



A mother and her kids in Betou/Likouala region/© UNICEF/Congo 2018/Diefaga

Republic of Congo
Consolidated Emergency Report 2018
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1. Abbreviations and Acronyms

AARREC	Agence d'assistance aux rapatriés et réfugiés au Congo
BCC	Behaviour Change Communication
C4D	Communication for Development
CAR	Central Africa Republic
CMAM	Community Management of Acute Malnutrition
CR	Community relay
DHS	Demographic and Health Survey
DDR	Disarmament, demobilisation and reintegration
DRC	Democratic Republic of Congo
DRCRRRP	Democratic Republic of Congo Regional Refugee Response Plan
EVD	Ebola virus disease
FAO	Food and Agricultural Organisation
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
HTF	Humanitarian Thematic Funding
IDP	Internal displaced persons
MICS	Multiple Indicator Cluster Survey
MNP	Micro nutrient powder
MoE	Ministry of Education
MoH	Ministry of Health
MfH	Ministry for Hydraulics
MoSAHAS	Ministry of Social Affairs, Humanitarian Action and Solidarity
NGO	Non-Governmental Organisation
RoC	Republic of Congo
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
USAID/FFP	United States of American International Development Agency/Food for Peace
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

2. Executive Summary

According to the Humanitarian Action for Children¹ (HAC) in 2018, there were 127,250 children in need of humanitarian assistance in the Republic of Congo (RoC), including refugee children from the Democratic Republic of Congo (DRC) and the Central African Republic (CAR). The humanitarian assistance was provided in three regions: in the Pool and Bouenza regions for children affected by internal conflict and displacement, and in the Likouala region for refugee children. Although not included in the 2018 HAC, an Ebola Virus Disease (EVD) preparedness plan was launched by the Government and supported by UNICEF and other partners in response to the EVD outbreak declared in May 2018 in the border province of Equateur in the DRC. This plan aimed to strengthen EVD national preparedness, prevention and response capacities in six regions through the fluvial corridor between RoC and DRC, targeting 350,000 people (including 164,500 children) at risk of EVD outbreak.

In December 2018, following the deadly clashes between the Banunu and the Batende ethnic groups in the neighbouring province of Mai-Ndombe in the DRC, over 16,000 asylum seekers arrived in the Plateaux region of RoC, at risk of EVD and cholera.

UNICEF Congo has combined humanitarian response in the Pool and Bouenza regions, with long term development actions in the Likouala crisis, and in the EVD preparedness plan, designed to ensure the provision of a comprehensive package of interventions aimed to respond to the multifaceted needs of children and women, and the search for sustainable solutions.

In the northern part of the country, the Likouala region hosts 27,191² out of the 39,148 refugees registered in the country. UNICEF and its partners continued to address the needs of refugees and host community children and women with a special focus on Education, Child Protection and Nutrition through a combination of development and humanitarian interventions that contribute to longer term population resilience. This approach encompasses raising awareness of populations and local authorities on children's rights to protection, education, health, nutrition, and access to safe water, hygiene and sanitation. As a result, 1,350 school-aged children accessed quality education and 4,400 children benefitted from protection services including child-friendly spaces, birth certificates and psychosocial support.

In the Pool and Bouenza conflict-affected regions, 37,108 children under five were immunised against measles. In the areas at risk of EVD at-risk areas, 50,000 people (including 25,000 children) were reached with Communication for Development (C4D) activities as part of the EVD preparedness plan. In the Pool and Likouala regions, 1,541 refugees and conflict-affected, children 6-59 months old were admitted to treatment for severe acute malnutrition (SAM).

UNICEF Congo participated in the development of the Humanitarian Response Plan (HRP) for the Pool region following joint needs assessments missions (Pool, and EVD at risk regions), with other United Nations (UN) agencies of the Regional Refugees Response Plan (DRC RRRP) 2019-2020 for DRC. UNICEF Congo continued to work closely with national NGOs, and with the line Ministries particularly those in Education, Health, Water and Social Affairs. This multisectoral approach has proven to be key to reach the populations affected by the

¹ Republic of Congo, HAC 2018, includes Pool region internal crisis and Likouala refugees' crisis in needy populations, while the Humanitarian response plan does not include the crisis in the Likouala region

² UNHCR figures December 2018.

humanitarian crisis and to strengthen partners' capacities in planning and delivering the humanitarian response. However, the sector (cluster) approach both at national and internal UNICEF level remains a challenge resulting in gaps in coordinating mechanisms to foster partnerships between UN agencies, line Ministries and NGOs, in resources identification,, in the availability of knowledge and assets to expand coverage and identify capacity building needs.

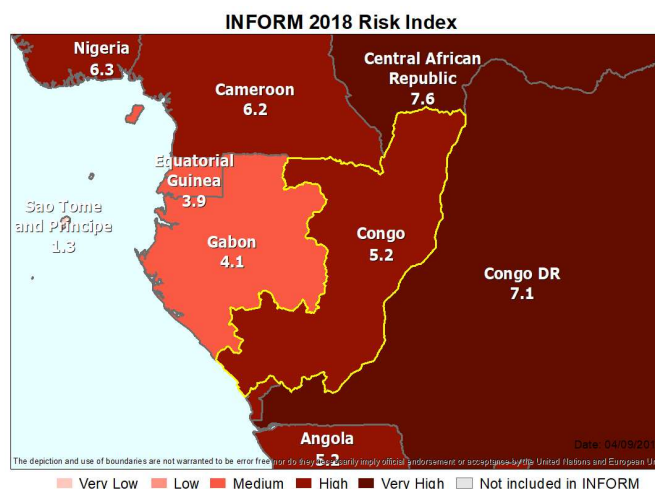
UNICEF Congo and its partners supported the Government to respond to humanitarian needs and to improve the EVD preparedness plan, with funding of US\$ 3,3 million (31 per cent)³ against UNICEF's HAC US\$ 7,7 million appeal, as well as with other UNICEF resources. Humanitarian thematic funds enabled the setup of the EVD preparedness plan, and also contributed to humanitarian interventions in the Likouala and Pool regions to complement emergency preparedness with interventions around nutrition, education and child protection. The country office used other resources to strengthen the response and improve results in the Pool and Likouala regions in the areas of water, sanitation and hygiene (WASH), Education and Child Protection. The HAC funding gap did not allow to meet the needs of all vulnerable children and women, especially in Education, Wash and Child Protection sectors.

UNICEF would like to thank all its donors and partners who made these results possible. Humanitarian thematic funds along with other UNICEF resources were key to respond to evolving needs and to strengthening humanitarian and development linkages. UNICEF would like to express its gratitude towards resource partners who provided such funding.

3. Humanitarian Context

INFORM⁴ (Index For Risk Management) rates Congo's risk of humanitarian crisis and disaster for 2019 to be high, at 5.5/10, an increase from 5.2/10 in 2018. According to this source, the risk profile of Congo shows a higher vulnerability and lack of coping mechanisms to address the hazards it is exposed to than the average of countries in the same income group in the same region. Lack of coping mechanisms refers mostly to the lack of resources available that can help absorb a shock including institutional, governance, physical infrastructures and access to health.

In 2018, the RoC continued to face several humanitarian crises (Pool internal conflict; influx of DRC asylum seekers in the Plateaux region; Likouala refugee protracted crisis), coupled with the risk of EVD outbreaks in DRC spreading to the region. In



³ EVD funding not considered, as not included in the appeal, and Health and Nutrition sectors overfunding not accounted, for the funding per cent.

⁴INFORM Index for Risk Management, global, open-source risk assessment for humanitarian crises and disasters, <http://www.inform-index.org/Countries/Country-Profile-Map>

Congo, almost of the villages around Congo and Oubangui rivers (from Bétou to Brazzaville) are exposed to EVD risk. In addition, SAM continued to affect children 6-59 months, both in humanitarian and development settings, constituting an important risk for child survival countrywide.

Following the signing of cease fire in December 2017, the security situation in the Pool conflict-affected region has stabilised with a considerable number of people that returned home (accurate figures are not available). In addition, the increase of humanitarian access to areas remaining without assistance during the conflict but leading to more humanitarian needs given most infrastructures were destroyed and services disrupted. Over 160,000 people⁵ (including returnees, displaced and host communities) are in need of humanitarian assistance and face financial and physical constraints including access to basic social services in a context of a collapsed local economy that also affects agricultural production and income generation activities. Furthermore, there are important needs to repair destroyed or damaged infrastructures such as schools, health and water facilities, markets, roads and housing. The delay, for lack of funding, in setting up the former combatant's reintegration component of the ongoing Disarmament, Demobilisation and Reintegration (DDR) programme, remains a serious risk for the peace process.

In this post conflict context, Education access remains a challenge, with 51⁶ schools closed (26 per cent of the conflict area affected schools) and while there is no reliable data on the total number of children without access to education in the region, 6,700 children (3-17 years old) and 153 teachers, are estimated to be affected by school's closure. Most needs refer to rehabilitation of damaged schools, teachers training on education in emergencies, provision of education learning materials, and return of displaced teachers to work.

Although there is no data available on the number of children in need, access to protection services continues to be a priority for the wellbeing and protection of child rights such as psychosocial support to victims of violence's including gender-based violence, birth certificates, and access to child friendly spaces.

Access of children to primary health services and of women to adequate management of pregnancy, delivery and post-partum follow up, also remains a challenge. Despite the improvement of people and goods mobility, there is a low return rate of displaced health staff to work, precarious functioning of health facilities with enormous needs in terms of rehabilitation, lack of equipment and drug supplies, along with the need to strengthen the capacities of health staff. All these challenges need to be addressed to ensure the access of the 114,000 target people in the HRP 2018 to basic health services.

In the Pool region, access rates⁷ to safe water (44,9 per cent) and basic sanitation (31,2 per cent) services, are the lowest in country, and continue to be a problem, and open defecation is a widespread practice. Meeting the Sanitation and Hygiene (WASH) sector target of 114,000 people in the HRP 2018 is a challenge due to the weaknesses and non-functionality of the structures which in turn contribute to the deterioration of the nutritional status of women and children.

⁵ Humanitarian Response Plan, Pool, 2018.

⁶ MEPSA, Primary and Secondary Education Ministry, December 2018,

⁷ MICS, 2014-2015. Enquête par grappes à indicateurs multiples, 2014-2015, Ministère du Plan, de la Statistique et de l'Intégration Régionale, UNICEF, Institut nationale de la Statistique.

In 2018, 9,200 Rwandan refugees lost⁸ their refugee status. Voluntary repatriation of several CAR refugees took place in 2018 and as a result the number of refugees in the northern region of Likouala decreased from 35,800 to 27,191 out of the 39,148⁹ refugees registered in the country in December 2018. Major humanitarian needs, such as education, children protection, health, and nutrition services access remain unmet in a remote region where scarcity of resources prevents the provision of, and access to, basic services of both refugees and vulnerable host populations.

Malnutrition is indirectly responsible for 52 per cent of all deaths in young children in RoC, with a prevalence of wasting among children under 5 that increased from 6 per cent¹⁰ to 8 per cent¹¹ and large disparities between regions: there is a higher prevalence among children in urban areas (9.6 per cent of GAM and 3.3% of SAM) compared to rural areas (5.9per cent of GAM and 1.6per cent of SAM). Also, the prevalence is higher among children aged 0 to 23 months compared to children aged 24 to 59 months. It is also higher among boys (8.7per cent). Regarding the humanitarian context, a nutritional survey carried out in 2017 in the Pool and Bouenza regions showed alarming rates of GAM (17.3per cent) and SAM (5.3 per cent) among displaced children.



UNICEF is the only agency that procures and provides nutritional supplies (Plumpy'nut, F75, and F100) essentially in humanitarian settings through implementing partners. However, malnutrition is chronic in nature: out of 68,105 children¹² suffering from SAM, only 2,2 per cent (target in the HRP and HAC 2018) of those living in the humanitarian settings of the Pool and Likouala regions were admitted for treatment. Given the burden of SAM and its contribution to child mortality, with a low coverage of the community malnutrition management (CMAM) programme, UNICEF's advocacy with the Ministry of Health (MoH) has led to the

⁸ after the cessation clause invoked by the Government of RoC by which : 1951 Refugees convention clauses operate to withdraw refugee's status, when due to a change of circumstances in their home country, refugees no longer require international protection.

⁹ UNHCR Republic of Congo, 2018.

¹⁰ Demographic and Health Survey 2011, ENQUÊTE DÉMOGRAPHIQUE ET DE SANTÉ DU CONGO (EDSC-II) 2011-2012, Ministère de l'Économie, des Finances, du Plan, du Portefeuille Public et de l'Intégration

¹¹ MICS, see note 6.

¹² SAM, calculations are based in the national prevalence rate of SAM 2.6per cent, MICS, Enquête par grappes à indicateurs multiples, 2014-2015, Ministère du Plan, de la Statistique et de l'Intégration Régionale, UNICEF, Institut nationale de la Statistique

adoption of a strategic framework to combat malnutrition, integrating SAM as a humanitarian crisis, and securing funds (included in HAC 2018) to address it.

After the EVD outbreak declared in May 2018 in the DRC, neighbouring Equateur province and followed by a second one in August 2018 in North Kivu province, some nine countries bordering the affected country were alerted and highlighted as being at-risk of a potential spread of said outbreak. The RoC was mentioned amongst the priority countries, and the Government, supported by WHO and UNICEF, launched an EVD preparedness and prevention contingency plan with the aim to reinforce EVD national preparedness, prevention and response capacities.

The RoC has been affected by four EVD outbreaks in the past (2001-2005) in the Cuvette region. Its large and porous fluvial border with the DRC, heavily trafficked and with a large numbers of population (included refugees) constantly moving through the area makes the country prone to two EVD outbreaks risks modalities: virus importation due to populations' mobility in the area; and virus development from country of origin, with a high epidemic spread risk due to contact of humans with potentially contaminated animals that populate the forests, family transmission due to lack of information and knowledge by the population of the modes of transmission, and knowledge, attitudes and perceptions of local populations including questions around wizards and evil-minded persons. A total of 350,000 people from six regions, (Brazzaville, Cuvette, Likouala, Plateaux, Pointe Noire and Pool), including 164,500 children, targeted in the EVD preparedness plan.

In the Plateaux region, over 16,000¹³ new asylum seekers arrived in December 2018 from Mai-Ndombe province in Western DRC, following clashes between the Banunu and Batende ethnic groups. They are hosted in remote flood-prone villages, at risk of Cholera and EVD, doubling the number of hosting populations, and lack access to water and sanitation, food, housing, protection and healthcare services.

4. Humanitarian results

In 2018, UNICEF in the Republic of Congo continued to support government and partners to respond to humanitarian needs, by implementing a multi sectoral emergency response programme, in line with the Humanitarian Response Plan, and the HAC 2018, for crisis affected populations, including refugees, internal displaced people (IDPs), returnees and host populations. These interventions are coupled by long term development actions, in post crisis (Pool) and protracted crisis (Likouala) contexts, and designed to ensure provision of a comprehensive package to respond to the multifaceted needs of the children, and the search for durable solutions,

UNICEF emergency programme, focused on improving children and women access to quality basic services, including health, nutrition, education, child protection and WASH, reinforcing disaster preparedness capacities for EVD and strengthening humanitarian response coordination mechanisms, through its sectors leads, in Nutrition, WASH, Education and Child Protection. However, the sector (cluster) approach, at global and UNICEF level, remains a challenge resulting in gaps in coordinating mechanisms, information sharing, resources, knowledge and assets to expand coverage, and needs to be reinforced to foster partnerships between UN agencies, lines Ministries and NGO.

¹³ Evaluation multi- sectorielle rapide des personnes déplacées de la RDC à MAKOTIPOKO et BOUEMBA, 23 au 26 décembre 2018, WFP, UNHCR.

UNICEF Congo along with humanitarian partners supported the Government to develop the HRP, which provided the framework for the Pool emergency intervention and the EVD preparedness plan launched by the Government in May 2018, and while Likouala refugee protracted crisis has not a national framework, humanitarian interventions are developed in coordination with UN agencies, local authorities and line Ministries regions.

UNICEF's HAC was developed well before the launch of the Congo HRP, and includes Pool and Likouala crises, therefore it presents different target and results indicators figures than those from the HRP. As for the results tables and given the low performance of the sector system, there are no figures either for sector targets or for sector results. Results tables present only UNICEF targets and results.

Results table

Keys programme indicators	UNICEF	
	Target	Total Results*
NUTRITION		
Number of children 6-59 months with SAM admitted for treatment	1,350	1,541
Children aged 0-23 months who received micronutrient's supplements	3,255	1,689
Number of caregivers of children aged 0-23 months accessing infant and young child feeding counselling.	7,100	1,900
HEALTH		
Number of children under five immunised against measles	33,800	37,108
Number of children reached with emergency primary health care services	28,600	18,246
Number of affected households received four insecticide-treated bed nets	32,000	2,500
WASH		
Number of internally displaced persons, refugees and host community members provided with safe water per agreed standards	125,900	14,299
Number of internally displaced persons, refugees and host community members accessing adequate sanitation facilities	20,000	3,240
Number of children accessing WASH facilities in learning environments	12,000	1,857
CHILD PROTECTION		
Children reached with psychosocial support	2,900	1,955
EDUCATION		
Number of school-aged children accessing quality education	39,950	1,350
Number of children receive individual education learning materials	39,500	7,887
EVD PREPAREDNESS PLAN		
Number of people reached with key life-saving & behaviour change messages and Key family practices on EVD prevention	350,000	50,000

Results by sector

4.1. Nutrition sector

NUTRITION	Target	Total Results
Number of children 6-59 months with SAM admitted for treatment	1,350	1,541
Children aged 0-23 months received micronutrient's supplements	3,255	1,689
Number of caregivers of children aged 0-23 months accessing infant and young child feeding counselling.	7,100	1,900

UNICEF supported the SAM programme in humanitarian settings (Bouenza, Likouala and Pool regions), through the supply of ready-to-use therapeutic food (RUTF), therapeutic milks (F-75 and F-100), anthropometric equipment and medicines to 59 therapeutic units. Also, 220 community relays (CR) were trained in community management of acute malnutrition (CMAM) and health staff benefitted from capacity building through 20 joint formative supervision sessions. (with health regions officers and partners)

As a result, a total of 37,247 children (17,512 girls) under five years old benefitted from early nutritional screening, and 1,541 (824 girls) out of 1,350 targeted children, were referred and admitted for treatment in therapeutic feeding units (218 in Bouenza, 447 in Pool and 876 in Likouala regions), with a recovery rate estimated at 92.8 per cent, a death rate of 0,7 per cent and default rate of 6.5 per cent. These performance indicators met the Sphere standards and achieved through the close monitoring of therapeutic feeding centres and the setting-up of mobile clinics in remote areas without access to health/nutrition facilities. The caseload of SAM reached above the target could be explained by the deployment of screening and mobile clinics in localities that were considered as hard-to-reach. This could also be explained by an underestimation of the malnutrition burden as no nutritional surveys have been carried out in the country since the 2017 nutritional survey in the Bouenza and Pool regions, and the MICS 2014-2015. Humanitarian thematic funds contributed to treat SAM targeted children through the provision of nutritional supplies and to the deployment of emergency staff to strengthen the management capacities of partners.

With a view to preventing malnutrition and anaemia among children under five, nearly 1,689 displaced children aged 6 to 23 months benefited from balanced meals through distribution of multi-micronutrient powder (MNPs) sachets to improve the quality of their meals. This figure corresponds to 52 per cent of target (3,255) and is due to the high number of children with malaria in several localities, and the contraindication to distribute MNP sachets to malaria-positive children.

UNICEF supported counselling and support of caregivers for appropriate infant and young child feeding by providing communication materials to Community Relays (CR). As a result, 1,900 caregivers of children aged 0-23 months (27 per cent of targeted children), were sensitised on essential nutrition and infant and young child feeding (IYCF) practices. This underperformance could be explained, among other reasons, by a weak CR management of planned counselling sessions for caregivers in IYCF practices.

UNICEF support to the MoH to scale up nutrition interventions, including malnutrition affecting children in non-humanitarian contexts, has led to develop a national strategic framework on malnutrition management, with an operational plan and clear targets set to upscale an Integrated management of acute malnutrition (IMAM) in country. UNICEF support to this strategy has contributed to mobilise additional funds¹⁴ to scale up SAM treatments in 7 out of 10 non-humanitarian crisis affected regions targeting a total of 25,200 children 6-59 months. This is an example that illustrates how to link humanitarian advocacy and results to development outcomes, working towards achieving collective outcomes that reduce needs, risk and vulnerability of chronic malnutrition at country level.



UNICEF/ Republic of Congo/2018/Maranatha

In late 2018, a new humanitarian funding¹⁵, will enable UNICEF to reach 565 children (6-59 months) with SAM through the provision of nutritional supplies and the support to community health workers trainings, in the Pool region.

Programming is progressing for these two funds which arrived in the fourth quarter of 2018. Procurement of commodities has initiated, and training sessions planned, as well as the provision of job aids and management tools on CMAM to targeted therapeutic feeding centres. However, results of these contributions will be put towards the implementation of the 2019 HAC.

UNICEF leads the humanitarian inter-agency coordination group on nutrition for an effective monitoring, preparedness and response to emergencies in the Likouala, Pool and, since December 2018, in the Plateaux regions. Under UNICEF's leadership, Nutrition humanitarian sector has been extended from local (Bouenza and Pool regions) to national level, including relevant sectoral actors in humanitarian and development contexts. A national Nutrition Technical Working Group (NTWG) has been set up by the Ministry of Health to coordinate nutrition interventions at country level including humanitarian settings.

Most challenges faced during the implementation of these projects are related to low capacities of implementing partners (MoH, other partners), and include: insufficient qualified health personnel in several communities to manage malnutrition cases; insufficient disaggregation of

¹⁴ USAID Food for Peace, September 2018.

¹⁵ Under Funded CERF, Health and Nutrition, October 2018, Pool.

data by sex, residency and status (IDPs/ Refugee/ vs host population); and weaknesses in the flow of relevant data and figures, particularly to the national-level decision-making bodies, for a comprehensive and timely activity and data analysis.

4.2. Health sector

HEALTH	Target	Total results
Number of children under five immunised against measles	33,800	37,108
Number of children reached with emergency primary health care services	28,600	18,246
Number of affected households received four insecticide-treated bed nets	32,000	2,500

UNICEF supported the Ministry of Health through the provision of essential medicines, emergency health kits, midwifery kits and vaccines to 35 health centres. Likewise, in building the capacity of health workers to improve access of children and women in need and in integrating primary health care (PHC) services with immunisation activities against vaccine-preventable diseases in the Bouenza and Pool regions. As a result, 20,327 persons (64per cent of which displaced persons) were reached, including 933 pregnant women and 1,349 lactating women, benefitted from prenatal care and safe childbirth according to standards and 18,246 children (64per cent of target) accessed emergency primary health services. In addition, 37,108 children under five years were immunised against measles.

The Pool and Bouenza conflict-affected regions are malaria-endemic settings and malaria is the leading cause of visits to health centres among under-five children. To address this, with the support of UNICEF, 10,000 long-lasting-insecticide-treated bed nets were distributed to 2,500 affected households. This represents 8per cent of the planned target due to underfunding.

UNICEF continued to support routine immunisation by providing of vaccines and strengthening of the cold chain in the targeted regions as well as by building the capacity of health workers.

Health sector underfunding prevented UNICEF from reaching results against the planned targets. Funding was received in October 2018¹⁶ for the Pool region which will finance interventions in Nutrition and Health. However, as mentioned above (nutrition sector section), this contribution will be put towards the implementation of the 2019 HAC.

As is the case with the nutrition interventions (see previous section) challenges faced during the implementation of these projects are related to low capacities of implementing partners (MoH, other partners), and include: insufficient qualified health personnel in several communities to manage malnutrition cases; insufficient disaggregation of data by sex, residency and status (IDPs/ Refugee/ vs host population); and weaknesses in the flow of relevant data and figures, particularly to the national-level decision-making bodies, for a comprehensive and timely activity and data analysis.

¹⁶ Under Funded CERF Health and Nutrition, October 2018, Pool.

4.3. WASH sector

WASH	Target	Total Results
Number of internally displaced persons, refugees and host community members, provided with safe water per agreed standards	125,900	14,299
Number of internally displaced persons, refugees and host community members accessing adequate sanitation facilities	20,000	3,240
Number of children accessing WASH facilities in learning environments	12,000	1,857

The critical underfunding of this sector, (no funds received during the reporting period) prevented UNICEF and its partners to reach planned targets in the Pool and Bouenza regions. In the Likouala region, refugee population was reached with Natcom France funds, and UNICEF other resources.

UNICEF financed and supported, the Ministry for Hydraulics (MfH), AARREC and Caritas (local NGO) to implement the WASH response programme in the Bouenza, Likouala and Pool regions. As a result, access to safe water was improved for 14,299 people (11 per cent of target, including 1,857 children refugees, internally displaced persons and host populations, in learning environments) through the installation of ten bladders and the rehabilitation of five water points. Access to appropriate toilets was provided for 3,249 people (16 per cent of target) and 3,650 women benefitted from dignity kits in Pool region.

In the Likouala region, UNICEF supported the rehabilitation of three school wells, benefitting 900 children, and nine separate latrines benefitting 450 children. A total of 9,000 refugee and host populations were sensitised on hygiene promotion.

UNICEF Congo continued to co-lead and support the smooth conduct of the National Emergency WASH sector group meetings led by the Directorate of Hydraulics. In 2018, the sector group developed the 2018 Humanitarian Response Plan, the Terms of Reference and other relevant documents for a better coordination and collection of data, and regular meeting were convened with the participation and strong involvement of the government.

Due to the weak mobilisation of financial resources for the sector, UNICEF took the responsibility to develop an advocacy role to raise awareness on the impact and consequences of WASH sector underfunding to reach 67,120¹⁷ children. An advocacy document has been produced and validated by the group, and a WASH resource mobilisation strategy is being developed..

The main constraints affecting the sector are the weak fund mobilisation capacities, involving a low performance in reaching target population, as planned in the Humanitarian Response Plan and in the HAC, the limited number and capacities of the partners and the absence of WASH contingency stocks to ensure a timely and efficient response.

¹⁷ HAC 2018, WASH children target

4.4. Child Protection sector

CHILD PROTECTION	Target	Total Results
Children reached with psychosocial support	2,900	1,955

Despite the underfunding of the sector, with no funds received in 2018 for the Pool and Bouenza crisis-affected regions, UNICEF benefited from a grant from the French National Committee (NatCom France) for the Likouala region and mobilised other resources that were crucial to the provision support to children through community and formal service delivery mechanisms, as well as to raise community awareness in children rights to protection in the Bouenza, Likouala and Pool regions.

As a result, UNICEF and its partners supported a total of 1,857 children aged 2-5 years old, including refugees, internal displaced and host children in the three regions that benefitted from safe access to seven child-friendly spaces where they accessed with socialisation, play and learning activities. A further 160 children with specific vulnerabilities were provided with integral support.

In addition, in the Likouala region, 41 children survivors of Gender Based Violence (GBV) were provided with multidisciplinary support, 98 children received psychosocial support or psychological care provided by psychologists and health care personnel involved in trauma-counselling teams, and 4,400 children benefitted from birth certificates. As for community awareness-raising on children rights, 10,000 people (46per cent refugees, 48 per cent children) were sensitised on child protection and sex and gender violence.

Main constraints encountered during the programme, included the sector underfunding that prevented to reach children in need as well as to provide psychosocial support by specialised trauma counselling teams. Also, the difficulty to provide adequate assistance to children in need in remote areas of the Likouala region. Cultural barriers (e.g. Prioritisation of a friendly resolution for cases of rape rather than using a legal option) represents another main constraint for the management of survivors of rape and GBV.

UNICEF and its partners worked in coordination with the UNHCR, MoASAHS in the Likouala region, and with the MoASAHS in the Pool and Bouenza regions. The child protection humanitarian sector coordination is not fully operational and remains very weak in terms of joint strategy planning, sharing of information.

4.5. Education sector

EDUCATION	Target	Total Results
Number of school-aged children accessing quality education	39,950	1,350
Number of children receive individual education learning materials	39,500	7,887

In 2018, the education response strategy focused on improving access and completion of quality basic education of refugees displaced and of host children in the Bouenza, Likouala and Pool regions.

In the Pool region and due to lack of funding for the sector since the beginning of the crisis in 2016, UNICEF allocated other resources that were key for the provision of individual education learning materials (including textbooks) to 7,887 children 6-17 years old (20 per cent of targeted children).

In the Likouala region, 16,754 people (50 per cent, refugees and 51 per cent children) were reached with education right awareness messages; 60 teachers from schools hosting refugee children were trained and supported to improve the education level - far below from the expected primary/ secondary level- of 1,350 children through tutorial classes. As result 650 students reached the required education level.

Main constraints were related to lack of funding to meet children's educational needs. The Emergency Education sector led by the Ministry of Education and co-lead by UNICEF is not operational due the lack of structured working teams at the Ministry of Education as well as the unavailability of a trained network of emergency partners. The capacities of the General Director of Basic Education have been strengthened in the field of education in emergencies, as a first step to boost the leadership of the Ministry of Education.

4.6. Ebola Preparedness Plan

EVD PREPAREDNESS PLAN	Target	Total Results
Number of people reached with key life-saving & behaviour change messages and Key family practices on EVD prevention	350,000	50,000

UNICEF, along with lines Ministries, WHO and NGO, coordinates the EVD joint communication plan aimed at preventing Ebola epidemic in at risks regions of Brazzaville, Cuvette, Likouala, Plateaux, Pointe-Noire and Pool, which are home to more than half of country's population. This programme focuses on Communication for development (C4D) activities, especially key to achieve a shift in the beliefs and local rituals and habits of 350,000 targeted to prevent EVD transmission.

UNICEF financed and provided technical support on EVD Behaviour Change Communication (BCC) training, at community level, by strengthening 400 community workers, from civil society (including partners and field actors), capacities in prevention of EVD, by providing communication equipment's and washing devices (300 hand washing devices, 1000 buckets, basins and cups and 8,000 soaps) to increase the importance of handwashing, mainly in the northern regions.

Updated communication supports in French and local languages, (75 image boxes, 16,000 posters, 8,000 leaflets, 8,000 flyers and cartoons) were produced and distributed for

communities' sensitisation activities, carried out in churches, markets, health centres, neighbourhoods, ports and airports.

Media materials were also produced, in a participatory process with all the stakeholders, and distributed to radios and television stations which diffused them between June and December 2018, although audience figures are not available.

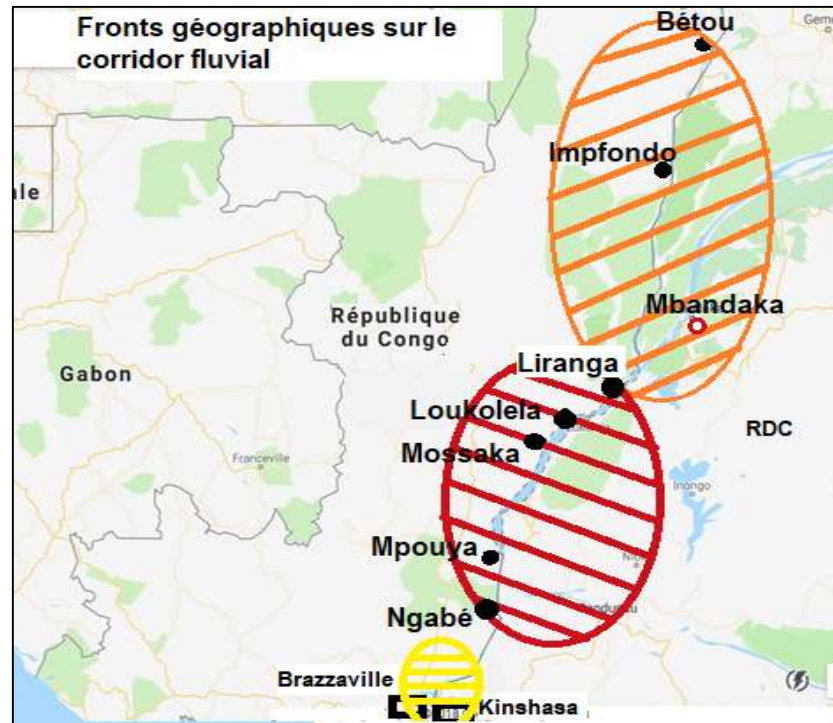
UNICEF has also participated in the training of 100 members of rapid response teams in Brazzaville and in the north of country. Community relays, religious leaders and members of Community Animation Units have been engaged to conduct educational talks, home visits, discussion and interactive radio programmes through mixed approaches, mass communication and individualised

communication. Attention has been given to ensure a significant representation of women and girls, with at least 40 per cent, (in trainings, validation workshops, stakeholders engagement meetings, communication materials development) to integrate their specific needs and to eliminate clichés, texts and sexist images.

As a result, up to 50,000 people, including 25,000 children are estimated to have been reached, this result under the planned target is due to the delay in setting up community outreach activities and the not availability of media audience data. In partnership with the Ministry of Health and WHO, a rapid preliminary survey was conducted in May 2018, with a sample of 500 people on the knowledge, beliefs and practices of threatened populations in most at EVD risk areas, in Likouala, Plateaux and Cuvette regions. Results showed, an acceptable populations knowledge on EVD, but with low levels of knowledge about EVD origin, ways of transmission, risk factors and protective measures individuals can take.

Major operational constraints are related to the difficult access to several remote affected localities, with a very high cost for teams and materials transport. In addition, the shortage and low technical capacities of partners and local community-based organisations, and weak coordination of the communication component of prevention activities, including by national authorities were part of the main constraints

DRC and Republic of Congo EVD areas at EVD risk



Source : Plan de Communication du Plan de Riposte contre la maladie à Virus Ebola, Ministère de la Santé et la Population, May 2018.

The implementation of the joint communication plan (Government with partners of the United Nations system) did not mobilise sufficient domestic funds. Humanitarian thematic funds were the only significant funding that has enabled UNICEF to support the activities carried forward, and to play a key role in providing financial and technical support to partners, to sensitise targeted populations on EVD prevention.

4.7. Case Study

Congo: Prevention of Ebola Virus Disease (EBV) in the communities of the fluvial corridor with the Democratic Republic of Congo.

Top-level results: Global humanitarian thematic funding, was critical to achieve EVD preparedness plan results contributing to Goal Area 1: Every child survives and thrives, and Goal Area 4: Every child lives in a safe and clean environment. The knowledge, perception and attitudes of at least 50,000 people in communities at risk of Ebola Virus Disease (EBV) were reinforced on hygiene measures, social behaviors and practices and dangerous eating habits. The results of the rapid survey of 500 people, after the first awareness campaign, show that 92 per cent of respondents have heard of Ebola, and know at least two modes of infection and two modes of prevention. The main sources of information are radio and neighbours and/or friends.

Issue/background: The Republic of Congo has a large and porous fluvial border with the Democratic Republic of Congo. After the EVD outbreak declared in May 2018 in the DRC, the Government of Congo, supported by WHO and UNICEF, launched an EVD preparedness and prevention contingency plan. UNICEF led the C4D plan which targets 350,000 people, including 164,500 children, in six regions (Brazzaville, Cuvette, Likouala, Plateaux, Pointe-Noire and Pool).

Resources required/allocated: UNICEF mobilised US\$ 422,741 out of the US\$ 319.938 required, US\$ 285,000 from the Global humanitarian thematic funding and US\$ 120,000 US\$ carry over from regional humanitarian thematic funds (DFID). In coordination with the Ministries of Health, of Social Affairs and Humanitarian Action and local partners, these funds supported the development of C4D interventions for prevention of at-risk populations, the provision of handwashing devices including hand washing stations, soap and buckets) devices for health centres, schools, markets and ports, to cover the costs of preparation, printing and distribution of the communication and media supports and an initial quick surveys on EVD knowledge. Funds were also used to finance UNICEF emergencies and communication for development staff, field technical missions, as well as to finance and provide technical support to implementing partners.

Progress and results: With the provision of global thematic humanitarian funds, UNICEF was able to reach at least 50,000 people with hygiene measures and social behaviours and practices as well as on eating habits to avoid contamination. More than 400 field actors including local and community leaders were trained and involved in mobilizing and sensitizing their communities. A pool of trainers of trainers was set up in each targeted district and hygiene materials were provided (hand-washing devices, buckets, bassinets, goblets, soap ...) together with small communication equipment for the animation of awareness sessions (megaphones, projectors, generators, etc.). A quick survey on knowledge, ideas and practices related to Ebola was conducted on a sample of 500 people, including the regions of Likouala, Plateaux and Cuvette.

Criticality and value addition: The large and porous fluvial border with the Democratic Republic of Congo made the whole country at risk of EVD and the Government and its partners identified two scenarios: i) internal outbreak with the awakening of old or new outbreaks, and ii) the importation of the virus due to the mobility of populations along the river Congo. In this context, the main objective of the Country's Ebola Prevention Plan was to strengthen prevention. UNICEF's contribution to this plan was to promote the acquisition of knowledge, behaviours and practices likely to limit the spread of the Ebola virus in Congo. The rapid training of local leaders and community relays and other communication activities was considered as a key prevention intervention. This was complemented with education on proper hygiene practices in at-risk locations such as schools, health centres, ports and markets. The contribution of the communication plan to the national Ebola response is to create the conditions for community membership and the acquisition of knowledge and behaviour that can limit the spread of the virus in the Congo for a target population of 350,000 people, including 164,500 children.

Challenges and Lesson Learned: Main challenges include the low availability and weak capacities of implementing partners when developing awareness projects at the community level and the difficulty to reach hard-to reach communities with the increase in transport, printing and broadcasting costs and identification of communication channels for hard-to-reach communities. To mitigate these challenges in capacity gaps, UNICEF Congo has privileged skills transfer in planning and implementation on emergency and relief programming to implementing partners.

Moving Forward: Awareness-raising sessions will continue in the two main conurbations of Brazzaville and Pointe-Noire where over 60 per cent of the country's population resides.



Handwashing utensils ready to be distributed.
@UNICEF/Republic of Congo/2018/Nkoul



Teachers' workshop in Liranga
Photo: UNICEF May 2018



Awareness-raising session in the community of Bobi, district of Loukoléla.
Photo UNICEF, May 2018.



Arrival of the Government's multi-sectoral team to Liranga, including WHO, UNICEF, FAO, WFP

Photo UNICEF, May 2018



Meeting with community relais in Liranga
Photo UNICEF, May 2018

5 Results achieved by humanitarian thematic funds.

UNICEF Congo benefitted from about US\$ 422,741 thematic humanitarian funding (13 per cent) out of a total funding of US\$ 3,3 million received against the HAC appeal.

Thematic humanitarian funding contributed to the achievement of results in the humanitarian settings where UNICEF and its partners intervened, including the EVD preparedness plan, the response for refugees in the Likouala region and the response for displaced and host populations in the Pool region.

Humanitarian thematic funds have been the only contribution received to ensure the setup of the EVD preparedness plan. They also contributed to the interventions in the Likouala and Pool regions namely to achieve nutrition, education and child protection results, while other UNICEF resources were used to deliver better response and timely results in Education and Child Protection sectors in the Pool and Likouala regions.

The crisis in the Likouala region did not receive any funding against the HAC appeal and humanitarian interventions were carried out with UNICEF Other Resources as well as with humanitarian thematic funding. The HAC funding gap did not allow to meet the needs of vulnerable children and women, especially in the Education, Wash and Child Protection sectors.

Humanitarian funds were used to finance and provide technical support to the MoH to develop and implement the EVD communication plan. As a result, 50,000 people, including, 25,000 children have been sensitised on EVD prevention through activities carried out in churches, markets, health centres, neighbourhoods, ports and airports, and through Public Service announcements on radio and television. These results were reached in partnership with different Government structures (MoH, MASAHS, MoE, Ministry of Communication and Media), United Nations agencies, (WHO, FAO) and which other NGOs and community-based organisations.

Although the nutrition sector has been overfunded in 2018, most of funds were received in late 2018, and activities and results will not be available before early 2019. In this context, the availability and flexibility of humanitarian thematic funding has contributed to provide life-saving interventions, a total of 37,247 under five refugees from CAR, DRC and for host children in the Pool and Likouala regions who benefitted from nutritional screening, and for 1,541 children with SAM who were referred and admitted for treatment. This funding complemented the response to SAM by ensuring the purchase and delivery of RUTF and therapeutic milks (F75 and F100) for therapeutic feeding enters.

The thematic funding constituted also a great support for the underfunded Education and Child Protection sectors by allowing the provision of individual education learning materials (including text books) to 7,887 children 6-17 children years old in the Pool region and to improve 1,350 children education level through tutorial classes. In the Likouala region, these funds were an important support that allowed 4,400 children to benefit from birth certificates and contributed to the provision of psychosocial support to 1,157 children 2-5 years of age, by ensuring safe access to child friendly spaces, with socialisation, play and learning activities.

6. Assessment, Monitoring and Evaluation.

UNICEF Congo is actively participating in country refugee's humanitarian working group, led by the UNHCR, and has contributed to the development of the DRC Regional Refugee Response Plan 2019-2020. As member of the humanitarian coordination group, UNICEF Congo contributed to the development of the Pool Humanitarian Response Plan (March 2018), to the Ebola national preparedness plan (May 2018), and participated in the Interagency needs assessment mission March 2018 in the Pool region, and in the DRC Yumbi new refugee's arrival to the Plateaux region, inter agency coordinated assessments, December 2018.

Regular field monitoring visits were conducted in Pool, Bouenza and Likouala regions, to monitor the main achievements and challenges identified during programme implementation, to address key issues and integrate lessons learned into programme documents and responses.

As part of Harmonised Approach to Cash Transfers (HACT), regular programmatic visits and spot checks were conducted by staff for a close monitoring of the implementation of the projects. An end-user monitoring of supplies has been conducted with the aim of ensuring that they are reaching -and being used by- beneficiaries. This monitoring helped to reinforce supply

chain management of the regional health directorates and to ensure that the supplies provided by UNICEF Congo cover the needs of the beneficiaries in the Pool and Bouenza regions. In addition, implementing partners conducted regular monthly monitoring visits of the projects to monitor progress towards achieving planned results and report on project indicators.

UNICEF Congo and WFP Congo conducted a project capitalisation exercise with key implementing partners. This meeting helped to analyse the main results achieved and to identify bottlenecks in implementation to develop the mitigation strategies. Under this reporting exercise, it was found that there are weaknesses in the flow of relevant data and figures, particularly to the central level for a comprehensive and timely activity and data analysis.

7. Financial analysis

In 2018, UNICEF mobilised US\$ 3,3 million, representing a 31 per cent¹⁸ of the US\$ 7,7 million HAC appeal, including US\$ 2.5 million contribution received in late 2018 that will be put towards the implementation of the 2019 HAC. Funds received include USAID Food for Peace contribution for children malnutrition management, and Global humanitarian fund for EVD preparedness plan, not accounted in the HAC appeal. There were significant funding differences by sectors: from 0 per cent received for Education, Child Protection and WASH, to over 100 per cent for Nutrition and Health sectors.

The Likouala refugees and host populations programme was fully funded by the French Committee for UNICEF, thematic humanitarian funding and other UNICEF resources. Thematic humanitarian funding, including Global Humanitarian Funding, corresponded to US\$ 422,741, 13 per cent of available resources against the appeal, and other thematic UNICEF resources were used to complement emergency funding in sectors with major financial gaps, as Education, Child Protection and WASH. The availability of these flexible thematic humanitarian funds, enabled UNICEF to allocate funds to set up the EVD preparedness plan and to contribute to the children malnutrition management in Likouala and Pool regions. UNICEF other resources were also used to provide an adequate response in underfunded sectors.

¹⁸ EVD funding not accounted, as not included in the appeal, and nutrition and health overfunding not included in the per cent funded.

Table 1: 2018 Funding status against the appeal by sector (in US\$)

Sector	2018 Requirements	Funds Available Against Appeal as of 31 December 2018 *	% Funded **
Nutrition	1,600,000	2,070,033	100
Health	672,000	757,028	100
WASH	3,382,000	72,210	2.1
Child Protection	750,000	41,747	5.6
Education	1,340,000	0	0.0
EVD Preparedness	0	405,000	
Total	7,744,000	3,346,018	31

* Funds available includes funds received against current appeal and carry-forward from previous year.

** The per cent funded doesn't include the overfunding of Nutrition and Health sectors, nor the EVD funding, which was not included in the appeal.

Table 2 -Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
	SM/18/9910	422,741
b) Non-Thematic Humanitarian Funds (List individually all non-thematic emergency funding received in 2018 per donor in descending order)		
Government of United States, USAID Food for Peace	SM/18/0438	1,636,717
Total Non-Thematic Humanitarian Funds		1,636,717
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds		
CERF Grants	SM/18/0444	653,937
d) Other types of humanitarian funds		
		0
Total humanitarian funds received in 2016 (a+b+c+d)		2,712,849
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
EMOPS Geneva: Humanitarian Reform of the United Nations 2017-2021	SM/17/0463	120,000
Global Thematic Humanitarian Fund	SM/14/9910	38,854
Thematic contribution to support cross sectoral emergency activities in Congo Brazzaville.	SM/14/9910/1409	67,836
Total carry over thematic humanitarian funds		226,690
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
UNOCHA	SM/17/0382	95,547
UNOCHA	SM/17/0383	37,001
UNOCHA	SM/17/0380	72,210
UNOCHA	SM/17/0377	23,207
Total carry-over non-thematic humanitarian funds		227,965
Total carry-over humanitarian funds (e + f)		454,655

III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
NATCOM FRANCE	SC/17/1047	131,000
NATCOM FRANCE	SC/18/0472	279,567
Thematic Funds WASH	SC/14/9903	6,709
Thematic Funds Education	SC/14/9905	70,000
Thematic Funds Child Protection	SC/14/9906	39,489
Total other resources		526,765

* Programmable amounts of donor contributions, excluding recovery cost.

** 2018 loans have not been waived; COs are liable to reimburse in 2018 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number ¹⁹	Programmable Amount (in USD)	Total Contribution Amount (in USD)
United Kingdom Committee for UNICEF	SM/18/9910/0177	131,182	137,741
Global Thematic Humanitarian*	SM/18/9910	270,749	285,000
Total		401,931	422,741

*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2018 Annual Results Reports.

8. Future Workplan

In 2019, the Republic of Congo will not have a Humanitarian Response Plan. Humanitarian priorities and workplan will be based in the 2019 HAC in line with the interagency coordination group and will also cover supplementary activities to respond to new humanitarian needs such as asylum seekers in the Plateaux region from DRC.

In the nutrition sector, UNICEF will continue to support the Ministry of Health to increase and to reinforce SAM management services, targeting 48,988 children 6-59 months, in seven out of the 12 regions in the country in humanitarian and development contexts through commodities' procurement and the training of health providers to reinforce malnutrition management capacities. The strengthening of the coordination mechanisms, the inter-agency sectoral group on nutrition in emergencies, and the national Nutrition Technical Working Group (NTWG) led by the MoH to coordinate nutrition interventions at country level, remain a priority for an effective response to nutritional needs. A SMART survey at country level will be organised, to assess the current nutrition situation (last country nutritional data were released in 2014-2015 MICS5) and key determinants, to improve future nutrition planning. UNICEF will also maintain its

¹⁹ International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

engagement to sustain political commitment for nutrition, monitoring implementation of the nutrition common narrative by the government, UN agencies, and donors.

In the Health Sector, in the Pool region UNICEF will focus on the support to the MoH in the delivery of Integrated Primary Health Care services, through the rehabilitation of four health facilities, the equipment and provision of medicines to 35 health facilities as well as technical support. UNICEF will also support the MoH in the national measles and rubella vaccination campaign (children aged 9 months-14 years), with 20,710 targeted children in the Likouala and Pool regions. UNICEF will finance the prepositioning of emergency health contingency supplies in UNICEF warehouses for 40,000 people.

In the WASH sector, UNICEF will continue to advocate for increased sector funding to meet children's needs and to contribute to the prevention and spread of epidemics such as (EVD and Cholera). The WASH humanitarian strategy will focus on improving access to safe water in the agreed quantity for 79,500 people, and the access of 69,200 people to appropriate sanitation facilities in Pool, Likouala and other at risk settings. This strategy will combine humanitarian response with longer term interventions aimed to build resilience, through hygiene promotion, community involvement, prioritising WASH in schools and WASH in Nutrition.

In the Child Protection sector, UNICEF as the sub sector lead and will work on the capacity building of the group, including the MoH, MASAHS, UNHCR and partner NGOs, to activate the protection sector, and develop a common humanitarian child protection strategy, planning and results sharing with the sector members. UNICEF will continue to support the Likouala and Pool regional protection interventions to ensure the provision of a comprehensive and integrated package of services. Through community mechanisms and formal service delivery mechanisms, including child friendly spaces, UNICEF plans to reach 4,900 children with psycho social support services.

In Education, UNICEF will support the MoE in crisis affected regions to increase the access to formal and non-formal education opportunities targeting 27,000 out-of-school boys and girls to enable them to live in protective environments. Efforts to provide individual education/early learning materials to 27,000 children aged 6-17 years will be made. UNICEF will also support the MoE to assess the number of non-functional schools and the number of children out of school, in the Pool region. This support will integrate the rehabilitation of three primary schools in the Pool region, the capacity building for 100 teachers in Education in emergencies, and the setup of tutoring courses for 1,300 children in the Likouala region.

In the EVD Preparedness plan, UNICEF will continue to support the MoH focusing on C4D component of the plan through planned community outreach activities, radio broadcast and visuals for the prevention of EVD.

8. Expression of thanks

UNICEF is grateful to the Government of the United States (USAID-Food for Peace) for its generous humanitarian contribution which helped to make a tremendous difference in the life of many Congolese children and their families in 2018.

UNICEF acknowledges the Government of Congo, UN agencies, UNICEF United Kingdom and France National Committees, civil society and other donors for their effective support and partnership, which has helped to achieve key results for children and women throughout the country.

UNICEF Congo would like to thank the Thematic funds contribution in support of humanitarian and relieve services. The contribution has been crucial to allow UNICEF and partners to respond immediately to the needs of children and women affected by humanitarian crises in the Republic of Congo.

[Annexes to the CER](#)

- [a. Two pagers- non-Thematic Funding contributions](#)
- [b. Donor Statement \(As of 31 December 2018\)](#)
- [c. Human Interest Stories and Communication](#)
- [d. Donor feedback forms](#)

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

- [English version](#)
- [French version](#)