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Reporting Period: From 1st of January to 30th June 2021

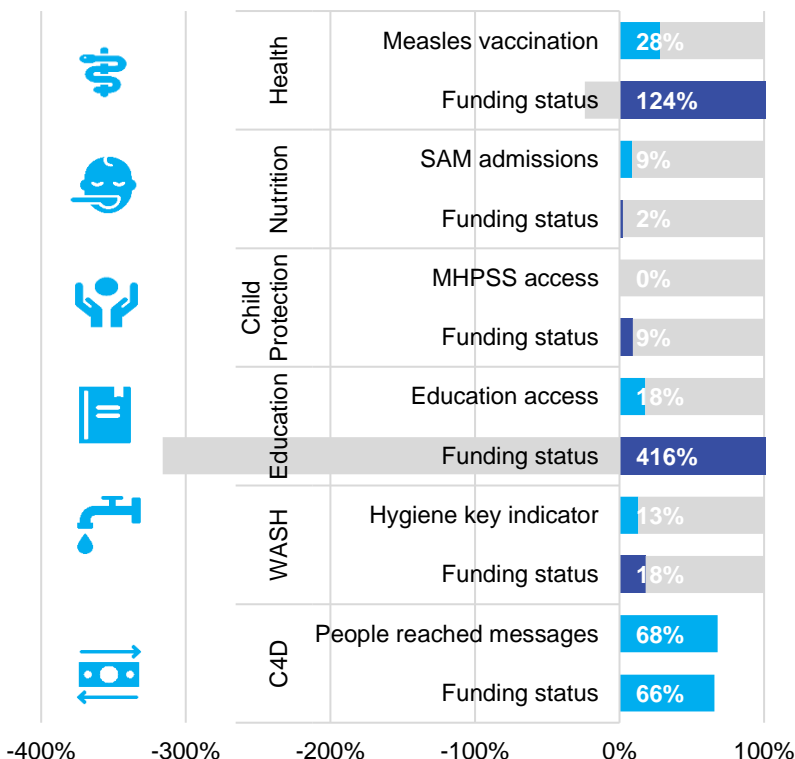
Highlights

UNICEF Congo assisted high-risk populations along the Congo and Oubangui River Corridor with the Democratic Republic of the Congo (DRC) with critical water and hygiene supplies. About 34,000 refugees and host populations have benefited from integrated basic services, including health, WASH, nutrition, child protection, and education. Furthermore, UNICEF Congo has strengthened the capacity of service providers, local authorities, implementing partners, teachers, and stakeholders involved in the humanitarian response to assist vulnerable populations.

The Republic of Congo is prone to recurrent flooding along the River Corridor that affect around 170,000 persons each year. These same regions remain at high risk of potential Ebola outbreaks, exacerbated by the ongoing COVID-19 pandemic and host around 132,905 refugees, asylum seekers and Internally Displaced Persons (IDPs).

UNICEF Congo continues to have a funding gap of US\$ 3,5 million (30 per cent) to meet the critical needs of children, women, and vulnerable host communities particularly for Nutrition, child Protection, WASH and C4D.

UNICEF's Response and Funding



Republic of Congo

Humanitarian Situation Report

unicef 
for every child

HAC 2021 Situation in Numbers



1,200,000

Total people in need of humanitarian assistance



560,000

Children in need of humanitarian assistance.



607,000

People to be reached

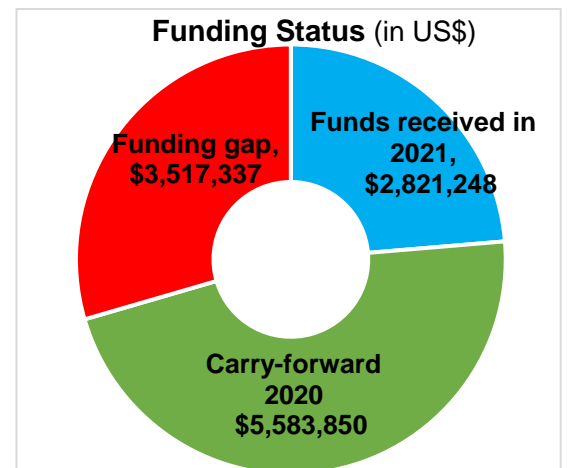


467,000

Children to be reached

UNICEF Appeals 2021

US\$ 11,922,435



*Funding available includes funds received in the current year, and carry-over from the previous year.

Funding Overview and Partnerships

UNICEF has appealed for US \$ 11,922,435 to provide lifesaving and life-sustaining assistance to children and their families in Cuvette, Sangha, Likouala, Plateaux, and Pool regions. In 2021:

- USAID has contributed US \$650,000 for Ebola Prevention and Preparedness Activities in Seven High-risk Districts notably Impfondo, Liranga, Loukolela, Makotimpoko, Mossaka, Mpouya and Ngabe. These areas have frequent river corridor border crossing with the Democratic Republic of the Congo and therefore increasing the risk of Ebola spread.
- The Government of Japan has contributed US \$664,863 to ensure sustainable access to essential health, nutrition, water, sanitation (WASH), Education, and Child Protection services for vulnerable children and women affected by emergencies related to the COVID-19 pandemic in the Republic of Congo;
- The USA Bureau of Population, Refugees, and Migration (BPRM) contributed US \$200,000 to the specific needs of migrant and refugee populations reflected in the Global Humanitarian Response Plan (GHRP) for COVID-19.
- UNICEF, through its thematic humanitarian action thematic pool fund contributed US \$ 225,000 for immediate emergency response needs

UNICEF expresses its sincere gratitude to all public and private donors for the contributions received in humanitarian needs, such as USAID, the Government of Japan, BPRM, World Bank, and the UNICEF thematic humanitarian funds. In addition, UNICEF is also grateful for the contribution from other resources such as Canada, USA CDC, and USA USAID for the fight against polio outbreak. However, the HAC 2021 has a funding **gap of 30 per cent**, with a significant disparity between sectors where nutrition and child protection are the least funded.

Situation Overview & Humanitarian Needs

The Republic of Congo is exposed to various epidemics, including measles, cholera, Ebola virus disease (EVD), and COVID-19 pandemic. The COVID-19 pandemic has so far affected an accumulative total of 13,156 confirmed COVID-19 cases (MoH COVID-19 Sitrep 163, 23 July 2021). All the 12 regions of the Country have had confirmed cases of COVID-19, with Brazzaville and Pointe Noire as the main hotspots. The death toll is 177 people, including three children. UNICEF targets a total of 3.2 million people in the two COVID-19 high-risk regions of Brazzaville and Pointe Noire (where nearly 60 per cent of the country population resides) with preparedness and/or response activities.

The risk of the Ebola virus disease spreading from North Kivu and Equatorial provinces in DRC to Congo is very high (priority one risk according to WHO). It has been estimated that a total of 430,000 people living in the seven high-risk districts could be at high risk of Ebola Virus Disease. This situation is aggravated by the precariousness of health infrastructures, the poor access of the populations to water, hygiene, and sanitation.

Congo hosts 132,905 refugees, asylum seekers and Internally Displaced Persons (IDPs). There are currently 48,400 (approximately 24,200 children) refugees and asylum seekers mostly from the Central African Republic (CAR), the Democratic Republic of the Congo, and Rwanda (UNHCR, December 2020). This includes 7,505 new refugees from Central African Republic (3,628 children) following the presidential elections in December 2020 (UNHCR, March 2021).¹ There are also 77,000 internally displaced and returnees in the Pool region following the peace agreement in December 2017.

Without appropriate funding, it is more likely that most of the affected populations will not receive humanitarian assistance. That is why UNICEF Congo continues its efforts in mobilizing the required resources by increasing advocacy with donors and partners to ensure that key lifesaving health, nutrition, WASH, Education and C4D services are delivered, particularly to 20,000 refugees and host populations, including children.

Summary Analysis of Programme Response

Nutrition

Since January 2021, UNICEF has supported the treatment of Severe Acute Malnutrition (SAM) in all the 12 regions of Congo, with a focus on regions affected by the flood emergencies in Cuvette, Likouala, Plateaux, and Sangha. During the first two quarters of 2021, a total of 99,123 children 6 to 59 months were screened for MAS and Moderate Acute Malnutrition (MAM) through routine health services. As a result, 3,259 children aged between 6 to 59 months were identified as having SAM and were referred for treatment. Among children admitted to the Community-based Management of Acute Malnutrition (CMAM) programme during the first two quarters, 62 per cent were cured, 14 per cent defaulted, and 0.003 per cent died. Furthermore, UNICEF's support to routine postnatal care services helped sensitized 66,356 mothers with a child 0-23 months on the importance of Infant and Young Child Feeding (IYCF) practices. UNICEF has used emergency funding to support the Government of Congo to conduct a national nutritional SMART survey to assess the evolution of malnutrition. Results are being analysed by Government with UNICEF support.

¹ UNHCR, CAR refugees influx update March 2021

Health

UNICEF continues to support the government in providing life-saving health services to children and women, including for the response to COVID-19, procuring essential drugs and emergency health kits and strengthening the capacities of health workers. About 65 health facilities in the targeted regions received health services and nutritional kits (interagency emergency health kits (IEHK) basic unit kit, drugs, malaria and equipment, midwifery kit) to ensure the continuity of primary health services. This provision will cover around 95,000 people, including 19,000 children. In addition, UNICEF continues to support immunization activities by supporting vaccine supply through the Vaccine Independence Initiative (VII). As a result, 48,672 children under one year were vaccinated against measles at the national level during the first semester (including 6,456 in emergency regions), 51,916 against polio (third dose), 64,357 pregnant women received at least two doses of tetanus vaccine (including 8,915 pregnant women in emergency regions).

Congo experienced an outbreak of poliovirus derived from vaccine strains in October 2020. To remedy this epidemic, a 1st round of supplementary immunisation activities (SIAs) took place from May 27 to 29, 2021 during which 963,590 children under five out of 1,161,365 planned (83 per cent) were vaccinated with the new monovalent polio vaccine (nVPOm). The 2nd round is planned for August 2021.

WASH

UNICEF continues to support the Ebola Preparedness and COVID-19 activities. Infection Prevention and Control (IPC)/WASH Kits (handwashing devices and soap) were installed in 180 public spaces in the seven high-risk Ebola districts² along the river corridor with DRC. UNICEF also reached 34,266 people with critical water and hygiene supplies such as water treatment products, water containers for safe storage, and soaps. To stimulate good individual and collective hygiene practices, distribution was coupled with sensitization sessions. Furthermore, UNICEF and the government of Congo provided, through UNHCR, WASH³, and dignity kits to new refugee families from CAR. **4,377 refugees (616 children) were reached.** Underfunding and the limited number of WASH implementing partners remain the main challenges to be addressed in this sector.

In addition, UNICEF completed an IPC/WASH assessment for 20 healthcare facilities in the most high-risk Ebola districts along the river corridor. Results show a need to support health facilities. WASH services available range from 21 per cent for Ngabé and Mpouya to 70 per cent for Bouemba. To reinforce the IPC/WASH practices in 92 healthcare facilities in the most high-risk flooded regions (Cuvette, Likouala, Plateaux, and Sangha), UNICEF provided 276 handwashing devices and 9,200 soaps.

Education

UNICEF has provided technical and financial assistance to improve access to, and participation of, refugee children in quality basic education in Likouala and Plateaux regions. UNICEF and its partners have strengthened the community protection system and the awareness of violence against women and children, and on prevention measures for COVID-19. As a result, 59 teachers (12 female) were trained on the basics of learning French and mathematics for students to ensure quality learning for refugee children during the school year, of which 54 teachers (11 female) in the Likouala region and five teachers (1 female) in Plateaux region. Also, an educational support package aimed at improving school completion and success rates was provided. **5,029 refugee students** (2,654 girls and 2,375 boys) received each a school kit, of which 3,930 children (2,071 girls and 1,859 boys) in the Likouala and 1,099 students (583 girls and 516 boys) in Plateaux.

In addition, within the framework of "*Pedagogical continuity and resilience of the Congolese education system (Covid-19 Fast Track Funding)*", UNICEF supported the Ministry of primary and secondary education by providing school booklets to 45,000 students at the end of primary school (one booklet each) and to 30,000 students at the end of middle school (seven booklets each). This enabled these students to continue their learning during the COVID-19 context. UNICEF offered a pedagogical training package aimed at improving the academic success rate while enabling students to learn safely at school. A Training of Trainers was provided for 563 teachers (198 women and 365 men) on educational approaches and managing the health crisis linked to COVID-19. It is expected that 6,161 teachers (3,265 women and 2,895 men) will be trained (466 preschool, 3,127 primary, 1,847 secondary, 378 technical secondary and 343 non-formal teachers) and deployed in school-year 2021-2022, including in re-schooling centers, special schools for children living with disabilities and the school for indigenous children (ORA school⁴).

² The 7 high-risk districts are Impfondo and Liranga (Likouala); Mossaka and Loukolela (Cuvette); Makotimpoko and Mpouya (Plateaux); Ngabé (Pool).

³ Water purification products for bulk and household levels as well as water tank (bladder)

⁴ ORA (Observe, Reflect, Act) schools are informal schools, more often created by NGOs to facilitate the schooling of indigenous children.

Child Protection

UNICEF Congo has received funds from the Government of Japan, to support 400 children (including 250 boys and 150 girls) in Brazzaville and Pointe-Noire, with post-traumatic stress disorder (PTSD), gender-based violence and to sensitise on COVID-19 prevention measures for students living with disabilities. Activities are planned for the second half of 2021.

Communications for Development (C4D) and Community Engagement

UNICEF has focused on strengthening Risk Communication and Community Engagement (RCCE) on COVID-19 and on Ebola and has supported Ministry of health to prepare and update the communication strategies and response plans for Ebola and COVID-19, including vaccination.

Results include:

- **50,428 people** (22,649 children), were sensitized on Ebola, COVID-19, and cholera in the Cuvette, Likouala, and Plateau regions. Of these, 605 people (315 women) live with a disability and 528 are indigenous.
- **40,607 people** (20,401 female), including 21,826 children and 2,413 IDPs, in the seven high-risk Ebola districts, were sensitized on Ebola, COVID-19, and good hygiene practice. Of these, **6,997** were sensitized through mass-media, and **33,610** through door-to-door and community dialogue. 100 per cent had heard about COVID-19 and 86 per cent know that handwashing is a way to prevent transmission. For Ebola, 73 per cent of respondents know that touching a person deceased of Ebola is a way to be contaminated, compared to 99 per cent that know that touching infected animals can transmit the disease.
- **43,072 people**, including 26,734 adolescents and youth aged 10-24 years, were engaged by the Ministry of Social Affairs in awareness activities (door-to-door, focus groups) on COVID-19 in Pointe Noire.
- **191,446** people received messages on COVID-19 and Ebola through UNICEF and partner based social.
- **853** professional of the media, criers, influencers, religious leaders, district leaders and administrative delegates were trained by the Ministry of Health on the COVID-19 response and in support of vaccination.
- UNICEF conducted a KAP telephone survey on COVID-19. Results will support decision-making by the Technical Committee in charge of the COVID-19.

Furthermore, UNICEF has worked with key influencers such as community and traditional leaders, community groups, and women and youth groups to awareness on COVID-19 and promote healthy practices.

- In partnership with the Ministry for Water, **200 Community workers** and 48 representatives of market committees, hunters' associations, communities, and sensitizers in the Cuvette, Likouala, and Plateaux regions were trained on essential family practices in health and nutrition. This training enabled them to sensitize their community on preventing Ebola, Cholera, and COVID-19.
- In Pointe-Noire, **90 health**, social and community workers were trained on COVID-19 related issues including stress identification and counselling prior to be deployed in their communities to do sensitization.
- 10,000 communication and surveillance materials on Ebola infection prevention and control (IPC) protocols and effective communication on IPC, including waste management, were distributed in the Likouala region. It is estimated that at least **5,000** people received messages on Ebola thanks to this material.

Humanitarian Leadership, Coordination and Strategy

UNICEF Congo works in coordination with other humanitarian actors, which is critical for the activation and rapid implementation of planned humanitarian and development activities. The priority axes of this coordination are as follows:

- Coordination with direct implementing partners of line ministries such as the Ministry of Social Affairs and Humanitarian Action, the Ministry of Health, and the Ministry of Energy and Hydraulics;
- Coordination with the United Nations System (UNS), through its various sectoral working groups (health, nutrition, communication, washing, etc.), which brings together implementing partners, United Nations agencies, UNICEF, and other actors with response capacities in the targeted areas
- The coordination of activities internally in each region will strengthen the multisectoral nature of activities and facilitate collaboration with local authorities and decentralized technical bodies (Departmental Directorates of Humanitarian Action, Departmental Directorate of Social Affairs, Departmental Directorate of Health, Directorate department of education, etc.). In addition, UNICEF Congo supports capacity-building initiatives in key sectors for implementing partners and sector working groups, including education, WASH, nutrition, communication, emergency, and other relevant sectors.

Human Interest Stories and External Media:

[Preventing Ebola in the Republic of Congo](#)

In Mpouya community workers raise awareness within communities

[Ebola: the threat persists in villages along the river corridor](#)

Community mobilization: an effective preventive measure

Social Media

[UNICEF Field visit in Likouala, in the North of Congo](#)

[Preventing Ebola in the Republic of Congo](#)

[Raising awareness of students on COVID-19 in schools in Congo](#)

Next SitRep End year: 28 January 2022

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Annex A

Summary of Programme Results

Sector	UNICEF and IPs Response	
	2021 target	Total results 2021*
Nutrition		
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment.	37,000	3,259
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	34,400	66,356
Health		
Number of children aged 6 to 59 months vaccinated against measles	174,194	48,672
Number children aged 6 to 59 months vaccinated against polio	193,549	51,916
Number of children and women accessing primary health care in UNICEF-supported facilities	270,969	116,273
WASH		
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	132,495	0
Number of people accessing appropriately designed and managed latrines	132,495	0
people reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services	264,990	34,266
Child Protection		
Number of children and caregivers accessing mental health and psychosocial support	6,000	0
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention response interventions	500	0
Number of children with at least one parent who has tested positive for COVID-19 receiving mental health and psychosocial support	300	0
Education		
Number of children accessing formal or non-formal education, including early learning	448,210	80,029
Number of teachers trained on Ebola and COVID-19 prevention practices	5,976	563
C4D		
Number of people reached with messages on access to services	300,000	203,443
Number of people participating in engagement actions for social and behavioural change	75,000	128,301

Annex B

Funding Status*

Sector	Requirements	Funds available					Funding gap	
		Humanitarian resources received in 2021	Other resources received in 2021	Humanitarian carry over 2020	Other resources 2020(carry over)	total funding	GAP \$	% GAP
Nutrition	4,201,234.00	97,500.00		4,875.00		102,375.00	4,098,859	98%
Health	1,590,000.00	355,570.00	1,081,385.39	378,279.74	155,000.00	1,970,235.13	-380,235	-24%
WASH	2,031,201.00	364,600.00		-		364,600.00	1,666,601	82%
Child Protection, GBViE and PSEA	1,500,000.00	102,500.00		35,145.92		137,645.92	1,362,354	91%
Education	1,200,222.00	150,097.00		16,445.54	4,826,438.00	4,992,980.54	-3,792,759	-316%
Social protection and cash transfers	400,000.00	-		-	-	-	400,000	100%
C4D, Community engagement and AAP	500,000.00	279,182.00		48,706.68		327,888.68	172,111	34%
Preparedness and disaster reduction	500,000.00	390,414.00		118,959.12		509,373.12	-9,373	-2%
Total	11,922,657.00	1,739,863.00	1,081,385.39	602,412.00	4,981,438.00	8,405,098.39	3,517,558.61	30%

(As defined in Humanitarian Appeal 2021 for a period of 6 months)