



UNICEF/UN0563273/ZIAVOULA

Reporting Period: From 1st of January to 31st December 2021

Republic of Congo

Humanitarian Situation Report



Highlights

UNICEF Congo provided humanitarian assistance to vulnerable populations, including children, high-risk groups, host populations, refugees, and asylum seekers (from CAR and DRC), affected by floods in the northern part of the country in Cuvette, Likouala, Plateaux, and Sangha regions and by COVID-19. Critical life-saving multi-sector integrated services were provided, with the following results:

- 375,448 people were sensitized on Ebola, COVID-19, and cholera.
- A total of 239,164 children aged 6 to 59 months were screened for SAM and MAM through routine health care services.
- 4,493 children have been identified with SAM and referred for treatment.
- 36,138 people received essential water, hygiene, and sanitation supplies.

Furthermore, UNICEF Congo has strengthened the capacity of government counterparts (including 44 technical staff from various ministries), implementing partners and other humanitarian actors in the multisectoral approach to emergency preparedness and response.

UNICEF Congo mobilized 43 per cent of HAC 2021 funding needs. Additional funding would allow to reach more children, women, and vulnerable populations with humanitarian needs in the Republic of Congo.

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

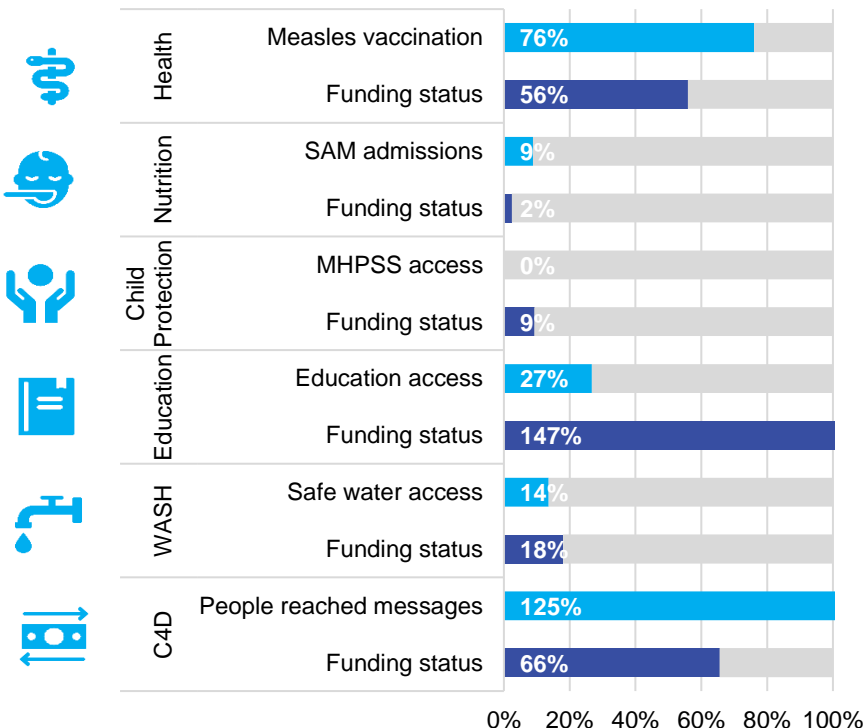


467,000

Children to be reached

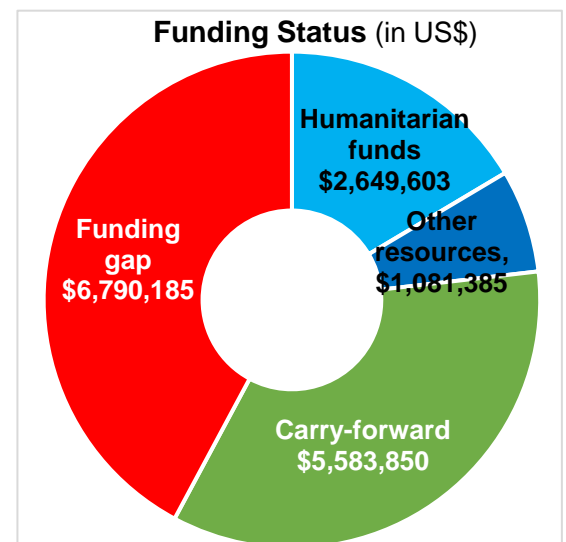


UNICEF's Response and Funding



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

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

- ① USAID has contributed US \$650,000 for Ebola prevention and preparedness activities in seven high-risk districts, including Impfondo, Liranga, Loukolela, Makotimpoko, Mossaka, Mpouya, and Ngabe. These areas are situated along the river corridor between the Republic of Congo (RoC) and DRC and experience regular border crossings of host populations, therefore increasing the risk of Ebola spread.
- ① 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 the COVID-19 pandemic in the Republic of Congo.
- ① 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.
- ① UNICEF, through its humanitarian action thematic pool fund contributed US \$ 225,000 for immediate emergency response needs.
- ① In addition, in December 2021, USAID Food For Peace had contributed US \$ 909,740 to support the emergency programme on the scaling up of the management of severe acute malnutrition through the national programme for community management of acute malnutrition (CMAM) of the Republic of Congo, and US \$1,500,000 to support vaccine roll out against COVID-19 in all regions of the country.

UNICEF expresses its sincere gratitude to all public and private donors, including USAID, the Government of Japan, BPRM, Gavi, the Vaccine Alliance, Global Partnership for Education, World Bank and UNICEF thematic humanitarian funds for the contributions received. However, the 2021 HAC had a funding gap of 57 per cent, with significant needs in nutrition, health, WASH, education, child protection, and communication for development.

Situation Overview & Humanitarian Needs

The Republic of the Congo is exposed to various humanitarian situations, such as the recurrent annual floods, refugees, and asylum seekers influxes from the Central African Republic (CAR) and the Democratic Republic of the Congo (DRC). The country is also exposed to various epidemics, including the current pandemic of COVID-19, measles, cholera, polio, yellow fever and a high risk of Ebola Virus Disease (EVD). The COVID-19 pandemic has affected, from 14 of March 2020 to 31 December 2021, a cumulative total of 21,277 persons confirmed positive COVID-19 cases¹. All the 12 regions of the country have had confirmed cases of COVID-19, with Brazzaville and Pointe Noire remaining the main hotspots. The cumulative death toll is so far at 369 persons. UNICEF targeted a total of 3.2 million people in the two COVID-19 high-risk main cities of Brazzaville and Pointe Noire (where nearly 60 per cent of the country population resides) with preparedness, prevention and/or response activities.

The risk of the Ebola Virus Disease spreading from Equatorial province 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 in the northern part of the country (Cuvette and Plateaux regions) could be at high risk of an Ebola Virus Disease outbreak. This situation is aggravated by the precariousness of health infrastructures, compounded with poor access of the populations to water, hygiene, and sanitation services.

The Republic of Congo hosts around 135,400 refugees, asylum seekers, and Internally Displaced Persons, including around 48,400 (approximately 24,200 children) old refugees and asylum seekers mainly from the Central African Republic (CAR) and the Democratic Republic of the Congo (UNHCR estimates, December 2020); 10,000 new refugees from Central African Republic (48 per cent children) following the civil unrest after the presidential elections in December 2020 (UNHCR, July 2021)² and the 77,000 internally displaced and returnees in the Pool region. These populations are in critical need of basic integrated social services, including health, nutrition, WASH, education, and protection.

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, Protection, and C4D services are delivered, particularly to the 25,000 new and most vulnerable refugees, asylum seekers and host populations, including children.

Summary Analysis of Programme Response

Nutrition³

UNICEF 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 in 2021. A total of 239,164 children 6 to 59 months were screened for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) through routine health services. As a result, 4,493 (around two (2) per cent) children aged between 6 to 59 months were identified as having SAM and were referred for treatment. Among children admitted to the Community-based

¹ Ministry of Health, SitRep N.209 of 04 January 2022

² UNHCR, CAR refugees influx update July 2021

³ All nutrition data are from the DHS2, Congo 2021

Management of Acute Malnutrition (CMAM) programme in 2021, 75.72 per cent were cured, 16.34 per cent defaulted, and 0.46 per cent died. In addition, UNICEF's support to routine postnatal care services helped sensitized 167,115 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. Besides, in December 2021, UNICEF received US \$ 909,740 from USAID Food For Peace to support the emergency programme on the scaling up of the management of SAM through the national programme for CMAM. The project will start in the first quarter of 2022.

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 capacity of health workers. About 65 health facilities in the targeted regions received health and nutritional kits (interagency emergency health kits/IEHK, basic unit kits, drugs, malaria and equipment, midwifery kit), EPI (masks donated by the Republic of Korea) to ensure the continuity of primary health services in safe conditions.. It is estimated that this provision covered at least 95,000 people, including 19,000 children.

In addition, UNICEF continues to support routine immunization activities for people in need of humanitarian assistance, by procuring the required vaccines supply and strengthening of the Cold Chain. Moreover, to improve vaccination coverage of children in the four regions affected by floods, these were targeted in high-impact health interventions for the reduction of maternal and child mortality. One example is the Mother and child health week during which 26,230 children under one year were vaccinated against measles at the national level as of November 2021, including 5133 children U5 in emergency regions. 4849 children were vaccinated against Penta (third dose), and 2345 pregnant women received at least two doses of tetanus vaccine (29,596 in emergency regions).

Thanks to the support from Gavi and USAID, UNICEF supported the Republic of Congo to install ten (10) Ultra Cold Chain (UCC) equipment with a total capacity of storage 1,000 liters, increasing the country's total storage capacity for vaccines at low temperature from 3,104 liters to 4,104 liters. The UCC equipment will ensure the proper storage of Pfizer vaccines in the two major cities, Brazzaville and Pointe Noire. This donation from USAID has complemented a donation from Gavi of 183 solar refrigerators for vaccine conservation at +2 to +8°C. In total, UNICEF has mobilized US \$1,500,000 from USAID in support of COVID 19 vaccine roll out.

WASH

UNICEF continued to support the Ebola Preparedness and COVID-19 response activities. Infection Prevention and Control (IPC)/WASH Kits (handwashing devices and soap) were installed in 195 public spaces⁴ in the seven high-risk Ebola districts⁵ along the river corridor with DRC in the first half of 2021. In the same period, UNICEF also reached 36,138 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. A Knowledge, Attitude and Practices'(KAP) survey shows that 82 per cent was treating their water. Furthermore, UNICEF and the government of Congo provided through UNHCR, WASH⁶, and dignity kits to new refugee families from CAR. A total of 4,377 refugees (616 children) were reached. Additionally, in collaboration with UNHCR and other partners, UNICEF provided enough water for drinking and cooking to 39,109 people. Underfunding, especially for sanitation actions and the limited number of WASH implementing partners remain the main challenges to be addressed in this sector.

A total of 40 schools and 9,575 students (4,487 girls and 5,088 boys) in Makotimpoko and Bouemba (Plateaux region) benefited from handwashing soap bars for a period of 6 to 9 months supporting efforts to promote hygiene and respect of COVID-19 preventive measures.

Furthermore, UNICEF completed an IPC/WASH assessment for 20 healthcare facilities in the most high-risk Ebola districts along the river corridor which highlights the need to further strengthen the IPC/WASH capacities and WASH services in the health facilities. For example, WASH services available in health facilities range from 21 per cent for Ngabé and Mpouya to 70 per cent for Bouemba. To strengthen the IPC/WASH practices in 92 healthcare facilities in the most high-risk floods regions (Cuvette, Likouala, Plateaux, and Sangha), UNICEF provided 276 handwashing stations and 9,200 soap bars. Besides, 10 healthcare facilities were equipped with chlorine production units to produce active chlorine. This set of new equipment will produce chlorine to disinfect drinking water and for environmental cleaning services.

⁴ 66 schools, 25 healthcare facilities, 10 public markets and 94 places of worship.

⁵ The 7 high-risk districts are Impfondo and Liranga (Likouala); Mossaka and Loukolela (Cuvette); Makotimpoko and Mpouya (Plateaux); Ngabé (Pool).

⁶ Water purification products for bulk and household levels as well as water tank (bladder)

Education

UNICEF provided technical and financial assistance to improve refugee children's access to quality basic education in the Likouala and Plateaux regions. A total of 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 in the Likouala (54) and Plateaux (5) regions. In addition, an educational support package aimed at improving school completion and success rates was provided to 5,029 refugee students (2,654 girls and 2,375 boys) in Likouala (2,071 girls and 1,859 boys) and in Plateaux (583 girls and 516 boys) regions.

As part of the Government's response to the COVID-19 pandemic in the education sector, with support from the Global Partnership for Education (GPE), UNICEF supported the Ministry of primary and secondary education by allowing 142,609 students (70,420 girls and 72,189 boys) to pursue their schooling. Amongst them, school booklets were provided to 70,000 students (34,300 girls and 35,700 boys) at the end of primary school (one booklet each) and 50,000 students (24,750 girls and 25,250 boys) at the end of lower secondary school (seven booklets each).

In its efforts to prevent and address the consequences of the COVID-19 pandemic, 1,755 schools (200 preschools, 1,178 primary and 377 lower secondary schools), received handwashing facilities, and disinfection and sanitation equipment, as well as capacity building of teachers and students to prevent COVID-19. Furthermore, 563 teachers (198 women and 365 men) at the national level were trained on educational approaches and managing the health crisis linked to COVID-19, and 30 members of school management committees (9 women and 21 men) were trained on the application of COVID-19 prevention measures. A total of 360,000 protective masks against COVID-19 were distributed to students. Less than 20 COVID-19 cases were reported in the school-system in 2021.

Child Protection

As part of the response to the COVID-19 epidemic, 1,295 students with disabilities (678 boys and 617 girls) to overcome trauma related to COVID-19 in specialized centers Brazzaville and Pointe Noire were sensitized on COVID-19 prevention and provided with psychosocial support. Training was provided by National Center for the Prevention and Treatment of Psychic Trauma. Also, 6,570 women and girls (3,483 under 18) living in Likouala and Plateaux regions were sensitized on Gender-based violence (GBV) prevention.

Communications for Development (C4D) and Community Engagement

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

Results include:

- ① 50,676 people (22,649 children), were sensitized on Ebola, COVID-19, and cholera in Cuvette, Likouala, and Plateau regions. Of these, 605 people (315 women) live with a disability and 528 are indigenous.
- ① In the seven high-risk Ebola districts, 42,632 people, including 22,778 children and 2,413 IDPs, were sensitized on Ebola, COVID-19, and good hygiene practices. Of these, 6,997 were sensitized through mass-media, and 35,635 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.
- ① 139,000 people (including 64,000 women and 9,000 children) were sensitized on COVID-19 prevention through radio, written press, and TV messages in Pointe Noire. In addition, 44,261 people, including 26,734 adolescents and youth aged 10-24 years, were sensitized on COVID-19 prevention in Pointe Noire through door-to-door and community activities.
- ① 224,451 people received messages on COVID-19 and Ebola through UNICEF and partner based social and digital media.
- ① 853 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.
- ① UNICEF conducted a Knowledge, Attitudes, and Practices (KAP) telephone survey on COVID-19. Results will support decision-making by the Technical Committee in charge of the COVID-19.
- ① 123 persons including 20 community health workers were capacitated in the Cuvette, Likouala, Plateaux, and Pool regions on Prevention and Control Infections (PCI) on the Ebola Virus Disease. In addition, communication materials on Ebola awareness have been improved by integrating observations gathered from feedback from the community and partners.

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

- ① 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.

- ① 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.
- ① 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 activating and rapidly implementing planned humanitarian and development activities. The priority axes of this coordination are as follows:

- ① 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;
- ① Coordination with the United Nations System (UNS), through its various sectoral working groups (health, nutrition, communication, WASH, emergency, etc.), which brings together implementing partners, United Nations agencies, UNICEF, and other humanitarian actors with response capacities in the targeted areas.
- ① 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: 31 July 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	4,493
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	34,400	167,115
Health		
Number of children aged 6 to 59 months vaccinated against measles	174,194	132,518
Number children aged 6 to 59 months vaccinated against polio	193,549	149,422
Number of children and women accessing primary health care in UNICEF-supported facilities	270,969	325,296
WASH		
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	132,495	39,109
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	36,138
Child Protection		
Number of children and caregivers accessing mental health and psychosocial support	6,000	1,295
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention response interventions	500	6,570
Number of children with at least one parent who has tested positive for COVID-19 receiving mental health and psychosocial support	300	0
Social Protection		
Number of households reached with humanitarian cash transfers across sectors	400	0 ⁷
Education		
Number of children accessing formal or non-formal education, including early learning	448,210	142,609 ⁸
Number of teachers trained on Ebola and COVID-19 prevention practices	5,976	563
Number of schools implementing safe school protocols (infection prevention and control)	1,494	1,755
C4D		
Number of people reached with messages on access to services	300,000	375,448
Number of people participating in engagement actions for social and behavioural change	75,000	138,545

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	1,007,240.00	-	4,875.00		1,012,115.00	3,189,119	76%
Health	1,590,000.00	355,570.00	1,081,385.39	378,279.74	155,000.00	1,970,235.13	0	0%
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	0	0%
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	0	0%
Total	11,922,657.00	2,649,603.00	1,081,385.39	602,412.00	4,981,438.00	9,314,838.39	6,790,185.40	57%

* As defined in Humanitarian Appeal 2021 for a period of 12 months

⁷ Due to the funding Gap, the country office was unable to implement this activity in 2021

⁸ This result is low compared to planned because some activities started in 2021, as for GPE funds, but will be finalized in 2022.