

FINAL PROGRAM REVIEW OF THE JOINT PROGRAM " IMPROVING THE QUALITY OF LIFE OF INDIGENOUS PEOPLES IN THE DEPARTMENT OF LEKOUMOU THROUGH IMPROVED ACCESS TO SOCIAL PROTECTION PROGRAMS IN THE REPUBLIC OF CONGO FROM JANUARY 2020 TO JUNE 2022."



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August 25, 2022

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List of acronyms and abbreviations

ACDIPA	Congolese Association for the Defense and Integration of Indigenous Peoples
AGR	Income Generating Activities
AQPVA	Improving the quality of life of indigenous people
CEDEF	Convention on the Elimination of All Forms of Discrimination against Women
ICPD	International Conference on Population and Development
CPD	Country Program Document
DDAS	Departmental Directorate of Social Action
DDS	Departmental Health Directorate
DMU	Minimum emergency device
doCIP	Indigenous Peoples' Documentation, Research and Information Centre
DSCERP	Growth, Employment and Poverty Reduction Strategy Paper
PRSP	Poverty Reduction Strategy Paper
FTE	Education For All
FAO	Food and Agriculture Organization of the United Nations
FIDA	International Fund for Agricultural Development
FIPAC	International Forum of Indigenous Peoples of Central Africa
FLEGT	Forest Law Enforcement Governance and Trade
GAR	Results-based management
GVDH	Vulnerable groups and human rights
UNHCR	Office of the United Nations High Commissioner for Human Rights
HCR	Office of the High Commissioner for Refugees
IDH-PI	Human development index adapted to indigenous specificities
IPACC	Indigenous Peoples of Africa Coordinating Committee
IPRC	African Institute for Development and Capacity Building
MDA	Médecins d'Afrique
MEPSA	Ministry of Primary, Secondary and Literacy Education
MJDH	Ministry of Justice and Human Rights
OBC	Community-based organization
MDG	Millennium Development Goals
WHO	World Health Organization
NGO	Non-governmental organizations
ORA (Schools)	Observe-Reflect-Act
SOC	Civil Society Organizations
PA	Indigenous Peoples
WFP	World Food Program
PC	Joint program
PDSS	Health Services Development Project
PGDF	Platform for sustainable forest management
PNAS	National Social Action Policy
PND	National Development Program
UNDP	United Nations Development Programme
PRASED	Educational System Support Project
PTF	Technical and Financial Partners
RENAPAC	National Indigenous Peoples Network
RGPH	General Census of Population and Housing
SEP	Permanent Executive Secretariat
SNEPAC	National Strategy for the Education of Indigenous Peoples in Congo
SNIS	National Health Information System
SNU	United Nations System
TSF	Land Without Borders

UNDAF	United Nations Development Assistance Framework
UNFA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIPP	United Nations Indigenous People Partnership
UNPFII	United Nations Permanent Forum on Indigenous Issues
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome

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Executive Summary

The Republic of Congo is a lower middle-income country located on the west coast of Central Africa, with an estimated population of 5,657,000 in 2021, according to the demographic projections made by the National Institute of Statistics (INS). Like other Central African countries, Congo is home to indigenous populations, 25% of whom reside in the Lekoumou department. These populations live in a state of great insecurity with very limited access to essential social services and income-generating opportunities due to their poor access to land and markets.

Improving the indigenous populations' quality of life in the department of Lekoumou through improving access to social protection programs in the Republic of Congo is a joint program set up by WFP, UNICEF, and WHO under the authority of the Ministry of Social Affairs. This program was initially planned for two years (02), from January 2020 to December 2021. However, the occurrence of the COVID-19 pandemic has negatively impacted its implementation. This justified the extension of the period of its execution by six (06) months with the program closure date of June 30, 2022.

This program provided the following interventions: training of indigenous communities and other vulnerable groups, particularly women, in income-generating activities; provision of contextually appropriate education to at least 50,000 vulnerable children, coupled with assistance in the form of school kits, food, systematic deworming and hygiene products; integration of the issuance of birth certificates; and sensitization of indigenous peoples on school canteens.

At the end of the program's implementation, an external Program review was commissioned to measure its results' achievement level. The methodology adopted for this program review was structured around a document review, field visits, interviews with key informants, and a light survey conducted among 350 sampled beneficiary households. The program review process highlighted the progress made in improving the living conditions of indigenous populations.

A system was set to ensure effective coordination of the joint program, including a steering committee co-chaired by the Minister of Social Affairs, the Resident Coordinator for the UN agencies, and a program focal point from the ministry of social affairs. Although indicated in the project document, no text has been issued to create this steering committee and organize its functioning formally. The same observation applies to the program's focal point. The Program review found that this mechanism worked very poorly.

A prefectural decree set up the technical coordination committee for social protection at the local level. This committee's regular functioning made it possible to coordinate and facilitate the program's implementation in the department. It was placed under the direct authority of the department prefect.

From the implementation of the program, it appears that:

- ☞ The participation of women and women's organizations in the technical committee is 67%;
- ☞ 57.2% to 74.0% of the heads of households interviewed were informed about either the activities of the joint program, the establishment of birth certificates or gender-based violence;

- ☞ 2,152 Indigenous children were enrolled in elementary school, divided between 1,016 girls and 1,152 boys;
- ☞ dropout rates for indigenous children reduced from 59% in 2020 to 45% in 2021, a 14% decrease;
- ☞ 2959 Indigenous and other vulnerable children benefited from late registration;
- ☞ 33 child protection committees have been set up and are operational in the commune of Sibiti and the districts of Sibiti, Komono, and Mayéyé;
- ☞ 28 social service agents were trained on community child protection mechanisms;
- ☞ The joint program contributed to the organization of the second round of the polio vaccination campaign for children aged 0-59 months in 2021, which resulted in 98% of the target population being vaccinated, 10.5% of whom are indigenous;
- ☞ 19 groups (16 indigenous; 3 mixed Bantu-indigenous) have benefited from various supports of the joint program: technical supervision, donation of equipment, and seeds;
- ☞ School kits were distributed to the target populations;
- ☞ School canteens have been reinforced and extended to almost all elementary schools;
- ☞ Mobile and advanced strategies were organized to reach indigenous populations in their camps and improve their access to health care and services;
- ☞ and almost 32% of the total program budget was spent on activities that focus on gender equality and women's empowerment, including support to almost 80% of indigenous women's groups for their empowerment.

Beyond all these achievements, the Program review focused on assessing the joint program's theory of change, relevance, effectiveness, efficiency, impact, and sustainability of its results.

Regarding the theory of change, limitations were identified concerning the adequacy of the conditions. Overall, the relevance of the program was found to be very satisfactory in terms of (i) the links and coherence of the objectives and results targeted by the program with the needs of the target communities or populations; (ii) the coherence of the program's interventions with its objectives; and (iii) the coherence of the indicators with the interventions and results targeted. However, the impact indicators, such as the reduction in maternal mortality rates, were considered far too ambitious for the program.

The progress made in raising awareness of the rights of indigenous peoples, supporting groups, enrolling indigenous children in elementary school, and improving access to essential social services for these population groups through community-based child protection mechanisms, including mobile clinics, reflects the effectiveness of the interventions implemented. However, the coverage of these interventions is still minimal (32% of households surveyed), and the results obtained are still relatively fragile.

Although the data on the financial execution of the program cannot be used to analyze the efficiency of its implementation, the weaknesses in the functioning of the steering committee and its focal point, the shortcomings observed in joint work, and the failure to meet delivery deadlines for seeds and various goods and equipment show the limits of the program's efficiency.

The impact of the program concerns the progress made through the implementation of the joint program, the various immediate effects of which are perceptible and described by the beneficiaries.

Finally, the results obtained are relatively fragile, although the minimum conditions for their sustainability have been put in place. This is the case for equipment donations, work procedures in the groups, the scaling up of community child protection mechanisms, and the training of teachers in school canteen management, to name a few.

A variety of factors contributed to the achievement of these results include (i) the provision of resource persons by the United Nations agencies (WHO, UNICEF, and WFP) in the department of Lekoumou and the designation within them of program focal points (WFP, Coordination); (ii) the contracting of specific interventions with Civil Society Organizations following the example of the NGO Médecins d'Afrique; (iii) the promotion of the cross-sectoral of the joint approach, in the case of activities involving health, education and social affairs for the same target and (iv) the effective involvement of local authorities in the coordination of the implementation and monitoring of activities.

The implementation of the joint program was an opportunity for UN agencies to learn to work together. It revealed five practices that should be consolidated. These practices mainly concern the organization and work procedures, the establishment of synergies between interventions, and the effective involvement of the beneficiaries of these interventions.

At the end of this Program review, the perspectives arising from the program's achievements and the lessons learned from its implementation were identified. For the most part, these perspectives are expressed in terms of continuing and strengthening the program's interventions as part of a long-term process. It is within this vision that recommendations have been made to the Government, local authorities and, technical and financial partners, stakeholders in the program. These recommendations can be summarized as follows:

Recommendations to the Government

- Initiate a similar program in collaboration with the country's technical and financial partners (TFP) to consolidate the achievements of the joint program.
- Improve the coordination and integration of interventions to promote and protect indigenous peoples' rights.
- Strengthen operational services' capacities in promoting and protecting indigenous peoples' rights.
- Institutionalize children's committees' creation, organization, and functioning through a regulatory text based on the model developed in the Department of Lekoumou.
- Promote complementarity and synergy between the different technical services in the interventions addressed to the people and other vulnerable groups.
- Conduct a special operation to identify the customary lands of indigenous populations to demarcate and secure them.

Recommendation to the Prefecture and the Departmental Council of Lekoumou

Strengthen the functioning of the Social Protection Technical Coordination Committee and make it sustainable beyond the joint program;

Recommendations to technical and financial partners

- Strengthen resource mobilization efforts for indigenous peoples and other vulnerable groups to consolidate gains and extend interventions to other departments.
- Strengthen the capacity for joint, inter-agency work through appropriate mechanisms and procedures.
- Document the experience of the joint program for similar intervention.
- For any similar program in the future, ensure that it is equipped with a mechanism fully dedicated to the organization and monitoring of its implementation

1. Introduction

This report presents the final external review of the joint program **"Improving the Quality of Life of Indigenous Populations in the Department of Lekoumou by Improving Access to Social Protection Programs in the Republic of Congo"**. Commissioned by the United Nations agencies involved in the program, namely the World Food Programme (WFP), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), it was conducted from June 8 to July 21, 2022, by a team of two consultants supported by two resource persons.

The work of this program review was structured around a review of relevant program documentation, interviews with key informants, field visits to program implementation sites, and a light survey of beneficiary households. This approach collected and analyzed various data and information following the results framework and theory of change adopted for the program. These data and information provide evidence to support the observations, analysis, and conclusions contained in this report.

After an overview of the general country context and the joint program's objectives, the report analyzes the theory of change and highlights its limitations. These limitations focus on the ambitions of the joint program and the adequacy of the conditions of the theory.

Then comes the description and analysis of the achievements as they were observed. On the one hand, the program review has endeavoured to consider the criteria of relevance, effectiveness, efficiency, the impact of the program, and sustainability of the results obtained by the intervention and, on the other hand, to answer the program review questions systematically. In addition, the data from the household survey made it possible to highlight the adequate coverage of the populations targeted by the program's interventions in the sample of people surveyed (350 households).

This report presents the progress made in the Lekoumou department thanks to the implementation of the joint program. These achievements are mainly related to raising awareness about the rights of indigenous people and children and gender-based violence (GBV), strengthening community associations, improving access to health care through mobile clinics, improving elementary school enrollment rates for indigenous children, reducing dropout rates among this population, improving access to local social protection services, and increasing the number of registrations for the establishment of birth certificates.

According to the household survey results, the joint program interventions covered about 32% of the households interviewed. Various shortcomings and reasons for satisfaction were noted.

All these observations justify the conclusions and recommendations made at the end of this Program review. They are all in line with the perspective of strengthening the achievements and gains of the program.

2. General context

2.1. General context of the country

The Republic of Congo is a lower middle-income country located on the west coast of Central Africa. Its population was estimated at 5,657,000 in 2021, according to population projections made by the “Institut National de la Statistique” (INS) based on data from the 2007 General Census of Population and Housing (RGPH). In 2020, the two main cities (Brazzaville and Pointe-Noire) had a population of 3,089,229 (56.5%), of which 2,031,244 were in Brazzaville¹. Women represent 51% of this population, whose average density is 15.5 inhabitants per square kilometer. Life expectancy at birth was estimated at 65 years in 2019.

The Human Development Index (HDI) is estimated at 0.574 in 2020, ranking the country at 149^{ème} among 189 countries² in the medium human development category. This relatively low ranking is also an expression of the vulnerabilities encountered in the country. The situation is characterized by the poor integration of the gender dimension in public policies, the financial exclusion of women, the persistence of high levels of maternal, neonatal, and infant morbidity and mortality, the precariousness of employment, particularly informal employment, and the persistence of gender-based violence.

In addition, although legislation recognizes that indigenous peoples have the same rights as other Congolese, they are still victims of discrimination. This notably limits their access to essential social services. And according to the World Bank, the Human Capital Index (HCI) of the Republic of Congo is 0.42. This implies that a new born Congolese citizen could be a 42% productive adult if he or she grows up in a healthy environment where adequate health, nutrition, social protection, and education services are regularly provided³.

The country is rich in mineral resources. Its economy is heavily dominated by oil, whose exports account for more than half of the government's income and more than 80% of export revenues. This makes the oil sector the central pillar of the Congolese economy. The strong dependence has deteriorated the economic and social situation since the second half of 2014 following the underperformance of the oil sector. Indeed, the Congolese economy is experiencing an economic and financial crisis following the collapse of oil prices. Thus, in 2020, the country recorded a decline in activity marked by a growth rate of -6.2%, after having been 1.0% in 2019⁴.

In this context, the unemployment rate for young people is very high. The most affected age group is 15-29 years old, with a rate of 30.5% in 2015. In addition, the poverty rate increased from 48.5% in 2019 to 52.5% in 2020 (World Bank, 2021).

In addition, the combined effects of the collapse of oil prices and the occurrence of the COVID-19 pandemic resulted in a contraction of the national GDP by about 9 percent in 2020. The pandemic has weakened the government's ability to generate resources and has led to a significant increase in public expenditure to implement measures to contain and mitigate its effects. The severe economic and financial crisis has been joined by a health

¹ National Institute of Statistics, 2020.

² Human Development Report; UNDP, 2020.

³ Situation Analysis of Early Childhood Development in the Republic of Congo, WB, 2021.

⁴ National Development Plan, 2022 - 2026. Annex 1: Macroeconomic and budgetary policy and programming framework document.

crisis that has affected all sectors of activity. The most marked effects were recorded in the primary social sectors, particularly health, education, and the supply of essential goods and services.

2.2. Situation in the Lekoumou department

The department of Lekoumou is located in the southwestern part of Congo. The Gabonese Republic borders it to the north, the Bouenza Department to the south, the Pool, Plateaux, and Bouenza Departments to the east, and the Niari Department to the west. It covers an area of 20,950 km², of which 84% is covered by forest. Administratively, the department of Lekoumou is subdivided into five (5) districts: Sibiti, Komono, Zanaga, Bambama, and Mayéyé. It has 119 villages. Its population was estimated at 140,670 in 2019 (INS).

Lekoumou is a low-income department where 25% of the indigenous population of Congo resides. Overall, the indigenous peoples live in conditions of extreme precariousness and face many challenges. Indeed, it is apparent that:

- ☞ 75% of Indigenous women give birth at home;
- ☞ the under-five mortality rate is 250 per 1000 live births among indigenous people, compared to 117 per 1000 nationally;
- ☞ 40% of indigenous children suffer from chronic malnutrition, compared to 21% nationally;
- ☞ More than 50% of Indigenous children do not have birth certificates, compared to just over 19% nationally;
- ☞ 65% of indigenous children are not in school, compared to 39% nationally;
- ☞ and less than 0.7% of the country's indigenous peoples have access to clean water.

These populations have limited access to essential social services and income-generating opportunities due to their poor access to land and markets. In addition, most of their living areas are difficult to access, especially during the rainy season. They live in very precarious shelters, their means of agricultural production are minimal, and they do not have access to financial services.

The determinants and barriers that limit the access of these population groups to health care and services, education, social protection, and citizenship lie in the costs associated with the provision of these essential social services, their distance from the structures that provide them, and the discrimination and exploitation to which they are subjected. Indigenous populations are a marginalized group that does not know social protection and the rights that come with it.

In this context, the joint program entitled "Improving the living conditions of the indigenous peoples of the Lekoumou department through better access to social protection programs" was developed and implemented. Jointly financed by the Sustainable Development Goals Joint Fund (SDG Fund), WFP, UNICEF, and WHO, this program was piloted by the Ministry in charge of social affairs in partnership with these United Nations System (UNS) agencies.

3. Expected results and operational strategies of the joint program.

3.1. Expected results of the implementation of the joint program.

At the end of the implementation of the joint program, two (2) outcomes and six (6) outputs were expected. These outcomes align with one of the Joint Fund for the Sustainable Development Goals (SDGs) perspectives. This is the implementation of integrated multisectoral policies with a greater scope and scale to accelerate the SDGs' achievement. These outcomes and outputs are broken down as follows:

Result #1:

Integrated multi-sectoral policies to accelerate the achievement of the SDGs implemented with greater scope and scale.

Output 1.1: Integrated policy solutions to accelerate progress on the implemented SDGs.

Result #2:

By the end of 2021, Indigenous peoples, and other vulnerable populations in Lekoumou have increased access to inclusive educational services, quality essential health care packages and services safe water, hygiene and sanitation conditions, and social protection to strengthen human capital for better social and professional integration.

Output 2.1: National capacity to provide quality social protection services is strengthened.

Output 2.2: The education system has improved performance and provides better quality services

Output 2.3: The technical and operational capacities of decentralized structures are strengthened in the areas of behavioral promotion, health promotion, HIV-AIDS, nutrition, water, hygiene, and sanitation.

Output 2.4: Health facilities provide comprehensive and integrated packages of quality essential health care, nutrition, and services.

Output 2.5: The provision of safe and equitably managed drinking water, hygiene, and sanitation services is increased.

Result #3:

By 2021, indigenous and most disadvantaged populations in targeted areas implement sustainable, diversified economic activities that create jobs and income in sustainable agriculture and food security.

Output 3.1: Capacities for production (tools and infrastructure), livelihood diversification, and market are increased.

3.2. Operational strategies

The operational strategies described below are central to the achievement of the outcomes of the joint program. They include :

- The establishment of a working group in the department of Lekoumou coupled with capacity building of actors to ensure the effective implementation of the joint program activities;
- integration, complementarity, and strengthening of existing social protection activities;
- capacity building for social workers, health workers and NGOs, and associations;
- Outreach to target communities and households;
- stakeholder involvement in social protection;
- Joint and coordinated implementation of UNICEF and WHO activities to reduce maternal and neonatal mortality rates (mainly due to diarrhoea, malaria, and respiratory diseases), increase DPT3 immunization coverage and improve epidemiological surveillance;
- WFP's contribution to reducing malnutrition rates among children and pregnant and lactating women;
- UNFPA's deployment of mobile midwifery teams, equipped with technical equipment, to health facilities to improve access to sexual and reproductive health services, including family planning, obstetric care, and new born care;
- The joint organization by UNICEF and UNFPA of communication sessions for social and behavioural change (CCSC), gender-based violence to allow for wide dissemination and ownership of messages and practices;
- Deployment of the MEZA platform for digitizing data on acute, moderate, or severe malnutrition in the Lekoumou department, including training of health workers to enable them to use it;
- Capacity building of the National Network of Indigenous People of Congo (RENAPAC);
- the establishment by WFP of the digital platform (SCOPE) so that the Government can have an integrated biometric digital register of indigenous populations with birth certificates or National Identity Cards (CNI);
- the integration of birth certificates delivery as well as the sensitization of indigenous peoples in the school canteen program;
- The provision of context-specific education to at least 50,000 vulnerable children coupled with assistance in the form of school kits, food, systematic de-worming, and hygiene products;
- UNICEF's expansion of its interventions to end open defecation in schools and to integrate all indigenous children into the regular school system;
- Training of indigenous communities and other vulnerable groups, especially women, in income-generating activities to support their empowerment through food assistance initiatives in collaboration with local government technical services;
- the establishment of an appropriate framework advocating for the effective implementation of the various laws and regulations relating to the rights, promotion, and protection of the indigenous population;
- Advocacy by the Steering Committee with government authorities and UN agencies to encourage them to prioritize the Lekoumou department in their 2020 and 2021 annual work plans as a flagship intervention area under the Ministry of Social Affairs leadership.

3.3. Theory of Change Analysis of the Joint Program.

The joint program was designed to strengthen existing activities and form the basis for social protection in Congo. The theory of change underlying the joint program is based on the integration and complementarity of national social protection activities. Capacity building of social workers, NGOs, and associations, on the one hand, and sensitization of targeted communities and households, as well as the proper involvement of stakeholders in the field of social protection, on the other hand, should allow for better use of essential social services and lead to better living conditions for the department's indigenous populations.

The assumptions made in the program design indicated the following:

If :

- national capacity to provide quality social protection services is strengthened;
- children, parents, and communities are educated, trained, and engaged;
- Indigenous peoples and other vulnerable groups (including women, girls, children, and people with disabilities) are empowered to claim and access their rights;
- all stakeholders (local authorities, NGOs, private sector), create favourable conditions for access to land and markets for all, thanks to the support of the United Nations system agencies;
- an in-depth analysis of access to essential social services, living conditions, and livelihoods of indigenous peoples is available and disseminated;

SO

- indigenous peoples and the most vulnerable people will have better overall living conditions and be able to manage them sustainably;
- indigenous peoples will have equal access to quality essential social services.

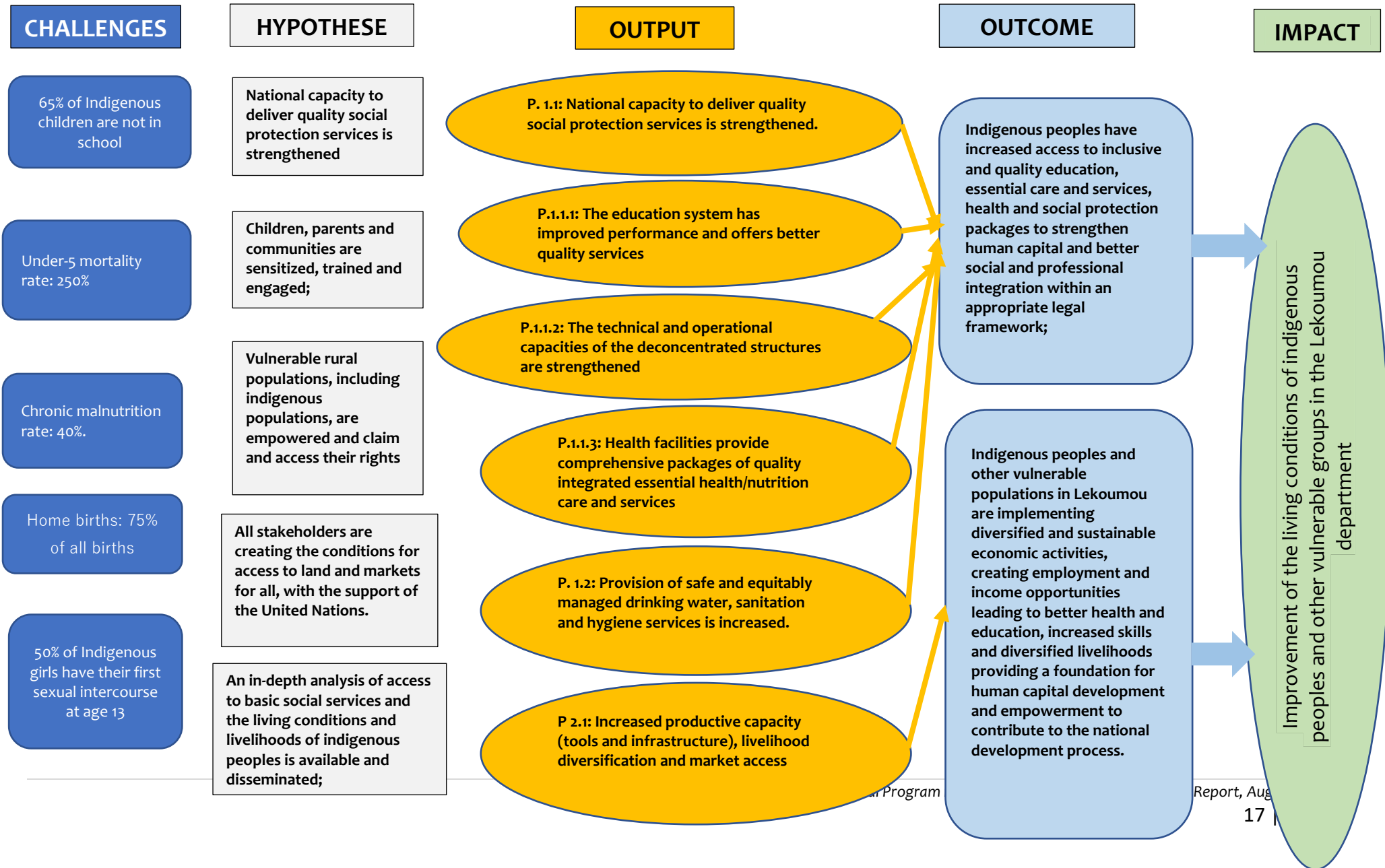
BECAUSE

- Communities are aware of their rights and responsibilities;
- Stakeholders are engaged and have appropriate input into the decision-making process;
- and the provision of essential social services is ensured to increase universal social protection coverage sustainably to achieve the 2030 Agenda.

According to the program design, these changes should be made possible through actions: (i) multisectoral policies involving, among others, the health, education, justice, and human rights sectors; (ii) that are part of a holistic intervention approach aimed at producing effects both at the level of individuals (individual practices/behaviours of indigenous peoples but also of Bantu) and of the social and structural environment (living and working conditions, access to resources and services, social perception); and (iii) that are based on a legal framework that is conducive to the promotion and protection of indigenous peoples.

Examination of this theory shows that out of six (6) targeted outputs, five (5) are related to the effect of improving indigenous peoples' access to essential social services. This observation would imply that most of the program's interventions were dedicated to these outputs. This theory is represented in the diagram below.

SCHEMATIC DESCRIPTION OF THE THEORY OF CHANGE OF THE JOINT SDG FUND PROGRAM



4. Methodological framework, scope, and limitations of the final Program review of the joint program

4.1. Purpose of the Program review

According to its terms of reference, the objective of the joint program final Program review is to assess the status of implementation of the SDGs Fund Joint Programme, highlighting the level of effective implementation of the planned actions and the shortcomings noted to propose recommendations for possible replication and/or sustainability of the achievements of the program.

More specifically, the final Program review of the project aims to:

- Measure the overall performance of the joint program, focusing on the relevance, effectiveness, efficiency, impact, sustainability, and durability of its results;
- Evaluate the effectiveness of the interventions, i.e., the achievement of the results defined by the stakeholders, the success and failure factors of the strategies implemented to achieve the expected results, and the geographical coverage of the interventions and targets;
- Analyze the involvement and accountability of the actors and stakeholders involved in the intervention;
- Identify the strengths and weaknesses of the implementation strategies (joint/coordinated), the difficulties encountered, and the opportunities and threats to the program implementation strategy;
- Highlight the added value of multi-agency collaboration for this intervention, compared to single agency processes and outcomes for this activity;
- Assess the structural and financial sustainability (stakeholders/capacity of actors, modalities of implementation of activities, efforts of government departments, civil society organizations, indigenous communities, and other vulnerable groups) of the intervention;
- analyze gender and social inclusion, including human rights approaches, accessibility of social services for women and people with special needs, diversity, and environmental sustainability;
- Document best practices and lessons learned in intervention design, implementation, and management that could be used for replication or scale-up;
- Make proposals and recommendations for future interventions' improvement in relevance, effectiveness, efficiency, geographic and social coverage, coherence, sustainability, protection, impact, and implementation strategies.

Considering these objectives, this Program review sought to report on the performance and results of the program. It has been conducted to guarantee that the relevance, effectiveness, efficiency, program impact, and sustainability of the results are adequately covered to meet the imperatives of responsibility and accountability arising from the intervention.

The relevance analysis focused primarily on the quality of the planning and monitoring documents for the project's implementation to ensure that the project's interventions are consistent with the strategic directions recommended to achieve the project's objectives: (i) the project's interventions with the strategic orientations recommended to achieve the SDGs targeted by the project; (ii) the project's objectives with the needs of the populations, the areas of intervention, the priorities as well as the planned interventions; (iii) the methodological approaches adopted to conduct the activities at the operational level with the targeted objectives and (iv) the coherence of the monitoring and evaluation framework as a whole, with the interventions and the results targeted by the program.

Since the effectiveness analysis focuses on assessing the extent to which the project's objectives and results have been achieved, the program review focused on: (i) highlighting the adequate coverage of the populations by the program's interventions and (ii) the level of achievement of the targeted objectives. It also focused on identifying the factors that influenced the achievement of the program's objectives, with particular attention paid to the program's significant challenges during its implementation.

The analysis of the project's direct and indirect effects and impacts aimed to identify and highlight, using evidence, the effects induced by the program's implementation at the level of each sector of activity, the target population groups, the communities, and the districts of the Lekoumou department. Particular attention was paid to the factors that contributed to the achievement of these effects. This analysis also provided an opportunity to identify and describe good practices drawn from the experience and factors of success and failure.

It should also be noted that the COVID-19 pandemic coincided with the project implementation period. As a result, its implementation was strongly impacted by the restrictive measures taken to curb this pandemic. Nevertheless, the joint program contributed to the efforts to limit the spread of the pandemic through advocacy activities to raise awareness among the program's target beneficiaries and promote the inclusion of indigenous peoples in the government's response to COVID-19. The program review also examined: (i) how the pandemic and the response measures to control its spread have affected the implementation of the program; (ii) the impact of the pandemic on its implementation and intended outcomes; and (iii) the steps taken by the program management team to address the situation created by the pandemic.

The sustainability analysis provided an opportunity to identify and describe the levers to be used and the conditions under which the interventions carried out by the joint program could be continued or replicated.

An analysis of the perception of the program, its interventions, and achievements by the beneficiary population groups and the various actors involved in its implementation was also undertaken. It shed additional light on the motivations and the factors of adherence or rejection of the innovations brought about by the joint program.

The program review was particularly interested in identifying the program's stakeholders, areas of interest, and degree of involvement. Similarly, particular attention was paid to the description of the organization set up, the analysis of its adequacy and functionality, and the examination of the roles and contributions of the various actors to the achievement of the results targeted by the joint program.

Finally, data analysis relating to resources consumed was considered to assess the efficiency of the program's implementation. The examination of implementation times, the assessment of procedures, and the adequacy of resources were also part of this efficiency analysis. The principle is to compare the resources used with the results achieved.

4.2. Methodological approach

The final program review process was structured and conducted in several stages, including the literature review, submission of the inception report, data collection, processing, analysis, and report writing.

4.2.1. Documentary review

It focused on the relevant documentation related to the planning and implementation of the joint program. The aim was to review the available documents and to become familiar with their contents. Particular attention was paid to the availability of data and information related to the access of indigenous populations and other vulnerable groups to essential social services (health, education, sanitation, social protection) and the program's implementation.

4.2.2. Development and submission of the inception report

As required, the program review inception report was developed and submitted to ensure that the methodology was designed effectively: (i) assessed the relevance, effectiveness, efficiency, impact of the program, and sustainability of its results; (ii) ensured impartiality and absence of bias by drawing on a representative sample of information sources; (iii) used mixed methods (quantitative, qualitative, participatory, etc.) to ensure triangulation of information through various means; (iv) applied an evaluation matrix to address the main program review questions while taking into account data availability, budgetary and other constraints; and (v) ensured that the program review was conducted in a fair and transparent manner; (iii) use mixed methods (quantitative, qualitative, participatory, etc.) to ensure triangulation of information through various means; (iv) apply an evaluation matrix to address key program review questions while taking into account data availability as well as budget and time constraints; and (v) use mixed methods to ensure that women, girls, men, and boys from different stakeholder groups participate and that their different voices are heard and used.

The inception report also ensured the evaluability of the program by (i) indicating the extent to which it should be reliably and credibly evaluated and (ii) ensuring the availability, quality, and credibility of both primary and secondary data.

During this step, the information obtained from the literature review was used to (i) develop the assessment matrix by indicating the information needs, the nature of the data to be collected and their sources, and the indicators to be measured; and (ii) produce the data collection tools and the data analysis plan.

The tools were designed so quantitative and qualitative data could be disaggregated according to the population segments concerned.

4.2.3. Field visits and data collection.

During this phase: (i) interviews with institutional actors in Brazzaville; (ii) site visits in the department, specifically in the districts of Sibiti, Zanaga, Komono, and Mayéyé; and (iii)

collection of primary and secondary data, both qualitative and quantitative, from operational actors and beneficiaries of program interventions were conducted.

According to the program review matrix, data were collected through key informant interviews, group interviews, and a random sample of 350 households, health facilities, social action districts, and other local technical services.

4.2.4. Processing data analysis and report writing

The data collected was processed and analyzed in light of the program review questions. The EPI Info software was used to process and analyze the household survey data. Data from the service registers were processed in Excel.

During this stage, particular attention was paid to the triangulation of information through the combined processing of qualitative and quantitative data from various sources. Care was also taken here to consider the age, gender, and specificities of the population groups concerned. The program review report was produced at the end of this process.

4.3. Scope, constraints, and limitations of the program review

The scope of this program review covers, first, the national social protection system and, second, the departmental level. Geographically, the joint program was implemented exclusively in the five districts of the Lekoumou department. Consequently, in this department, site visits, interviews with stakeholders, operational actors, and beneficiaries of the intervention, and household surveys of indigenous peoples and other vulnerable groups were conducted.

Various imperatives led to limiting the duration of this final program review to 27 working days. This concise time frame impacted all stages of the program review process. In addition, the period during which the program review was conducted coincided with the end-of-year exams for primary and secondary schools on the one hand and the legislative campaign and local elections on the other. This immediately made certain stakeholders in the program unavailable in Brazzaville and the Lekoumou department, interfering with the site visits and disrupting the work schedule. Table 1 summarizes the constraints encountered and the mitigation measures that were adopted.

Table n°1: Constraints and accompanying measures

CONSTRAINTS ENCOUNTERED	MITIGATION MEASURES TAKEN
Program review time was limited to 27 working days.	Use of resource persons Conducting interviews with stakeholders at the institutional level, in parallel with site visits and data collection in the Lekoumou department.
Unavailability of officials due to the interference of the program review	Flexibility and regular rearrangement of the work schedule.

mission with the end-of-year exams and the legislative campaign and local elections	
Language barrier: this concerns indigenous peoples who speak only in their dialects	Use of interpreters to facilitate individual and group interviews while ensuring the accuracy and fidelity of the translated messages.
As a result of the discrimination suffered by the indigenous populations, they are withdrawn and have little or no interest in participating in interviews and surveys.	The risk of low or non-adherence to the focus groups with program beneficiaries (women, young girls, and indigenous men) and the household survey was controlled by involving people from these population groups in these activities or who are perfectly integrated into them.

5. Achievements, findings and analysis

5.1. Relevance and consistency of the program

5.1.1. Initiation and design of the joint program.

Program review Question:

How did national and local organizations and other civil society actors participate in the design and implementation of the program?

The joint program "*Improving the Quality of Life of Indigenous Populations in the Department of Lekoumou by Improving Access to Social Protection Programs in the Republic of Congo*" was initiated and designed in response to a call for proposals from the Joint Sustainable Development Goals Fund (SDG Fund). Three UN agencies were targeted by this call as recipients: WFP, UNICEF, and WHO. WFP was designated as the lead agency under the authority of the United Nations system agency coordination. Institutionally, the program was anchored in the Ministry of Social Affairs, with the Director of the Family as the program's focal point.

Thus, a working group comprised of the ministries in charge of social affairs, justice and indigenous peoples, health and population, primary and secondary education and literacy, and the coordination of UN agencies, WFP, UNICEF, and WHO developed the program proposal document. Its design was based on: (i) the orientations of the 2030 Agenda relating to the fight against inequality and discrimination; (ii) available documentation, (iii) the experiences of the various parties, and (iv) data and information from the needs identification work organized in Sibiti with the assistance of the General Directorate of Social Affairs, the Departmental Directorates of the Promotion of Indigenous Peoples, Health, Primary Education and others participation of local NGOs.

Regarding the involvement of local actors in developing the joint program, we note that the decentralized services of these various ministries and civil society bodies have taken a very active part. This is the case of the NGO Gama Solution, which is based in Sibiti and includes peer educators from indigenous peoples. Similarly, the departmental directorates of the ministries concerned contributed to identifying needs by making available the factual data used to design the program. Finally, the workshop organized in 2019, under the coordination of the departmental director of social affairs, marked a significant step in this process. The work of this workshop, in which all the decentralized structures took part alongside the UN system team, was devoted to defining the priorities of the program, discussing the modalities of local coordination, and defining the subsequent steps for finalizing the joint program document.

It is important to note that government ownership of the program is a requirement of the SDG Fund. In addition, the program's focus on indigenous populations and other vulnerable population groups in the department of Lekoumou was agreed upon, given the ease of access, the activities already underway in this department; therefore, the best chances of successfully conducting the joint program.

5.1.2. Involvement of local organizations and actors in the implementation of the program

The participation of national and local organizations and other civil society actors in implementing the program was done at the national and departmental levels.

At the national level, this was reflected in the co-chairing of the program's Steering Committee by the Minister of Social Affairs and the Coordinator of the UN system agencies, on the one hand, and in the role of program focal point assigned to the Director of the Family, under the General Directorate of Social Affairs, on the other. But it turns out that only two (2) meetings of the Steering Committee were held during the execution of the program and the action of the Focal Point was unnoticeable.

The program review revealed that the designation of the program's Focal Point was not accompanied by a clear definition of the responsibilities and duties assigned to him or her, by the establishment of a system dedicated to this function, nor by any significant logistical support. As a result, the Focal Point was assimilated and reduced to the person designated for this function. This has resulted in a lack of ownership of the monitoring of the program's implementation at the strategic level, with the major consequence of a significant communication deficit on the implementation of activities and the program's financial management.

At the departmental level, a Technical Coordination Committee for Social Protection (CCTPS) was created by prefectural decree⁵. Placed under the direct supervision of the Prefect of the Department, the CCTPS is responsible for coordinating local activities to ensure synergy between interventions relating to the social protection of indigenous and other vulnerable people.

The Departmental Directorate of Social Affairs provides the secretariat of this committee. The secretariat of the CCTPS has four main missions: (i) to prepare for meetings and other gatherings related to the joint program; (ii) to implement the decisions of the CCTPS; (iii) to ensure the operational link between the deconcentrated and decentralized services and civil society in the context of social protection for vulnerable populations; and (iv) to regularly monitor the functioning of the mechanism and the implementation of field activities.

All the other departmental directorates whose fields of action are relevant to the joint program are members of this committee. These include health, agriculture, livestock, land administration, justice, forestry, land affairs, police, and gendarmerie. They have the following missions: (i) to propose an immediate response and implement the decisions of the CCTPS; (ii) to follow up on orientation and referral; (iii) to collect and maintain data on interventions; (iv) to assess any information of concern regarding indigenous peoples and other vulnerable populations and to determine priorities; and (v) to prepare interventions in the field for each of the sectors concerned.

The personal involvement of the department's highest authority and the regular holding of quarterly meetings of this committee have been instrumental in the operational planning, coordination and monitoring of program implementation.

⁵ Order n°027/DLEK/SG/DDAS of March 12, 2021, establishing, attributions and organization of the Technical Coordination Committee of Social Protection

In addition to their involvement in the regular functioning of the Local Technical Committee, these departmental directors were responsible for preparing the terms of reference for the activities to be carried out, their requests, and their submission for funding. Similarly, local technical services and community relays were used in many cases to implement and monitor activities in the field, mainly through the Social Action Circumscriptions (CAS), health districts, school districts, and agricultural sectors. Their services were particularly required for the sensitization of beneficiaries, the organization of mobile clinics, and the distribution of kits and foodstuffs.

On the side of civil society organizations (CSOs), the active participation of the National Network of Indigenous People of Congo (RENAPAC) was required to involve indigenous communities in the development effort that directly concerns them and in the implementation of the program.

Similarly, following the delays observed in the implementation of the health component of the program, WHO has taken the option of recruiting the NGO Médecins d'Afrique as an operational actor, posted in the department for a three-month mission.

5.1.3. Coherence of the joint program with the country's social protection policies and programs

Program review Question:

To what extent is the program consistent with the country's social protection policies and programs?

For the most part, the interventions of the joint program are based on legal and regulatory provisions relating to the rights of indigenous people and on national sectoral strategies. These include:

- ☞ Law n°05-2011 of February 25, 2011 on the promotion and protection of indigenous peoples;
- ☞ Law 4-2010 of June 14, 2010 on the protection of children in the Republic of Congo;
- ☞ National Social Action Policy (NSAP, 2017);
- ☞ National Social Action Policy Action Plan, 2018 - 2022;
- ☞ The education sector strategy 2015 - 2025 ;
- ☞ The National Health Policy ;
- ☞ and the National Health Development Plan (PNDS) 2018 - 2022.

Referencing and aligning the joint program with these strategic frameworks ensures its consistency with the country's social protection policies and programs.

5.1.4. Relevance and appropriateness of objectives to community needs

The analysis of the situation of indigenous people in the joint program is based on evidence that describes and characterizes the needs of these communities, which are also based on the situational analyses done at the national level. The minimal access to essential social services and the precariousness of health and living conditions are at the heart of these needs. This is illustrated by the low school enrollment rate (65% of indigenous children do not attend school), minimal access to and very low utilization of health services, as illustrated by the high rate of home deliveries (75% among indigenous women, while the

national average is barely 15%). The same is true of the high mortality rate among children under 5 years of age (estimated at 250‰ among indigenous people, compared with 117‰ at the national level), and the fact that more than 50% of indigenous children do not have birth certificates, compared with just over 19% at the national level. This evidence is provided for illustrative purposes.

It is therefore appropriate that the interventions of the joint program have been planned and focused on: (i) the provision of more inclusive education; (ii) the provision of essential health care packages and services, including reproductive health; (iii) social protection; (iv) school canteens; and (v) various income-generating activities. Their identification also considered the activities currently being implemented in the department, with the support of the UN agencies involved in the joint program.

These interventions were carried out in the five districts of the Lekoumou department, targeting beneficiaries individually, in their households, or groups.

5.1.5. Relevance and appropriateness of the interventions to the targeted objectives.

Program review Question:

To what extent were program activities and outputs consistent with the overall goal, objectives, and intended impacts?

Faced with the multiple challenges encountered by indigenous populations and other vulnerable groups in the Lekoumou department, the interventions of the joint program were aimed at improving their access to essential social services and land. This was done to improve health and education, thus providing a basis for developing human capital and empowering these populations.

Overall, the interventions of the joint program were supported by the operational approaches of the sectoral strategies, in particular: (i) the 2015-2025 education sectoral strategy; (ii) the 2018-2022 National Health Development Plan; (iii) the National Social Action Policy; and (iv) the 2018-2022 PNAS Action Plan. This ensured that the operational approaches and activities of the joint program were consistent with its objectives and expected results. And it is on this same basis that the operational planning of activities was done by the departmental directorates concerned.

5.1.6. Relevance and adequacy of monitoring and evaluation indicators

Program review Question:

How appropriate was the results framework?

The program's results framework presents indicators linked to the processes implemented and targeted outputs that are perfectly consistent with the interventions that underpin them. This is the case for all the indicators that measure the progress made in (i) improving access to essential social services for the target populations and (ii) the coverage of these populations by the program's interventions. *The number and types of community leaders trained on GBV* can be cited as an example.

On the other hand, there are reservations about the program's impact indicators, such as mortality rates or the percentage of women or girls who have suffered violence. Indeed, the interventions of the joint program, as they were designed, cannot justify the reduction of maternal, neonatal, or infant mortality rates alone. They do not sufficiently consider such important determinants as the availability and quality of health care and services. Similarly, awareness campaigns alone cannot reduce the rate of women and girls victims of GBV.

Program review Question:

How did the theory of change contribute to achieving the expected results?

From the review of the theory of change adopted for the program, it appears that:

- ✂ The availability and dissemination of an in-depth analysis of access to essential social services, living conditions, and livelihoods of indigenous people is presented in this theory as a condition for expected change. The availability of this in-depth analysis is not an analysis. Rather, it is a means of verifying the changes brought about by the program;
- ✂ The "*strengthening of national capacities to provide quality social protection services*" appears both as a hypothesis and an output. This theory would have gained in quality if a more precise definition of the output (s) expected at the end of the capacity-building process had been made, especially since this is a program whose duration was initially very limited (24 months);
- ✂ Output 1.1.3: "*Health facilities provide comprehensive, integrated, and quality essential health and nutrition care and services packages*" is not supported by evidence in the needs analysis. In addition, the program's interventions do not fundamentally target the improvement, comprehensiveness and, even less so, the quality of care and services offered by the health facilities.

These shortcomings show the limitations of this program's theory of change.

5.2. Description of achievements and results obtained

The joint program was officially launched in February 2020 in Sibiti, amidst the COVID-19 pandemic, for 24 months, from January 1^{er} 2020 to December 31, 2021. Two months later, drastic measures were taken by national authorities in response to the pandemic, including containment and severe restrictions. The COVID-19 pandemic had a substantial impact on the implementation of the joint program due to the emotional burden associated with the disease on the one hand and the weight of the pandemic containment measures on the other. Thus, the operationalization of the program did not effectively start until the second half of 2020.

5.2.1. Institutional anchoring and coordination of the joint program.

The mechanism set up to ensure the steering, coordination, and monitoring of the program implementation is made up of a Steering Committee at the strategic level and a Technical Committee at the operational level. At the institutional level, the joint program has been placed under the supervision of the Social Affairs Ministry. Hence, the General Directorate of Social Affairs acts as the program's focal point through the Director of the Family.

The social affairs Ministry co-chaired the steering committee with the Coordination of UN agencies. Other steering committee members included the ministries of justice and human rights, primary education, health, agriculture, livestock and fisheries, and the UN agencies involved in the program: WFP, UNICEF, and WHO.

5.2.2. Contributing to the implementation of integrated policies to accelerate progress towards sustainable development goals.

Within this framework, the program was organized in June 2021, a national advocacy workshop involving the Government, universities, civil society, and agencies of the United Nations system. At the end of this workshop, a roadmap was adopted to strengthen at the national level the coordination of the implementation of the law n°05-2011 of February 25, 2011 on the promotion and protection of indigenous people. In addition, specific sessions were dedicated to raising awareness of this law among some fifty authorities of public administrations.

The program has also established an advocacy process to strengthen the capacity of the inter-ministerial committee of all critical ministries in charge of monitoring and evaluating the implementation of interventions for indigenous peoples. This was done to strengthen the cross-sectoral coherence of these interventions and to promote the effective implementation of law n°05 - 2011 of February 25, 2011, and the national action plan for improving the quality of life of indigenous peoples. All these interventions have been designed to improve indigenous peoples' access to essential social services and social protection.

In addition, the establishment of the technical committee at the local level, chaired by the Prefect of the Lekoumou department, has contributed to the implementation of integrated policies to accelerate the achievement of the SDGs.

5.2.3. Contribution to strengthening national capacities to provide quality social protection services.

Capacity building has been at the heart of the intervention implemented, both at the strategic and operational levels. The following activities were carried out in this framework:

- ✎ providing computer tools and Internet access facilities to the 6 departmental directorates involved in the program;
- ✎ awareness campaign for 155 people on land acquisition laws and indigenous people's rights;
- ✎ Strengthening the technical and operational capacities of social protection actors and raising the awareness of community leaders through the training of 34 health workers and 24 community relays on sexual and reproductive health and gender-based violence;
- ✎ Training 540 teachers (including school administrators and staff) on the rights of indigenous peoples to reduce discrimination against indigenous children in schools;
- ✎ Training 23 social affairs agents in social work techniques to promote the implementation of law no.° 05-2011 of February 25, 2011, and the national action plan to improve the quality of life of indigenous populations;
- ✎ Training of 18 social workers and 78 community relays on the implementation of the child protection project;

- ☞ training of 95 members from 19 groups, including 53 women;
- ☞ Technical support (supervision, training, mentoring, and coaching in management, structuring, and basic accounting) and logistics to 22 groups (16 planned), including 19 indigenous farmers' groups and 3 groups of young palm oil producers, to facilitate the supply of palm oil to the soap manufacturing cooperative created by indigenous people in Sibiti, in collaboration with the Departmental Directorate of Agriculture. These 19 groups have a total of 213 small-scale agricultural producers, including 114 women;
- ☞ Provision of small agricultural equipment and training of 43 palm oil producers in soap production;
- ☞ Technical assistance to four NGOs (Espace OPOKO, AAPA-SEDD, CAPV and ASEP) to improve their project management and monitoring skills;
- ☞ Setting up Health Committees (COSA) in the communities and Management Committees (COGES) in the Sibiti health district and the reference hospital of the same health district, followed by the training of their members to help them take ownership of their respective mandates;
- ☞ Schooling of 1223 Indigenous children;
- ☞ Training of over 363 child protection committee members in community-based child protection mechanisms;
- ☞ Revitalization of 33 child protection committees;
- ☞ Implementation of the Community Led Total Sanitation (CLTS) approach;
- ☞ Training of 12 native children, including 6 girls, in the "Photovoice" approach;
- ☞ Training of 22 local professional actors in the "ATPC/ Sanitized Village" approach;
- ☞ The program's target population was identified through a census campaign, at the end of which 4,288 households were counted: 2,925 indigenous households, 1,276 vulnerable Bantu households, and 87 mixed households (Bantu and indigenous).

These efforts contributed to the registration of 3,722 indigenous children in the civil registry, late declaration of birth in the districts of Sibiti, Mayéyé, Komono, Zanaga, and Bambama and the issuance of birth certificates by the Sibiti District Child Protection Committee to 2,959 children (1,852 girls, or 61.67%).

5.2.4. Promotion of gender equity

In addition, the program has contributed to promoting gender equality and equity throughout its implementation. This was reflected in: (i) the strong participation of women and women's organizations in the technical committee (67%); (ii) the support provided to nearly 80% of indigenous women's groups for their empowerment; (iii) the positive discrimination made in the identification and selection of beneficiaries, with a particular focus on women's groups; and (iv) by the disaggregation by gender, of the data collected as part of the monitoring of the SDGs. And overall, by the end of 2021, approximately 25% of disbursed funds were dedicated to gender equality and women's empowerment.

5.2.5. Raising awareness among beneficiaries and stakeholders about the joint program protection of indigenous peoples' rights and gender-based violence.

Awareness and advocacy activities initiated at the national level were extended to the department, including the organization of advocacy activities in the districts of Zanaga and Komono for 50 local leaders, human rights organizations, and members of indigenous communities. These activities were aimed at promoting and defending the rights of indigenous peoples, the rights of children, and the status, protection, and advancement of people with disabilities. In addition, through visits, 170 local political and administrative authorities, including indigenous peoples, were sensitized to the program in the five administrative districts.

Awareness-raising activities were carried out in all districts, focusing on the joint program, the rights of indigenous people, and the fight against prejudice and discrimination. In the five districts, 199 members (local authorities, village chiefs, teachers, health workers, land chiefs, judicial authorities, and law enforcement authorities) were targeted.

Land rights and access to essential social services were also the focus of outreach activities. A total of 121 people (indigenous and vulnerable Bantu) were reached. In addition, 1,349 people were reached through the Social and Behavioral Change Communication (SBCC) initiative in the communities served by the local radio station.

The results of the rapid household survey indicate the extent of these sensitization efforts. Indeed, the results show that 57.2% to 74.0% of the heads of households interviewed were informed about either the activities of the joint program, the establishment of birth certificates or gender-based violence. The details are presented in the table below.

Table 2: Scope of communication actions in surveyed households

Targets	Purpose of the communication	Communication status				Total	
		Yes		No		(n)	(%)
		(n)	(%)	(n)	(%)		
Heads of households	Have heard of the PC*	232	65,5	122	34,5	354	100,0
	Have been made aware of the BC**.	259	74,0	91	26,0	350	100,0
	Have been sensitized to GBV*** by	198	57,2	148	42,8	346	100,0
Wives	Have heard of the JP	95	39,8	112	54,1	112	100,0
	Were made aware of the BC	102	48,8	107	51,2	209	100,0
	Have been sensitized on GBV	75	35,7	135	64,7	210	100,0

Legend: * JP: Joint Program; ** BC: Birth certificates; ***GBV: Gender-based violence.

5.2.6. Contribution of the program to the improvement of the performance of the system and quality of education provision.

Two interventions have been selected in the education sector to attract and maintain indigenous children in school. These are the provision of school kits and meals through school canteens. In the districts of Sibiti, Mayéyé, and Komono, 1,223 indigenous children

were enrolled in the 2020-2021 school year, including 576 girls (47%). In addition, 1,523 indigenous students received school kits, including 751 girls.

Overall, these interventions have resulted in the enrollment of 2,152 indigenous children in elementary school, divided between 1,016 girls and 1,152 boys, and a reduction in indigenous school dropout rates from 59% in 2020 to 45% in 2021, a 14% decrease.

Thanks to the collaboration with the departmental directorates in charge of primary education and health respectively, 114 classrooms have been disinfected as part of the prevention and control of the infection to respond to the COVID-19 pandemic. These classrooms are in 18 schools and have 27,745 students who benefited from this disinfection, of which 13,430 are girls, representing 48.4% of the total.

5.2.7. Contribution of the program to strengthening the technical and operational capacities of the deconcentrated structures.

The joint program contributes to strengthening the deconcentrated structures' technical and operational capacities by carrying out the following actions:

- ☞ Organization of six focus groups, two per category (women, men, adolescents) in Mayéyé and Komono, on the proper use of health services. 210 people attended these meetings, 40% of whom were indigenous. The reasons cited for the low utilization of health services include the high cost of care, the poor reception of users, and the low quality of care offered due to the lack of qualified personnel. 85% of the health workers in the department are community workers, recruited locally and who generally have no professional qualifications;
- ☞ Training of 50 community leaders, including 5 Indigenous leaders and 8 community relays, on awareness raising to promote household demand for health services;
- ☞ Provision of nutritional supplements (44.98 MT) to 6 Integrated Health Centers (IHC) in the Zanaga health district (Mbomo, Kengue, Yomi, Zanaga center, Leweme, Mbambama) for the treatment and prevention of malnutrition;

Box 1: Testimony of a participant in the training session for health workers and community relays on IMAI April 2021

My name is Mabiála Isaac Mesmin, head of the CSI of Makoubi, I have never benefited from this kind of training, I had difficulties to identify and evaluate the cases of malnourished in an empirical way in my health center. When we received sick children, we automatically thought of malaria or anemia and we automatically prescribed a curative treatment.

But today we learned that it can be malnutrition. We also had a problem with reporting because we were not filling out the data well.

I am satisfied because at the end of this training, we will be able to detect malnourished people, to take care of them and to fill in reports thanks to this training carried out within the framework of the SDG Fund program.

- ☞ Training of 23 health workers, 23 members of the health committee (COSA), and 10 members of the health district management teams in the organization and management of community activity packages;
- ☞ Training of 22 resource persons from deconcentrated services, community-based organizations, and child protection committees on the "Lifeline and Vision" approach;
- ☞ Training of 27 people composed of representatives of the deconcentrated services and representatives of civil society organizations from the Lekoumou department on the Community Led Total Sanitation (CLTS)/Sanitized Village approach;
- ☞ Training of 32 health workers from 16 health centers and 34 community relays in the two health districts (Sibiti and Zanaga) on the integrated management of adolescent and adult diseases and gender-based violence.

5.2.8. Contribution of the program to the completeness and access to quality nutrition and essential health services packages.

With the support of the joint program, the following achievements were made:

- ☞ A total of 252 people were monitored for nutritional status, consisting of 220 children aged 0-59 months and 32 pregnant and lactating women;
- ☞ Treatment of malnutrition benefited 188 vulnerable people, including 89 children aged 6 to 5 years, divided between 50 girls and 39 boys;
- ☞ Similarly, 129 pregnant and lactating mothers received nutritional supplements for the prevention and treatment of malnutrition;
- ☞ the contribution to the second round of the polio vaccination campaign for children aged 0-59 months in 2021 achieved 98% vaccination coverage. Out of a total of 28683 children vaccinated, 3029 children were indigenous (10.5%);
- ☞ 216 advanced and mobile strategy missions were conducted in 24 health areas in the two health districts in 2021 to improve access to health care for indigenous populations. This approach allowed for (i) vaccinating 3238 children with Penta 3, including 549 indigenous children out of the 4,048 expected (79.9%); (ii) administering 2578 doses of tetanus vaccine to women, including 441 indigenous women; and (iii) gave 932 and 470 children (including indigenous children), respectively, the first and second dose of vitamin A ;
- ☞ In 2021, 832 prenatal consultations were carried out, 142 of which were for indigenous women. However, prenatal care coverage remains very low (less than 50% for the entire department and even less for the indigenous population);
- ☞ A total of 8,113 children aged 0-5 years, including 2,639 Indigenous children, received vitamin A supplements and routine deworming;
- ☞ Treatment and prevention of malnutrition benefited 1240 vulnerable people, including 347 children aged 6 months to 5 years, made up of 197 girls and 148 boys;
- ☞ 337 pregnant and lactating women received nutritional supplements;
- ☞ 474 vulnerable people were screened for malnutrition. Of these, 222 vulnerable people, including 93 children aged 6-59 months (50 girls) and 129 pregnant and lactating women, received nutritional supplements in health centers in the Zanaga health district.

Box 2. Advanced and mobile strategies to improve access to health care and services for indigenous populations.

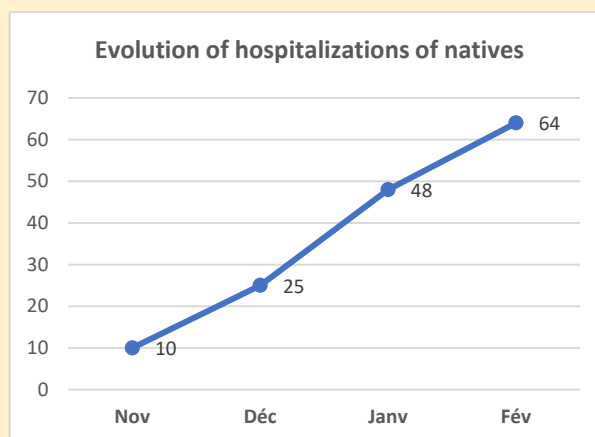
As part of the implementation of the joint program "Improvement of the living conditions of indigenous populations", Médecins d'Afrique has executed a service delivery contract, as an operational actor, on behalf of WHO, from November 1^{er} 2021 to January 31 2022. Mission objective: To improve access to basic health care for the indigenous populations of the Lekoumou department.

The strategy used was to set up mobile teams to travel to the camps of indigenous peoples. They were made up of health workers and community relays (24) identified within and among the members of the indigenous communities.

The following activities were carried out during this mission:

- training of 24 community relays ;
- awareness campaign on vaccination, prenatal care, hygiene and nutrition: 1472 people sensitized;
- curative care in mobile clinic: 191 cases treated;
- Nutritional surveillance: 311 subjects received, including 212 children aged 0 to 59 months; of these, 10.2% were detected with severe acute malnutrition;
- systematic deworming: 689 children and pregnant women;
- Vaccination of children under 5 and pregnant women, prenatal care ;
- and setting up a mechanism for free care of indigenous patients in health facilities, particularly at the Sibiti hospital.

One of the immediate effects of this mission is the increase in hospitalizations of indigenous peoples at the Sibiti hospital.



This experience shows that indigenous peoples' access to health care and services can be improved if barriers such as remoteness and cost of care are removed.

At the same time, specific assistance was provided to the users of the Sibiti hospital. This included: (i) the payment of hospitalization fees for 15 vulnerable subjects; (ii) the provision of three (03) surgical kits, including 1 cesarean kit; (iii) the provision of pharmaceutical products (3 molecules) to all hospitalized patients for their care; (iv) the provision of 3 meals per day to vulnerable subjects admitted to hospital and (v) layette kits provided to each newborn as well as two (2) loincloths given to each woman in labor to stimulate deliveries in hospitals

The WHO's contracting of the NGO Médecins d'Afrique is an interesting experience in many ways. It has enabled mobile and advanced strategies to accelerate indigenous peoples' access to various health care and services. But these strategies were carried out: (i) in parallel with the regular functioning of the departmental health directorate and its two health districts, and (ii) in total substitution for these services. The termination of the NGO Médecins d'Afrique contract marked the end of these activities without any concern for their continuation. Such an initiative would benefit from being designed, planned, and implemented to transfer skills at the end to the concerned health districts for better sustainability.

5.2.9. Contribution to strengthening production capacities, diversification of livelihoods, and access to markets.

In the capacity-building framework, the joint program has strengthened 24 groups out of 16 initially planned. These groups represent 213 small agricultural producers, of which 114 are women, i.e. 53.5% of members. They include 19 groups of small agricultural producers, 3 groups of young palm oil producers, and 2 others whose main activity is fish farming. The small agricultural producers benefited from the distribution of 13,100 cuttings of improved cassava (a strain resistant to cassava mosaic disease).

In addition, the program has supported 3 palm oil production groups, with a total of 33 young indigenous peoples (21 men, 12 women) and 10 young Bantus (6 men, 4 women). As part of the income-generating activities, these groups' capacities have been strengthened regarding their management and structuring in 2021.

Box 3: Experience of a soap factory in Sibiti

Created on the initiative of UNFPA and the World Bank, the Sibiti soap factory is a response to the need to improve the living conditions of the local population and the most vulnerable sectors of the population.

Under the supervision of a Bantu woman, the unit employs 25 people, consisting of 15 women and 10 men, divided between 23 indigenous and 2 Bantu. The unit uses palm oil produced by groups supported by WFP. A bank account has been opened at the Congo Post Bank to secure the unit's revenues.

The soap produced is well appreciated by the consumers, from the point of view of its quality and the selling prices that are charged.

Notwithstanding the difficulties encountered in the supply of raw materials (palm oil, caustic soda), the supervisor of the unit gives an edifying testimony on the financial impact of this activity on the standard of living of his employees.

They have also been provided with 2,117 agricultural equipment kits and seeds (corn, cassava cuttings).

In addition, farming equipment and various supplies have been made available to households. These include 240 hoes, 240 axes, 145 files, 34 wheelbarrows, 240 machetes, 240 rakes, 32 decameters, 320 boots, 320 raincoats, and 32 scales.

In Sibiti, Komono, and Mayéyé, three palm oil production groups composed of 33 young indigenous peoples (21 men, 12 women-36%) and 10 young Bantus (6 men, 4 women-67%) were trained in the management of their groups. The objective was to put them in a position to deliver their production to the artisanal soap manufacturing cooperative based in Sibiti. This intervention was intended to increase the beneficiaries' income, eliminate their poverty and restore their dignity.

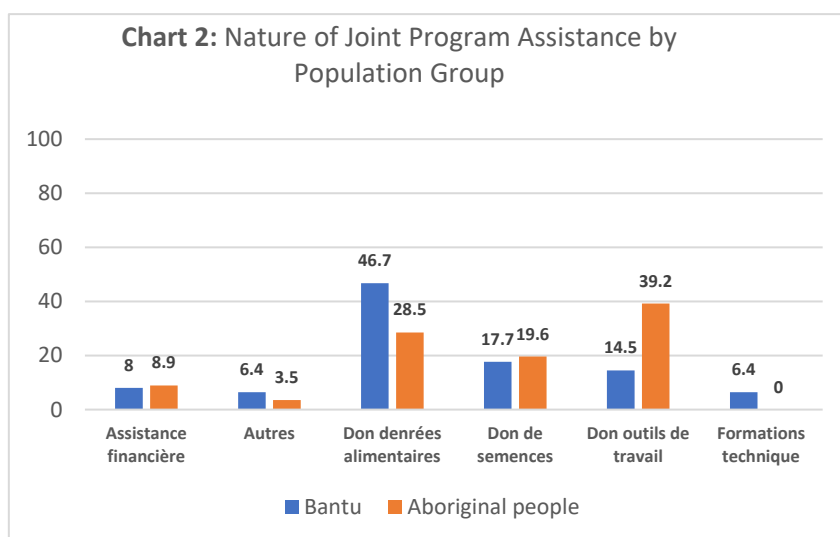
In addition, Indigenous communities have acquired 20.71 hectares of land for agricultural activities.

5.2.10. Coverage of joint program interventions

Given all these achievements, it was deemed worthwhile to assess the extent to which the interventions of the joint program have effectively "covered" the indigenous and Bantu populations it has targeted. This was done through household surveys.

This light survey revealed that, overall, only 34.0% of the heads of households interviewed claimed to have benefited from program assistance. Broken down by population group, 41.4% of these beneficiaries were heads of indigenous households, compared with 28.1% of Bantu households. Overall, the number of household heads who have benefited from project assistance indicates that 53.8% belong to the indigenous population group.

The assistance received consists of donations of work tools, agricultural seeds, technical training, financial aid, and other forms. There are apparent differences in the assistance received, depending on the population group, as illustrated in the graph below.



Indeed, it is essential to note that food distributions benefited the Bantu populations (46.7%) in the surveyed sample more than the indigenous populations (28.5%). This difference is undoubtedly far from innocent. Given that Bantu actors carried out these distributions, it is quite possible that the difference observed is also the result of discrimination against indigenous peoples. In any case, this observation calls for attention to the organization of the distribution of goods intended for indigenous populations.

In addition, it is interesting to note that the technical training support benefited 6% of the Bantu beneficiaries interviewed and none of the indigenous peoples. However, this observation must be moderated by the fact that the training and technical skill-building activities were aimed mainly at the groups receiving program support. The members of these groups are mostly from indigenous populations, whereas the people surveyed are not necessarily part of these groups.

Despite this reservation, it would be helpful here to consider the modalities of technical support adapted to indigenous peoples, given their illiteracy situation. Finally, the fact that the donation of work tools concerns nearly 40% of the indigenous peoples surveyed supports the efforts to distribute farming and other tools. However, it is important to emphasize that these were population groups whose activities focused on gathering, collecting, and hunting food in the forest. This cultural fact may explain that the various tools received by the latter were sometimes found for sale in markets.

5.3. Effectiveness, efficiency of the program, and sustainability of the results achieved

5.3.1. Effectiveness of the intervention

Program review Question:

To what extent have the targeted outputs, outcomes, and strategic results been achieved?

Essentially, the interventions of the joint program concern: (i) the implementation of integrated policies to accelerate the achievement of the SDGs, (ii) the strengthening of national capacities to provide quality social protection services, (iii) the sensitization of relevant actors and beneficiaries on social protection, indigenous rights, and GBV, (iv) the strengthening of the operational capacities of deconcentrated structures (v) the improvement of access to essential social services for indigenous populations and other vulnerable groups, and (vi) the improvement of production and diversification capacities of livelihoods and market access.

Through the implementation of the joint program, real progress has been made in sensitizing stakeholders to the protection of indigenous peoples' rights, improving production capacity, and improving access to essential social services, including health and education. Awareness campaigns evidence this, training sessions, increased enrolment of indigenous children in elementary school, reduced dropout rates, increased immunization coverage, increased enrolment of indigenous women in prenatal care, and increased capacity of indigenous groups to produce palm oil and soap. Table 2 shows the progress made.

Table 3: Effects produced by the program

Nature	Values	Locations
Improvement of the situation of vulnerable groups	1,453 vulnerable people, including 451 women and girls (31%)	
Participation of women and women's organizations in implementation bodies.	67 %	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Support for indigenous women's groups to empower them.	80 %	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Counting campaign	4,288 households: <ul style="list-style-type: none"> ▪ 2,925 Indigenous households, ▪ 1,276 vulnerable Bantu households ▪ 87 mixed households (Bantu and indigenous) 	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Reducing Indigenous school dropout rates	14 %. (From 59% in 2020 to 45% at the end of 2021).	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Enrolment of Indigenous children in elementary school	N= 2 152 <ul style="list-style-type: none"> ▪ 1,106 girls or 51.4 ▪ 1,046 boys 	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Reduction in the dropout rate of Indigenous children	12.47% (14.14% for girls) in the 2020-2021 school year;	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Improved enrollment of Indigenous children in the 2020-2021 school year	47%, (n=1,223 children of whom 576 were girls)	Sibiti, Mayéyé and Komono districts
Registration of Indigenous children in the civil registry in late declaration of birth	N=3 722	Districts of Sibiti, Mayéyé, Komono, Zanaga and Bambama;
Issuance of birth certificates by the child protection committee.	2959 children, of which 1852 are girls, i.e. 61.67%.	Sibiti District
Nutritional surveillance	<ul style="list-style-type: none"> ▪ 220 children aged 0 to 59 months ▪ 32 pregnant and nursing women. 	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Nutritional rehabilitation	188 vulnerable individuals, including 89 children aged 6 to 5 years: <ul style="list-style-type: none"> ▪ 50 girls (56.2%) ▪ 39 boys (43.8%) 	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Disinfection of classrooms	<ul style="list-style-type: none"> ▪ 114 classrooms ▪ 18 schools, ▪ 27,745 students (including 13,430 girls) benefited 	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts
Improved immunization coverage recorded during the second polio vaccination campaign for children aged 0-59 months	<ul style="list-style-type: none"> ▪ Coverage rate: 98%. ▪ Number of children vaccinated: 28,683 children vaccinated, 	Sibiti, Mayéyé, Komono, Zanaga and Bambama districts

	including 3029 indigenous children (10.5%).	
Implementation of advanced and mobile strategies.	<ul style="list-style-type: none"> ▪ 3,238 children vaccinated with penta 3, including 549 indigenous children out of the expected 4048 (79.9%); ▪ 2,578 doses of tetanus vaccine (VAT1) were administered to pregnant women, including 441 to indigenous women (17.1%); 	Health districts of : <ul style="list-style-type: none"> ▪ Sibiti ▪ Zanaga That is 24 health areas.
Prenatal care (SPN):	832 contacts were made, 142 of which were with Indigenous women, or 17.0%.	Health districts of Sibiti and Zanaga.
Vitamin A supplementation for children aged 0 to 5 years	932 supplemented children including 470 Indigenous children received the second dose.	Health districts of Sibiti and Zanaga.
Vitamin A supplementation of children aged 0 to 5 years, coupled with systematic deworming.	8,113 children supplemented, including 2,639 Indigenous children (7.8%)	Health districts of Sibiti and Zanaga.

It is important to note that this progress is only at the operational level; advocacy and awareness raising at the strategic levels have not been followed up with significant impact.

Program review Question:

What main factors (internal and external) have influenced the achievement of the program's objectives?

Overall, the regular functioning of the CCTPS chaired by the Prefect of the Lekoumou Department and her involvement were critical determinants in the execution of the entire intervention.

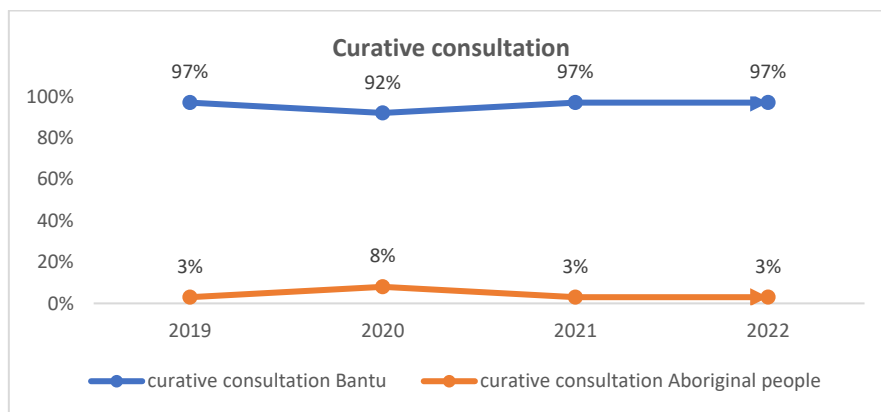
In the area of education, the establishment of school canteens initiated by WFP has proven to be very effective. They are a determining attraction factor for the schooling of indigenous and vulnerable Bantu children.

Meetings to raise awareness among indigenous peoples, their recruitment as community relays, and support for their groups were facilitated using people who belonged to these communities or were well known and well integrated into them. The presence of well-known figures has been reassuring and has facilitated their adhesion. In fact, because of the discrimination they suffer, indigenous peoples have developed a great deal of mistrust of Bantus and tend to withdraw into themselves.

Regarding health, contracting the NGO Médecins d’Afrique by WHO as an operational actor has proven effective in improving access to care. In the current context, improving access to health care and services for indigenous populations relies heavily on the organization of advanced and mobile strategies. These strategies are designed to bring health care and services as close as possible to these people in their communities. This requires specific organization and operational capacities that health districts do not always have.

As illustrated by the data collected in the health facilities of the two health districts of the department of Lekoumou, attendance at curative consultations by the indigenous population did not increase from 2020 to 2021 and during the first six months of 2022. It fell from 8% in 2020 to 3% in 2021 and 2022 (Figure 3).

Graph 3: Evolution of curative consultations in the IHCs of the Lekoumou, by population groups from January 2019 to June 2022



More generally, at the level of this sector, the development and approval of a roadmap have enabled the implementation of several activities, including capacity building (health district management teams) and the organization of advanced and mobile strategies for vaccinations, prenatal care, detection, and management of malnutrition cases as well as treatment of diseases.

The permanent quest for appropriate solutions can be established as a guiding principle. The lamination of birth certificates illustrates this as a response to the storage of civil status documents in precarious shelters whose roofs do not provide adequate protection against rainwater. Similarly, the organization of advanced and mobile strategies is essential to reach indigenous populations in their communities.

The complementarity of interventions and the creation of synergies also appear to be critical success factors. This is the case of the awareness campaigns on the promotion of rights, particularly the right to schooling for children with the development of school canteens. This is also the case for the simultaneous support to palm oil producers' groups on the one hand and soap manufacturing on the other.

Program review Question:

What challenges have been encountered in the program?

Concerning the needs of indigenous populations, the various individual interviews and focus groups conducted during the site visits revealed that the people concerned feel that they were neither sufficiently consulted nor involved in the process of developing the objectives of the interventions of which they were the primary beneficiaries even though consultations had been organized in the Lekoumou department at the time of the program's formulation.

At the operational level, the implementation of the program's activities has encountered several weaknesses, including: (i) the inexperience of the actors in drawing up the terms of reference (TOR) for the requests, (ii) delays in making funds available for the payment of

local operational costs (electronic payments), and (iii) shortcomings in the coordination of interventions at the national level

The joint program promoted a development-oriented support policy that favors productive activities, job creation, entrepreneurship, creativity, and innovation and stimulates the growth of the groups. The support provided consists of subsidies (financial support), in-kind support (inputs for field work, livestock, sewing, soap making, etc.) and/or technical support (training/coaching). This support also includes capacity building for the groups in terms of structuring and management. This includes the provision of various agricultural equipment and seeds distribution, the monitoring of activities by the heads of the agricultural sectors, and the choice of crops according to the nature and size of the arable land.

However, these experiences, although encouraging, have had various setbacks. Indeed, the beneficiaries, especially the indigenous peoples, are impatient with the delays in harvesting long-cycle crops. They prefer to go and work for the Bantus, where they are paid daily by the job, rather than invest in agricultural activities that are expected to have a longer-term impact.

In addition, implementing all these activities has been subject to the examination of requests to UN agencies for funding. The main difficulty reported here is the delay in the delivery and sometimes the insufficiency of various inputs in certain localities of the Lekoumou department. This is the case for the indigenous group of Malima, located 5 km from Zanaga, which is waiting to receive fry for its ponds. This group has also received a quantity of agricultural seed deemed insufficient to cover the space set aside for planting.

Thus, some groups could not carry out their activities because of the gap between the time of seed delivery and the sowing period, except for some long-cycle crops (cassava cuttings, banana shoots, paddy). As a result, it is practically impossible to assess the results achieved in terms of production and thus improved income

levels for long-cycle crops.

The "work for food" component is important because it is a source of much discouragement for populations that work for uncertain future earnings and are destitute and, therefore, hungry. The alternative is to abandon one's agricultural lands to work for others in return for financial remuneration.

Finally, although it is a joint program and despite the efforts made in the Lekoumou Department, its implementation appeared to be a parallel execution of interventions specific to UN agencies due to the lack of genuinely joint planning, implementation, and monitoring. There was also a lack of greater ownership of the program by national authorities.

Program review Question:

How has the joint program addressed the consequences of COVID-19 in the short and long term regarding expected outcomes?

As indicated, the onset of the COVID-19 pandemic in 2020 severely impacted the Congolese economy and shook all sectors of activity. The most marked effects were recorded in the essential social sectors, notably health, education, and the provision of essential goods and services. The immediate effects of the containment and mitigation measures included:

lockdown of the country, travel restrictions, poor preparation of health services for the response, the emotional burden of the disease, the closure of schools, under-attendance at health facilities, and a significant slowdown in the functioning of public services.

As a result, despite its official launch in February 2020 in Sibiti, the operationalization of the joint program could not be effective until August-September 2020, more than 6 months after its official launch. The extension of the program's duration by 6 months was the main measure taken to respond to these disruptions. Given the accumulated delays, WHO has taken the option of contracting the operationalization of its interventions with Médecins d'Afrique for three (3) months to accelerate their implementation. In the end, the joint program implementation waited for the situation to gradually return to normal before being initiated.

Nevertheless, the joint program has contributed to the efforts to limit the spread of the coronavirus pandemic in the department. As such, advocacy activities have been conducted to sensitize the program's target beneficiaries through the services in charge of the response to the pandemic in the department. Similarly, during the school year 2020 - 2021, the departmental health directorate and the departmental primary education directorate jointly organized the disinfection of classrooms in the department. 114 classrooms were disinfected, benefiting 27745 pupils, including 13430 girls (35%) from all schools in the Sibiti district. In addition, other actions were carried out, including advocacy to promote the inclusion of indigenous peoples in the government's response to the COVID-19 pandemic. The same is valid for implementing the Community Led Total Sanitation (CLTS)/Sanitized Village approach in all localities of the Lekoumou department.

5.3.2. Program Efficiency

Program review Question:

Was the program implemented efficiently (especially timeliness of implementation, adequacy of inputs, and cost-effectiveness/value for money)?

Efficiency measures how economic resources or inputs (such as funds, expertise, and time) are transformed into results. An initiative is efficient when it uses resources correctly and economically to achieve the desired outputs⁶. In sum, the final program review of the joint program analyzed the management of the project's resources (financial, human, physical, and logistical), the management of implementation systems and procedures (organization and functioning of the bodies and authorities involved in the implementation of the Project), as well as compliance with the deadlines set for the implementation of the intervention to identify what may have been an obstacle or, on the contrary, a stimulus for achieving its results.

- Financial Resource Management

The joint program has been budgeted for a total amount of US\$ 4,714,966 broken down by funding sources as follows

- Joint Fund for the SDGs: 2,000,000 USD
- Contribution, WFP 2,249,966 USD

⁶ A Guide to Planning, Monitoring and Evaluation for Development Results, UNDP 2009

▪ Contribution, UNICEF	415,000 USD
▪ Contribution, WHO	50,000 USD
Total	4,714,966 USD

The joint fund resource has been allocated and made available to the three partner agencies. In terms of execution of this budget, the 2021 annual report indicates the following situation as of December 31, 2021:

œ Expenditures:	1,558,467 USD or 33.1% ;
œ Commitments :	1,687,119 USD or 35.8

This corresponds to an implementation rate of 68.9% at 6 months from the initial closing date of the program, the remaining third (30.1%) to be consumed during the extension period, stopped at 6 months to close the program definitively.

While the funding of the program by the Common Fund for the MDGs is clearly indicated, the amounts of resources mobilized by the three agencies (WFP, UNICEF, and WHO) for the joint program are not clearly established.

- **Human resources management**

WHO and UNICEF have each assigned a consultant to the Lekoumou department permanently. These consultants were responsible for assisting the technical services in the operational planning, execution, and monitoring of the implementation of program activities. Similarly, WFP dedicated staff members to the organization and monitoring of program implementation. This assistance provided remarkable support to the CCTPS and the departmental directorates and contributed effectively to implementing the activities and achieving the program's results. However, their effectiveness was limited by the lack of a common and shared understanding of their responsibilities, attributions, and operating procedures. Each focal point "performed its tasks" as prescribed by its agency.

- **Organization and functioning of the steering and coordination bodies**

The bodies set up to steer, coordinate and monitor the joint program implementation include the Joint Program Steering Committee, the Technical Committee and the Program Focal Point. Although indicated in the project document, no text has been issued to create the program steering committee and organize its operation formally. The same observation applies to the program's focal point. Thus, the functioning of these bodies has been marked by various shortcomings.

The Steering Committee held only two (2) sessions over the entire duration of this program. One of the consequences of this situation is the absence of annual program implementation plans that this committee duly validated. As a result, the program has been implemented essentially on the initiative of the UNS agencies, which have prompted the preparation of requests by the departmental directorates concerned based on the activities included in their annual work plans (AWPs).

The coordination weakness also stems from the inherent limitations of the program's focal point. Indeed, no provision was made at the outset to ensure that the focal point was not only considered as the designated individual but also as an institution, which should therefore be put in a position to respond to the needs of regular program monitoring. This is a shortcoming whose effects were reflected and manifested through: (i) the low

ownership of the program by the Ministry of Social Affairs, (ii) the lack of communication, and (iii) the shortcomings observed in the monitoring of its implementation.

Moreover, no specific measures have been taken to ensure the functioning of the focal point following the appointment of the Director of the Family (the focal point of the program) to the post of Director General of Humanitarian Action (given that the field of action of the joint program falls within the remit of the Directorate General of Social Affairs, and not the Directorate General of Humanitarian Action)

The CCTPS has played a full role in the operational planning and monitoring of program implementation at the department level. However, its operation was considerably limited by the fact that an allocation of its own resources did not accompany its establishment.

- **Joint Program Implementation Procedures**

They mainly concern: (i) the initiation of the terms of reference of activities; (ii) the preparation of fund requests by the departmental directors; (iii) the validation of requests by the directorates general concerned; (iv) their submission to the agencies of the United Nations system; and (v) the provision of funds or the ordering of goods and services in accordance with the procedures specific to each agency It was found that :

- The funds requested have still not been made available within the desired timeframe;
- Difficulties have been observed in the use of electronic payment of local operational costs;
- Goods ordered were not always delivered on time. This is the case for peanut and corn seeds, which were delivered outside of the planting season (in the case of the Malima group, located 5 km from Zanaga), and for equipment intended to improve palm oil production, the delivery of which was still expected at the time of the project's closing.

Program review Question:

What factors affected the pace and/or quality of implementation?

The main factors that have affected the pace and/or quality of implementation of the joint program are:

- Weak coordination at the strategic level, coupled with a lack of joint planning and implementation;
- insufficient follow-up and ownership by the Ministry of Social Affairs ;
- Weaknesses of technical services at the local level, notably the health districts, social services districts, agricultural sectors, and school districts.

Better coordination of activities would have improved synergies and thus the program's overall performance. Similarly, the low level of ownership of the joint program by the Ministry of Social Affairs has resulted, among other things, in the absence of specific technical guidelines, instructions and directives for the departmental directorates. As a result, the program's interventions appeared to be activities of the United Nations system agencies.

Finally, local entities' weak technical and operational capacities considerably limit the nature, quality and quantity of the services they provide. These weaknesses mainly concern the staff working in the health districts, the CAS, the agricultural sectors, the school districts, and the departmental directorates concerned. They also concerned the availability of technical and logistical equipment.

Program review Question:

How were the effects of these factors mitigated?

In response to the coordination weaknesses, a bi-monthly meeting of the SDG Fund team and the Coordination team was established in March 2021. These meetings had two objectives: (i) to discuss progress and possible bottlenecks in the implementation of the joint program and (ii) to improve coordination, joint planning, and monitoring of the implementation of activities and budget execution.

Concerning the weaknesses of the operational entities, various solutions have been applied. Ongoing training sessions have been organized to mitigate the shortcomings observed in technical skills. On the logistical side, responses have been made case-by-case basis according to the available resources. Concerning the constraints encountered in implementing interventions aimed at improving access to health care and services for indigenous populations, the solution found and applied by WHO consisted of contracting its interventions through the service delivery contract signed with the NGO Médecins d'Afrique. This has enabled real progress to be made within three months.

5.3.3. Impact Assessment

Program review Question:

What difference has the program made to the targeted beneficiaries (especially the most vulnerable groups) and their households?

The effects induced by the program can be measured through the following aspects: (i) the change in mentality, which is manifested by the intention of indigenous populations and vulnerable Bantus to produce for their account; (ii) adherence to agricultural activities due to the availability of seeds; (iii) adherence to schooling for children; (v) acceptance of the establishment of birth certificates and the systematic and/or late registration of births, as well as (vi) acceptance by the communities of the implementation of the ATPC/Sanitized Village approach. These are convincing results, achievements that deserve to be consolidated.

Program review Question

How has the program changed their lives and livelihoods?

The program has contributed to the economic empowerment of beneficiaries by promoting their access to economical and productive resources. Many indigenous peoples, who used

to work for their Bantu neighbors before the program, have now realized the value of working for themselves and selling their produce freely on the local market.

In addition, the support provided to producer groups has led to the sedentarization of the indigenous populations and strengthened their cohabitation with the Bantu neighbor.

In addition, the Joint Program facilitated the improvement of the working environment of the beneficiaries and contributed to some extent to breaking producers' dependence on buyers through the provision of seeds, inputs, and agricultural materials. The objective here was to ensure a degree of empowerment on the one hand and to increase their income on the other.

However, given the relatively short duration of the program, it is almost impossible to assess the level of income at this time, as most of the seeds granted were for crops that are expected to be harvested in the long term (e.g., cassava cuttings, banana and paddy rejects).

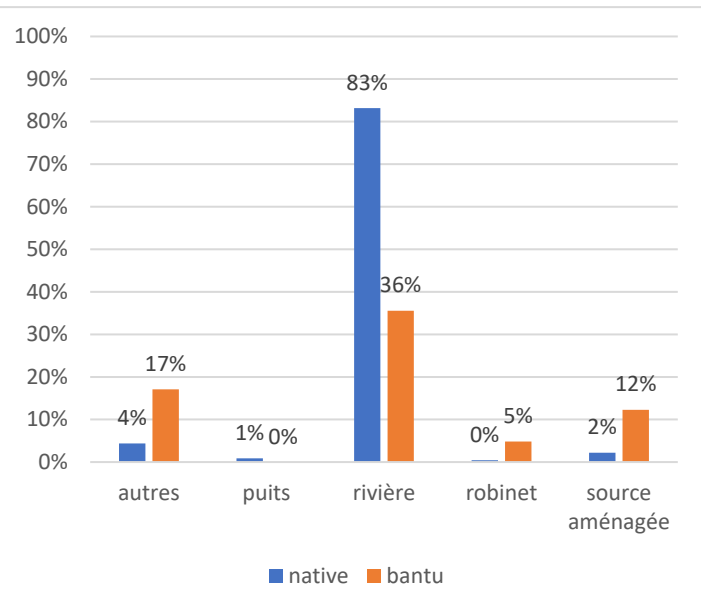
Box 4: Beneficiary satisfaction and community dynamics

Two focus groups organized in two camps in Ingambélé (a 100% indigenous group) and Loukana (a mixed Bantu-indigenous group) made it possible to gather the opinions of beneficiaries on the implementation of the Joint Program. Generally speaking, beneficiaries were satisfied in both camps, whether they were assessing access to social services or income-generating activities.

In the first case, there is real satisfaction with the new or improved services that the program has introduced into the community. In the case of health, the community appreciates the fact that they are now able to receive better health care, even though they regret that problems with the management of medicines are restricting access to them: several batches of medicines have remained unused in the Sibiti base hospital. As for education, both camps are satisfied that their children are now fed through school canteens and remain in school. However, the distance between their homes and schools is still a problem, especially for young children.

With regard to income-generating activities, particularly in the area of agriculture, the initiative to provide seeds is highly commended. Given that the program was aimed at improving the living conditions of vulnerable populations, beneficiaries indicated that priority should have been given to short-cycle crops and that the agricultural calendar should be respected more.

Figure 4: Sources of water supply, surveyed households



For some short-cycle crops, the main limitation of the program was the late delivery of seeds compared to the sowing season. Thus, it can be recognized that the program has made significant progress in the lives of the populations in the intervention zones, even if significant challenges remain, such as the low level of access of the indigenous populations to drinking water and basic sanitation. The data from the household survey shows the extent of these needs, as illustrated in Figure 4.

Program review Question:

What is the potential impact that can be considered, with the first signs of it?

The program's impacts would be measured through the reduction of mortality rates, the prevalence of malnutrition, the proportion of GBV or discriminatory practices within population groups with the improvement of the essential social services utilization or the increase of beneficiaries' income. Although the program's interventions are relevant, their impacts are not perceptible. These interventions were not sufficiently dense, and their duration was much too limited to expect these impacts.

However, the progress made in raising awareness among stakeholders and beneficiaries, the strengthening of groups, the improvement of access to land through agricultural groups, the increase in school enrolment rates combined with a reduction in dropout rates, the increase in late civil registration, the rapprochement of community child protection services and the voluntary use of immunization and prenatal care are foundations that must be built on. This implies the continuation and reinforcement of the intervention to consolidate these achievements, which are still far from being real gains.

Program review Question:

What changes has the program made to the Republic of Congo's social protection system?

It is generally accepted that social protection refers to all the collective provisioning mechanisms that allow individuals to face the financial consequences of "social risks". In narrowing down the analysis of possible changes that the joint program would have made to the Republic of Congo's social protection system, the components to be questioned are those related to the protection of the rights of indigenous peoples, the rights of children,

the rights of people living with disabilities, and those related to the Convention on the Elimination of All Forms of Discrimination against Women.

At the end of the program's implementation, there is no indication that its interventions have changed the social protection system of the Republic of Congo. For example, six (06) decrees of application of Law No. 5-2011 of February 25, 2011, were issued in 2019. Since then, no other has been published. Similarly, the inter-ministerial committee recommended by the law has still not been established, despite the advocacy actions that have been undertaken. And yet, result n°1 of the joint program aims to implement integrated multisectoral policies to accelerate the achievement of the sustainable development objectives. The low degree of ownership of the program explains this state of affairs, at least in part.

5.3.4. Sustainability of results

Program review Question:

How has the program built the capacity of different stakeholders to sustain results?

Sustainability can be understood as the degree to which the benefits of an initiative continue after the assistance that supported it has ended. In the case of the joint program, several initiatives were undertaken to build the capacity of departmental directorates, local services, and local NGOs. These initiatives include:

- ☞ the organization of continuous training sessions for social workers, health personnel, and community relays;
- ☞ training and capacity building of teachers in school canteen management;
- ☞ training for child protection committee members;
- ☞ training of representatives of the deconcentrated services and members of the child protection committees on the 'lifeline' approach;
- ☞ Training of professionals in the Lekoumou department on the ATPC/Sanitized Village approach;
- ☞ support the civil registry services in all districts;
- ☞ Training of members of groups and cooperatives in techniques, organization, accounting, and management of their groups;
- ☞ Training of health personnel on the management of drugs and reproductive health products;
- ☞ the provision of tricycles for the transportation of goods produced;
- ☞ the provision of various equipment;
- ☞ the existence of community-based child welfare systems;
- ☞ the establishment of working procedures, facilitating the complementarity of interventions and their synergies, as in the case of collaboration between the CAS, the police, and the gendarmerie in the fight against gender-based violence.

Here again, these achievements constitute the basis for hoping for sustainable results. It should also be noted that the sustainability of the results achieved in health would not be possible without a consistent strengthening of the health system in these districts, which takes care of all its pillars.

Program review Question:

Has the project developed an exit strategy?

The program document does not provide an exit strategy. Moreover, the steering committee did not function optimally, even though it is the decision-making body authorized to oversee the program's closure. Nevertheless, based on the incomplete information obtained, we note that the exit strategy can nevertheless be considered through:

- œ The involvement of communities, especially their leaders and their relays, in the pursuit of activities;
- œ Support, guidance, and scaling up of child protection committees;
- œ support for the deconcentrated services in the continuity of child protection services;
- œ the continuation of the supervision of the groups by the departmental direction of agriculture;
- œ Thanks to this support, health centers have acquired the capacity to regularly renew their drug stocks and thus guarantee care availability by maintaining and expanding the capacity building in drug management in health centers such as the Komono and Mayéyé IHCs

Program review Question:

To what extent are program benefits likely to continue after donor funding ends?

The benefits provided by the joint program are mainly related to (i) support for artisanal palm oil production, soap making, and agricultural production groups; (ii) awareness raising on the rights of indigenous peoples, gender-based violence, and the fight against discrimination in all its forms; (iii) access to civil status services and birth certificates; (iv) improved enrolment and retention rates of indigenous children in the school system; (v) the functioning of child protection committees; (vi) the improvement of immunization coverage and the use of certain health services such as prenatal care; and (vii) the regular functioning of the local technical committee, which acted as coordination, operational planning and monitoring mechanism for the implementation of interventions.

Whether it is consolidating the functioning of the groups or increasing the target populations' exposure to human rights awareness messages, the following conditions are essential for maintaining the program's achievements and benefits. These are capacity building of local services, and the use of community approaches through the involvement of community relays.

Regarding health and education, indigenous populations' cultural specificities and lifestyles impose and justify the principle of **"bringing these essential social services as close as possible to the living areas of the beneficiary populations."** Based on this principle, the advanced and mobile strategies implemented by Médecins d'Afrique are built, allowing the progress observed. These operational approaches must therefore be integrated into the regular functioning of services (health districts, social action divisions) and strengthened them accordingly. If this is not possible, recourse to operational actors, preferably recruited from among CSOs, such as Médecins d'Afrique, is necessary. However, in such an option, care

should be taken to ensure that it is undertaken with a view to transferring skills to the operational services concerned.

The regular operation of the CCTPS has shown its effectiveness. It is a mechanism that could be made sustainable if its operational costs were adequately covered. And in general, all these interventions imply costs that must be financed.

5.3.5. Gender dimension

Program review Question:

How have program actions affected the context of gender inequality and targeted people with disabilities and older adults?

Social inequalities often manifest themselves at all levels: educational, professional, family, political, and the like. Gender equality and the inclusion of the disabled and the elderly have been among the objectives of the joint program. Indeed, women represent most of the beneficiaries of cash transfers intended to smooth consumption during the lean season. It is estimated that women head about 75% of beneficiary households. As a result, the JP has devoted a significant portion of its budget to activities emphasizing gender equality and women's empowerment, representing at least 32% of the total budget.

Other activities contributed indirectly. This is the case of the awareness-raising on the legal framework, which aimed to consider the principles of gender equality and women's empowerment to ensure equal treatment within the legal system and access to social protection. More generally, the following results illustrate the progress made in this area:

- 12 community leaders were trained on GBV and SCCC, 40% of whom were women;
- Of the 16 groups supported by the program, 80% are indigenous peoples, and 50% of their members are women;
- out of 2152 indigenous children enrolled in elementary school, there are 1,106 girls or 51.4%;
- Reduction in the dropout rate for Indigenous children in the 2020-2021 school year: 12.47% overall and 14.14% for girls);
- Improved enrolment of indigenous children in the 2020-2021 school year: 47% (n=1,223 children, including 576 girls)
- delivery of birth certificates by the child protection committee to 2959 children, of which 1852 were girls, i.e. 61.67%.

In addition, 33.7% of the women surveyed had received assistance from the joint program.

Program review Question:

How has the program improved the lives of women, girls, people of diverse gender identities, seniors, and people living with disabilities?

Household heads who have benefited from the assistance of the joint program indicate that it has enabled them to:

- to improve the quality of their food: 38.9%;

- to increase their agricultural production: 38.9%;
- to increase their financial income: 14.8%;
- and to have better quality seeds: 5.6%.

Among women of childbearing age, 33.7% claim to have benefited from program assistance. Among them, 75.4% believe that this assistance has improved their living conditions by improving the quality of their food (44.4%), increasing their agricultural production (38.9%), and their financial income (9.3%).

Program review Question:

What is the proportion of households where women, men, or both women and men make decisions about using social protection entitlements?

The household survey data provide insight into the proportion of households in which women, men, or women and men together (both) make decisions about the use of social protection rights. The exercise of these rights was approached through decisions relating to: (i) the choice to go to the hospital to give birth in the event of pregnancy; (ii) the enrollment of children in school; (iii) recourse to care in a health facility in the event of a child's illness; or (iv) the follow-up of prenatal care. It appears that the most concerted decisions between the two spouses concern respectively the choice to give birth in a hospital (52.9%) and the use of prenatal care (44.0%) as well as the use of a hospital in case of illness of a child (41.7%). And the most pronounced unilateral decisions are made by wives and concerned, respectively enrolling children in school (54.2%) and seeking hospital care when a child is ill. Table 5 presents the details of these data.

Table 4: Decision-making processes in families

How decisions are made	Delivery		School Regis.		Prenatal Care		Child care	
	(n)	%	(n)	%	(n)	%	(n)	%
Both parents,	120	52,9	75	34,7	91	44,0	125	41,7
Single head of household	66	29,1	24	11,1	68	32,9	40	13,3
The wife alone	41	18,1	117	54,2	48	23,2	135	45,0
Total	227	100,0	216	100,0	207	100,0	300	100,0

6. Lessons learned and future prospects

6.1. Limitations and weaknesses of the joint program

6.1.1. Limitations and weaknesses related to planning, monitoring, and evaluation

The definition of the joint program's operational strategies was not accompanied by an implementation plan describing the activities to be carried out for each targeted result, its outputs, and the timetable for their realization is a real weakness. This choice left it up to the UNS agencies to decide on the planning of operations, which were then communicated to the departmental offices so that they could initiate and submit the related requests when operational costs were required. This helped to create and reinforce the image of the joint program activities as those of the UNS agencies that support them.

It is also important to note that the implementation plan is an important communication and monitoring tool. The Ministry of Social Affairs, particularly the program's focal point, other ministries involved, and departmental directorates, have considerably lacked this tool. Regarding the JP's focal point, this shortcoming has contributed to the lack of communication and low ownership of the program by the Ministry of Social Affairs. However, roadmaps have been developed and executed at the local level to implement the joint program.

Initially, the joint program proved to be too ambitious. Given the importance of the needs, the specificities of indigenous peoples, the diversity of other vulnerable population groups, the structural and cyclical weaknesses that characterize the technical services at the local level (departmental directorates, CAS, health districts, agricultural sectors, school districts), and the resources allocated to the program, the expected impacts (reduction in malnutrition and mortality rates) were difficult to achieve. This ambition is particularly significant since the program was intended to intervene in all department districts for a limited period of 24 months.

In addition, the identification of needs was sometimes done in a very superficial manner. This is illustrated by the fact that issues relating to housing, hygiene, and access to water were not considered. And yet the target populations are characterized by their precarious living conditions. This risk compromises the benefits of progress made, such as establishing birth certificates, because they cannot be kept appropriately for populations whose mobility and precarious housing conditions are notorious characteristics.

Concerning monitoring, the main weakness lies in the absence of field visits that should have been made by the program's monitoring and evaluation teams. As a result, this activity was reduced to compiling periodic reports required by the obligation to report program implementation to the appropriate party. And so little attention was paid to the quest for better program performance.

6.1.2. Constraints to program implementation.

Apart from the effects of the COVID-19 pandemic, various constraints were observed. At the operational level, the weaknesses of local services, particularly the departmental directorates, health districts, social action districts, school districts, and agricultural sectors,

were a significant constraint to the program's implementation. These services are characterized by a lack of qualified personnel and logistical constraints.

In terms of improving access to health care and services, care provision is based on cost recovery in health facilities. Applied to indigenous populations, cost recovery is a real financial barrier to their access to health care and services, especially when free health care measures are not effectively applied. At the same time, no formal mechanism has been established to cover the costs of consultations, medicines, and medical procedures for the indigent.

The constraint is similar to education access, where the enrolment of children is conditional upon payment of school fees. This is despite **Decree No. 2019-204 of July 12, 2019**, on special measures to facilitate access to education for indigenous children and literacy for adults. In addition, the distance of schools from the living areas of these populations is also a limiting factor.

Finally, in the absence of funding for local services, the exclusive dependence of interventions on funding from the Joint Fund for the SDGs has not facilitated the program's implementation.

6.1.3. Weaknesses in program operationalization

Various weaknesses were observed in the operationalization of the joint program. These are summarized below.

- ✎ The implementation of the program suffered from the lack of steering and accurate coordination of its activities at the strategic level, as only two steering committee meetings were held;
- ✎ the designation of the focal point (Director of the Family at the General Directorate of Social Affairs) was by name, reducing this function to an individual. Not only was this appointment not accompanied by a clear definition of the responsibilities, powers, and operating procedures of the focal point, but no provision was made to ensure that the focal point was able to meet its obligations to the joint program;
- ✎ Communication between the UNS agencies and the Ministry of Social Affairs was insufficient; similarly, communication between the local technical committee and the General Directorate of Social Affairs was weak. As a result, the Ministry of Social Affairs and the UNS agencies were not at the same level of information throughout the program's implementation. This did not facilitate ownership either.
- ✎ In the absence of joint planning and true ownership of the program by the ministry of social affairs, UN agencies have been implementing activities in a quasi-parallel fashion, which sometimes has limited synergies, despite the coordination of interventions at the local level;
- ✎ the program was designed and implemented to meet the specific needs of indigenous peoples without necessarily considering the weaknesses of local services, including health districts, social action districts, and primary and secondary education inspectorates. This weakness is illustrated by the inadequacy of health personnel, who are poorly trained to deal with indigenous populations and the discrimination they face;
- ✎ Many delays have been observed in the delivery of ordered goods: this is the case for foodstuffs intended for school canteens, seeds delivered out of season, seedlings, and

several pieces of equipment that are still awaited even though the program has come to an end;

- ✎ Various farming tools distributed to indigenous populations were found for sale on the markets. This observation forced us to revisit the needs identification processes that are at the center of the distribution of these tools: their nature and their technical specifications;
- ✎ significant delays (several months) were sometimes observed between the dates of issuance of requests and the dates of funds availability required for operational costs.

6.2. Success factors and program replicability

Despite all these weaknesses, the joint program has achieved remarkable results. These results are mainly related to (i) the capacity building of groups; (ii) the progress made in the schooling of indigenous children; (iii) the increased management of GBV by the justice, police, and gendarmerie services; (iv) the establishment of birth certificates; (v) as well as the improvement of access to health care and services. The following factors have contributed to these achievements. These are:

- the provision of local resource persons by UNS agencies; this has been a determining factor in strengthening the capacities of technical services;
- contracting certain interventions with CSOs, such as Médecins d'Afrique's support to health districts;
- the cross-sectorial of the joint program approach: activities involving the health, education, social affairs, justice, and agriculture sectors;
- the effective involvement of local authorities, in particular the Prefect of the Lekoumou department, the mayors as well as the village and town chiefs;
- Existence of a real potential for improving social protection through law n°05 - 2011.

6.3. Good practices

Implementing the Joint Programme has been an opportunity for the agencies of the UN system to learn to work together. It has revealed practices that deserve to be consolidated.

- a. The formation of the Focal Points of the partner agencies into a Technical Working Group has improved the joint monitoring of program implementation in recent months.
- b. The interventions of the joint program were identified and implemented by building on existing actions supported by UNS agencies. This is the case of the palm oil production or soap manufacturing groups initially set up with the help of UNFPA, which were subsequently reinforced by the joint program. It is also the case with school canteens and many others.
- c. The establishment of synergies between interventions is a remarkable practice that deserves to be strengthened, together with the community of practice. This is the case of the support to palm oil production, which is then purchased for the manufacturing of soap; or of school canteens whose foodstuffs come from farmers groups.

- d. The mobilization and sensitization of local authorities, including village leaders, led to their strong involvement in implementing program activities. This has contributed to facilitating the communities' adherence to the activities of the SDG Fund program.
- e. A better collaboration between the lead agency (WFP) and the Coordination of UN agencies.

6.4. Program perspectives

The program's perspectives are derived from its achievements and lessons learned from its implementation. These are primarily :

- Continue to strengthen the clusters to consolidate achievements;
- Continue with and strengthen awareness-raising activities among communities and stakeholders on the protection and promotion of indigenous people's rights;
- Strengthen the awareness of indigenous peoples on the promotion and protection of their rights as well as their access to basic social services through community radios;
- Ensure that the needs are progressively met through integrated actions that address the improvement of production, the reduction of discrimination, the facilitation of the transport of goods produced, and the facilitation of their sale;
- Ensure that the necessary accompanying measures are put in place to guarantee the indigenous population's access to essential social services, such as covering the cost of care in the context of cost recovery in the health districts;
- Be part of a longer-term process instead of a 2-year intervention;
- Develop alternative education systems that are part of a process of integration of indigenous children;
- Strengthen the involvement of beneficiaries in the design of the program for better ownership;
- Develop government ownership of the intervention;
- Empower beneficiaries to be more critical of the quality of services provided to them;
- Create and strengthen partnerships with CSOs and the private sector.

In conclusion

The implementation of the joint program has led to progress in improving the quality of life of the indigenous populations. This reality could be measured and observed at different levels during this program review in the different sectors affected by the intervention.

Regarding gender and human rights, awareness-raising efforts have significantly improved civil registration rates for indigenous populations. In the education sector, this progress is also evident in the increased enrolment of indigenous children in elementary school, coupled with a reduction in dropout rates. Similarly, the organization of mobile and advanced strategies, coupled with free health care, has contributed to improved access to various health care and services for indigenous populations. Finally, significant progress has been made in strengthening groups of small-scale farmers, palm oil producers, and soap manufacturers. These advances are the first steps toward improving incomes and empowering indigenous peoples.

However, this program review also revealed shortcomings in planning, implementing, coordinating, and monitoring the program's activities. This is illustrated by: (i) the shallow level of functioning of the steering committee and the program focal point; (ii) the often parallel implementation of activities, despite the coordination efforts made at the local level through the CCTPS; (iii) the insufficient involvement of operational actors, in particular, the SACs and the heads of the agricultural sectors, (iv) the late availability of resources intended to cover operational costs at the local level, and (v) the failure to meet delivery deadlines for goods ordered.

However, the joint program's interventions remain relevant, and their effectiveness has been assessed based on data availability. Given the current situation, these interventions should be strengthened and integrated into the annual action plans of the operational services involved in the protection and promotion of the rights of indigenous peoples. In addition, the latter must be more involved as stakeholders in these interventions' design, implementation, and monitoring-evaluation phases.

7. Recommendations

At the end of this final program review, the recommendations made are addressed to the government, the prefecture, and the departmental council of Lekoumou, as well as to the partners involved in the joint program.

Recommendations :

to the Government

1. Initiate a similar program in collaboration with the Congo TFPs to consolidate the achievements of the joint program.
2. Improve the coordination and integration of interventions for the promotion and protection of the rights of indigenous peoples
3. Strengthen operational services' capacities in promoting and protecting indigenous peoples' rights.
4. Institutionalize children's committees' creation, organization, and functioning through a regulatory text based on the model developed in the Department of Lekoumou.
5. Promote complementarity and synergy between the different technical services in the interventions addressed to the people and other vulnerable groups.
6. Conduct a special operation to identify the customary lands of indigenous populations to demarcate and secure them.

to the Prefecture of the Department of Lekoumou and the Departmental Council

1. Strengthen the functioning of the Social Protection Technical Coordination Committee and make it sustainable beyond the joint program;

to technical and financial partners

1. Strengthen resource mobilization efforts for indigenous peoples and other vulnerable groups to consolidate gains and extend interventions to other departments.
2. Strengthen the capacity for joint, inter-agency work through appropriate mechanisms and procedures.
3. Document the experience of the joint program for similar intervention.
4. For any similar program in the future, ensure that it is equipped with a mechanism fully dedicated to the organization and monitoring its implementation.

APPENDICES

7.1. Joint Program Budget

UNDG BUDGET CATEGORIES	WFP		WHO		UNICEF		TOTAL	
	Joint SDG fund (USD)	PUNO Contribution (USD)	Joint SDG Fund (USD)	UNDP Contribution (USD)	Joint SDG Fund (USD)	Joint SDG fund (USD)	Joint Proposal	UNDP Contribution (USD)
1. Staff and other personnel	118 886		160 000		118 000		396 886	
2. Supplies, commodities, Materials	316 239		100 000		237 000		653 239	
3. Equipment, Vehicles, and furniture (including Depreciation	114 540	2,249,966	50 748	50 000	48 500	415 000	213 788	2,714,966
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	
Total Direct Costs	747 663		560 748		560 748		1 869 159	
8. Indirect Support Costs (Max.	52		39		39		131	
Total Costs	800 000		2,249,966		600 000		50 000	
1st year	480 000	1,349,980	360 000	25 000	300 000	250 000	1,140,000	1,624,980
2nd year	320 000	900	240 000	25 000	300 000	165 000	860 000	1,089,986

7.2. List of people met by the review team

7.2.1. List of people met at the central level

Full name	Function
1. Mrs. MBOUKOU KIMBATSA née GOMA Irène Marie-Cécile	Minister of Social Affairs and Humanitarian Action
2. Mrs. Sylvianne KAMBA	Director General of Humanitarian Action
3. Mrs. Mirhame MSHANGAMA	Chief of the United Nations Resident Coordinator office
4. Mrs. Cinthia ACKA-DOUABELE	Chief Education, Protection and Adolescents Development, UNICEF
5. Mr. Augustin BENZAÏO	UNICEF Consultant
6. Dr. Lucien MANGA	WHO Representative in Congo
7. Dr Angélie DZABATOU-BABEAUX	WHO Consultant,
8. Dr Georges BATONA	Partnership & Resource Mobilization Officer, WHO
9. Mr. Ali OUATTARA	Deputy RR WFP, Congo
10. Mr. Issa OUMAROUISSA	Monitoring and Evaluation Officer, WFP
11. Dr Christian Mikhael BOUEYA BOUESSO	Monitoring and Evaluation Officer, UNICEF
12. Dr. Alain BIKINDOU	Program Coordinator, Médecins d'Afrique
13. Mr. Jean Bosco NDINGA	Former Departmental Director of Social Affairs, Lekoumou.

7.2.2. Meetings at the local level

Full name	Function
14. NGUESSIMI Micheline	Prefect
15. OTAKANA OSSOUMBI Régis Quentin	DD Social Affairs
16. KABOULOU MISSIE	DD Land Affairs
17. TCIBINDA Aimé Christian	DD Territory Administration
18. OLLION Marcel	DD Health
19. MBOU Jean Paul	DD Agriculture
20. PANDZOU Grégoire	DD SSCE
21. KAKY Sylvie	President of the Departmental Council
22. MAMONVOUKA Emile	CASE
23. MALOUONO MBEMBOU Angèle	NGO " Espace OPOKO
24. NGAMA Benjamin	Clean Health and Environment Association
25. TSIBA Armelle	Libassila Nziambi Group (LNS)
26. MABARI Alphonse	CQ2
27. MISSIE Blaise	CQ7
28. IDOURA Gilbert	CQ4
29. NDZONDO Philippe	CQ10
30. IBONDO Christine	CQ 6
31. Lieutenant ISSANGOU Brunel	Commissioner of Police
32. Commander SOUADI Yves Alexis	Territorial Commander of the Judicial Police