > Access to education for children living with disabilities remains a challenge owing to lack of early identification and referral for support as well as inadequately skilled teachers.
- > Bottlenecks include a shortage of qualified teachers, lack of books in schools, limited training curricula, a high student to classroom ratio and a lack of teaching materials.
- > According to the Multiple Indicator Cluster Survey (MICS) 2014–2015, 83% of children under 15 years in Congo have undergone violent physical or psychological discipline.
- > Persistent challenges related to violence against children include limited capacity of health officers, educators and communities; weak coordination between the relevant stakeholders and ministries; and cultural barriers to accessing services.
- > In December 2018, over 16,000 refugees from DRC crossed the River Congo to Plateaux Region fleeing ethnic tensions, of whom approximately 50% are children.



The Country Programme will contribute to creating an environment in which children and adolescents, aged 10–18 years, are learning, healthy, developing and protected and free from violence, exploitation and abuse. It will advocate for the accelerated implementation of the Education Sector Strategy 2015–2025 and the National Policy for Social Action and its Action Plan 2018–2022, with a view to creating an enabling environment for education and the protection of children and adolescents, especially the most vulnerable.



ACTION

UNICEF OUTCOME: By 2024, a greater proportion of adolescent boys and girls survive, learn and participate in their development in a healthier environment, free from violence, exploitation and abuse.

If children survive, learn and participate in a healthier environment free from violence, exploitation and abuse during their second decade of life, then they will be in a better position to realize their rights with equity.

UNICEF will contribute towards this vision using a life-cycle approach to the education and protection of adolescents.

On better learning outcomes for children and adolescents

UNICEF will support analysis of the efficiency and effectiveness of budgetary allocations and spending for improved learning outcomes and transition in

the educational cycle. The Country Programme will provide technical support to the Ministry of Primary and Secondary Education to improve gender-responsive, equitable spending on education, promote a more effective use of data for planning and strengthen systems to increase the quality of service delivery and educational outcomes to reduce repetition and dropout rates.

On participation and empowerment of children and adolescents

Through encouraging their involvement in school boards/clubs and peer education groups, UNICEF will promote the participation of adolescents in holding schools accountable for improving learning outcomes.

The Country Programme will accelerate the provision of integrated adolescent-friendly health and nutrition services,

including life skills acquisition. It will also expand adolescent HIV testing services to increase early identification and linkage to treatment among adolescents living with HIV. UNICEF will promote positive health and hygiene interventions to increase adolescent girls' access to menstrual hygiene supplies and appropriate facilities.

To enable acquisition of life skills, including communication, assertiveness, decision-making and coping with emotions, UNICEF will also assist in addressing violence, particularly gender-based violence.

On combatting violence against children and adolescents

Within the framework of the regional key results for children (KRC) on violence prevention and the global #ENDviolence campaign, UNICEF will build evidence and promote high-level political engagement on violence against children, including in humanitarian contexts.

The Country Programme will strengthen national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and the neglect of children and adolescents, including online protection.

UNICEF will also support the implementation of a case management system, including developing tools, protocols and procedures to improve the tracking and referral of cases. A multi-sectoral approach will be applied to strengthening the education and health systems to enable them to prevent and respond to violence while enhancing children's capacities to protect themselves from violence.

To address children’s right to protection from violence, UNICEF will support the generation and use of data and analysis on the sociocultural drivers of violence; scale up the training of social workers and law enforcement agents, such as police, magistrates and prosecutors, on the procedures for handling cases involving children; raise community awareness; and foster close links between the health and education sectors to prevent, detect and refer cases.

TARGETED RESULTS

Indicative outputs from the Country Programme 2020–2024 are as follows:

- Strengthened systems create enabling conditions for learning, skills acquisition, child protection and participation, health-related interventions and the prevention of violence;
- Communities and adolescents have increased capacity to claim quality integrated services for health, HIV, nutrition, education, sanitation and child protection and to adopt positive behaviours and practices.

The programme will also make concerted efforts towards the following regional KRC in West and Central Africa, as specific contributions to the child-focused Sustainable Development Goals:

- Improved learning outcomes through improved teaching skills and enhanced early learning and early stimulation;
- The protection of children from violence, including in humanitarian contexts, through multi-sectoral services to prevent and respond to violence against children.

FUNDRAISING NEEDS

Donor support to Congo has declined since 2010, a year when the country achieved the Heavily Indebted Poor Countries (HIPC) Initiative completion point, which resulted in both multilateral and bilateral creditors granting substantial debt relief. UNICEF will continue to advocate for the increased and more efficient use of domestic resources to focus on vulnerable children and adolescents and for the prioritization of children and adolescents in development partners’ programmes and budget allocations.

Jack Kennedy is a student in CM2 (Primary Grade 6) at François Andovy de Bétou Elementary School who attended catch-up classes after school hours. “When I am not the first, I am the second in my class, my parents are proud of me and the teacher quotes me as an example.”

“I started the refresher courses when in Grade 2 because I did not know how

to read or write, and my grades were very low. I was ashamed of myself with classmates. Then, the teacher directed those of us with bad grades to attend catch-up classes in the afternoons. The teacher followed us individually and taught me how to read syllables, write and calculate easily. The catch-up courses allowed me to gradually have good grades in subjects such as dictation and calculations. I now know how to tell stories because I remember citations more easily.”

Since the launch of this UNICEF-supported initiative, 1,200 students have benefited from refresher courses in the primary school district of Bétou and 60 teachers have been trained as part of the school support programme. Of all students attending the refresher courses, 54% have managed to raise their level in reading and mathematics.

Jack is today in Primary Grade 6. “When I am not the first, I am the second in class. It is always like that. My parents are proud of me and the teacher quotes me as an example.”





UNICEF REPUBLIC OF CONGO

PROGRAMME EFFECTIVENESS

ISSUE

- > A major constraint to the effective planning, monitoring and evaluation of development programmes and national policies is lack of an accurate picture of children's vulnerability status and access to their rights, owing to the shortage of recent and reliable data.
- > The continued slowdown in growth and the deterioration of the economic outlook, largely because of low and volatile

oil prices, may lead to the structural adjustment of programmes affecting the social sectors and a reduction in resource mobilization for those sectors.

- > Natural disasters and epidemics continue to emerge, making it imperative for UNICEF to work closely with other funds and programmes and development partners to strengthen early warning and disaster risk management systems.

ACTION

UNICEF OUTCOME: By 2024, the rights of children and adolescents are monitored, data and evidence are used to inform national policy and resource allocation and communities, and adolescents participate in the promotion of their rights.

UNICEF will contribute towards its vision in the first two programme outcomes using a life-cycle approach to the education and protection of adolescents.

The drive for strengthened programme effectiveness, including through the generation of data and evidence, will inform programming choices and advocacy with partners to focus efforts on closing equity gaps by reaching first the children furthest behind.

This component will provide quality assurance and cross-sectoral coordination and support to the programme.

Joint planning and regular reviews will foster the alignment and coherence of interventions across the two other programme components and with the government's coordination structures.

UNICEF will evaluate approaches to assessing programme relevance, effectiveness, efficiency and impact, prioritizing periodic household surveys, such as MICS, to provide updated data on the situation of children and adolescents and to monitor progress towards the Sustainable Development Goals. The data will inform evidence-based advocacy, policy dialogue and planning.



The Country Programme will be coordinated within the UNSDCF 2020–2024 and implemented under the leadership of the Ministry of Planning, in collaboration with line ministries, development partners, civil society organizations, the private sector, research institutions and universities and UN agencies. The UNSDCF steering committee and thematic results groups, each co-chaired by a senior official of the government and a UN representative, will oversee and give impetus to operationalization of the planned results. UNICEF will lead on the Education and WASH results groups.



Results-oriented programming will promote the generation, analysis and use of evidence for improved equity-focused planning, monitoring and evaluation. UNICEF will support the capacities of the Congo National Statistics Agency, higher institutions of learning and local research organizations to generate research, data and reports that are timely, high in quality, disaggregated, child-focused and gender- and disability-sensitive.

UNICEF will advocate with the government for gender-responsive and child-friendly budgeting, to increase the effectiveness and efficiency of public finance for children.

Communication for development, including the use of RapidPro and U-Report, will create and sustain demand for and improve the quality of social services; provide a platform for children's voices; and overcome social norms and practices that are not conducive to the realization of the

rights of children and adolescents and that perpetuate gender disparities.

UNICEF will nurture strategic partnerships to enable stakeholders to collectively promote the rights of adolescents; advocate to institutionalize child participation in Parliament and with local authorities; and engage with youth parliamentarians and organizations to enable them to participate in programming for children and adolescents.

South-South and triangular cooperation networks will promote mutual learning and the exchange of good practices. New shared-value partnerships will be formed with the private sector in technology for development and innovation, health, water and sanitation.

To promote recovery and increase resilience to humanitarian emergencies, the effects of climate change, natural disasters and disease outbreaks, UNICEF will support child-sensitive humanitarian assessments

that generate data disaggregated by age, gender and disability. Advocacy for the prioritization of the most vulnerable in preparedness, resilience-building and response activities will be key.

UNICEF will strengthen management of the harmonized approach to cash transfers to mitigate risks associated with programme implementation.

To ensure the humanitarian–development continuum and the sustainability of interventions, UNICEF has supported the creation of a coordination mechanism that provides an integrated response for refugees in the Likouala Region. This has enabled effective monitoring of actions, systematic collection of complaints and recommendations and greater ownership of interventions by affected populations and local communities, thus reinforcing longer-term response capacity and resilience.

TARGETED RESULTS

Indicative outputs from the Country Programme 2020–2024 are as follows:

- The National Statistics Development Framework is validated by government for child rights monitoring and reporting.
- The Country Office has guidance, tools and resources to effectively design, plan, coordinate, implement, monitor and evaluate results of the Country Programme.
- UNICEF is recognized by partners as a trusted advocate for children and influences resource allocation for children.
- The Government of the Congo, UNICEF and key partners have the knowledge and support to effectively implement cross-sectoral approaches, such as those related to gender, disability, innovation and communication for development.

FUNDRAISING NEEDS

Donor support to Congo has declined since 2010, a year when the country achieved the Heavily Indebted Poor Countries (HIPC) Initiative completion point, which resulted in both multilateral and bilateral creditors granting substantial debt relief. UNICEF will continue to advocate for the increased and more efficient use of domestic resources to focus on vulnerable children and adolescents and for the prioritization of children and adolescents in development partners' programmes and budget allocations.

Adèle Tombet Tourissa: “Raising awareness, educating people through radio is a vocation for me.”

Adèle Tombet Tourissa joined Congolese Rural Radio back in 1992 and sensitized the population on Ebola virus disease (EVD) during the epidemics that Congo experienced in 2002–2005. She resumed this when the threat of an epidemic was announced again in May 2018, following the outbreak that occurred in neighbouring DRC.

At the beginning, without real knowledge and reliable information, things were not so easy for her.

“I searched for information from among experts but they were not often available and it was difficult to meet them and work with them.”

Adèle is one of 400 actors trained in Brazzaville, Pointe-Noire and nine other localities in Congo to give quality information and to lead populations towards the adoption of essential family practices, in particular concerning hygiene.

It was at the trainings organized by UNICEF that Adèle obtained a better understanding of EVD, its manifestations, the modes of contamination and prevention measures. “We also realized”, she says, “that some social or customary practices are very dangerous in a context of an epidemic or threat of epidemic.”

Adèle also learnt communication skills that facilitated the preparation of messages and their communication, but also how to approach populations in villages, to discuss issues related to EVD. “Successfully informing and educating people without creating panic is not easy. But with these trainings we managed to make it happen.”

Community mobilizers and media professionals were among the people trained who received contextualized documentation to prepare media programs. “These trainings have also allowed us to establish contacts with the people of

the different administrations and other structures concerned, which also facilitates the gathering of information.”

Adèle has also used this training to teach her family about EVD. Her husband, children and grandchildren are now aware of the correct way of washing their hands with clean water and soap. “I never had the zeal to talk about health issues because of my basic training in agricultural production. But, fortunately, these trainings are organized, and I thank UNICEF and its partners who finance this kind of training.”

However, the work is not easy, owing to a lack of technical resources. “We need financial and material support to allow us to come out of the studio often to talk to people in our communities. My wish is that this kind of initiative does not stop, because the threat is still there, so the education of the population must be continuous.”



