



Soap and water destroy the COVID-19 virus. Minelle, a 10-year-old student in fifth grade from Brazzaville, Makelekele, uses a handwashing station installed by UNICEF.

unicef   
for every child

## Humanitarian Action for Children

# Republic of Congo

### HIGHLIGHTS<sup>1</sup>

- The Republic of Congo (RoC) continues to be confronted with a multitude of complex humanitarian emergencies, leaving approximately 1.5 million people<sup>2</sup> (including 720,000 children) in need of urgent humanitarian assistance. This situation is further aggravated by the ongoing COVID-19 pandemic, which puts 3.2 million people<sup>3</sup> at risk of infection.
- UNICEF RoC will continue to support and provide humanitarian assistance to crisis-affected populations within the current COVID-19 pandemic context. In 2022, UNICEF aims to reach 203,259 people with critical WASH supplies; 218,432 children and women with access to primary health care; more than 500,000 people with COVID-19 infection and prevention control interventions; and will undertake cross-sectoral activities focused on child protection, gender equality, gender-based violence in emergency situations. (GBViE, and prevention of sexual exploitation and abuse (PSEA)).
- The present appeal aims to mobilize US\$12.1 million<sup>4</sup> to respond to the immediate and critical needs of crisis affected populations, with special focus in WASH, health, nutrition and education services and supplies.



### KEY PLANNED TARGETS



**31,736**

children admitted for treatment for severe acute malnutrition



**218,432**

children and women accessing health care



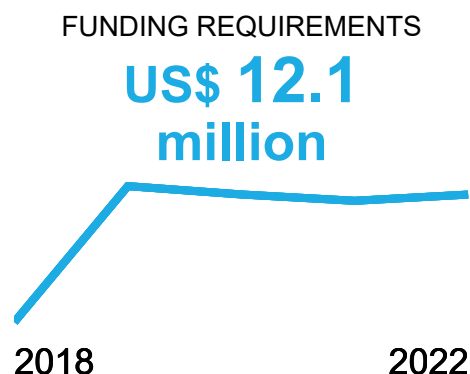
**203,259**

people reached with critical WASH supplies



**99,250**

children accessing educational services



## HUMANITARIAN SITUATION AND NEEDS

The humanitarian situation in RoC is characterized by the presence of around 227,000 refugees, asylum seekers and internally displaced persons, including 150,000 existing and new refugees from Central African Republic and Democratic Republic of Congo<sup>9</sup> and 77,000 internally displaced persons due to the 2016 conflict in the Pool region.<sup>10</sup> In addition, 500,000 people live in high-risk Ebola virus infection areas along the Ubangi and Congo rivers bordering DRC.<sup>11</sup>

The Likouala region alone hosts 27,000 refugees and asylum seekers,<sup>12</sup> of which 16,761 are based in Bétou, Mounguengui and Moualé. The northern part of the country, which shares the river border with DRC, has experienced recurrent floods since 2019, affecting around 170,000 people<sup>13</sup> every year, causing loss of lives, livestock, crops, household income, infrastructure and transport disruption, among others.

The humanitarian context is exacerbated by the ongoing COVID-19 pandemic, which has negatively impacted communities and caused the closure of educational institutions between March and October 2020 affecting 1,474,372 students.<sup>14</sup> This has contributed to issues related to access to education and other socioeconomic problems, such as increased rates of school dropouts, an increase in gender-based violence, a disruption of support to survivors in psycho-medical care centers, and increased vulnerabilities for children and women. In addition, access to safe water and sanitation services remains scarce. Only 20 per cent of households have access to basic sanitation and 74 per cent to protected water sources.<sup>15</sup> Infection prevention and control practices remain a challenge, jeopardized by the lack of adequate WASH services in healthcare facilities, in a context where only one health centre out of three has access to safe water.<sup>16</sup> The situation is also alarming in schools, with 56 per cent having no water service.<sup>17</sup>

The prevalence of severe acute malnutrition (SAM) remains high and it is estimated that 31,736 children aged 6 to 59 months suffer from SAM. This is further aggravated by the lack of timely access to quality primary health care, key recommended immunizations and appropriate channels to refer and treat SAM.<sup>18</sup> In addition, there are disparities in terms of access to public services, with rural areas receiving fewer public services than the two largest cities of Brazzaville and Pointe Noire.

Out of the 1.5 million people in need of urgent humanitarian assistance, 48 per cent are children facing enormous challenges in terms of access to basic social services.<sup>19</sup>

## SECTOR NEEDS



**186,696**  
people in need of  
nutrition assistance<sup>20</sup>



**698,505**  
people in need of  
health assistance<sup>21</sup>



**1 million**  
people in need of  
WASH services<sup>22</sup>



**40,000**  
children in need of  
protection services<sup>23</sup>



**375,000**  
children in need of  
access to school<sup>24</sup>

## STORY FROM THE FIELD



"Ruben is my first child. I had not realized he was malnourished until the community worker of my neighborhood, Jean-Aimé, told me that my son was very below the average weight for his height," says Veronika, the mother of Ruben, a 17-month-old child who has recently recovered from malnutrition. "I was really scared when Jean-Aimé put the bracelet (MUAC tape) on him to measure his arm and saw that it was in the red area."

Thanks to USAID-funded activities carried out by UNICEF and its partners, more than 500,000 children have been screened for malnutrition in Congo.

**[Read more about this story here](#)**

Veronika is the happy mother of little Ruben, who has recovered from malnutrition thanks to the work and follow up of Jean Aimé, a UNICEF community worker in Pointe Noire.

## HUMANITARIAN STRATEGY

In RoC, UNICEF will address immediate and critical life-saving needs of vulnerable individuals, households, internally displaced people, refugees and host communities that have been severely affected by emergency situations mainly in the Likouala, Cuvette, Sangha, Plateaux and Pool regions.

The UNICEF response will be guided by three key strategies: (1) support for timely and effective implementation of humanitarian interventions based on a multi-sectoral integrated package of services (health, nutrition, WASH, education, protection, GBViE and C4D/RCCE), especially for children under the age of 5 years, pregnant/lactating women and school-aged children (6 to 17 years); (2) in collaboration with the government and key humanitarian actors, procure emergency relief items to support the provision of key primary healthcare services, including immunization, SAM treatment, education and protection services, and access to safe water, sanitation and hygiene; (3) capacity building of implementing partners, government officials and key stakeholders, to improve the functionality, performance and service delivery of institutions.

UNICEF will continue to prioritize these interventions: support for the implementation of integrated comprehensive primary health care and nutrition services for women, children and vulnerable host populations, including antenatal care, prevention of mother-to-child transmission of HIV, immunization activities, nutritional screening for SAM detection and management, integrated management of childhood illnesses for remote unreached children through mobile clinics, and support for WASH services in health centres to reinforce infection and prevention control practices.

UNICEF will support communities in the promotion and adoption of key hygiene and sanitation practices and with access to safe water for drinking, cooking and personal hygiene. UNICEF will support children in emergency situations with access to education services, including the provision of learning materials. UNICEF will also promote community engagement actions that contribute to social and behavioral change and will pilot humanitarian cash transfers to enable communities' access to services with dignity and autonomy.

UNICEF will continue to strengthen emergency preparedness plans for standing capacity to respond within three to seven days of an onset of humanitarian situations, including disease and outbreaks.

UNICEF, as the lead agency for nutrition, WASH, child protection and education, will continue to support the government to lead and coordinate sectors, along with humanitarian partners, to ensure that interventions and efforts are coordinated and effective and that gender equality and protection issues are taken into consideration throughout the implementation of the humanitarian assistance.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/congo/situation-reports>

## 2022 PROGRAMME TARGETS



### Nutrition

- **31,736** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **34,400** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **700** adolescent girls receiving iron and folic acid or multiple micronutrient supplements



### Health

- **148,581** children aged 6 to 59 months vaccinated against measles
- **218,432** children and women accessing primary health care in UNICEF-supported facilities
- **500** health care facility staff and community health workers trained in infection prevention and control



### Water, sanitation and hygiene

- **118,054** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **118,054** people use safe and appropriate sanitation facilities
- **203,259** people reached with critical WASH supplies



### Child protection, GBViE and PSEA<sup>25</sup>

- **10,900** children and parents/caregivers accessing mental health and psychosocial support
- **7,500** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **37,500** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers<sup>26</sup>



### Education

- **99,250** children accessing formal or non-formal education, including early learning
- **99,250** children receiving individual learning materials
- **99,250** children/adolescents accessing skills development programmes
- **331** schools implementing safe school protocols (infection prevention and control)



### Social protection

- **500** households reached with UNICEF funded multi-purpose humanitarian cash transfers



### Cross-sectoral (HCT, C4D, RCCE and AAP)

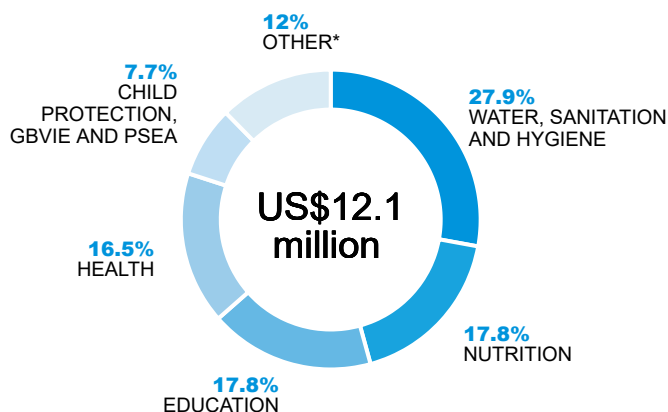
- **300,000** people reached through messaging on prevention and access to services
- **200,000** people engaged in risk communication and community engagement actions

## FUNDING REQUIREMENTS IN 2022

UNICEF is requesting US\$12.1 million<sup>27</sup> to provide life-saving humanitarian assistance to crisis-affected populations, including children and women, in the Cuvette, Likouala, Plateaux, Pool and Sangha regions. Due to the recurrent emergency situations and the impact of COVID-19, there is a significant increase in humanitarian needs compared to 2021 and UNICEF will prioritize key targets areas or sectors, including WASH (25.6 per cent of the funding requirement); nutrition (16.4 per cent); education (16.4 per cent); health (15.2 per cent) and child protection and GBVIE (7.7 per cent).

The requested funding will contribute to assisting affected populations with critical WASH supplies, access to primary health care and SAM treatment, access to education, support efforts to ensure a safe environment for people and institutions through integration of effective infection prevention and control for COVID-19, and effective emergency response to potential disease and viral outbreaks. Without sufficient and timely funding, UNICEF will be unable to support the national response to the recurrent crisis and will not be able to provide much needed immediate and critical humanitarian assistance.

This funding will enable UNICEF to save the lives of thousands of children at risk of mortality and morbidity from severe acute malnutrition and those of crisis-affected populations.



Sector	2022 requirements (US\$) <sup>28</sup>
Nutrition	2,166,234
Health	2,000,000
Water, sanitation and hygiene	3,382,845 <sup>29</sup>
Child protection, GBVIE and PSEA	928,750 <sup>30</sup>
Social protection	500,000
Education	2,160,000
Emergency preparedness	500,000
Cross-sectoral (HCT, C4D, RCCE and AAP)	500,000
<b>Total</b>	<b>12,137,829</b>

\*This includes costs from other sectors/interventions : Social protection (4.1%), Emergency preparedness (4.1%), Cross-sectoral (HCT, C4D, RCCE and AAP) (4.1%).

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## ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. UNICEF calculation based on data from the Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April-December 2020 (Annexes page 104/105 for Republic of Congo); UNHCR Regional Refugees Response Plans 2019-2020; Republic of Congo Plan national de préparation à la riposte à l'épidémie de maladie à virus ebola 2018; Republic of Congo, Update N°3: Evolution de la situation humanitaire dans les départements du pool et de la bouenza, UNCT; Ministry of Social Affairs and UN agencies Joint Floods Rapid Multisectoral Needs Assessment, Nov 2020.
3. United Nations, Assessment of the economic and social impacts of the COVID-19 pandemic in the Republic of the Congo, March 2021.
4. The total RoC HAC 2022 budget of US\$12.1 million shows a slight increase of 2 per cent compared to the 2021 budget of US\$11.9 million. The main increase is in key leading sectors such as WASH US\$3,382,845 (66 per cent increase); Education US\$2,160,000 (80 per cent increase); protection, GBViE and PSEA US\$928,750 (38 per cent decrease) and health US\$2,000,000 (25.7 per cent increase). The funding requirement for the WASH sector has increased, while the programme targets have decreased compared to 2021, due to a shift in focus from critical supply items delivery to improving access to WASH services in emergencies, which requires higher unit costs. Overall, the 2 per cent increase for the 2022 HAC compared to 2021 is due to inclusion of COVID-19 related activities, preparedness and increased access to WASH services at a higher unit cost.
5. Based on the data sources listed in endnote 1, the UNICEF analysis calculation provided a total of 4,097,000 people affected by emergencies, including 3.2 million people at high risk of COVID-19 infection, mainly in Brazzaville and Pointe Noire. Within this total, UNICEF has calculated around 1,500,000 people (36 per cent) in critical need of humanitarian assistance.
6. Based on data sources listed in endnote 1. Total children in need is calculated at 48 per cent of the 1,500,000 total people in need of humanitarian assistance, which equals 720,000 children.
7. UNICEF aims to reach approximately 750,000 people, 50 per cent of the total population in critical need (see endnotes 1 and 4). This includes: 218,432 children and women to be reached with quality primary health care; 203,259 people to be reached with critical WASH supplies and services; 99,250 children to access formal and non-formal education and beneficiaries among other sectors such as child protection, GBViE and cross-sector. The total to be reached of 750,000 includes 390,000 women and girls, and 112,500 people living with disability -- with 11,250 of these (10 per cent) being children, and of these disabled children, 253,760 are girls and 234,240 are boys. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
8. The UNICEF humanitarian response will give special focus to reaching 488,000 children, representing 65 per cent of the 750,000 total people to be reached with key programme targets interventions. The total children to be reached includes 253,760 girls, 234,240 boys and 11,250 children with disabilities. Programme targets aim to reach 218,432 children with primary health care, including 148,581 children aged 6 to 59 months vaccinated against measles; 10,900 children and their parents with access to mental health and psychosocial support, including gender-based violence; and 99,250 children with access to formal and non-formal education.
9. UNHCR Regional Refugees Response Plans 2019-2020.
10. Republic of Congo, Update N°3: Evolution de la situation humanitaire dans les départements du pool et de la bouenza, UNCT.
11. République du Congo plan national de préparation à la riposte à l'épidémie de maladie à virus ebola, mai 2018.
12. UNHCR Republic of Congo Fact Sheet - July 2021.
13. Joint Ministry of Social Affairs and United Nations agencies joint floods rapid multisectoral needs assessment, Nov 2020.
14. United Nations, Assessment of the economic and social impacts of the COVID-19 pandemic in the Republic of the Congo, March 2021.
15. Joint Monitoring Programme 2021: Progress on household drinking water, sanitation and hygiene 2000-2020: Five years into the SDG.
16. Joint Monitoring Programme 2019: WASH in health care facilities global baseline report 2019.
17. Joint Monitoring Programme 2018: Drinking Water, Sanitation and Hygiene in Schools: Global Baseline Report 2018.
18. Results of routine immunization campaigns by the government of the Republic of Congo and partners from January to March 2021.
19. World Bank document report number 126962-CG for Republic of Congo country partnership, November 2019. Provides useful information on the challenges caused by the economic recession.
20. Institut National de la Statistique et UNICEF: Enquête par grappes à indicateurs multiples, République du Congo (MICS5 2014-2015), Rapport final, Brazzaville, 2015.
21. Health sector needs were calculated based on the number of people, including refugees, exposed to Ebola Virus Disease (500,000); the nationwide SAM caseload of children under five in the six priority regions (31,736); the IDP population of returnees and host communities in Pool region (115,614); DRC and CAR refugees and host communities in the Likouala region (26,155); asylum-seekers and host communities in the Plateaux region (25,000); people affected by floods, with deduction of asylum seekers.
22. To avoid double counting, people from flood affected areas and high risk Ebola districts are counted as the same populations. As a result, 57 per cent of the target is focused on districts with high risk of Ebola and flooding, 22 per cent on COVID-19, and 21 per cent on refugees. The sector needs were first identified during a WASH sector consultation. For water and sanitation services, only those with no WASH services are targeted and prioritized.
23. The child protection and GBViE sector needs analysis and calculation of 40,000 has been extracted from the CO analysis of humanitarian needs. Refer to endnotes 1, 4, 5, 6 and 7.
24. Based on the United Nations Assessment of the Economic and Social Impacts of the COVID-19 Pandemic in the Republic of the Congo, March 2021.
25. Child protection and GBViE targets have been extracted within the total figures from the existing humanitarian situations in the country and therefore targets are set according to UNICEF response capacity and the most urgent and critical needs. The difference between the 2021 target of 500 and the 2022 target of 7,500 for access to gender-based violence risk mitigation and prevention is due to under-targeting in 2021.
26. This target reflects the most vulnerable women and children at risk of sexual exploitation and abuse.
27. Refer to endnote 3 for budget explanation.
28. Refer to endnote 3 for budget explanation.
29. The funding requirement for the WASH sector has increased while the programme targets have decreased compared to 2021. The reason is due to the UNICEF focus shift from critical supply item delivery in 2021 to improving access to WASH services in emergencies for HAC 2022, which requires higher unit costs.
30. This includes US\$206,250 for PSEA activities.