



## Joint Programme Document

### A. COVER PAGE

- 1. Fund Name:** Joint SDG Fund
- 2. MPTFO Project Reference Number**
- 3. Joint programme title:** Improving the quality of life of indigenous peoples in the Department of Lékoumou through improved access to social protection programmes in the Republic of Congo.
- 4. Short title:** Social Protection for Congo's indigenous populations
- 5. Country and region:** Republic of Congo, Central Africa
- 6. Resident Coordinator:** *Chris Mburu, Resident Coordinator; [chris.mburu@un.org](mailto:chris.mburu@un.org)*
- 7. UN Joint programme focal point:** *Ali Ouattara, WFP, [ali.ouattara@wfp.org](mailto:ali.ouattara@wfp.org)*
- 8. Government Joint Programme focal point:** *Mrs Kamba Sylvianne, Ministry of Social Affair, [sylviannekamba17@gmail.com](mailto:sylviannekamba17@gmail.com)*.

**9. Short description:**

The Joint Program will contribute to Government efforts to improve the living conditions and access to social protection of indigenous peoples in the Lekoumou region, a peripheral zone with lagging social indicators, home to approximately 25% of the indigenous population of Congo.

The indigenous peoples of the Congo, which include the Batswa, Mbendjele, Baaka, Mikaya, Nguelé, Balouma, Bagyeli, Babi and Bangombe, represent about 1.2% of the population and is by far the country's most marginalized group. Traditionally live in small egalitarian social groups and depend on hunting and gathering for their livelihoods. They are characterised by their mobility over a vast territory, moving, according to their needs, from one resource centre to another. Because of their mobility, they do not amass land or material assets. Their practices and complex cultural rituals are based on a respect for, and careful management of, the forest."

They face rampant discrimination, and poor access to public services: 65% of indigenous children are out of school, compared to 39 percent nationally. The under 5 mortality rate is 250/00 for indigenous populations compared to 117/00 for the general population. 40 per cent of indigenous children suffer from chronic malnutrition compared to 26% of the general population. 75 per cent of indigenous women give birth at home, compared to 85% of institutional deliveries nationally. 50 per cent of indigenous girls have their first sexual intercourse at age 13 compared to 31 per cent nationally. More than 50 per cent of indigenous children do not have a birth certificate compared to just over 19 per cent nationally. They are even subject to slavery or exploitation from the Bantou population.

The Joint Programme will aim to strengthen the national capacity to deliver quality social protection services in the Likouala region that benefit indigenous and bantu populations. This



will be achieved through system strengthening and capacity building of Government institutions and Civil Society Organisations and communities such as RENAPAC. Expected results include doubling the percentage of indigenous people with birth certificates or national identity documents through integrated a biometric digital registry; a 40% decrease in the number out-of-school children by providing vulnerable children with context-specific education and a package of support; a reduction of the gap in mortality rates in mothers and in newborns and increasing the DCT3 routine immunization rate in Lekoumou by 20%.

PUNOs will leverage existing UN agency funding and influence government budget allocations to the social safety net and the primary health care system, ensuring that existing legislation is applied, and the national action plan on the living conditions of the indigenous people is implemented.

The program will contribute to Government efforts to improve the living conditions of indigenous peoples, a marginalized group. The activity will target Lekoumou, a peripheral zone with lagging social indicators, home to many indigenous communities.

**10. Keywords:** Congo, Indigenous people, Access, Social Protection, Lekoumou

**11. Overview of budget**

<b>Joint SDG Fund contribution</b>	<b>USD 2,000,000.00</b>
Co-funding 1 (WFP)	USD 2,249,966
Co-funding 2 (UNICEF)	USD 415,000
Co-funding 3 (WHO)	USD 50,000
<b>TOTAL</b>	<b>USD 4,714,966</b>

**12. Timeframe:**

Start date	End date	Duration (in months)
01.01.2020	30.06.2022	30

**13. Gender Marker:**

The Gender marker for this Joint Programme is **2.35** as described in the Gender Matrix in annex.

**14. Target groups**

List of marginalized and vulnerable groups	Direct influence	Indirect influence
Women	X	
Children	X	
Girls	X	
Youth		X
Persons with disabilities	X	
Older persons		X
Indigenous peoples	X	



Human rights defenders (incl. NGOs, journalists, union leaders, whistle-blowers...)		x
Persons of African Descent (when understood as separate from minorities)		
Persons affected by (HIV/AIDS, leprosy...)		x
Victims of (slavery, torture, trafficking, sexual exploitation, and abuse...)	x	



## 15. Human Rights Mechanisms related to the Joint Programme

- i. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (<https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-...>);
- ii. International Convention on the Elimination of All Forms of Racial Discrimination (<https://ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>);
- iii. African Charter on Human and Peoples Rights ([www.humanrights.se/wp-content/uploads/2012/01/...](http://www.humanrights.se/wp-content/uploads/2012/01/...)).
- iv. ([www.ilo.org/dyn/natlex/natlex4.detail?p\\_isn=88187](http://www.ilo.org/dyn/natlex/natlex4.detail?p_isn=88187))
- v. CEDAW (Convention on the Elimination of All Forms of Discrimination against Women)
- vi. CRC (Convention on the Rights of the Child)
- vii. CRPD (Convention on the Rights of Persons with Disabilities)
- viii. ICESCR (The International Covenant on Economic, Social and Cultural Rights)
- ix. UNC (United Nation Charter, 24 October 1945)
- x. UDHR (The Universal Declaration of human rights, 10 December 1948)
- xi. The 2015 constitution clearly mentions fundamental liberty and equality without discrimination. Recently, in May, 2019 the council of Ministers adopted a decree for the effective implementation of the 2011 law on indigenous people ([www.ilo.org/dyn/natlex/natlex4.detail?p\\_isn=88187](http://www.ilo.org/dyn/natlex/natlex4.detail?p_isn=88187))
- xii. Loi portant sur la lutte contre la traite des personnes:  
<https://www.vox.cg/2019/04/enfin-une-loi-contre-la-traite-des-personnes>

## 16. PUNO and Partners:

### 16.1 PUNO

#### Convening agency:

- World Food Programme: Ouattara Ali, Deputy Country Director, [ali.ouattara@wfp.org](mailto:ali.ouattara@wfp.org), +242066661500, Skype: Aliouatt

#### Other PUNO:

- UNICEF: López, Andrés, Deputy Representative, [aalopez@unicef.org](mailto:aalopez@unicef.org), +242 065108674, [aalopez@unicef.org](mailto:aalopez@unicef.org)
- World Health Organization: Batona Georges, [batonag@who.int](mailto:batonag@who.int); +242 053470397

### 16.2 Partners

#### National authorities:

- **Ministère de l'Agriculture de l'élevage et de la pêche**  
Nom du Ministre : M. Paul Valentin Ngobo  
E-mail : [minisagri@yahoo.fr](mailto:minisagri@yahoo.fr)  
Cabinet : Téléphone + (242) 05 536 79 28 E-mail : [michel\\_elenga2003@yahoo.fr](mailto:michel_elenga2003@yahoo.fr)
- **Ministère de la Justice, des Droits Humains et de la promotion des peuples autochtones**  
Nom du Ministre: M. Aimé Ange Wilfrid Bininga  
Adresse : Avenue Charles de Gaulle  
B.P. 1375 Brazzaville  
Cabinet Tél : + (242) 04 002 90 90



Protocole Tél : + (242) 06 667 03 08

E-mail : [mjoth\\_dcaji@yahoo.fr](mailto:mjoth_dcaji@yahoo.fr)

- **Ministère de l'Enseignement Primaire et Secondaire, de l'alphabétisation**

Nom du ministre : M Jean-Luc Mouthou

Cabinet tél : + (242) 06 668 85 29, E-mail : [adolphemboumabe@yahoo.com](mailto:adolphemboumabe@yahoo.com)

Protocole Tél : + (242) 05 060 04 38 E-mail : [precieuxmass@gmail.com](mailto:precieuxmass@gmail.com)

Adresse : Immeuble ex-voix de la Révolution

Tél. : + (242) 222810675

Fax : + (242) 22281 25 39

E-mail : [mepsa2004@yahoo.fr](mailto:mepsa2004@yahoo.fr)

- **Ministère de la Santé et de la Population, de la Promotion de la Femme et l'Intégration de la femme au Développement**

Nom du ministre : M. Gilbert Mokoki

Cabinet tél : + (242) 05 533 45 29

Adresse : Rue Lucien FOURNEAU, à côté du Commissariat central

Tél. : + (242) 05 551 83 85/ 05 556 54 57

- **Ministère des Affaires sociales et de l'Action Humanitaire**

Nom du ministre : Mme Irène Mboukou

Cabinet Tél : + (242) 05 556 78 38

Protocole Tél : + (242) 05 521 66 88

Adresse : rue Lucien Fournier Immeuble ex Direction de la solde  
BP 545 - Brazzaville

Tél. : + (242) 06 678 67 38/ 01 223 00 39

E-mail : [actionsocialecongo@yahoo.fr](mailto:actionsocialecongo@yahoo.fr) / [info@masahs-gouv.net](mailto:info@masahs-gouv.net)

Site web : [www.masahs-gouv.net](http://www.masahs-gouv.net)

**Civil society organizations:**

- Réseau National des Peuples Autochtones du Congo (RENAPAC), with 22 Associations  
Ngoma Guy Serge, +242 066494610, [ngomaguyserge@gmail.com](mailto:ngomaguyserge@gmail.com).
- Observatoire Congolais des Droits de l'Homme (OCDH)
- Association des Minorités ethniques Pygmées (Lekoumou), Ngoma Guy Serge, +242 055043462
- Association Santé en environnement propre: Ngama Benjamin, +242 06973 0257.
- UNHACO: Union Nationale des Handicapés du Congo: Alain Richard Ngono: Tél. +242 06 990 0727/05 561 6093.
- Fondation ITUADI-KIA-BAKASSI (IFKB) pour la promotion socio-culturelle des peuples autochtones : Hortense Sylas Bouanga.

**Private sector:**

- ASP (Alliance du secteur privé de la santé)  
33, Avenue Amical Cabral, Centre-Ville Brazzaville,  
Clinique SECUREX,  
Tel: (+242) 05 548 5995 / (+242) 06 663 2567  
Email: [contact@clinique-securex.com](mailto:contact@clinique-securex.com)  
Président ASP: Docteur Jean Daniel OVAGA



**International Financial Institutions**

- World Bank
- African Development Bank
- France Development Agency (AFD)
- International Monetary Fund (IMF).

**UN Agencies: UNDP, UNFPA, FAO**





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United Nations Resident Coordinator  
S.E.M Chris MBURU  
Date and Signature 20/08/2021



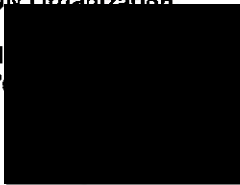
National Coordinating Authority  
Name of Institution  
Ministry of Social Affairs and Humanitarian Action  
Name of representative  
S.E. Madam Irene Marie-Cécile MBOUKOU  
KIMBATSA née GOMA  
Date: 20/08/2021  
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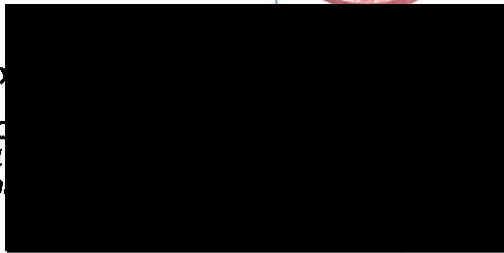
Participating UN Organization  
WFP  
Anne Claire MOUILLIEZ  
Date: 20/08/2021  
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Participating UN Organization  
WHO  
Dr Lucien A. M  
Date: 20/08/2021  
Signature and seal



Participating UN Organization  
UNICEF  
Dr Chantal UMUTO  
Date: 20/08/2021  
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## B. STRATEGIC FRAMEWORK

### 1. Call for Joint Programme documents:

### 2. Relevant Joint SDG Fund Outcomes

- Outcome 1: Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

### 3. Overview of the Joint Programme Results

#### 3.1 Outcomes

- **Outcome 1:** By end of 2021, children, youth and adults and children with disabilities in targeted areas have increased access to inclusive and quality education services targeted essential health-care packages and services, WASH, and social protection to enhance human capital for better social and professional integration
- **Outcome 2:** By 2021, the most disadvantaged populations in the targeted areas implement sustainable diversified economic activities, creating jobs and income in the areas of sustainable agriculture, food security.

#### 3.2 Outputs

- Output 1.1: National capacity to deliver quality social protection services is strengthened.
- Output 1.1.1.: The education system has an increased performance and offers better quality services.
- Output 1.1.2: The technical and operational capacities of deconcentrated structures (departmental directorates, health districts, etc.), in the promotion of health-promoting behaviours, HIV-AIDS, nutrition, water, hygiene and sanitation are reinforced
- Output 1.1.3: Health facilities offer comprehensive packages of integrated quality health / nutrition essential care and services
- Output 1.2: The provision of safe drinking water, sanitation and hygiene services, managed safely and equitably, is increased.
- Output 2.1: Increased production capacity (tools and infrastructure), livelihood diversification and market access.

### 4. SDG Targets directly addressed by the Joint Programme

#### 4.1 List of targets

Out of 169 SDG targets, 74 relevant targets were identified for Congo through sectoral national consultations. Of these 74, 53 targets identified were selected as SDG accelerators.

This joint Programme will focus on Sustainable Development Goals 1,2, 3, 4, 5, 8, and 10 while contributing somehow to other SDGs.

Goal 1: No Poverty: 1.3; 1.4





Goal 2: Zero Hunger: 2.1; 2.2

Goal 3: Good Health and Well-Being: 3.1; 3.2

Goal 4: Quality Education: 4.5

Goal 5: Gender Equity: 5.2

Goal 8: Decent work and economic growth 8.7

Goal 10: Reduced inequality 10.2.

#### **4.2 Expected SDG impact**

The most marginalized indigenous people will have access to basic social services and access to land. This will allow a better health and education providing floor to human capital development and empowerment. They will receive capacity building support through organized farmer/group organizations including women organizations, taking into account their specific needs identified during the Focus Group Discussion and will benefit income generating activities opportunities, increasing their revenues providing them better life and enabling them to contribute to the national development process. Through advocacy, the implementation of law regarding indigenous people will provide them with more dignity.

#### **5. Relevant objective/s from the national SDG framework**

##### **1. National Development Plan 2018-2022**

- (<https://economie.gouv.cg/sites/default/files/PND%202018-2022%20-%20Cadre%20strat%C3%A9gique%20de%20d%C3%A9veloppement.pdf>)
- STRATEGIC OUTCOME 2: Reinforce Human Capital
- STRATEGIC OUTCOME 3: Diversification of the Economy

##### **2. National Policy of Social Action**

- Non-contributive social protection with production and other social interventions
- National Social Protection Action Plan.

##### **3. Nation Health Policy**

- Health Security and management of emergency situations
- Increase of accessibility of the population to essential quality services
- Promotion of Population health.

##### **4. Sectorial Strategy of Education**

- Global basic education
- National Policy of School Feeding.



#### **5. National Gender Strategy**

- Consolidation of sexual equality and women and girls empowerment
- Faith against all forms of sexual and Gender Based violences.

### **6. Brief overview of the Theory of Change of the Joint programme**

#### **6.1 Summary:**

In the framework of the current Joint Programme, the Theory of Change is built on the integration and complementarity of the national social protection activities. The current Joint Programme will reinforce the existing activities and constitute the foundation of social protection in Congo.

The reinforcement of the capacity of the social service workers and NGOs and Associations and the sensitization of the targeted communities/households in addition to the proper involvement of the stakeholders in social protection area will allow a better use of the basic social services conducting to a better living condition of the indigenous people in the Lekoumou Department. Based on this experience, this programme will be replicated in other regions housing indigenous people.

#### **6.2 List of main ToC assumptions to be monitored:**

**IF**

- National capacity to deliver quality social protection services is strengthened;
- Children, parents and communities are sensitized, trained and engaged;
- Vulnerable rural populations, including indigenous people (including women, girls and children, and people with disabilities), are empowered and demand and access their rights;
- All stakeholders (local government, NGO, private sector), with support from the UN, create favorable conditions for access to land and the market for all.
- An in-depth analysis of access to basic social services and the living conditions and livelihoods of indigenous peoples is available and disseminated;

**SO**

- Indigenous peoples (especially the most vulnerable) will have a better overall living condition to be able to sustainably manage them;
- Indigenous peoples have equal access to quality basic social services.

**BECAUSE**

- Communities are sensitized and aware of their rights and responsibilities and stakeholders are engaged and have appropriate elements for decision-making.
- The offer of basic social services is ensured
- Increasing Universal Social Protection Coverage in a Sustainable Way to Achieve the 2030 Agenda.



## **7. Trans-boundary and/or regional issues**

The republic of Congo is surrounded by five countries with four where indigenous people are living, with same socio-cultural practices. In all these four countries, these people are marginalized and submitted to a certain form of discrimination and exploitation. They have limited access to basic social services and sometimes, are subject to slavery.

In all these countries, the Government and civil societies intend to protect and promote these indigenous people rights. However, the implementation of these laws is very limited, and these people are still left behind.

International forum of indigenous people of Central Africa (FIPAC) is a Platform of experience sharing among the different countries (Republic of Congo, Democratic Republic of Congo, Gabon, Central African Republic, Burundi, Cameroon, Rwanda, Sao Tome et Principe and Chad). An annual turning forum is organized and constitute a framework for discussion on indigenous right and integration in national development process.

In term, this joint programme can constitute a base of experience sharing to promote the right of indigenous people in other countries.



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## C. JOINT PROGRAMME DESCRIPTION

### 1. Baseline and Situation Analysis

#### 1.1 Problem statement

In Congo, according to World Bank project paper related to the Lisungi Safety Net Project, “the social protection system is underfunded to generate a sizable impact on poverty and vulnerability, as well as to both increase household productivity and build human capital effectively. The budget of the Ministère des Affaires Sociales et de l'Action Humanitaire (Ministry of Social Affairs and Humanitarian Action, MASAH) made only 0.51 percent of the 2012 revised national budget, which represented 0.15 percent to 0.2 percent of GDP, and remains at similar levels today.”

The situation analysis made in the National Social Protection Policy (Politique Nationale d'Action Sociale) reflect the big gap in social protection coverage in republic of Congo.

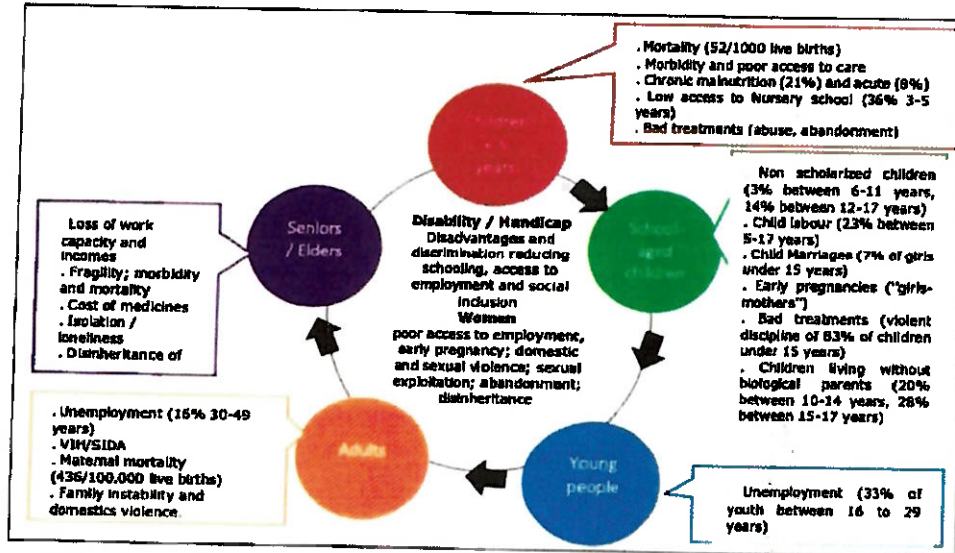
In Congo, 45% of the population are children and they are particularly vulnerable because of their lack of maturity and adult dependence.

In early childhood, the risk of disease, malnutrition and mortality is high as one out of 5% of the children does not reach their fifth birthday, according to data from MICS Congo 2014-2015. The same source indicates that chronic malnutrition affects 21% of children under 5, while 8% of children in this age group suffer from acute malnutrition. MICS Congo 2014-2015 also highlights the low level of support for early learning, both within the family and in terms of access to preschool programs (36% of 3-5-year-old).

While 96% of children under five are considered registered, only 87% of children have a birth certificate, while 9% considered to be declared do not have their birth certificate. The most deprived children of the right to citizenship are those from poorer households, in rural areas and especially among indigenous populations.



**Vulnerability according to the life cycle and characteristics of the individual**



Data Sources : ECOM 2, MICS 5.

School age children are most affected by school drop-out and MICS Congo 2014-2015 shows that the proportion of children out of school increases from 3% in the 6-11 age group to 14% in the 12-17 age group. School drop-out rates mainly affect girls living in the poorest households with 77.4% of out-of-school children being girls, with 83.5% living in the poorest households. The reasons of school drop-out, especially at the secondary level, are mainly





limited offer of facilities, particularly in rural areas, and higher costs, child labor and, in the case of girls, early marriage. According to MICS Congo 2014-2015, 23% of children aged 5-17 are engaged in work, 17% of them in dangerous conditions. About 7% of girls under the age of 15 and 27% of girls under the age of 18 are married. Child marriage, as well as early sexuality, leads to early pregnancy and the widespread phenomenon of mother-daughters, who are at higher risk of maternal mortality. Child abuse is also mentioned, as 83% of children under the age of 15 experience violent (physical or psychological).

Among the most vulnerable children are abandoned newborns, child heads of households, single mothers, children in prisons, trafficked children (cross-border or internal), children in the street, orphans and other children who do not live with any of their biological parents and are unprotected.

The adolescents and young people face high unemployment, especially in urban areas and have limited access to vocational training. According to ECOM 2, 33% of young people aged 16 to 29 are unemployed. Adolescents are also among the most vulnerable to sexually transmitted infections and HIV AIDS. For adults the unemployment rate is lower, but still high (16% of adults aged 30 to 49).

Maternal mortality remains a serious risk, affecting 436 women per 100,000 live births, according to MICS Congo 2014-2015 estimates, although this rate is lower than that of teenage mothers.

Women are subject to discrimination and abuse related to their status in Congolese society. Although there is no gender inequality in primary or secondary school, women face disadvantages in access to employment in the formal sector and they work mainly on their own in subsistence farming and small business. They are exposed to early pregnancy, domestic and sexual violence, sexual exploitation and abuse, and disinheriting widows. The highly patriarchal culture translates into a wide social acceptance of these practices of domestic violence against women. According to MICS 2014-2015, about 52% of women aged 15-49 believes that a husband/partner has the right to hit or beat his wife in certain situations.

People living with disabilities face significant disadvantages and discrimination that make them particularly vulnerable, particularly in terms of schooling, employment and social participation. Persons with albinism often suffer from the same type of social rejection. According to 2007 census, 1.4% of the population in Congo lives with a certain disability. However, this figure is based solely on the declaration of disabilities by heads of households, which can lead to the underestimation of the magnitude of the situation, often seen as embarrassing by families. In the absence of more recent data, the census remains the only source of national information on the deprivations suffered by this category of the population, showing that the rate of non-literacy was almost three times higher (29.6%) against 11.2% in the population without disabilities and that the net primary school enrolment rate was only 52.2% compared to 81.3% for children without disabilities.





Elderly person (60 and over) in the population remains low (4.8% according to the 2007 census) but progressively increases expecting to reach 9% in 2050 according to demographic projections. Vulnerability increases with age due to loss of work capacity and income opportunities. Even though, in most cases, older people are integrated into households of two or more people, living alone is a reality for 14.7% of people aged 60 and over. The problem is more serious for women (17.3%) than men (11.1%). Family support for the elderly is declining because of migration, urbanization and poverty. The social security system does not yet take into account this category of people, with social security funds covering only pensioners in the formal sector. Older adults are exposed to various health risks and have high rates of disability (4.4% according to the 2007 demographic census). They also have little financial capacity to access the health services and medicines they need.

In addition, in the case of widows (60.1% of women aged 65 or over), they often find themselves dispossessed of their property. The elderly are also sometimes victims of accusations of witchcraft and victims of violence, especially in the case of those with mental or Alzheimer's, diseases.

According to a report of the Observatoire Congolais des Droits de l'Homme (OCDH) and The Rainforest Foundation UK:

"The indigenous peoples of the Congo, which include the Batswa, Mbendjele, Baaka, Mikaya, Nguelé, Balouma, Bagyeli, Babi and Bangombe, identify themselves as "indigenous peoples" and not as "Pygmies". It is therefore proposed that Congo's indigenous peoples should be defined as follows: "Communities originating from territories which they occupy traditionally, who are distinguishable from other groups in the national population by their cultural identity and who are governed by their own customs and traditions."

Traditionally, indigenous peoples live in small egalitarian social groups; depending on hunting and gathering for their livelihoods. They are characterized by their mobility over a vast territory; moving, according to their needs, from one resource center to another. Because of their mobility, they do not amass land or material assets. Their practices and complex cultural rituals are based on a respect for, and careful management of, the forest."

They represent about 1.2% of the population and is by far the country's most marginalized group. They face rampant discrimination, and poor access to public services: 65% of indigenous children are out of school, compared to 39 percent nationally. The under 5 mortality rate is 250/00 for indigenous populations compared to 117/00 for the general population. 40 per cent of indigenous children suffer from chronic malnutrition compared to 26% of the general population. 75 per cent of indigenous women give birth at home, compared to 85% of institutional deliveries nationally. 50 per cent of indigenous girls have their first sexual intercourse at age 13 compared to 31 per cent nationally.



More than 50 per cent of indigenous children do not have a birth certificate compared to just over 19 per cent nationally. They are even subject to slavery or exploitation from the Bantou population.



**Social Protection analysis:**

Strengths	Weaknesses
<b>1. Programmes/services</b>	
<ul style="list-style-type: none"> <li>• Pilot experiments in social transfers to poor households (Social Safety net "Project Lisungi" and "Food Safety Net Project"/FSA), since 2015</li> <li>• Systemic approach to child protection: strengthening cross-sector and community partnership work</li> </ul>	<ul style="list-style-type: none"> <li>• Non-coordination, low ownership and non-sustainability of interventions due to the "project" approach based on Technical and Financial Partners' aid</li> <li>• Low coverage of services/horizontal dimension</li> <li>• Lack of large-scale social transfers for poverty reduction, vulnerability, inequality and human capital development/vertical dimension</li> <li>• Absence of the legal framework</li> </ul>
<b>2. Structure and staffing</b>	
<ul style="list-style-type: none"> <li>• Extensive Network of Social Action Districts (CAS) for basic and multi-purpose social work</li> <li>• Social workers assigned to certain social institutions (hospitals, prisons, etc.) - Specialized Social Services and Category (SSSC)</li> <li>• The existence of a few specialized institutions, particularly for children and people living with disabilities</li> <li>• Launch of social work training programmes since the establishment of the National Institute of Social Work (INTS) in 2015</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction and deficits in social action personnel, especially outside the main cities</li> <li>• Low motivation and inadequate skills of technical staff</li> <li>• Very limited resources (offices, vehicles, computer and technical equipment) at the level of CAS and other structures to enable quality and proximity work</li> <li>• Very limited reception capacity, concentration in large cities and deterioration in the quality of some specialized establishments due to lack of resources</li> </ul>
<b>3. Deconcentration/Decentralization</b>	
Deconcentration of the management and financing of certain structures and services of the social action system	Delay in the implementation of decentralization (transfer of social action powers to local authorities)
<b>4. Technical system</b>	
Elaboration of an initial social register of potential beneficiaries of the safety net project (Lisungi Project)	<ul style="list-style-type: none"> <li>• Lack of standard procedures, clear targeting criteria, complaint and feedback mechanism</li> <li>• Delay in setting up a National Information System Lack of monitoring and evaluation system</li> <li>• Limited disaggregated data by sex and age</li> </ul>
<b>5. Coordination</b>	



Existence of few targeted coordination structures (children, people with disabilities, etc.)	<ul style="list-style-type: none"> <li>Poor functioning of coordination structures</li> <li>Lack of an integrated cross-sector social protection coordination structure</li> </ul>
<b>6. Planning and funding</b>	
<ul style="list-style-type: none"> <li>Existence of a large number of strategies and action plans by different themes and targets (children, elderly, people living with disabilities, gender, indigenous peoples etc.)</li> <li>Dedicated budget lines for CAS (since 2013)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of realism of some plans and strategies and their weak articulation with the national planning and budgeting process, leading to the non-financing and non-achievement of planned actions</li> <li>Low budget disbursements following the decrease in oil revenues since 2015</li> <li>High dependence on short-term and unpredictable funding from Technical and Financial Partners</li> <li>Lack of emergency funds in the budget for humanitarian assistance</li> </ul>
<b>7. Legal framework</b>	
Ongoing process to provide the social action system with a legal framework	Delay in the adoption of many laws and their implementing

### Life cycle in Lekoumou/indigenous peoples

The main target group are indigenous peoples in the Lekoumou province where four out of five inhabitants Lekoumou live under the poverty line. The indigenous population, the country's most marginalized group face rampant discrimination, and poor access to public services. They are even subject to slavery or exploitation from the Bantou population.

75 per cent of indigenous women give birth at home and more than 50 per cent of indigenous children do not have a birth certificate compared to just over 19 per cent nationally. The under 5 mortality rate is 250/00 for indigenous populations compared to 117/00 for the general population. 40 per cent of indigenous children suffer from chronic malnutrition compared to 21% of the general population. 65% of indigenous children are out of school, compared to 39% nationally. 50 per cent of indigenous girls have their first sexual intercourse at age 13 compared to 31 per cent nationally.

They have limited access to basic social services and limited opportunities for income generation (no access to land and market). They are often driven out of their forests, dealers without considering the regulations and thus dispossessed of their lands.

Less than 0.7% of indigenous peoples in the country have access to clean water. Most live in locations with difficult access particularly during the rainy season. They live in very precarious shelters and do not have agricultural tools nor access to financial services.

In health terms, access to health care is limited because of cost, discrimination and remoteness. They do not have access to land or markets and are even subject to



slavery/exploitation from the Bantou population. This marginalized group ignore social protection and their rights therefrom.

Despite political speech, well designed law and texts regarding the promotion and protection of the indigenous peoples, their marginalization and exploitation are still a matter of concern. There is no integrated functional social protection system and the social protection is far one of the less funded sectors.

Focusing on this most marginalized group in one of the poorest locations in the country will allow gaining quick wins and contribute to the acceleration of the SDGs. The JP will create a foundation for an integrated social protection framework in this location that will be easily replicated. A symposium will be held to present the results and to promote specific actions.

One of the main gaps in social protection interventions in Congo is the lack of funding and actors' capacities and the poor coordination among stakeholders. The programme will focus on basic social services that will be easily addressed thanks to the integrated actions that will be coordinated by UN agencies and the Government through a well-structured and multi-sector steering committee. The Government recognize the promotion and protection of indigenous peoples, the most marginalized community in the country as a priority, as mentioned in the national law and legal texts but no effective actions are taken to address this issue in a comprehensive manner.

This programme will fill these gaps in Lekoumou and will be an appropriate framework advocating for effective implementation of the different laws and texts regarding the right, promotion and protection of the indigenous and more vulnerable population in Lekoumou that will be replicated in other locations with high concentration on indigenous people, facing the same issues.

The JP will therefore be able to allow: i) increased access to inclusive and quality education services, essential health-care packages and services, and social protection to enhance human capital for better social and professional integration in an appropriate legal framework; ii) Indigenous peoples and other vulnerable populations in Lekoumou to implement sustainable diversified economic activities, creating jobs and income opportunities leading to better health and better educated, increased skills and diversified livelihood providing floor to human capital development and empowerment to contribute to the national development process.

The implementation of complementary activities such as school feeding and nutrition (safety net programmes), in addition to the income generation activities opportunities will allow targeted households to generate more income in a more secured environment and this will contribute to increase their access to social public services.

## **1.2 Target groups**





The main target group are indigenous populations in the Lékoumou province which, in 2015, accounted for 11.456 people. The geographical focus in the Lékoumou province is explained by the fact that four out of five inhabitants live under the poverty line. Lékoumou province has a decentralized action plan (2018-2022) oriented toward vulnerable populations, specifically children and women, that can be used as a basis for the current intervention.

List of marginalized and vulnerable groups	Needs/problems
Women	Limited access to health facilities and subject to Gender Based Violence (GBV). They have limited access to Income generating opportunities, and sexual exploitation and abuse that are not denounced nor punished. Limited access to appropriate information and health (for those victims of sexual exploitation and abuse/rap).
Children	Limited access to birth certificate, subject to violence and early work, limited access to health and education facilities. High malnutrition and food insecurity rates, including chronic malnutrition.
Girls	Early sexuality, limited opportunity to employment and income generating activity. Early birth, high school abandon rate. Limited access to appropriate information and health (for those victims of sexual exploitation and abuse/rap).
Youth	Limited opportunity to employment and income generating activity. High school abandon rate. Subject to exploitation, no access to land.
Persons with disabilities	Limited opportunity to employment and income generating activity. High school abandon rate. Subject to exploitation, no access to land. No specific social protection programme designed addressing their needs.
Older persons	No specific social protection programme designed addressing their needs.
Indigenous peoples	Limited access to basic social services: health, education, water and sanitation, civils Id, shelter, and limited opportunities for income generation. Limited access to agricultural tools, to financial services, to land or markets. They are subject to slavery/exploitation from the Bantou population.
Human rights defenders (incl. NGOs, journalists, union leaders, whistleblowers...)	Limited capacity to undertake the appropriate action toward the promotion of indigenous people.
Persons affected by (HIV/AIDS, leprosy...)	Limited information/sensitization, and limited access to medication.





Victims of (slavery, torture, trafficking, sexual exploitation and abuse...)	Limited access to agricultural tools, to financial services, to land or markets. They are subject to slavery/exploitation from the Bantou population. Limited access to appropriate information and health (for those victims of sexual exploitation and abuse/rap).
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Two main international human rights mechanisms and one national law have relevant recommendations in line with the current Joint Programme:

1. **International Convention on the Elimination of All Forms of Racial Discrimination** (<https://ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx>):

The International Convention on the Elimination of All Forms of Discrimination commits countries to take immediate and effective measures, particularly in the fields of education, training, culture and information, to combat prejudices that lead to racial discrimination and to promote understanding, tolerance and friendship among nations and racial or ethnic groups. In line with this convention, the joint program will draw on the education and teaching sector, but also on information and communication of civil society for behavior change within the community to promote the respect and rights of indigenous peoples.

2. **The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)** (<https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of...>):

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by the General Assembly on Thursday, 13 September 2007. This Declaration is the most comprehensive international instrument on the rights of indigenous peoples. It establishes a universal framework of minimum standards for the survival, dignity and well-being of the indigenous peoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to the specific situation of indigenous peoples. This mechanism ratified by Congo is in right line with the current Joint Programme. Thought advocacy vis a vis the Government, the JP will focus on the effective implementation of this mechanism. Civil society and RENAPAC, the indigenous network associations will be fully part of the dialogue.

3. The 2015 constitution clearly mentions fundamental liberty and equality without discrimination. Recently, in May, 2019 the council of Ministers adopted a decree for the effective implementation of the 2011 law on indigenous people ([www.ilo.org/dyn/natlex/natlex4.detail?p\\_isn=88187](http://www.ilo.org/dyn/natlex/natlex4.detail?p_isn=88187)):

Congolese Law No. 5-2011 of 25 February 2011 on the promotion and protection of the rights of indigenous peoples, which includes 6 implementing decrees, represents an important arsenal that will help to facilitate the appropriation and implementation



of the actions of the joint program by all the actors involved. The number of issues related to indigenous peoples' rights and promotion are supposed to be addressed by the implementation texts related to this law. The Joint Programme will contribute through advocacy and to the effective implementation of this law and recent related texts (July 2019).



**1.3: SDG targets**

Goal	SDG Targets	Indicators	Baseline	Target	Mean of measurement
SDG 1	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.	<p>1.3.1 Number of social protection actors trained (teachers, health workers, social workers) disaggregated by sex)</p> <p>1.3.2 Proportion of the population covered by social protection floors/systems , by sex, distinguishing children, older persons, persons with disabilities.</p> <p>1.3.3 Percentage of population with access to civil state documents (children, adult disaggregated by sex, bantou vs indigenous)</p>	<p>TBC</p> <p>TBC</p> <p>Less than 50% on indigenous children have birth certificates (19% national)</p>	<p>50% social protection actors trained (teachers, health workers, social workers)</p> <p>80% population covered by social protection floors/systems</p> <p>85% indigenous children have birth certificates</p>	<p>Baseline/end line study</p> <p>NCI</p> <p>Field monitoring visits</p>



	<p>1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance.</p>	<p>1.4.1 Proportion of population living in households with access to basic services disaggregated by sex</p>	TBD	<p>70% of the population living in households have access to basic services</p>	<p>Baseline Activity Reports</p>
SDG 2	<p>2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round</p>	<p>2.1.1 Percentage of moderate or severe food insecure population disaggregated by sex</p> <p>2.1.1 Number of villages benefiting from access to drinking water (#indigenous villages vs bantou villages)</p>	<p>36.9% prevalence of food insecurity at the departmental level (data by sex no exist)</p> <p>NA for indigenous</p>	<p>Reduce by 15% prevalence of food insecurity</p> <p>NA for indigenous</p> <p>50% of targeted villages benefiting from access to drinking water</p>	<p>Baseline/endline study</p>
	<p>2.2 By 2030, end all forms of malnutrition, including achieving,</p>	<p>2.2.1 Prevalence of stunting among</p>	<p>21% stunting (national)</p>	<p>30% indigenous people</p>	<p>Census end line</p>



	by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.	children under 5 years of age (by sex), indigenous people/bantou  2.2.2. Malnutrition rate among children under 5 (desagregated by sex), pregnant and lactating women, indigenous people/bantou	40% indigenous  TBD	TBD	Health center reports
SDG 3	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	3.1.1 Percentage of women benefiting from pre-natal consultation (indigenous vs bantou)  3.1.2 Percentage of women giving birth in health centers (Indigenous vs bantou)  3.1.3 Percentage of women attending health centers  3.1.4 Maternal mortality	TBC  25% indigenous  30%  436/100 000 (national)	50% Indigenous women benefiting pre-natal consultation  80% of indigenous women give birth in health centers  80% of women attend health centers  200/100 000 maternal mortality	Health center report



		(indigenous vs bantou)			
	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.	<p>3.2.1 Neonatal mortality rate (disaggregated by sex, indigenous vs bantou)</p> <p>3.2.2 Mortality rate of children U5 (disaggregated by sex, indigenous vs bantou)</p> <p>3.2.3 Vaccination coverage of children U5 (disaggregated by sex, indigenous vs bantou)</p>	<p>52/00 (national)</p> <p>250/00 indigenous (117/00 national)</p> <p>75% in DTP3 at national level</p> <p>51 % for indigenous</p>	<p>20/00 neo-natal mortality</p> <p>100/00 mortality rate of children U5</p> <p>80 % for indigenous</p>	Health center report
SDG 4	4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.	<p>4.5.1 School attendance rate (disaggregated by sex, indigenous vs bantou)</p> <p>4.5.2 School achievement rate (disaggregated by sex, indigenous vs bantou)</p> <p>4.5.3 Abandon rate (disaggregated by sex,</p>	<p>Indigenous 11.9% with girl 12.2% (96.5% national)</p> <p>Indigenous 59.78 with girl 40.2% (91% national)</p> <p>Indigenous 40.22% with girl 59.80% (9% national)</p>	<p>Indigenous 42 % with girl 45 % School attendance rate</p> <p>Indigenous 80% with girl 70% school achievement rate</p> <p>Reduce by 40% abandon rate</p>	Directory of education report





		indigenous vs bantou)			
SDG 5	5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.	<p>5.2.1 Proportion of women and girl subject to a certain form of violence (sexual, physical, psychological.. ..) the last 12 months disaggregated by form of violence and by age (indigenous Vs bantou)</p> <p>5.2.2 Number and types of community leaders trained on GBV and SBCC (disaggregated by sex, indigenous vs bantou)</p> <p>5.2.3 Proportion of girls victim of early marriage the last 12 months (indigenous vs bantou)</p>	TBC	<p>Reduce by 50% Proportion of women and girl subject to a certain form of violence (sexual, physical, psychological....)</p> <p>12 community leaders trained on GBV and SBCC (40% of women)</p> <p>Reduce by 50% Proportion of girls victim of early marriage</p>	Census
SDG 8	8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human	8.7.1 Number of children 5-16 victim child labor (disaggregated by sex, age,		Reduce by 50% the number of children 5-16	



	trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms.	disability, vs bantou)  8.7.2 Number of sensitizations on SBCC		victim child labor (50% girls)  8 sensitization session held on SBCC	
SDG 10	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	10.2.1 Number of groups constituted (indigenous vs bantou, disability, young mothers, #women groups vs #men groups)  10.2.2 Number of groups trained/IGA (indigenous vs bantou, disability, young mothers, #women groups vs #men groups)  10.2.3 Number of groups/persons benefiting of small equipment (indigenous vs bantou, disability, young mothers,	0  0  0	16 (80% indigenous groups, 50% group are women groups)  16 (80% indigenous groups, 50% group are women groups)  16 (80% Indigenous groups, 50% group are women groups)  TBD baseline survey	Baseline/endline study



		#women groups vs #men groups)	0		
		10.2.4 Number of households having income increased (Indigenous vs bantou, disability, young mothers, women headed HH)			

All the targets in the above table contribute in a complementary manner to reinforce the capacity of Social Protection stakeholders and provide floor to the reduction of inequality and inequity among between indigenous and bantou population and also to reduce gender-based violence and eliminate all form of violence and discrimination.

**Regarding the targets 1.3:** Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable; and **1.4:** By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance. These target of SDG 1 are in link with SDG 10, targets **5.2; 8.7 and 10.2** (action against Sexual and exploitation abuse, child labour and promotion of socio-economic inclusion), the Joint Programme activities focused on the achievement of these objectives.

Through advocacy and capacity strengthening of the social protection stakeholders, the joint Programme will contribute to law enforcement regarding the promotion and protection of indigenous peoples and other vulnerable populations.

**For targets 2.1.** By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round and **2.2:** By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons, linked to the 3.1 "By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births" and "3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births":

The JP has activities related to improving livelihood/economy diversification of the targeted beneficiaries, that will contribute to accelerate the reduction of hunger. The selected activities on health and



complementary activities of UNICEF and WFP regarding malnutrition prevention and treatment among children and women will contribute to the reduction of chronic malnutrition and reduction of death as mentioned in the above table.

One of the major constraint of the implementation of the Social Protection engagements of the Government is the lack of funding and technical capacity. The JP will contribute through integrated interventions with the direct funding of the JP and complementarity activities of PNUOs and other actors to reinforce the capacity of the Government and make advocacy for more funding of the Government.

The baseline survey will fill the gap of lack of data and provide actual situation that will allow the measurement of the results at the end of the JP. In terms of sustainability, the PNUOs, in coordination with the Ministry of Social Affairs will ensure the continuation of the activities at the end of the JP and ensure experience sharing and replication/capitalization of the positives results.

#### 1.4 Stakeholder mapping

Names	Roles	Interest and Relationship
<b>National level</b>		
Ministry of Social Affairs and Humanitarian Action	Leading the steering committee, ensure the entire coordination of the planning and implementation of the JP in collaboration with UN Agencies and other Partners	Its mandate is to ensure that all vulnerable populations have equitable access to a package of basic social services. Indigenous populations have the worse social indicators in the country. It is therefore the main institution responsible for improving access indicators for indigenous populations.
Ministry of Justice	Member of the steering committee, in charge of issues related to the fundamental rights of indigenous peoples	Its mandate is to ensure that all the population has a birth certificate and civil state document. Indigenous populations have the lowest civil registration indicators. The Ministry is therefore directly interested to fulfill this right.
Ministry of Primary Education	Member of the steering committee	Its mandate is to ensure that all children in school-age have access to universal and quality education. Indigenous children have a lower attendance rate than other social or ethnic groups. It is therefore directly interested in increasing attendance rates and learning outcomes.
Ministry of Health	Member of the steering committee	Its mandate is to ensure that all people have access to primary healthcare. Indigenous populations have the highest maternal and child mortality indicators. It is therefore directly interested in improving health indicators among this population.
Ministry of Agriculture, Livestock and Fishery	Member of the steering committee	Its mandate is to contribute to the diversification of the economy by providing technical and other support to rural populations. Access to and ownership of land is more difficult for indigenous populations than for other social and ethnic groups. The



		sustainability of agricultural, fishing and breeding operations is more fragile for indigenous populations. It is therefore directly interested in increasing production and sustainability of operations.
UN Agencies	Technical Assistance and complementary programmes to provide a comprehensive social protection package	
<b>Sub-national level</b>		
Prefect, Departmental Council, Municipalities	Advocacy and actors' mobilization and coordination at the local level	Local authorities are responsible for development indicators at sub-national level. The Lekoumou region being the only one with a Regional Development Plan, they are particularly interested in playing a coordination and leading role to improve social and development indicators in their region / community.
Technical local departments (Agriculture, health, education, social action, department of Indigenous people promotion, justice)	Planning, implementation, monitoring. This group will also benefit capacity building trainings to be able to better contribute to the implementation of the programme.	Sub-national departments of the National Government are responsible for sector-specific results at sub-national level and are accountable for SDG and other development indicators in their jurisdiction.
NGOs (UNHACO, ASEP, RENAPAC)	Planning, implementation, monitoring. With their influence on the targeted groups, these associations/NGOs will serve as intermediate for the transfer and the application of the messages delivered to the targeted group during the different campaign.	In the framework of the advocacy, they will benefit the support from the UN system so that they will be able to contribute to the implementation of the laws related to the right and living condition of Indigenous people
<b>Local level</b>		
Indigenous communities, persons with disability and other vulnerable populations	Ownership and sustainability of the intervention, participation to the consultation process and identification of specific needs and activities, support the experience and best practice sharing	Direct beneficiaries of the intervention, social cohesion with other members of the community. Full participation to the development process.
Local authorities/notability (land owners, community leaders, child protection committees...)	Facilitate access to land, sensitization, community mobilization.	Social cohesion, equity

## 2. Programme Strategy

### 2.1. Overall strategy

Congo's approach combines strong national leadership with inclusive, integrated UN and NGO support to address critical vulnerabilities in the indigenous community, a group that has largely been left behind. This would be the first holistic social protection programme specifically targeting indigenous people. Without the project, the community would remain bypassed by social programs, exacerbating existing inequalities.

The following SWOT demonstrates the proposal's transformative nature:





Strong government leadership is a strength of the intervention. They have been in the lead for this proposal's development and will lead the steering committee. As the intervention responds to acute social need, our work is highly relevant. The UN as a whole is aligned to respond to these needs, as illustrated in the 2020-2024 UNDAF which recognizes the specific vulnerabilities in the indigenous community. The inclusion of national and international NGOs promoting indigenous rights, of academia and of indigenous people's associations is a further strength.

Weaknesses include incomplete knowledge of some dynamics in indigenous communities. The Joint Programme document therefore provides for a robust learning element in the project, in collaboration with local universities and researchers. The production and sharing of knowledge about social protection programs in indigenous communities constitutes a key output of the proposed project.

Among opportunities, we count the recent adoption of pro-indigenous legislation, the addition of indigenous people's rights in the Ministry of Justice's portfolio, the existence of a new government department for indigenous communities' welfare, growing awareness of the needs of the community, and the existence of a legal framework for community based, grassroots action. The Lekoumou regional council has adopted a plan to improve living conditions of indigenous people, demonstrating political will at the local level. The applying UN agencies are aligned to collaborate and have existing programs in the target area; the activity will leverage existing funding at UNICEF (Integrated Child Protection) and WFP (School Feeding).

Threats include attitudes towards indigenous populations by the majority Bantu community. The intervention will benefit both groups in order to limit tensions. Poor physical access to the area, especially in the rainy season, will be considered. Seasonal mobility by indigenous groups will be a challenge that the project will adapt to. Irregular government funding is a risk, we ensured the activity is designed as a component of the government safety net system so that the program's cost will be funded from national resources.

The intervention is based on assessments done by the UN and government and academics, including the most recent MICS and WHO's study on traditional indigenous medicine. Evidence from existing health and education programs in indigenous communities will support a context-appropriate response. We will also leverage cutting-edge digital technology for health and social transfers (including handheld medical devices and digital registries). Previous action plans for the improvement of indigenous populations in Congo have only been partially implemented, perhaps for lack of leadership, coordination and a dip in resources in recent years. The Joint SDG Fund is an opportunity to catalyze meaningful action.

The return on the Joint SDG Fund's investment by 2022 will include i) the evidence that is generated about programming in indigenous communities, ii) the capacities that will be built among stakeholders, and iii) the community level impacts. These will combine to create a window of opportunity for the Government to scale social protection to all deprived indigenous communities in the country after 2022.

Evidence generated through the SDG program will inform the ongoing extension of social safety net programs to rural areas. The government is seeking to extend its programs from urban Brazzaville and Pointe Noire to new rural locations, and the Joint SDG Fund investment





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will produce an evidence base that will guide this process. We have planned a rigorous baseline, mid-line and end-line evaluations to capture lessons to share them with social safety net practitioners in the country. These lessons will be rolled into the next phases of the World Bank-supported Safety Net Programme (Lisungui). By 2022, lessons from would be available to whoever would wish to implement similar approaches in indigenous communities.

The return on the SDG's investment will materialize as improved capacity for effective and efficient service delivery. The process of partnership and collaboration will lead to systems being put in place and human resources being trained. For instance, Government capacity to use digital registries and other innovative tools will be enhanced. Stakeholders will have a range of SOPs available. This knowledge, experience and these tools will empower Government and partners to scale up with confidence in the future. At the community level, we will boost the capacities of indigenous people's associations, who will acquire the capability to provide services in other areas in the future.

The return will include improved social outcomes for the targeted vulnerable groups. Improved access to health services will contribute to improve productivity. This will enable people to integrate the economic process and ensure children's access and stay in schools. This will create a virtuous circle that contributes to improving the living conditions, contributing to the reduction of the gap with other groups and to the achievement of SDGs 1, 2, 3, 4, 5, 8, 10, 17.

As a middle-income country, Congo has the potential to finance its own social safety net programs. Key policies are already in place and the government is already committed to increasing their coverage. The SDG Fund investment will prepare a future where the government and indigenous people's associations work together to scale social protection in deprived indigenous communities. By 2022 we will have generated learning, ideas and capacities that could be used in other regions of Congo with large indigenous populations including Likouala, Plateaux, and Niari. Because other countries in central Africa are home to indigenous groups, our learning could potentially benefit the broader region, representing outstanding return on investment for the Joint SDG Fund.

## 2.2 Theory of Change

In the framework of the current Joint Programme, the Theory of Change is built on the integration and complementarity of the national social protection activities. The current Joint Programme will reinforce the existing activities and constitute the foundation of social protection in Congo.

The reinforcement of the capacity of the social service workers and NGOs and Associations and the sensitization of the targeted communities/households in addition to the proper involvement of the stakeholders in social protection area will allow a better use of the basic social services conducting to a better living condition of the indigenous people in the Lekoumou Department. Based on this experience, this programme will be replicated in other regions housing indigenous people.

The main results/changes targeted by the joint programme can be summarised as follows:



**ii) Improved access to inclusive and quality education services and essential health care services;**

**ii) improving the protection and social and professional integration of indigenous peoples and other vulnerable populations in Lekoumou through birth certificates, access to land, implementation of diversified and sustainable economic activities, employment and income generation in the areas of sustainable agriculture, food security and the enjoyment and exercise of rights by indigenous peoples.**

These changes targeted by this project are possible through multisectoral action (health, education, justice and human rights) and are part of a holistic intervention approach aimed at bringing about changes both at the level of individuals (practices/individual behaviour of indigenous peoples but also of Bantu) and the social and structural environment (living and working conditions, access to resources and services, social perception) based on a legal context favourable to the promotion and protection of indigenous peoples.

The main changes targeted under this joint programme are interlinked. Indeed, the real improvement in the living conditions of indigenous and vulnerable populations will only be evident through the changes and results that will be achieved in the various sectors and services (health, education, social rights and legal protection).

The chain of links between the outcomes/changes targeted by the joint programme can be illustrated by the following connections: access to quality health care and services (consultation, ANC, care, delivery, vaccination, etc.) in a health facility is essential for maternal health and the survival and growth of indigenous children. This access to the health service provides an easy entry point for access to civil identity documents through the systematic registration of births in health facilities. Secondly, the acquisition of the civil status document is an essential condition for access to the education system, which is considered a right. Support for the empowerment of indigenous and vulnerable populations through the implementation of existing economic activities and other support mechanisms (provision of kits, school canteens, etc.) will help to keep indigenous children who are usually at risk of abandonment in the school system.

In the long term, indigenous communities and other vulnerable groups in Lekoumou will enjoy better health and education, skills and livelihoods, which will enable them to develop their human capital and contribute to the national development process.

The joint programme benefits from a very favourable environment, including the existence of legal frameworks and measures to improve the living conditions of indigenous peoples that are being implemented and others are planned. This context is a lever that can accelerate the desired changes.

**IF**

- National capacity to deliver quality social protection services is strengthened;
- Children, parents and communities are sensitized, trained and engaged;



- Vulnerable rural populations, including indigenous people (including women, girls and children, and people with disabilities), are empowered and demand and access their rights;
- All stakeholders (local government, NGO, private sector), with support from the UN, create favorable conditions for access to land and the market for all.
- An in-depth analysis of access to basic social services and the living conditions and livelihoods of indigenous peoples is available and disseminated;

SO

- Indigenous peoples (especially the most vulnerable) will be able to sustainably manage them;
- Indigenous peoples have equal access to quality basic social services.

BECAUSE

- Communities are sensitized and aware of their rights and responsibilities and stakeholders are engaged and have appropriate elements for decision-making.
- The offer of basic social services is ensured
- Increasing Universal Social Protection Coverage in a Sustainable Way to Achieve the 2030 Agenda.

### **2.3 Expected results and impact**

The social protection interventions in Republic of Congo suffer from insufficient coordination, non-integration of Interventions and lack of funding and capacity of the different intervening actors. This Joint Programme project will demonstrate how reinforced interventions through structured and better integrated activities and synergies, together with capacity strengthening of the different actors can lead to an increased offer of and access to basic social services.

After the Joint Programme is completed, Congo will be equipped with an evidence-based sustainable model that can be replicated in other regions of the country to ensure that the over 50,000 indigenous peoples in the country access quality basic social services by 2030. This will include data on access to, use of and demand for health, education, protection and water and sanitation services by indigenous populations. Evidence will therefore include a coordination model for integrated offer of services at sub-national level, for the obtaining and analysis of data including behaviour change data and models as well as a model for increase demand for services, including improved knowledge of rights, capacity to demand them and capacity to pay for services when these are not free through access to and exploitation of the land and increased revenues.

In building this evidence, UN-supported interventions will accelerate SDG indicators for all vulnerable populations in the Lekoumou region, with a focus on indigenous populations. As gap in access to social services including health, education, protection and WASH ranges between 20 and 50 per cent, by end of 2021 SDG indicators will have been accelerated for the Lekoumou as well as for the country as a whole. The number of registered children will be doubled, immunization coverage will be increased by 20% and over 50,000 children will benefit from an integrated social protection package.



As a result, the indigenous populations in the Lekoumou will be healthier, better educated, trained and empowered giving them a floor to human capital development. Indigenous populations will have access to land and will have the capacity to ensure economic sustainability of their communities through organized farmer/group organizations, including women organizations. IN short, indigenous communities will have a better life, enable them to contribute to the national development process and have more dignity.

It is expected that the Government will use this evidence in the next National Development Plan, the current expiring in 2022. In turn, the mid-term review of the 2020-2024 UNDAF, planned for 2022, will allow UN agencies to revise the current outputs to build in evidence generated.

The JP is composed of three (3) outcomes with four (4) outputs that will contribute to the impact: healthy and educated indigenous peoples with appropriate skills and diversified livelihood opportunities contributing to the national development process in an appropriate political and legal framework.

In terms, the indigenous population in Lekoumou will have access to basic social services: The marginalized and vulnerable indigenous communities are concentrated in Likouala, Sangha, and Lekoumou departments. After the two years of the Joint programme, the capitalized experience will be replicated in the other locations with high concentration of indigenous population.

Two of the three outcomes: i) access to inclusive and quality education services, essential health-care packages and services, and social protection to enhance human capital for better social and professional integration in an appropriate legal framework; and ii) access to sustainable diversified economic activities, creating jobs and income in the areas of sustainable agriculture, food security and ecotourism by respecting environmental are directly linked to three of the four outcomes of the current UNDAF document. These outcomes are linked to two of the three strategic axes of the 2018-2022 National Development Plan of Republic of Congo: Development of Human Capital and Economic Diversification.

**Outcome 1:** Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale:

**Output 1.1:** Integrated policy solutions for accelerating SDG progress implemented.

At the central level, a social protection working group exists, under the leadership of the Ministry of Social Affairs and Humanitarian Action in the framework of the UNDAF social protection working group (led by the World Food Programme). However, planned activities are generally not carried out and rather resemble to a non-integrated individual activity of the actors involved. The group also includes FAO, UNICEF and WHO. The 3 PUNOs of the SDG fund are therefore members of this group and this will promote better coordination at the central level, within the framework of the JP. One of the objectives of the JP is to set up a working group at the Lekoumou department level, chosen as the site of the project and to





strengthen the capacity of the actors to ensure the effective implementation of the activities of the JP. WFP will coordinate this intervention.

**Outcome 2:** Indigenous peoples and other vulnerable populations in Lekoumou have increased access to inclusive and quality education services, essential health-care packages and services, and social protection to enhance human capital for better social and professional integration in an appropriate legal framework.

**Output 2.1:** The indigenous and other vulnerable peoples have access to effectively use, and demand for appropriate social protection coverage

**Output 2.2:** In-depth knowledge of the foundations of social protection is established and the technical and operational capacities of deconcentrated social protection structures and leaders are strengthened

**Output 2.3:** A directory of targeted beneficiaries is established, and they have access to civil status documents.

The joint and coordinated implementation of activities by UNICEF and WHO will contribute to reducing the gap in mortality rates in mothers and in newborns (mainly due to diarrhea, malaria, and respiratory diseases).

through new technology/innovation (mobile outreach strategy that includes use of handheld devices and other digital tools),

UNICEF will coordinate with WHO the vaccination coverage and epidemiological monitoring in order to increase DCT3 routine immunization rate of children in Lekoumou by 20% (bringing coverage in indigenous communities in line with the national average of 75%).

Nutrition coverage by WFP will contribute to reducing the malnutrition rate among children and Pregnant and Lactating Women. The capacities of health workers will be strengthened to ensure the quality of service offered and the sustainability of results.

To increase access to sexual and reproductive health services, including family planning and obstetric and maternal care, UNFPA will deploy mobile teams of midwives, equipped with modern tools (backpacks with gynecological instruments, ultrasound on smartphones that can trace the data back to the source for expert advice, etc.) to near and remote settlements. WFP and UNFPA have a regional MOU regarding the joint implementation of their activities.

Social and behavioral change communication (SBCC) and Gender Based violence sessions will jointly been conducted by UNICEF and UNFPA to allow a large dissemination and appropriation of messages and practices.

WFP has successfully tested in 40 district health centres an innovative digitalization of records system (MEZA) for timely data collection and transmission of data in manual logbooks from health centers to a centralised database to permit quick decision making. Common logbooks have been jointly designed by WFP and UNICEF to include data for Moderate and Severe Acute



Malnutrition. The system consists to take a picture of the filled logbook on a Smartphone equipped with the MEZA App that will automatically convert the image into an exploitable data file. MEZA will be deployed in the Lekoumou region and health workers will be trained to ensure that they have the capacity to implement the platform.

The programme will support the government to reinforce the capacities of RENAPAC, and indigenous people's network composed of 22 local associations. resulting in stronger capacity of communities to advocate for indigenous rights and demand for social safety net provision at the national level.

To ensure that the entire population benefits from social services, including the interventions of this programme, the integrated innovative digital platform (SCOPE) will be established by WFP, based on previous experience in others location, So the government can dispose of a secure, innovative integrated biometric digital registry that will allow to double the percentage of indigenous people with birth certificates or national identity documents. This roll-out will be integrated into the existing Integrated Child Protection System and extended to all the population to ensure universal registration and provision of birth certificate Identity (ID) documents.

UNDP's SDG Accelerator Laboratory will introduce an innovative system for collecting and disseminating real-time information on the situation of indigenous peoples that will generate data and information including information for victims of violence, extortion and discrimination against indigenous populations that will result in a reduction in impunity of perpetrators of violence.

Focus Group Discussion undertaken during the preparation of this Joint Programme identified the absence of school canteens as a contributive factor to the low enrollment rate and the high abandon rate. The discrimination of indigenous people in general, of indigenous children at school, and the lack of sensitization, were also mentioned as aggravating factors. To respond to this need, birth certificates delivery and sensitization of indigenous peoples will be integrated into WFP's school feeding programme in the Lekoumou.

To contribute to improving the health and nutrition status of children, the school enrolment rate and significantly reduce the abandonment rate, at least 50,000 vulnerable children will be provided with context-specific education and a package of support (wash, school kits, food, nutrition, deworming, hygiene), resulting in a 40% decrease in the number out-of-school children. WHO will ensure the deworming of children in schools, and UNICEF will extend its interventions to end open defecation in schools and the integration of all indigenous children to the mainstream school system.

**Outcome 3:** Indigenous peoples and other vulnerable populations in Lekoumou implement sustainable diversified economic activities, creating jobs and income in the areas of sustainable agriculture, and have food security and ecotourism by respecting environmental

**Output 3.1:** Indigenous communities and other vulnerable are trained and have access to increased livelihood opportunities.





Focus Group Discussions identified poverty and the limited sources of revenue as limiting factors to the empowerment of indigenous people, particularly women and persons living with a disability. The JP will provide training in Income Generating Activities for indigenous communities and other vulnerable groups to increase production capacity (tools and infrastructures) and will support their empowerment through Food Assistance For Asset/Training initiatives. Based on this experience in this domain, WFP will coordinate this process in collaboration with local government technical services.

It is expected that an increase in income will in turn increase of school and health center attendance.

The national law and legal texts on indigenous peoples recognize the promotion and protection of indigenous peoples as a priority. However, effective actions have not been taken to address their needs and rights in a comprehensive manner. This programme will provide evidence to fill these gaps in Lekoumou by putting in place an appropriate framework advocating for effective implementation of the different laws and texts regarding the right, promotion and protection of the indigenous and more vulnerable population in Lekoumou.

The secured funding under the Joint SDG, the steering committee will advocate so that the 2020 and 2021 annual Government/UN work plans will prioritize Lekoumou district as a flagship intervention zone under the leadership of the Minister of Social Affairs, leveraging existing UN agency funding for education, nutrition, WASH, and for trafficking in persons and exploitation over 2020-2022), which will facilitate resource mobilization with technical and financial partners and influence government budget allocations to the national social safety net, ensuring that existing legislation is applied, and that the national action plan to improve the living conditions of the indigenous people is implemented.

**Transboundary:** Four out of the five neighbouring have a population of indigenous people with same socio-cultural practices and where these people are marginalized, submitted to certain forms of discrimination and exploitation and have limited access to basic social services and, sometimes subject to slavery. In all these countries, the Government and civil societies intend to protect and promote these indigenous people rights. However, the implementation of these laws is very limited, and these people are still left behind.

The International Forum of Indigenous People of Central Africa (FIPAC) is a Platform of knowledge-exchange among the following countries: Republic of Congo, Democratic Republic of Congo, Gabon, Central African Republic, Burundi, Cameroon, Rwanda, Sao Tome et Principe and Chad. An annual forum is organized and constitute a framework for discussion on indigenous rights and integration in national development process.

This joint programme can constitute a base of experience sharing to promote the right of indigenous people in other countries.

## 2.4 Financing



The total estimated budget of the Joint Programme is 4,714,966 US\$ with US\$2,000,000 from the SDG fund. The difference cost amounting US\$ 2,714,966 will be completed by the three participating PUNO. Each PUNO will cover the cost of joint mission, and transfers to counterparts or contractual services. The cost related to the coordination meetings will be jointly covered by the three agencies. The cost of the innovative data collection and processing system (MEZA) from health centers that will allow quick transfer of data to the PUNO will be covered by the three agencies under monitoring and evaluation component.

- UNICEF complementary budget estimated at US\$ 415,000 will mainly cover the cost linked to the implementation of the “Integrated Child Protection system” and the treatment of severe acute malnutrition.
- WFP complementary budget estimated at US\$2,249,966 will be the extension of the School Feeding programme to integrate Lekoumou district in its ongoing programme and the extension of the nutrition (prevention and treatment) programme to cover Lekoumou district in order to provide floor for integrated activities.
- WHO complementary budget estimated at US\$ 50,000 will cover the budget related to the rehabilitation and normalization of health structures.
- The joint communication programme cost estimated to US\$40,000 will be covered by the SDG Fund Budget.
- The final evaluation will be under SDG Fund budget under WFP budget and is estimated at US\$80,000. A baseline study and a mid-term evaluation are also planned and will cost US\$60,000 with US\$30,000 under SDG Fund and US\$30,000 supported by the three PUNOs.
- Most of the indicators are gender sensitive and will benefit funding accordingly. The budget will cover training and provide tools to women associations, mainly for young mother and association of persons living with disability, as this has been mentioned as a matter of concern during the Focus Group Discussion prior to the elaboration of this Joint Programme. An estimated 25% of the budget will be allocated to gender equality and empowerment following the designed outputs in the results framework.
- UNICEF, UNESCO and WFP received a five-year funding (2018-2022) from United State Department of Agriculture (USDA) to provide integrated assistance to primary school children in indigenous schools in the north, in order to reduce inequity (school canteen, water, sanitation and hygiene, school kit and uniforms). This Joint Programme will be an opportunity to make advocacy to leverage additional funding to this US\$30,000,000 to cover the Lekoumou District with this integrated programme.
- In the framework of the Lisungi Safety Net Project, World Bank and French Agency for Development provided an initial funding of US\$ 23.5 million to ensure an effective social safety net programme implementation. The Government is supposed to provide a US\$36 for horizontal extension that will include the Lekoumou district. Only US\$2 million (5%) have been released by the Government so far to ensure the preliminary activities, particularly the establishment of the national unified social registry. The Joint Programme will be a foundation and advocacy platform to ensure the continuity



of the interventions and ensure complementarity with the ongoing and future activities of this safety net project for synergy. A representative of the Lisungi project will be part of the steering committee at national level to ensure this complementarity and synergy.

The steering committee of the Joint Programme will advocate so that the Government/UN work prioritize Lekoumou district as a flagship intervention zone under the leadership of the Minister of Social Affairs, leveraging existing UN agency funding for education, nutrition, WASH and for trafficking in persons and exploitation over 2020-2022), which will facilitate resource mobilization with technical and financial partners and influence government budget allocations to the national social safety net and the primary health care system, ensuring that existing legislation is applied, and that the national action plan to improve the living conditions of the indigenous people is implemented.

These integrated activities will allow creating more impact and ensure the achievement of the objectives of access to the basic social service of the most vulnerable. This intervention will definitely contribute to the acceleration of the SDG as targeting the people the most behind in the congolese society. The investment in school feeding and nutrition project for children and women will create value for money. A study on school feeding programme indicated that US\$1 invested in a child procure an investment return of US\$9. This clearly demonstrate the added value of this intervention.

The detailed budget is in the Excel file.

## **2.5 Partnerships and stakeholder engagement**

Thematic support on indigenous communities will be called on to properly design the intervention. The UN will leverage its existing links with researchers from the Max Planck Institute for Evolutionary Biology in Germany, who have a longstanding interest for research in Congo's indigenous communities. Agency HQs could also contribute. For instance, WFP HQ's Programme Design service has launched a review of programming in indigenous contexts which should be available on time to support the implementation of the foreseen activities.

We will extensively rely on the emerging civil society organizations representing the indigenous community in Congo and in Lekoumou region specifically. Their role will be both operational and for advocacy. The national network (RENAPAC) will constitute a key partner at the national level, while indigenous people's associations in the field will work with community organizations to implement activities. The programme will leverage and strengthen the capacities of indigenous communities to ensure their empowerment and appropriation. Through an effective knowledge generation and monitoring and evaluation systems, evidence will be generated for the replicability of this Joint Programme.

For monitoring, evaluation and learning, the UN will work with local and international NGOs for household data collection (baseline, midline and end line). A programme coordinator will ensure the overall coordination of the programme. These assessments will also involve the membership of the national and local actors and steering committees. We will find synergies with other actors, including the World Bank and the French Development Agency who are



supporting the current Safety Net Project in Congo. The UN will collaborate with research institutes to document and share knowledge in Congo and in the region, including the CEEAC (economic community of central African states) and the African Union. The participation of the University in Brazzaville will help influence key decision makers for the subsequent scale up of the program.

Considering the program's focus on indigenous groups, regular consultations with advocacy groups is envisaged. These include the "Observatoire Congolais des Droits de l'Homme (OCDH)" a very active civil society organization (observer of the African Commission on Human and People's right/ACHPR, member of the International Federation on Human Rights/FIDH and the World Organization against Human Torture/OMCT and the "Union Internationale des Droits de l'Homme (UIDH), who also received a funding from European Union to carry out a study on indigenous situation in Congo will be an active partner in implementation.

### **3. Programme implementation**

#### **3.1 Governance and implementation arrangements**

In the capital Brazzaville, an inclusive project-specific steering committee will be set up and chaired by the Minister of Social Affairs and Humanitarian Action. The Ministry of Justice will also be involved in the process, particularly with regard to issues related to the fundamental rights of indigenous peoples. The steering committee will include RENAPAC (Réseau National des Peuples Autochtones au Congo), a network comprising 22 Associations representing the interests of indigenous groups in Congo. All social protection actors including Lisungul, French Agency for Development (AFD), the World Bank and UN agencies will participate in the steering committee.

In Lekoumou, a cross-sectoral technical committee will implement the activities in the field in close coordination with the prefect. This committee will be made up of representatives of the Ministries in charge of Social Affairs, Justice, Health, Education and Forestry as well as representatives from indigenous people's associations. This technical committee reports to the steering committee which ensures the effective implementation of the activities. At the sub-national level, the technical focal points for health, education and other local authorities will participate. Lekoumou's Indigenous peoples' associations will play a key operational role in the field. The 22 associations that belong to RENAPAC will be members of the regional cross-sectoral technical committee. The indigenous peoples' associations will be in charge of the link with grassroots committees, documenting evidence for the program, and will be responsible for advocacy and resource mobilization for additional activities. Women's groups working to defend the rights of indigenous peoples will be in charge of women's groups in order to effectively involve them.

At the community level, the activities will rely on local management committees for health and education that have already been put into place as part of UNICEF's the 'Integrated Child Protection System' and which will be further strengthened. The effective participation of women will be ensured. These local committees have established expertise delivering social protection services thanks to their existing experience with existing programs. They have benefited from capacity building activities in the areas of health, education, and civil status





and are able to coordinate with authorities. of health, education and civil status for the benefit of indigenous peoples.

The private sector will be solicited for additional support, building on UNFPA's success in this area.

For the United Nations, coordination will be ensured by the Resident Coordinator, who will lead UN participation on the steering committee. WFP (UN's lead for the social protection working group) would support the committees' secretariat. Each agency involved in Lekoumou will be represented on both committees. Agencies in Congo deliver as one. The lead agencies in this Joint Programme Document note (UNICEF, WFP, WHO) have operational capacity in Lekoumou and already collaborate extensively in delivery of services, at the level of communities and individual health centers and schools. WFP provides supply chain assistance to both UNICEF and WHO. Each agency has social protection specialists on staff at the NO or international level.

### **3.2 Monitoring, reporting, and evaluation**

Reporting on the Joint SDG Fund will be results-oriented, and evidence based. Each PUNO will provide the Convening/Lead Agent with the following narrative reports prepared in accordance with instructions and templates developed by the Joint SDG Fund Secretariat:

- Annual narrative progress reports, to be provided no later than one (1) month (31 January) after the end of the calendar year, and must include the result matrix, updated risk log, and anticipated expenditures and results for the next 12-month funding period;
- Mid-term progress review report to be submitted halfway through the implementation of Joint Programme<sup>1</sup>; and
- Final consolidated narrative report, after the completion of the joint programme, to be provided no later than two (2) months after the operational closure of the activities of the joint programme.

The Convening/Lead Agent will compile the narrative reports of PUNOs and submit a consolidated report to the Joint SDG Fund Secretariat, through the Resident Coordinator.

Process monitoring/joint missions will be undertaken by the PUNOs and other Agencies intervening with complementary activities and subsequent reports will be produced.

The Resident Coordination office will be required to monitor the implementation of the joint programme, with the involvement of Joint SDG Fund Secretariat to which it must submit data and information when requested. As a minimum, joint programmes will prepare, and submit to the Joint SDG Fund Secretariat, 6-month monitoring updates. Additional insights (such as policy papers, value for money analysis, case studies, infographics, blogs) might need to be provided, per request of the Joint SDG Fund Secretariat. Joint programme will allocate resources for monitoring and evaluation in the budget.

Data for all indicators of the results framework will be shared with the Fund Secretariat on a regular basis, in order to allow the Fund Secretariat to aggregate results at the global level and integrate findings into reporting on progress of the Joint SDG Fund.

<sup>1</sup> This will be the basis for release of funding for the second year of implementation.



PUNOs will be required to include information on complementary funding received from other sources (both UN cost sharing, and external sources of funding) for the activities supported by the Fund, including in kind contributions and/or South-South Cooperation initiatives, in the reporting done throughout the year.

PUNOs at Headquarters level shall provide the Administrative Agent with the following statements and reports prepared in accordance with its accounting and reporting procedures, consolidate the financial reports, as follows:

- Annual financial reports as of 31st December each year with respect to the funds disbursed to it from the Joint SDG Fund Account, to be provided no later than four months after the end of the applicable reporting period; and
- A final financial report, after the completion of the activities financed by the Joint SDG Fund and including the final year of the activities, to be provided no later than 30 April of the year following the operational closing of the project activities.

In addition, regular updates on financial delivery might need to be provided, per request of the Fund Secretariat.

After competition of a joint programmes, a final, *independent and gender-responsive*<sup>2</sup> evaluation will be organized by the Resident Coordinator. The cost needs to be budgeted, and in case there are no remaining funds at the end of the joint programme, it will be the responsibility of PUNOs to pay for the final, independent evaluation from their own resources.

The joint programme will be subjected to a joint final independent evaluation. It will be managed jointly by PUNOs as per established process for independent evaluations, including the use of a joint evaluation steering group and dedicated evaluation managers not involved in the implementation of the joint programme. The evaluations will follow the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the UN System, using the guidance on Joint Evaluation and relevant UNDG guidance on evaluations. The management and implementation of the joint evaluation will have due regard to the evaluation policies of PUNOs to ensure the requirements of those policies are met and the evaluation is conducted with use of appropriate guidance from PUNOs on joint evaluation. The evaluation process will be participative and will involve all relevant programme's stakeholders and partners. Evaluation results will be disseminated amongst government, development partners, civil society, and other stakeholders. A joint management response will be produced upon completion of the evaluation process and made publicly available on the evaluation platforms or similar of PUNOs.

### **3.3 Accountability, financial management, and public disclosure**

The Joint Programme will be using a pass-through fund management modality where UNDP Multi-Partner Trust Fund Office will act as the Administrative Agent (AA) under which the funds will be channeled for the Joint Programme through the AA. Each Participating UN

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<sup>2</sup> [How to manage a gender responsive evaluation. Evaluation handbook](#), UN Women, 2015





Organization receiving funds through the pass-through has signed a standard Memorandum of Understanding with the AA.

Each Participating UN Organization (PUNO) shall assume full programmatic and financial accountability for the funds disbursed to it by the Administrative Agent of the Joint SDG Fund (Multi-Partner Trust Fund Office). Such funds will be administered by each UN Agency, Fund, and Programme in accordance with its own regulations, rules, directives and procedures. Each PUNO shall establish a separate ledger account for the receipt and administration of the funds disbursed to it by the Administrative Agent.

Indirect costs of the Participating Organizations recovered through programme support costs will be 7%. All other costs incurred by each PUNO in carrying out the activities for which it is responsible under the Fund will be recovered as direct costs.

Funding by the Joint SDG Fund will be provided on annual basis, upon successful performance of the joint programme.

Procedures on financial transfers, extensions, financial and operational closure, and related administrative issues are stipulated in the Operational Guidance of the Joint SDG Fund.

PUNOs and partners must comply with Joint SDG Fund brand guidelines, which includes information on donor visibility requirements.

Each PUNO will take appropriate measures to publicize the Joint SDG Fund and give due credit to the other PUNOs. All related publicity material, official notices, reports and publications, provided to the press or Fund beneficiaries, will acknowledge the role of the host Government, donors, PUNOs, the Administrative Agent, and any other relevant entities. In particular, the Administrative Agent will include and ensure due recognition of the role of each Participating Organization and partners in all external communications related to the Joint SDG Fund.



### 3.4 Legal context

Agency name: **WFP**  
 Agreement title: **Basic Agreement**  
 Agreement date: **07 February, 2002**

Agency name: **WHO**  
 Agreement title: **Cooperation Agreement**  
 Agreement date: **21 September, 1993**

Agency name: **UNICEF**  
 Agreement title: **Basic Cooperation Agreement**  
 Agreement date: **12 May, 2004**

## D. ANNEXES

### Annex 1. List of related initiatives

Name of Initiative/project	Key expected results	Links to the joint programme	Lead organization	Other partners	Budget and funding source	Contract person (name and email)
Lisung! Safety Net	Improved access to Safety Net	Unconditional and conditional cash transfer, access to basic social services	Ministry of Social Affairs	World Bank, France Development Agency	US\$59,500,000	KIAKOUAMA Alfred Constant, 05 659 07 30, <a href="mailto:ackiakouama@gmail.com">ackiakouama@gmail.com</a>
Telema Projet	Operationalization of the National Policy of Social Action	caring for vulnerable persons, strengthening the capacity of Ministry staff, setting up the social information system	Ministry of Social Affairs	French Development Agency	10.000.000 Euros	Christian MABIALA 06 975 84 98 <a href="mailto:mabialachristian2016@gmail.com">mabialachristian2016@gmail.com</a>
Projet d'appui à la refondation des formations en travail social PARFIS	Strengthen the fight against social precariousness Congo through a more effective social action system.	Capacity building of agents and actors of the Ministry of Social Affairs, support the creation of a higher training institute professional in social work, the National Institute of Labor Social of Congo (INTS)	Ministry of Social Affairs	French Development Agency	3.200.000 Euros	B.P. 545 Tél (242) 05 631 26 05/06 403 13 72 <a href="mailto:parfts1@gmail.com">parfts1@gmail.com</a>
Système Intégré de protection de l'enfant	Improved access to social basic services mainly health, education, nutrition and birth certification for all children mainly indigenous children	Social protection and access to social basic services (Education, Health, Nutrition)	UNICEF	Decentralized Departments of Social Affairs	US\$ 350,000	Andres Lopez, <a href="mailto:aalopez@unicef.org">aalopez@unicef.org</a>
USDA/Mac GD	Increase education enrollment of indigenous children and	Access to social services (education and WASH). Possible extension to the	UNICEF, WFP	UNESCO, Local and	US\$ 30,000,000 (USDA)	Jean-Martin Bauer,



	their food security in Lekoumou and Sanga District	SDG project location at the end of the JP		international NGOs		jean- martin.bauer@wfp.org
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## Annex 2. Overall Results Framework

### 2.1. Targets for Joint SDG Fund Results Framework

**Joint SDG Fund Outcome 1:** Integrated multi-sectoral policies to accelerate SDG achievement implemented with greater scope and scale

Indicators	Targets	
	2020	2021
1.1: integrated multi-sectoral policies have accelerated SDG progress in terms of scope <sup>3</sup>	1	1
1.2: integrated multi-sectoral policies have accelerated SDG progress in terms of scale <sup>4</sup>	1	1

**Joint SDG Fund Output 3:** Integrated policy solutions for accelerating SDG progress implemented

Indicators	Targets	
	2020	2021
3.1: # of innovative solutions that were tested <sup>5</sup> (disaggregated by % successful- unsuccessful)	2 (1 success)	0
3.2: # of integrated policy solutions that have been implemented with the national partners in lead	1	0
3.3: # and share of countries where national capacities to implement integrated, cross-sectoral SDG accelerators has been strengthened	1	1

### Joint SDG Fund Operational Performance Indicators

### 2.2. Joint programme Results framework

*Complete the table below – add rows as needed.*

Result / Indicators	Baseline	2021 Target	2022 Target	Means of Verification	Responsible partner
<b>Outcome 2: Indigenous peoples and other vulnerable populations in Lekoumou have increased access to inclusive and quality education services, essential health-care packages and services, and social protection to enhance human capital for better social and professional integration in an appropriate legal framework.</b>					

<sup>3</sup>Scope=substantive expansion: additional thematic areas/components added or mechanisms/systems replicated.

<sup>4</sup>Scale=geographical expansion: local solutions adopted at the regional and national level or a national solution adopted in one or more countries.

<sup>5</sup>Each Joint programme in the Implementation phase will test at least 2 approaches.



<b>Outcome 2 indicator 1:</b> Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable (Proportion of population with access to basic services)	TBC	50% of population living in households with access to basic services	70% of population living in households with access to basic services	Baseline end line study Baseline end line study Field monitoring visits	Government , all PUNOs
<b>Outcome 2 indicator 2:</b> School achievement rate (disaggregated by sex, indigenous vs Bantou)	Indigenous 59.78 with girl 40.2% (91% national	Indigenous 65% with girl 60% school achievement rate	Indigenous 65% with girl 60% school achievement rate	Directory of Education report	Ministry of Education, WFP, UNICEF
<b>Output 2.1:</b> The indigenous and other vulnerable peoples have access to effectively use, and demand for appropriate social protection coverage					
<b>Output 2.1. indicator 1:</b> Percentage of women benefiting from pre-natal consultation (indigenous vs Bantou)	TBC	25% Indigenous women benefiting pre-natal consultation	50% Indigenous women benefiting pre-natal consultation	Health center report	WHO, UNFPA, Ministry of Health
<b>Output 2.1 indicator 2:</b> Proportion of in-hospital maternal deaths per 100,000 live births	810/100,000 live births in hospitals (Lekoumou)	254/100,000 live births in hospitals (Lekoumou)	150/100,000 live births in hospitals (Lekoumou)	Report of the DDSSSa Lekoumou	WHO, UNFPA, Ministry of Health



				Final evaluation	
<b>Output 2.1 indicator 3:</b> Proportion of neonatal deaths in hospitals per 10,000 live births	TBC	44 newborn deaths/1000 live births in hospitals (Lekoumou)	25 newborn deaths per/1000 live births in hospitals (Lekoumou)	Report of the DDSSSa Lekoumou  Final evaluation	WHO, UNFPA, UNICEF, Ministry of Health
<b>Output 2.1 indicator 4:</b> Vaccination coverage of children U5 (disaggregated by sex, indigenous vs Bantou)	75% in DTP3 at national level 51 % for indigenous	65 % for indigenous	70 % for indigenous	Health center report  Field monitoring visits  Final evaluation	WHO, UNICEF, Ministry of Health
<b>Output 2.1 indicator 5:</b> Abandon rate (disaggregated by sex, indigenous vs Bantou)	Indigenous 40.22% with girl 59.80% (9% national)	Reduce by 20% abandon rate	Reduce by 40% abandon rate	Directory of education report	WFP, UNICEF
<b>Output 2.1 indicator 6:</b> Proportion of women and girl subject to a certain form of violence (sexual, physical, psychological....) the last 12 months disaggregated by form of violence and	TBC	reduce by 25% Proportion of women and girl subject to a certain form of violence (sexual,	reduce by 40% Proportion of women and girl subject to a certain form of violence	Census  Field monitoring visits  Final evaluation	All PUNOs, Ministry of Social Affair





by age (indigenous Vs Bantou)		physical, psychological. ...)	(sexual, physical, psychological ....)		
<b>Output 2.1 indicator 6:</b> Number of sensitizations on SBCC	TBC	achieved 50% coverage of sensitizations on SBCC	achieved 80% coverage of sensitizations on SBCC	Census Field monitoring visits Final evaluation	All PUNOs
<b>Output 2.2: In-depth knowledge of the foundations of social protection is established and the technical and operational capacities of deconcentrated social protection structures and leaders are strengthened</b>					
<b>Output 2.2 indicator 1:</b> Number and types of community leaders trained on GBV and SBCC (disaggregated by sex, indigenous vs Bantou)	TBC	12 community leaders trained on GBV and SBCC (40% of women)	12 community leaders trained on GBV and SBCC (40% of women)	Census Field monitoring/report visits Final evaluation	UNICEF
<b>Output 2.4: A directory of targeted beneficiaries is established, and they have access to civil status documents</b>					
<b>Output 2.4 indicator 1:</b> Percentage of population with access to civil state documents (children, adult disaggregated by	Less than of 50% on indigenous children have birth	60% indigenous children have	70% indigenous children have	Baseline end line study Baseline end line study	WFP, UNICEF





sex, Bantou vs indigenous)	certificates (81% national)	birth certificates	birth certificates	Field monitoring visits	
<b>Outcome 3: Indigenous peoples and other vulnerable populations in Lekoumou implement sustainable diversified economic activities, creating jobs and income in the areas of sustainable agriculture, and have food security and ecotourism by respecting environmental</b>					
<b>Outcome 3 indicator 1:</b> Percentage of moderate or severe food insecure population disaggregated by sex	36.9% prevalence of food insecurity at the departmental level	Reduce of 20% prevalence of food insecurity	Reduce of 10% prevalence of food insecurity	Baseline/endline study Final evaluation Field monitoring visits	WFP
<b>Output 3.1: Indigenous communities and other vulnerable are trained and have access to increased livelihood opportunities</b>					
<b>Output 3.1 indicator 1:</b> Number of groups constituted (indigenous vs Bantou, disability, young mothers, #women groups vs #men groups)	0	8 (80% indigenous groups, 50% group are women groups)	16 (80% indigenous groups, 50% group are women groups)	Final evaluation Field monitoring visits	All PUNOs
<b>Output 3.1 indicator 2:</b> Number of groups/persons benefiting capacity strengthening	0	8 (80% indigenous groups, 50% group)	16 (80% indigenous groups, 50% group)	Final evaluation	All PUNOs



(indigenous vs Bantou, disability, young mothers, #women groups vs #men groups)		are women groups)	are women groups)	Field monitoring visits	
<b>Output 3.1 indicator 3:</b> Number of households having income increased (indigenous vs Bantou, disability, young mothers, #women groups vs #men groups)	0	TBD baseline survey	TBD baseline survey	baseline survey and reports	All PUNOs



### Annex 3. Theory of Change graphic



### Annex 4. Gender marker matrix

The Joint Programme has a focus on gender, with 67% of indicators being gender sensitive (reference to sex, age, disability) and related to:

- Women mortality, access to health centers and education are disaggregated by sex
- Promotion/sensitization regarding GBV and SBCC both at the outcome and output levels
- 4 out of 6 outputs refer to activities which will lead to changes for improved gender equality
- The JP organizational scheme clearly indicates that all PUNO collaborate with government based on national gender machinery and other international engagements
- Gender equality CSOs and Women's NGOs participate in the JP planning and needs assessments consultations
- Role of gender equality CSOs and women's NGOs in supporting the achievement of JP outcomes clearly defined



- Capacity assessment and development of gender equality CSOs and women’s NGO in gender equality and women’s empowerment programming and implementation

JP budget supports at least three of these criteria below:

- Allocation for the implementation of gender empowerment or specific/stand-alone women focused activities (positive discrimination)
- Gender equality action plan at local or regional level implemented and disseminated and supports Gender CSOs and women NGOs activities
- Clearly targets expenditure by project to women or men (girls or boys) to meet their particular needs
- Joint monitoring/evaluation missions to assess/track progress on gender equality.

Based on this analysis, the total score of the total score of the gender marker is 2.35 as shown in the Gender matrix in annex.

Indicator		Score	Findings and Explanation	Evidence or Means of Verification
N°	Formulation			
1.1	Context analysis integrate gender analysis	2	Women mortality, access to health centers and education are disaggregated by sex	- CCA & UNDAF 2020-2024 documents  - Initial joint analysis in Lekoumou mission report
1.2	Gender Equality mainstreamed in proposed outputs	2.1	- Promotion/sensitization regarding GBV and SBCC both at the outcome and output level  - 4 out of 6 outputs refer to activities which will lead to changes for improved gender equality	- JP results frameworks  - Joint programme report
1.3	Programme output indicators measure changes on gender equality	2.4	67% of indicators are gender sensitive (reference to sex, age, disability)	- JP M&E framework  - National data collection report
2.1	PUNO collaborate and engage with Government on gender equality and the	3.3	- The JP organizational scheme clearly indicates that all PUNO collaborate with the government based on national gender machinery	JP partnership scheme or strategy



	empowerment of women		and other International engagements	
2.2	PUNO collaborate and engages with women's/gender equality CSOs	2.3	<ul style="list-style-type: none"> <li>- Gender equality CSOs and Women's NGOs participate in the JP planning and needs assessments consultations</li> <li>- role of gender equality CSOs and women's NGOs in supporting the achievement of JP outcomes clearly defined</li> <li>- Capacity assessment and development of gender equality CSOs and women's NGO in gender equality and women's empowerment programming and implementation</li> </ul>	<ul style="list-style-type: none"> <li>- JP partnership strategy</li> <li>- JP capacity development strategy</li> </ul>
3.1	Program proposes a gender-responsive budget	2.0	<p>JP budget supports at least three of these criteria below:</p> <ul style="list-style-type: none"> <li>- Allocation for the implementation of gender empowerment or specific/stand-alone women focused activities (positive discrimination)</li> <li>- Gender equality action plan at the local or regional level implemented and disseminated and supports Gender CSOs and women NGOs activities</li> <li>- Clearly targets expenditure by the project to women or men (girls or boys) to meet their particular needs</li> <li>- Joint monitoring/evaluation missions to assess/track progress on gender equality</li> </ul>	JP Budget framework based on gender responsive budgeting strategy





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<b>Total scoring</b>		<b>2.35</b>		
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## **Annex 5. Communication plan**

This programme aims to improve the quality of life of indigenous peoples (the most vulnerable and marginalized community in Congo) in the Department of Lékoumou through improved access to social protection programmes in the Republic of Congo. In this 21 century, it is difficult to conceive that human exploitation and abuse is still a matter of concern for a group of people who do not have access to basic social services.

One of the focus of the current UNDAF (2020-2024) is "leave no one behind" and the communication plan of this Joint Programme will ensure that this is considered. The three main communication objectives of this programme are:

- Raise awareness about indigenous issues in Congo
- Ensure the visibility of the Joint programme's result to decision-makers and social protection actors,
- Capitalize and disseminate the results of this Joint Programme for replicability in other regions in the country and possibility in other countries with indigenous people facing the same issue,
- Inform continuously potential donors to leverage additional funding.

The main audiences targeted through this communication strategy will be:

**At national level through seminars/conference, press releases, social media, specific meetings:**

- Political authorities through the Ministry of Social Affair and Ministry of Justice (in charge of the promotion of indigenous peoples) to ensure their support to the programme and the effective implementation of the law and related texts regarding the promotion and protection of indigenous peoples;
- Parliamentarians will be a target to contribute to the advocacy for law enforcement and eventually a vote of new law, should a need be;
- United Nations Country Team to ensure their effective implication in the complementary activities' implementation and the advocacy vis a vis the Government and potential donors;
- Social protection stakeholders to seek the coordination of their intervention in order to make more impact;
- Civil Society Organizations to ensure their full engagement and their contribution to the achievement of the programme (also targeted to be trained in the framework of the Joint Programme);
- General Public to raise their awareness regarding the situation of the indigenous peoples and their full adhesion to the programme.

The International forum of indigenous people of Central Africa (FIPAC) Platform will be used for information and experience sharing among the different countries (Republic of Congo, Democratic Republic of Congo, Gabon, Central African Republic, Burundi, Cameroon, Rwanda,



Sao Tome et Principe and Chad). One of the sessions will be used to share the results of the Joint Programme that can serve as an example for duplication.

**At Decentralized level: through the seminars/conference, press releases, social media, specific meetings:**

- Local administrative authorities for their involvement in the programme implementation and law enforcement;
- Local/religious leaders and customary authorities who will also receive specific training to ensure their full adhesion to the programme and their influence on the local communities
- Local Civil Society Organizations/Community Based Organisations to ensure their full engagement and their contribution to the achievement of the programme (also targeted to be trained in the framework of the Joint Programme);
- The Communities of Bantou who will be sensitized to ensure their adhesion to the programme and continue support

The following medias audiences will be targeted to have more impact of the intervention in terms of scope and scale:

**Mainly:**

1. Congolese people (can be reached with press relation, social media, media partnerships)
2. Beneficiaries (can be reached by printed communication tools as banners, and speaking animation not steering by the communication division)
3. Donors, Government and Official partners organizations (can be reached with official events like ceremonies, field visits, and throughout the project with a factsheet to highlight main outcomes of the programme)

**Secondly:**

4. Journalists (can be reached with regular meetings to talk about the programme, invitation to the main events, field visits to show them what's happened and how the programme is working)
5. International people interested in humanitarian action (can be reached with regional and international press relation, social media, Medium Insight articles with the support of Regional Bureaus and HQ).

To achieve this communication objectives, the specific activities in the below table will be implemented during the course of the programme implementation with an estimated budget of US\$40,000. The three communication officers of the three PNUO will meet regularly to ensure the smooth implementation of this communication plan, under the lead of the communication officer of UNICEF.

The implementation of these activities will take into consideration the gender sensitivity regarding the composition of the different audiences. The sensitization campaign will be undertaken by women when addressed to women groups. Subsequent budget is also designed to allow the implementation of these activities. The existing UN communication platform (le Congo Flash Info) will be used to inform and ensure the buy-in of all the Agencies.



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**Communication activity/budget**

Activity	Details	Audiences	Perf. indicator	Timeline	Est. Budget (USD)
<b>Objective N°1: Raise awareness about indigenous issues in Congo</b>					
Press relation	Local radio, media for young people, regional and national media	Congolese people	Number of press coverage	Throughout the project	3,418
Content field visit	Field visit in order to collect photos, videos, stories and witnesses for communication tools,	Media, Authorities, CBO, Civil Society, Donors, beneficiary representatives, UNCT	50 photos at least and 3 videos at least of the programme	1 <sup>st</sup> semester And 3 <sup>rd</sup> semester	7,965
Social media posts	Tell stories and explain the programme	Congolese people, International people interested in humanitarian Issues	At least 2 posts / month about the programme  Number of people reached by posts, who have reacted with posts	Throughout the project	Included in "Content field visit"
Medium stories	Tell stories with some context about the programme	Congolese people, international people interested in WFP issues	2 articles / year  Number of readers	Throughout the project	Included in "Content field visit"
<b>Objectif n°2: Highlight JP activities</b>					
Communication tools creation	Factsheet to tell about the programme (advocacy)  Sign where the programme takes place (on the field)  Banners to explain the programme where it takes place	Donors, journalists, partners, beneficiaries	Number of given out factsheets	1st year	5,128
Share experience and result	Local and International forum.	Beneficiaries representatives	Number of participations to the forum	TBC	13,946



	The International forum of indigenous people of Central Africa (FIPAC) Platform will be used for information and experience sharing among the different countries).	Government representatives, UNCT  Social protection decision-makers (national level and international cooperation organizations)  Media			
<b>Objectif n°3: Show Donors and potential Donors importance of partners work</b>					
Launching Ceremony	Official launch's ceremony with partners and the government with press coverage	Journalists, Donors, Authorities, CBO, Civil Society, beneficiary representatives	Press coverage	1st semester	5,128
Field visit	Field visit with donors, partners and media to meet beneficiaries (specific communication tools creation, press coverage, travel, etc.)	Donors, media	Donors' feedback  Press coverage	Mid-project	3,418
<b>TOTAL</b>					<b>40,000</b>

### Annex 6. Learning and Sharing Plan

The objectives of the knowledge, learning and sharing approach is to bring together all stakeholders and operational bodies engaged in this Joint programme in order to provide a common platform to share lessons learned and best practices that can be replicated at scale and scope. The learning and sharing platform will be built around the national inclusive project-specific steering committee under the lead of the Ministry of Social Affairs and Humanitarian Action. The committee will meet on a regular basis and produce subsequent reports. Sharing and Learning activities will contribute to foster collaborative learning between PUNOs, Government stakeholders, and other relevant stakeholders at central and regional levels.

In the capital Brazzaville, the steering committee will be chaired by the Minister of Social Affairs and Humanitarian Action. The Ministry of Justice will also be involved in the process, particularly with regard to issues related to the fundamental rights of indigenous peoples. The steering committee will include RENAPAC (Réseau National des Peuples Autochtones au Congo), a network comprising 22 Associations representing the interests of indigenous groups in Congo. All social protection actors including Lisungui, French Agency for Development (AFD), the World Bank and UN agencies will participate in the steering committee.





In Lekoumou, a cross-sectoral technical committee will coordinate the implementation of the activities in the field in close coordination with the prefect. This committee will be made up of representatives of the Ministries in charge of Social Affairs, Justice, Health, Education and Agriculture, Fishery and Forestry as well as representatives from indigenous people's associations. This technical committee reports to the steering committee which ensures the effective implementation of the activities. At the sub-national level, the technical focal points for health, education and other local authorities will participate. Lekoumou's Indigenous peoples' associations will play a key operational role in the field. The 22 associations that belong to RENAPAC will be members of the regional cross-sectoral technical committee. The Indigenous peoples' associations will be in charge of the link with grassroots committees, documenting evidence for the program, and will be responsible for advocacy and resource mobilization for additional activities. Women's groups working to defend the rights of indigenous peoples will be in charge of women's groups in order to effectively involve them.

At the community level, the activities will rely on local management committees for health and education that have already been put into place as part of UNICEF's 'Integrated Child Protection System' and which will be further strengthened. The effective participation of women will be ensured. These local committees have established expertise delivering social protection services thanks to their existing experience with existing programs. They have benefited from capacity building activities in the areas of health, education, and civil status and are able to coordinate with authorities of health, education and civil status for the benefit of indigenous peoples.

For the United Nations, coordination will be ensured by the Resident Coordinator, who will lead UN participation on the steering committee. WFP (UN's lead for the social protection working group) would support the committees' secretariat. Each agency involved in Lekoumou will be represented on both committees.

The three PUNOs will ensure the interaction with the UNCT under the coordination of the Resident Coordinator and ensure that they receive appropriate support from UN coordination office at national level and ensure the interaction with Government and other main actors in social protection area as World Bank, IMF.

The following main activities will part of the sharing and learning process:

- Ensure the complementarity/synergy between different actors;
- Provide a framework for experience sharing to insure capitalization of the experience for replication in other regions;
- Identify bottlenecks and suggest appropriate solutions;
- Constitute an advocacy forum for more involvement of the government and other social protection actors.

As a starting point, an in-depth analysis of access to basic social services and the living conditions and livelihoods of indigenous peoples will be undertaken. A launching workshop will be part of the communication plan to inform all the concerned actors. The process monitoring will be continuously in place to ensure data collection and inform decision making to eventually reorient the activities should any weaknesses occurred and insure smooth implementation. Regular Post Distribution Monitoring will be undertaken on a monthly basis



to ensure that the related activities are properly implemented and provide floor to eventual adjustments. Data collection during the implementation course will be done electronically and the innovative data transmission method (MEZA) will serve as quick mean of data transmission from health centers.

A mid-term review will also inform progress made and allow eventual adjustment. The external final evaluation result will be presented at regional level to the coordination committee and at national level as well to the national steering committee and extended to other actors from research and universities.

International forum of indigenous people of Central Africa (FIPAC) is a Plateforme of experience sharing among the different countries (Republic of Congo, Democratic Republic of Congo, Gabon, Central African Republic, Burundi, Cameroon, Rwanda, Sao Tome et Principe and Chad). An annual turning forum is organized and constitute a framework for discussion on indigenous right and integration in national development process. This forum can be used as platform for experience sharing to promote the right of indigenous people including in other countries. A specific workshop will be organized during one of this forum to share the results of the Joint Programme.

## **Annex 7. Budget and Work Plan**

### **7.1 Budget per UNSDG categories**

The detailed budget per SDG target is in below Excel file. The total budget is estimated at US\$4,714,966. The total contribution of the PNUOs is estimated at US\$2,714,966. This huge contribution amount will allow the complementarity of the SDG funding and ensure a real impact on the SDG, particularly LNOB giving a floor to new opportunity funding.

The budget allocated to the communication plan is estimated at US\$40,000 and this will allow the visibility of Donors and ensure the dissemination of the results of the programme. The monitoring and evaluation budget is estimated at US\$60,000, including the baseline survey and the final evaluation at US\$80,000. This evaluation will allow the continuous monitoring of the programme and provide information for eventual adjustment. It will also allow to produce the evidence base that will be share for replication.

The planned Safety Net Programme of the Government and World Bank in the same location will allow a close coordination to make great impact and offer an opportunity of future funding and sustainability of the programme at the end of the Joint Programme based on lessons learned and best practices.

Synergy will be built around children through the 1,000 days (Pregnant and Lactating Women, Children under five). Children will be the entry point of the programme to allow addressing the needs of their households in a holistic, effective and efficient manner. Thus, WFP will include Sibiti schools in its nutrition programme (prevention and treatment of Acute Moderate Malnutrition for Pregnant and Lactating Women, children under five). UNICEF will cover the



Severe Acute Malnutrition component and WHO will ensure the deworming of the members of the targeted households to provide an appropriate health and nutrition coverage.

For school year children, WFP will extend its school meal programme to the schools in Sibiti, as this has been identified as a main constraint to school enrollment and maintenance, particularly for indigenous peoples during the Focus Group Discussions (FGD) during the preliminary mission to the preparation of this Joint Programme full proposal. UNICEF will ensure the minimum school kits to the indigenous children as this was also mentioned as stigmatization factor, limiting the enrollment and school achievement during the FGD. UNICEF will also ensure the WASH component with washing hand kits and availability of drinking water in school that will benefit to the whole village, contributing to solve a critical problem mentioned by the population during the consultation. WHO will ensure regular deworming of the targeted school children to ensure a better assimilation of the nutrients.

UNDG BUDGET CATEGORIES	WFP		WHO		UNICEF		TOTAL	
	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	PUNO Contribution (USD)	Joint Proposal	PUNO Contribution (USD)
1. Staff and other personnel	118,886	2,249,966	160,000	50,000	118,000	415,000	396,886	2,714,966
2. Supplies, Commodities, Materials	316,239		100,000		237,000		653,239	
3. Equipment, Vehicles, and Furniture (including Depreciation)	114,540		50,748		48,500		213,788	
4. Contractual services	76,121		30,000		23,104		129,225	
5. Travel	28,575		40,000		33,657		102,232	
6. Transfers and Grants to Counterparts	87,302		30,000		80,000		197,302	
7. General Operating and other Direct Costs	6,000		150,000		20,487		176,487	
<b>Total Direct Costs</b>	<b>747,663</b>				<b>560,748</b>			
8. Indirect Support Costs (Max. 7%)	52,336		39,252		39,252		130,841	
<b>TOTAL Costs</b>	<b>800,000</b>	<b>2,249,966</b>	<b>600,000</b>	<b>50,000</b>	<b>600,000</b>	<b>415,000</b>	<b>2,000,000</b>	<b>2,714,966</b>
<i>1st year</i>	<i>480,000</i>	<i>1,349,980</i>	<i>360,000</i>	<i>25,000</i>	<i>300,000</i>	<i>250,000</i>	<i>1,140,000</i>	<i>1,624,980</i>
<i>2nd year</i>	<i>320,000</i>	<i>899,986</i>	<i>240,000</i>	<i>25,000</i>	<i>300,000</i>	<i>165,000</i>	<i>860,000</i>	<i>1,089,986</i>

## 7.2 Budget per SDG targets

The SDG 2 aiming to tackle food insecurity include provision of safe drinking sources and school meal to targeted beneficiaries, and provision of nutritive products for nutrition prevention and treatment, both moderate and severe acute malnutrition. This justifies the 30% of the budget affected to this component.

SDG 3 with 25% of the budget will cover the provision of basic equipment, therapeutic supplies, essential medicines, and management tools to improve the quality of health and nutrition. The improvement of vaccination coverage if also part of this SDG.

SDG 4 with 16% take into account provision of educational kits and gender equity with part of capacity building as well.

SDG 10 will focus on capacity strengthening, including provision of tools/equipment allowing the most vulnerable to undertake income generating activities to allow them to ensure better education (access to school) and nutrition for children (synergy with SDG 3 and 2).



SDG 1 (9%) will also focus on capacity training of National social protection actors to allow them ensuring the implementation of national appropriate social protection systems and delivery of civil state document for more equity.

SDG 5 (6%) and SDG 8 (2%) will focus on sensitization/training on GBV and SBCC, C4D. SDG 5 will also include advocacy and transboundary aspects.

	%	USD
SDG1	9%	424,347
SDG2	30%	1,414,490
SDG3	25%	1,178,742
SDG4	16%	754,395
SDG5	6%	282,898
SDG8	2%	94,299
SDG10	12%	565,796
<b>TOTAL</b>	<b>100%</b>	<b>4,714,966</b>

### **7.3 Work plan**

This JP is planned for 2 years (2020-2021). One of the initial activity will be to undertake an in-depth analysis of access to basic social services and the living conditions and livelihoods of indigenous peoples during the first 2 months after the recruitment of the coordinator and the establishment of the steering committee for the global coordination.

The capacity building will start in the first quarter for some components (education, health workers) to improve their skill to better implement the activities that will start earlier during this first quarter (school feeding programme, deworming). The component regarding the strengthening of national capacity to deliver quality social protection services will be undertaken during the first quarter of 2020 as well and a refresher in the first quarter of 2021. Some activities related to goods and services will be implemented during the second quarter of 2020 (provision of tools and equipment) while and the provision of drinking water will take more time, starting in the third quarter of 2020.

The capacity strengthening of the communities will start later in 2020 (second quarter) with refresher in 2021.

The monitoring of the activity will be done during the entire cycle of the 2 years programme and post distribution monitoring undertaken twice a year, this justify the US\$ 60,000 affected to this budget line. The final evaluation and reporting estimated to US\$ 80,000 and dissemination of lessons learned, and best practices will be the last phase (last quarter of 2021).

The communication plan budget estimated to will cover all the lifetime of the JP, starting with a launching ceremony during the first quarter and ending with the coverage of the dissemination forum to ensure an appropriate visibility of the programme that will contribute to leverage additional funding for the sustainability of the intervention at the end of the JP.





7.5 Work plan

Outcome		List of Activities	Time frame								PLANNED BUDGET			PIMD is involved	Implementing partner / a mix of		
Output	Annual target (s)		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Overall Budget description	From SSC Fund (USD)	PIMD Contribution (USD)			Total Cost (USD)	
	2020		2021														
<p><b>Outcome 2: Indigenous peoples and other vulnerable populations in Lekoumou have increased access to inclusive and quality education services, essential health care packages and services, and social protection to enhance human capital for better social and professional integration in an appropriate legal framework.</b></p>																	
<p><b>Output 2.1: The Indigenous and other vulnerable peoples have access to effectively use, and demand for appropriate social protection coverage</b></p>	X	X	<p>Reinforce the capacity of community relays, Civil Society Organizations (CSOs), indigenous peoples' leaders, and child protection committees</p>	X	X	X		X	X	X		<p>These budget lines will allow continued activities of PIMD to ensure synergy among its various health, income generating and other programs of agricultural, health, and social services.</p>	479,263.33	1,746,644.00	2,225,907.33	WFP, WHO, UNICEF	MASSAH, Ministry of Social Affairs, Health, Education, NSDs, CSO
			<p>Provide health and social care and services in food, mobile and advanced strategies (pre and post natal consultation, deworming)</p>	X	X	X	X	X	X	X							
			<p>Provide and provide health basic supplies, education kits and management tools</p>	X	X			X	X								
			<p>Provide training and increase production capacity (tools and infrastructures) to indigenous communities and other vulnerable groups in Income Generating Activities and support their empowerment through Food Assistance for Asset/Training initiatives</p>	X	X			X	X								
			<p>Provide and provide basic equipment, therapeutic supplies, essential medicines, educational kits and management tools to improve the quality of health, nutrition and education</p>	X	X	X	X	X	X	X							
			<p>Provide health and nutritional care and services in food, mobile and advanced strategies (pre and post natal consultation, deworming, vitamin A supplementation, etc.)</p>	X	X	X	X	X	X	X							
			<p>Ensure the provision of safe drinking water, sanitation and hygiene services</p>	X	X	X	X	X	X	X							
			<p>Mobilize and sensitize communities and leaders on various topics (SDG, CAD, Health, education, WASH, nutrition, human rights, etc.)</p>	X	X	X		X	X	X							
<p><b>Output 2.2: In-depth knowledge of the foundations of social protection is established and the technical and operational capacities of decentralized social protection structures and leaders are strengthened</b></p>	X	X	<p>Undertake an in-depth analysis of access to basic social services and the living conditions and livelihoods of indigenous peoples.</p>	X	X							<p>UNICEF, WHO, PIMD, etc. will be involved to ensure the effective use of the funds.</p>	97.30	10,000	147.30	WFP, WHO, UNICEF	MASSAH, Ministry of Social Affairs, Health, Education, NSDs, CSO
			<p>Strengthen national capacity to deliver quality social protection services</p>	X	X			X	X								
			<p>Reinforce the capacity of departmental actors in the sectors of health, promoting behaviors, HIV/AIDS, education, social affairs, human rights, justice and protection of indigenous peoples</p>	X	X			X	X								
			<p>Provide advocacy towards political and administrative authorities (law enforcement), community leaders (youth leaders), land owners (farmers, etc.)</p>	X	X	X	X	X	X	X							
			<p>Register targeted beneficiaries and provide personal card for their identification</p>	X	X			X	X								
<p>Ensure the integration of the experience for replication in other regions</p>	X	X			X	X											
<p>Output 2.3: directory of targeted beneficiaries is established</p>	A	X	<p>Ensure the integration of the experience for replication in other regions</p>	X	X			X	X		42,225	15,000	57,225		MASSAH, Ministry of Social Affairs, Health, Education, NSDs, CSO		
<p><b>Outcome 3: Indigenous peoples and other vulnerable populations in Lekoumou implement sustainable diversified economic activities, creating jobs and income in the areas of sustainable agriculture, food security and resilience by supporting households.</b></p>																	
<p>Output 3.1: Indigenous communities and other vulnerable are trained and have access to increased livelihood opportunities</p>	X	X	<p>Provide training and increase production capacity (tools and infrastructures) to indigenous communities and other vulnerable groups in Income Generating Activities and support their empowerment through Food Assistance for Asset/Training initiatives</p>	X	X			X	X		144,877		144,877	WFP	Decentralized directions of Agriculture, Forestry and Fish		
<p>Communication</p>			<p>Learning ceremonies, coordination meeting, results dissemination, forum, etc.</p>	X	X			X	X		4,000		4,000	WFP, UNICEF, WHO	MASSAH, MASS, Local authorities, NGOs		
<p>Mentoring and evaluation</p>				X	X	X	X	X	X	X	8,000	3,000	11,000	WFP, UNICEF, WHO			
<p>Final evaluation</p>										X	8,000		8,000	WFP, UNICEF, WHO	Independent consultant		
<p>Total without SSC</p>											1,579,330		1,579,330				
<p><b>Indirect Support Costs (Max.)</b></p>																	





## Annex 8. Risk Management Plan

WFP has a risk matrix that is regularly updated to take into account the evolving environment and this risk register can inform the current Joint Programme, shall eventual risks being identified in line with the programme implementation.

Regarding Cash transfer to partners (Government and cooperating partners), UNICEF applies the Harmonized Approach for Cash Transfer (HACT) that will guide the cash transfer to the counterpart and other contractors.

The steering committee at national level and the regional coordination committee will continuously ensure the identification, the assessment and mapping of the risks and provide guidance for the appropriate mitigation measures to be put in place. The current risk matrix will be regularly updated based on the situation in the country in order to design appropriate risk mitigation measures.

<b>Risks</b>	<b>Risk Level:</b> <small>(Likelihood x Impact)</small>	<b>Likelihood:</b> Certain - 5 Likely - 4 Possible - 3 Unlikely - 2 Rare - 1	<b>Impact:</b> Essential - 5 Major - 4 Moderate - 3 Minor - 2 Insignificant - 1	<b>Mitigating measures</b>	<b>Responsible Org./Person</b>
<b>Contextual risks</b>					
<p><b>•Dwindling financial and economic resources due to declined oil prices.</b> Continued slowdown in growth and the deterioration of the economic situation that can lead to structural adjustment programmes affecting the social sectors is likely to reduce fiscal space and the mobilization of financial resources</p>	Low 4	4	1	<p>Mitigation measures include support to prioritize appropriate, cost-effective strategies to maximize benefits for children, and advocacy to mobilize new partners and innovative financing.</p> <p>The steering committee will advocate for the inclusion of a budget line to continue the similar intervention to ensure sustainability.</p>	All PUNOs with support of UNCT



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<p>for the implementation of social programmes, in health, nutrition, water and sanitation, education and protection sectors.</p> <p>The Government's non-contribution, particularly for the introduction of supplies and social workers at health centres and schools, could limit the achievement of program objectives.</p>					
<b>Programmatic risks</b>					
<b>Low capacity of government and non-government partners</b> in planning, implementation and monitoring in program management and lack of critical mass of NGOs with the required expertise.	Hight 9	3	3	Capacity building of partners including NGOs in program management.  Close monitoring of project implementation by UN agencies in the UNDAF Joint Accountability Framework	
<b>The Bantu communities might view the implementation of programs for Indigenous populations</b> interventions with suspicion. This poses	Medium 6	3	2	Sensitization / communication and inclusion of vulnerable Bantu households is a mitigating factor for this risk.	



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a real risk in the areas concerned.					
<b>Institutional risks</b>					
<b>Low decentralization and administrative bureaucracy</b> at the central level in decision-making, including regulatory texts to strengthen legislative, policy or legal frameworks	Medium 6	2	3	Creation of inter-ministerial coordination at central and local levels with all stakeholders to strengthen monitoring and exchanges	Minsitry of social Affairs
<b>Fiduciary risks</b>					
<b>Low capacity for financial management and absorption of funds</b> from governmental and non-governmental implementing partners receiving cash transfers	Low 4	2	2	Strengthen the capacities of the actors benefiting from the transfer of the funds and regular and tight follow-up through the programmatic follow-ups and the spot checks.	