

Republic of Congo
Consolidated Emergency Report 2022



A smiling child in the department of Lekoumou, © UNICEF/UN0510803/ZIAVOULA

Prepared by UNICEF Congo
March 2023

Expression of Thanks

UNICEF's work for children is funded entirely by individual contributions and the voluntary support of our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to fulfil its mandate to protect children's rights, meet their basic needs and increase their opportunities to develop their full potential. We would like to take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and Acronyms

AARREC	Agence d'Assistance aux Rapatriés et Réfugiés au Congo
ACSPC	Association Congolaise pour la Santé Publique et Communautaire
ARNU	Ambulatory Recovery Nutritional Unit
ASI	Action de Solidarité Internationale
AVSI	Association des Volontaires pour le Service International
BCC	Behaviour Change Communication
BHA	Bureau of Humanitarian Affairs
C4D	Communication for Development
CAR	Central Africa Republic
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CLD-Madibou	Comité Local de Développement de Madibou
CMAM	Community Management of Acute Malnutrition
CO	Country Office
CPS	Preschool Consultation Unit
CR	Community Relay
CSI	Centre de Santé Intégré
CSO	Civil Society Organization
DDR	Disarmament, Demobilization and Reintegration
DFAM	Division of Financial and Administrative Management
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
DRCRRRP	Democratic Republic of Congo Regional Refugee Response Plan
EAA	Eau et Assainissement en Afrique
EVD	Ebola Virus Disease
FAO	Food and Agricultural Organization
FAWE	Forum for African Women Educators
FFP	Food for Peace
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GHTF	Global Humanitarian Thematic funding
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
HTF	Humanitarian Thematic Funding
IDP	Internal Displaced Persons
IMAM	Integrated Management of Acute Malnutrition
IPC	Infection Prevention and Control
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitude and Practice
MDA	Médecins Afrique
MICS	Multiple Indicator Cluster Survey

MNP	Micronutrient Powder
MoE	Ministry of Education
MoEH	Ministry of Energy and Hydraulics
MoH	Ministry of Health
MoSAHA	Ministry of Social Affairs and Humanitarian Action
NGO	Non-Governmental Organization
NTWG	Nutrition Technical Working Group
OOSC	Out-Of-School Children
PSEA	Prevention Of Sexual Exploitation and Abuse
RCCE RUTF	Risk Communication and Community Engagement Ready to Use Therapeutic Food
RO	Regional Office
RoC	Republic of Congo
SAM	Severe Acute Malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UN	United Nations
UNCT	United Nations Country Team
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNS	United Nations System
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

1. Executive Summary

The Republic of the Congo is still 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, Monkey Pox, and a high risk of Ebola Virus Disease (EVD).

As of December 31, 2022, the Republic of Congo hosted approximately 135,400 refugees, asylum seekers, and internally displaced persons (IDPs), including 2,154 refugees and 10,019 fully registered asylum seekers. There were 4,186 newly arrived asylum seekers and 1,657 other persons of concern to UNHCR in the Democratic Republic of the Congo (UNHCR, November 30, 2022). More than 94 percent lived in isolated rural areas, particularly in the Likouala Department in the north and in the Plateaux. Since fleeing ethnic clashes in Yumbi, Mai-Ndoumabe Department, in December 2018, approximately 8,802 asylum seekers were in refugee-like situations in two sites and surrounding villages in Plateaux Department. As of the end of July 2022, 4,186 new asylum applications had been received in the districts of Ngabé (Pool department) and Mpouya (Plateaux department).

The year 2022 was marked by the continuation of the COVID-19 pandemic and the occurrence of the Monkey pox epidemic. Regarding the situation of COVID-19 in the country, from January 1st to the 31 December 2022, 3,498 persons tested positive. Brazzaville (1,767) and Pointe Noire (1,653) remain the two main hotspots across the country¹. UNICEF helped support the generation of evidence to support the improvement of COVID -19 vaccination services and its integration into routine immunization. To date, despite the constraints and other challenges encountered in 2022, 695,665 peoples received at least one dose of COVID-19 and 654, 030 (11.31%) of the overall population are fully vaccinated. In fact, COVID-19 vaccine coverage, in relation to the initial target, is 23% of people fully vaccinated. When this coverage is compared to the general population, it is 11%. The departments of Kouilou (31%), Brazzaville (14%) and Pointe-Noire (12%) concentrate the largest number of people vaccinated. A key challenge remains the lack of official updated information on people vaccinated since October 2022.

Key factors that were critical to achieving 2022 results.

A Delivering as One approach to implementation was key to achieving results. For example, the partnership with UNESCO for reinforcing distance learning in Congo via radio, television and online enabled the establishment of the “Ecole à Domicile” channel hosted on Digital Television.

UNICEF also partnered with national and international civil society organizations results in a coordinated manner. For example, a coordination committee for all interventions related to the mitigate of the impact of COVID-19 and violence in schools was set up which contributed to avoiding duplication and setting-up of a consensual, holistic and multisectoral model for combating all forms of violence against children and facilitate collaboration with local authorities and decentralized technical bodies.

Significant challenges and lessons learnt

The mains challenges for emergency preparedness and response are: i) the lack of domestic resources combined with the unavailability of financing from donors, ii) weak preparedness and response capacity, including in the generation of evidence, of the government -mainly in sub national level- and of implementing partners, mostly NGOs; and iii) unavailability of the minimum quantity of prepositioned stock of commodities required to manage humanitarian emergencies. The least funded sectors are WASH and Child Protection.

¹ MSP, Point épidémiologique hebdomadaire de la COVID-19, mars 2023

Flooding is a recurring event in the Congo River corridor. By focusing only on the response, community resilience is not built. After the response, accompanying actions do not follow. Without multi-sectoral emergency preparedness, with an early warning system, with a national budget that includes a budget line for a humanitarian response, sectoral responses will be delayed and ineffective. IN these circumstances, UNICEF, in line with UN, multilateral and bilateral partners, advocates with the Government to invest in DRR, for which international development aid is available.

As mentioned, one of the main challenges is lack of evidence and data. For example, immunization against COVID-19, smallpox and yellow fever were with rumours on routine immunization. To address this dual challenge, UNICEF supported an operational research study that focused on the reasons limiting the acceptance of COVID- 19 vaccination in Congo and based on the results, a co-creation model with the community considering the major findings of the study was put in place and showed that it is possible to couple the two types of vaccination. This has informed decision-making and set a benchmark for elaborating reliable evidence before establishing SBC interventions.

2. Humanitarian Context

As of December 31, 2022, the Republic of Congo hosted approximately 135,400 refugees, asylum seekers, and internally displaced persons (IDPs), including 2,154 refugees and 10,019 fully registered asylum seekers. There were 4,186 newly arrived asylum seekers and 1,657 other persons of concern to UNHCR in the Democratic Republic of the Congo (UNHCR, November 30, 2022).

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 Likouala region alone hosts 27,000 refugees and asylum seekers, of which 16,761 are based in Bétou, Mounquengui 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 every year, causing loss of lives, livestock, crops, household income, infrastructure, and transport disruption, among others.



At LOUBOTO primary school, Member of school club committed to promote hand washing, menstrual health, and sanitation.
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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. 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. The situation is also alarming in schools, with 56 per cent having no water service.

An assessment on the impact of climate change conducted by the World Bank (2023) in Congo confirms that the agricultural sector and flooding are recognized as the mains areas of concern. Indeed, as stated above, in the last four years the country has been facing severe floods in Cuvette, Likouala, Plateaux and

Sangha regions. A multisector assessment conducted by the government and the UNCT in December 2022 showed that river floods in 2022 affected 164,679 people (79,045 children) and 35,826 households in 13 districts; of these, 7,161 houses were completely destroyed. This led to population displacement towards the forest, and neighbouring communities. The Likouala province is the most affected with 109,785 people (67% of the total affected population).

Situation in these flooded communities remain precarious, with food security being a major concern and at risk for further deterioration due to depleted local resources and loss of livelihoods. The Republic of Congo gained experiences in humanitarian response especially during floods. However, disaster preparedness lags. There is a need to strengthen communities' resilience against flood and climate change.

The frequency and severity of climate-related extreme events, such as, floods, have grown, putting existing infrastructure on the Congo River corridor under significant stress and strain. Much of this infrastructure especially water points, latrines, classrooms are no longer sufficient to withstand these catastrophic events. In addition, actual social organization, social structures, and community habits contribute to fragilize the living conditions of households, leaving communities and ecosystems vulnerable. By strengthening our ability to adapt and mitigate the effects of these events, and by promoting non harmful behaviour, we can protect both the people, the places, and the social networks. The government reviewed in 2021 a national strategy for disaster risk reduction and prevention with a set of actions needed to reinforce institutional capacity and community resilience.

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. 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.

3. Humanitarian results

In 2022, UNICEF Congo continued to support the government and partners to respond to humanitarian needs, implementing a multisectoral emergency response program, in line with the HAC 2022, for crisis-affected populations, including refugees and host populations, as well as flood-affected populations.

UNICEF's HAC 2022 was developed despite the absence of a Humanitarian Response Plan (HRP) for the Congo. The HAC included the departments of Likouala, Plateaux, Cuvette, Sangha and Pool, which are regularly affected by humanitarian situations. The results tables present UNICEF's targets and results as well as those of the clusters/sectors.

Results table

Keys Programme Indicators HAC 2022	Cluster/Sectors		UNICEF	
	2022 Target	Total Results	2022 Target	Total Results
NUTRITION				
Number of children 6-59 months with SAM admitted for treatment	31,736	11,141	31,736	11,141
Number of caregivers of children aged 0-23 months accessing infant and young child feeding counselling.	34,400	123,838	34,400	123,838
HEALTH				
Number of children under five immunised against measles	148,581	204,854	148,581	204,854
WASH				
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene.	NA	NA	118,054	28,439
People reached with critical WASH supplies	NA	NA	203,259	33,816
CHILD PROTECTION				
Children reached with psychosocial support services, including child-friendly spaces	9,124	NA	10,900	2,050
EDUCATION				
out-of-school boys and girls aged 3 to 17 years affected by crisis accessing formal or non-formal basic education	NA	NA	145,000	145,000
Number of children receive individual education learning materials	150,000	145,000	145,000	258,000
CC4D and EVD PREPAREDNESS				
Number of people reached with key lifesaving & behaviour change messages and Key family practices on EVD prevention	NA	NA	300,00	803,100

Results by sector:

3.1. Nutrition Sector

Indicators	Cluster/sector		UNICEF	
	2022 Target	total results	2022 Target	Total results
Number of children 6-59 months with SAM admitted for treatment	31,736	11,141	31,736	11,141
Number of caregivers of children aged 0-23 months accessing infant and young child feeding counselling.	34,400	123,838	34,400	123,838

Thanks to BHA nutrition award, UNICEF supported the treatment of Severe Acute Malnutrition (SAM) in seven (7) priority regions of Congo, with a focus on regions affected by the floods (Cuvette, Likouala, and Plateaux). As a result, 641,788 out of 800,250 targeted children 6 to 59 months were screened for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) through routine health services and community health workers in targeted regions. Of these, 11,141 children aged 6 to 59 months were identified as having SAM and were referred for treatment to the Community-based Management of Acute Malnutrition (CMAM) programme, of which 82.1 per cent were cured, 10.4 per cent defaulted, 1.5 per cent died, and 6 per cent non respondents.



Vero Lalaina Andriambeloso, Nutrition Programme Officer, Malnutrition screening by using MUAC tape for children aged from 6 to 59 months.

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In addition, UNICEF's support to routine postnatal care services helped sensitized 123,838 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 finalize the national nutritional SMART survey data analysis and the final report.

3.2. Health Sector

Indicators	Cluster/sector		UNICEF	
	2022 Target	Total results	2022 Target	Total results
Number of children under five immunised against measles	148,581	204,854	148,581	204,854

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.

UNICEF supported routine and supplementary immunization activities mainly against measles outbreak and yellow fever in all country including for people in need of humanitarian assistance, by procuring the required routine and campaign vaccines, supply and strengthening of the Cold Chain, supporting SBCC interventions,

As result, in 2022 908,029 children aged from 6 months to 5 years were vaccinated against measles, i.e., 85% and 906,128 against yellow fever or 85%. In the targeted regions, 204,854 children aged from 6 months to 5 years were vaccinated against measles and 229, 363 against yellow fever, respectively 88% and 98 % of children living in regions affected by humanitarian emergencies. Also, 104,055 children and women have accessing primary health care i.e., 47% of 2022 HAC target.

Findings were used to develop a pilot project which aimed to strengthening collaboration between health services and communities to reduce vaccine hesitancy. This pilot has been built on community dialogues sessions and on the involvement of key local influencers. Currently, with funding from USAID, the approach is being implemented in five departments and targets 400,000 people.

Since the beginning of 2022, the country has recorded 29 cases of Monkey Pox, including 19 suspected cases, 5 probable cases (with epidemiological link), 5 confirmed cases and 3 deaths, i.e., a case fatality rate of 30.%. All populations (indigenous and Bantu) are affected. Thanks to financial support from USAID, interventions aimed at strengthening the capacities of the health system and communities are being implemented to enable the country to control outbreaks of Monkey Pox.

Fortunately, no cases of wild poliovirus or its derivatives have been recorded in the Congo in 2022.

Moreover, to improve COVID-19 vaccination coverage, UNICEF supported a qualitative study on COVID-19, including COVID-19 vaccination. The objectives of the research were, among others, to capture communities' perceptions on COVID-19. The study provided evidence on how communities perceived COVID-19 vaccination and the disease itself and provided insights on best ways to frame key messages and preventive measures. For example, according to the study, most of the respondents were willing to seek for COVID-19 vaccination, provided that the geographical barriers (make vaccine available to them in their surrounding) and financial barriers (transportation fees to get to the immunization clinics) are overcome.

In the response to COVID-19, UNICEF's contribution consisted of:

- Support for the development and implementation of strategies to improve demand based on the evidence generated by the above-mentioned study through i) Mapping of community-based organizations, ii) Conducting community diagnostic sessions in 50 health areas, iii) Capacity building of local actors and in interpersonal communication, iv) Holding 10 advocacy meetings (2 per department) bringing together the heads of health districts, neighborhoods, zones and blocks as well as community leaders.
- Support for the organization of accelerated vaccination campaigns against COVID-19 by co-creating and implementing accelerated vaccination through a collaborative approach (health district, communities, and administrative authorities) in the health district of Loandjili, in the department of Pointe Noire. Thanks to this approach, the number of people vaccinated in five days was 2.5 times higher than the number of people vaccinated in the same health district during the three months prior to the implementation of this activity.
- Support for the revision of the national COVID-19 vaccination deployment plan (which considers the update of the COVID-19 vaccination schedule), as well as support for the revision of the communication plan in support of the COVID-19 vaccination deployment.

- Support the Ministry of education to keep schools opened and students pursuing their learning in safe school environment, as well as the development of digital and distance learning through radio, television and print media to fill the gap of lost learning hours.
- As part of the COVID-19 humanitarian and development nexus, UNICEF supported 66,523 people with hygiene services coupled with RCCE interventions.

3.3. WASH sector

Indicators	Cluster/sector		UNICEF	
	2022 Target	total results	2022 Target	Total results
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene.	NA	NA	118,054	28,439
People reached with critical WASH supplies	NA	NA	203,259	33,816

UNICEF continues to support COVID-19 response emphasizing on recovery and flood preparedness and response.

Thanks to carry over Japan funds from 2021, UNICEF was able to provide technical support to the government of Congo to implement an innovative handwashing behaviour change approach putting individual at the center of the interventions.

A baseline KAP Survey showed that 9,900 people in eight (8) COVID-19 high-risk districts in the two main cities of Brazzaville and Pointe Noire had access to water with a handwashing device. Therefore, the



At Kintele Fleuve primary school, IZEBINAY ABIGAELLE, 11 years old, and NGUAMISSA SERDENTE, 11 years old, P2 are happy to have toilets at school and happy to have clean water. © UNICEF/UN0639548/Twiringiyimana

programme aimed to address the lack of handwashing facility with soap at home and increase knowledge on handwashing to mitigate the impacts of COVID-19. In neighbourhoods where the approach was implemented, the proportion of households with a handwashing device using soap and water increased from 33.44% to 61.88%.

The humanitarian and nexus programming helped to promote communities' resilience for hygiene services instead of focusing of handwashing stations distributions. In general, studies show that handwashing with soap can reduce diarrheal disease by up to 50 per cent. Thus, not only contributed to COVID-19 prevention but also to children's better health, in general.

Additionally, two handwashing with soap campaigns together with infection control messaging were carried out in Brazzaville and Pointe Noire, reaching 50,214 people (25,869 women) including 788 people living with disabilities. Results from an end-line KAP survey shows that the proportion of people who know that COVID-19 can be prevented by handwashing with soap increased from 86.32% to 90.62%.

UNICEF also supported vulnerable communities in flood-prone districts and COVID-19 high-risk districts. Out of the that 66,853 that had access to hygiene services, 33,816 received critical WASH supplies such

as water treatment products, water containers for safe storage, and soaps. The distribution of these materials was coupled with sensitization sessions.

In 2022, UNICEF supported the Ministry of Hydraulics and Energy for flood preparedness reinforcing the coordination but also the Risk communication. 28,439 people (17,900 women) were provided with enough safe water for drinking, cooking and personal hygiene. Hygiene promotion actions were part of the programme. Sanitation was not addressed due to lack of funds. UNICEF continues to advocate for sanitation, as per the core commitments for children.

3.4. Child Protection Sector

Indicators	Cluster/sector		UNICEF	
	2022 Target	total results	2022 Target	Total results
children reached with psychosocial support services, including child-friendly spaces	9,124	NA	10,900	2,050

Thanks to Mission Recovery funds, in the framework of the Safe to Learn initiative, 109,325 school students and members of the community have been sensitized on gender-based violence, including 3,960 refugee children (2,316 girls and 1,644 boys), In order to build the resilience of the school communities, capacity building was provided to 180 teachers (95 women and 85 men), 80 community workers (50 women and 30 men) and 40 socio-health workers (15 women and 25 men) related to the identification and referral of child victims of gender-based violence.

As a result, 489 child victims of sexual violence benefited from integrated medical and psychosocial support, and 29% of them were assisted to access to justice. Also, 2,050 people (1,550 female and 500 male) including 470 children (280 girls and 190 boys) aged 6 to 18 and 1,580 adults (1,270 women and 310 men) out of 10,900 planned, received psychosocial and health support. Of these beneficiaries, 80 children (60 girls and 20 boys) aged 6 to 18 and 160 adults (90 women and 70 men) are refugees.

In 2022, there are no cases of PSEA reported.

3.5. Education Sector

Indicators	Cluster/sector		UNICEF	
	2022 Target	total results	2022 Target	Total results
out-of-school boys and girls aged 3 to 17 years affected by crisis accessing formal or non-formal basic education	NA	NA	145,000	145,000
Number of children receive individual education learning materials	150,000	145,000	145,000	258,000

In the context of COVID-19 and with funding from Mission Recovery, UNICEF has supported the Government of Congo to strengthen the system for assessing the skills of primary school students, through the training of 631 teachers and inspectors in connection with the formative assessment of students, curative pedagogy, and support for those with learning difficulties. Also, UNICEF conducted a study with the Ministry of Education to identify out-of-school children (OOSC) and the factors that prevent them from attending school after COVID-19 reopening and to generate evidence on the inequalities in the education system with regards to OOSC.



Girls at Kintele Fleuve school are happy of using the reusable sanitary pad that end taboos. Menstrual health is one the topic that student discuss during the club school. Menstrual health at school contributes to the dignity of girls, they can manage their periods without worry.

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The two main bottlenecks are gender-based violence in schools and communities and the quality of learning. Based on these results (unpublished), the country office supported a back-to-school campaign nationwide. As result, 10,398 out-of-school children (4,679 girls and 5,719 boys) have been granted with the necessary skills in French, mathematics, and life skills, and are enrolled in re-schooling (“second chance school”) centres for the school year 2022-2023, with the support of Ministry of Preschool, Primary, Secondary and Literacy. In addition, 3,100 students (1,509 girls and 1,591 boys) with learning disabilities, received tutoring courses in French and mathematics. Some of them based on the skills gained during the catch-up classes, have been placed in the next grade instead of repeating their current grade.

In terms of equity and thanks to funding from the Global Partnership for Education and advocacy and technical support from UNICEF, 258,060 learners received educational materials.

Education section and WASH joint efforts providing access to gender-separated latrines to 10,904 children (5,243 girls) in combination with behaviour change interventions and menstrual health. In addition, hygiene, sanitation, and disinfection kits have been provided to 1,024 targeted schools and 645 teachers (290 women and 355 men) trained are implementing the school safety protocol relating to infection prevention and control. This helped safeguard learners and teachers from the COVID-19 pandemic. No cases were reported during the year 2022 at any beneficiary school.

In terms of providing educational services in a protective environment awareness raising on violence in schools reached 109,325 students (53,538 girls and 55,787 boys). Also, 105 school clubs have been set up to ensure hygiene and contribute to the fight against violence. To ensure increased coordination and knowledge haring among partners, a coordination committee for all interventions related to the mitigate of the impact of COVID-19 and violence in schools was set up which contributed to avoiding duplication and setting-up of a consensual, holistic and multisectoral model for combating all forms of violence against children and facilitate collaboration with local authorities and decentralized technical bodies.

In addition, in terms of equity and thanks to funding from the Global Partnership for Education and advocacy and technical support from UNICEF, 121,626 learners and 1,272 educational supervisors were able to benefit from educational services to improve the quality of learning and the prevention of violence and COVID-19 contamination in the school environment.

3.6. Social and Behavioural Change

Indicators	Cluster/sector		UNICEF	
	2022 Target	total results	2022 Target	Total results
Number of people reached with key lifesaving & behaviour change messages and Key family practices on EVD prevention	NA	NA	300,000	803,100

In 2022, in the area of emergency communication, UNICEF's support to routine postnatal care services helped sensitize 123,838 mothers with a child aged 0-23 months on the importance of infant and young child feeding (IYCF) practices. Elsewhere, to improve COVID-19 immunization coverage, community dialogue sessions and the involvement of key local influencers enabled 400,00 people to be reached in five departments with the support of national implementing partners.

Furthermore, in support of flood preparedness, UNICEF also supported the Ministry of Hydraulics and Energy in risk communication. Two handwashing with soap campaigns together with infection control messages were carried out in Brazzaville and Pointe Noire, reaching 50,214 people (25,869 women), including 788 people living with disabilities. In addition, 28,439 people (17,900 women) were provided with sufficient safe water for drinking, cooking and personal hygiene in conjunction with hygiene promotion activities. Joint Education and WASH efforts provided 10,904 children (5,243 girls) with access to single-sex latrines in combination with behaviour change and menstrual health interventions.

Then, thanks to funds from Mission Recovery and the Safe to Learn initiative, 109,325 students and community members were sensitized on gender-based violence, including 3,960 refugee children (2,316 girls and 1,644 boys).

A total of 803,100 people were reached with key lifesaving and behaviour-changing messages and key family practices to prevent COVID-19, on the importance of infant and young child feeding (IYCF) practices, on gender-based violence, hygiene promotion activities and school protective environment.

Specific groups and communities (youth, traditional healers, women, farmers & herders) in 25 health districts were involved in social mobilization activities in support of COVID-19 vaccination. Home visits were conducted in 50 health areas by 377 community facilitators (206 men and 171 women), 236 vaccinators (40 men, 196 women) and 31 media professionals (21 men and 10 women) from 28 media outlets (TV, radio, and digital media).

4. Results achieved by Humanitarian Thematic Funds

Humanitarian Thematic contributed to COVID-19 vaccination and overall health system strengthening with integrated strategies in the areas of health, nutrition, and immunisation. These funds also contributed to generating evidence on social determinants related to COVID-19 vaccination and related vaccination campaigns. The activity was carried out in partnership with national civil society organizations, including Médecins Afrique (MDA), Association Congolaise de Santé Publique et Communautaire (ACSPC). These funds also contributed to the launch of U-Report in the 4th quarter of 2022,

a) Description of specific contributions from humanitarian thematic funds

Of the total \$4,142,078.87 available in 2022, Humanitarian Thematic Funds represent 24.31% or \$1,006,885.88. These funds were used to support the deployment of the COVID-19 vaccine and to supporting Digital Health System for Infectious Diseases Control.

b) Description of the importance of Humanitarian Thematic Funds for the humanitarian response

As part of results of Humanitarian Thematic Funds, the following are the main achievements:

- In-depth analysis of the immunization situation was made in the two departments of Brazzaville and Pointe regarding the supply and demand for immunization services. In fact, the supply of routine immunization remains very low, with only 38% of health centers offering immunization in Brazzaville, compared to 39% in the Pointe Noire department.
- Organization of community diagnosis allowed the identification of the reasons for non-vaccination in the two departments. According to the review carried out for this purpose, it appears that:
 - for Covid 19 vaccination, the main reasons for non-vaccination are fear of MAPI, denial of the disease, mistrust due to several types of vaccines for the same disease, rumours and false information, poor communication on the different Covid 19 vaccines, religious, traditional, and cultural beliefs, and the absence of a place to express grievances.
 - for routine vaccination, these are essentially: i) rumours that the vaccine contains a late poison and causes fever all night, ii) poor reception of women at health centers, iii) a vaccination calendar that is not well known by women and completely unknown by men and adolescents, iv) non-permanent availability of vaccines, and v) the remoteness of immunization centers
- Training of 270 community facilitators, including 120 in Pointe Noire, to support community dialogue activities on immunization based on key messages developed from the findings of the community diagnostic. As results, 4,372 people, including 2,750 women, were reached in Brazzaville and 1,896 people, including 1,389 women, were reached in Pointe Noire.
- The opinions, complaints, suggestions, and barriers to immunization collected through the community feedback mechanism were considered in the community co-creation exchanges.
- 188 health workers were trained and involved in the process of working with the community on immunization promotion and the system put in place.

At the same time, a software package was designed in Excel to analyse data disaggregated by health area to identify low-coverage areas. It was tested last December and has proven to be effective in planning and monitoring zero doses at the decentralized level.

c) Description of added value of Humanitarian Thematic Funding

Regarding Penta 3 coverage in the three departments, by the end of 2022, all three departments will have achieved at least 80% Penta 3 coverage. In fact, Penta 3 coverage increased from 69.70% to 90% in Brazzaville, from 64.90% to 82.6% in Pool and from 76% to 85.20% in Pointe-Noire department. As a result, national coverage increased from 64.90% in September to 78% at the end of 2022. In terms of progress, the rate is of 29% in Brazzaville, 27% in Pool and 12% in Pointe-Noire. At national level, this rate is of 20% by end of 2022.

As for "zero doses", a significant reduction of more than 50% was recorded between April 2022 (start of the process) and December 2022 in each of the 3 targeted departments. In fact, this "zero dose" reduction rate is 91% in Brazzaville, 102% in Pool and 78% in Pointe-Noire. Finally, the overall reduction rate in the 3 departments is 87%, which is higher than the national rate (76%).

d) Description of complementarity with other resources available for the humanitarian response

Of the total \$4,142,078.87 available in 2022, Humanitarian Thematic Funds represent 24.31% or \$1,006,885.88. These funds were used to support the deployment of the COVID-19 vaccine and to supporting Digital Health System for Infectious Diseases Control. They are completed by other resources as Humanitarian non-Thematic Funds such Mission recovery, NON-GRANT (GC), BHA (USAID/Food for Peace), USA/USAID Monkeypox, USAID for COVID 19, GAVI Funds and Japan Funds. Definitely, as mentioned above, the Humanitarian non-thematic funds represented around 76% of global funds available by end of 2022 year.

e) Key partnerships and inter-agency collaborations related to the results achieved

During the period covered by this report, the implementation of activities has benefited from several strategic partnerships that promote the effectiveness and efficiency of the Programme. UNICEF actively work closely with the ministry of health and other financial and technical partnership for this implementation such as GAVI, WHO. Regarding the synergy of funding, the interventions were carried out in complementarity with funding from the USAID, GAVI as well as other UNICEF funds.

f) Description of communication activities and events that gave visibility to donors

As part of communication activities and events that gave visibility to thematic donors, a budgeted media plans were developed to involve the press in providing information and managing rumors about immunization. To this end, 24 media professionals of which 16 in Brazzaville and 8 in Pointe Noire. Also, UNICEF organize 04 advocacy and community planning workshops.

❖ Case study on thematic funding of humanitarian aid

This following case study is an experience conducted in three departments in the Republic of Congo (Brazzaville, Pointe Noire, and Pool). Its objective is to rapidly increase immunization coverage and reduce the number of zero-dose children in urban and peri-urban areas through the co-creation model in the post-COVID period¹⁹.

A. Top Level Results

Thanks to humanitarian thematic funds received through contributions from Japan (SM220671) and from Global Thematic Humanitarian Response (SM189910), UNICEF has implemented the zero-dose reduction approach in three departments of the Republic of Congo in 2022. The experiment has substantially increased Penta 3 coverage beyond 80% and drastically reduced the number of "zero doses" by 87% in the three departments, raising national coverage to 78% and reducing the number of "zero doses" by 76%.

B. Issue/Background

According to GAVI estimates, despite many gains in immunization, millions of children are still being left behind. In 2020, of the 72.5 million children GAVI sought to immunize in low-income countries, 12.4 million did not receive a single dose, leaving them vulnerable to some of the deadliest diseases. In GAVI-supported countries, zero-dose children account for nearly half of all vaccine-preventable deaths, while only one in eight children receive no vaccine at all. In 2021, more than 50,000 zero-dose children have been registered in Congo, more than 70% of them in the three departments of Brazzaville, Pointe Noire and Pool.

It is in this context that UNICEF has supported a pilot experiment whose objective is to document the process of the co-creation model in its context, to measure its impact on the reduction of zero doses and the improvement of Penta 3 coverage.

C. Resources Required/Allocated

This expert study was carried out with the help of Japanese grant (SM220671) in the amount of \$946,067.88 and global response thematic funds in the amount of \$60,818.00 in the context of COVID-19. These resources supported the mapping of key groups influencing community dynamics in urban areas, the community diagnosis that made it possible to analyse community dynamics and barriers to immunization for both COVID-19 and routine immunization, community dialogues, intensifying communication via traditional mass media, social networks and public places, providing peer coaches from the most successful HDs, setting up a community feedback mechanism, and providing technical support to the 3 target districts.

This study involved six categories of people targeted by this pilot, including health personnel, moral and religious authorities, immunization managers, data managers, and children aged 0 to 1 year and childcare providers.

D. Progress and Results

By the end of 2022, all three departments will have achieved at least 80% Penta 3 coverage. In fact, Penta 3 coverage increased from 69.70% to 90% in Brazzaville, from 64.90% to 82.6% in Pool and from 76% to 85.20% in Pointe-Noire department. As a result, national coverage increased from 64.90% in September to 78% at the end of 2022. In terms of progress, the rate is of 29% in Brazzaville, 27% in Pool and 12% in Pointe-Noire. At national level, this rate is of 20% by end of 2022.

As for "zero doses", a significant reduction of more than 50% was recorded between April 2022 (start of the process) and December 2022 in each of the 3 targeted departments. In fact, this "zero dose" reduction rate is 91% in Brazzaville, 102% in Pool and 78% in Pointe-Noire. Finally, the overall reduction rate in the 3 departments is 87%, which is higher than the national rate (76%).

E. Criticality and value addition

This experience is part of the child immunization support approach to improve the office's performance in KRC#1 and in COVID-19 immunization in general. Indeed, according to the routine data of the 2021 Congo program, these three departments alone account for 64% of the 246,773 surviving children and 83% of the 5,087 zero-dose children recorded in Congo in 2021 (2,214 in Brazzaville, 1,548 in Pointe Noire and 5,530 in the pool).

Paradoxically, it is in these three large urban departments that the lowest rates of availability of vaccination services are recorded. In fact, less than 40% of health facilities in these departments offer vaccinations, even though these cities contain more than a third of the country's population. Low participation by the private sector, which is more active in the larger cities, and the unavailability of adequate equipment are the main reasons, according to a review conducted by Dalberg. The availability of vaccination services is only 38% in Brazzaville, 39% in Pointe Noire and 57% in Pool.

This study was based on two hypotheses:

- If at least 50% of the health districts in the three key departments achieve Penta 3 coverage of at least 80%, national Penta 3 coverage could be increased to at least 80%;
- If the number of zero doses is reduced by at least 60% in the three departments, the number of zero doses nationally could be reduced by at least 50%, resulting in a reduction of at least 10% from the 2021 level.

F. Challenges and Lesson Learned

Several lessons were learned from this experience, including

- The detailed analysis and focus on priority health areas with high demographic weight was an important element in increasing national coverage.
- The development of a detailed analysis software package was critical to standardizing the process of gap identification, daily performance monitoring, and reporting.
- Peer coaching is a practice that has increased team motivation and facilitated the sharing of lessons learned to refine implementation strategies.
- The presence of other skills (peers or staff from the national level or technical and financial partners) alongside the district and health center teams has made it possible to refine analyses and better target zero doses and catch-up targets. In the local team, the quality of the analyses is not sufficient to hope for qualitative changes.

- By focusing more on densely populated departments through a rigorous analysis, it is possible to change the situation of zero doses at the national level, as well as the coverage.

G. Moving Forward:

In view of the satisfactory results of this pilot experiment, it is envisaged to disseminate the results both in the framework of knowledge sharing and advocacy for its renewal in 2023, but with two boosts, preferably in June and November, and to improve the data feedback circuits.

Provide relevant high-resolution **photos** showing progress/results, quotes.



Vaccination of a baby in advanced strategy.

© UNICEF/Congo/L. ZIAVOULA



Rural immunization supervision in Brazzaville. ©

UNICEF/Congo/L. ZIAVOULA



Students at OPANGAULT A/B primary school are happy to have clean water. © UNICEF/UN0730127/Twiringiyimana

5. Assessment, Monitoring and Evaluation

UNICEF works in coordination with other humanitarian actors, which is critical for activating and rapidly implementing planned humanitarian and development activities. UNICEF Congo supported capacity-building initiatives in key sectors for implementing partners and sector working groups, including education, WASH, nutrition, communication, emergency, and other relevant sectors. UNICEF as a WASH sector-led, along with other agencies and partners, is providing technical assistant for the development of a multi-risk contingency plan.

UNICEF participated in a government led multisectoral and Inter-Agency needs assessments in December 2022, following flooding's along the Congo and Oubangui riverbanks. In the absence of an HRP and a UN coordination mechanism, planning and monitoring of results is conducted at office level and in the framework of the UNDAF sectoral reviews, as well as in the mid-year and end-year UNDAF reviews. Feedback mechanisms were put in place for all WASH-related interventions and included in programme documents. For 2023, this good practice will be rolled-out for all programme documents whether development or humanitarian.

6. Financial analysis

UNICEF has appealed for US\$12.1 million to provide life-saving humanitarian assistance to crisis-affected populations, including children and women, in the Cuvette, Likouala, Plateaux, Pool and Sangha regions. The requested funding should 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 outbreaks.

In 2022, UNICEF and its partners benefited about US \$ 4,816,513.87 received i.e., 39.68% of a total HAC funding requirement (US\$ 12,427,631) of which US\$1,824,171.80 (37.87%) from Non-Thematic humanitarian funding received in 2022 and US\$ 2,992,342.07 (62.13%) from 2021 carried forward. As such, the funding gap is US \$ 7,321,315.13 (60.32%%).

UNICEF expresses its sincere gratitude to all public and private donors for the contributions received in humanitarian needs, such as USAID, Government of Japan, BHA, and the UNICEF thematic humanitarian funds.

Table 1: 2022 Funding status against the appeal by sector (in US\$)

Sector	2022 Requirements (US\$)	Funds Available Against Appeal as of 31 December 2022 (US\$)			Funding Gap	
		Funds received in 2022	Carry-Over	Total	Amount (US\$)	%
Nutrition	2,166,234.00	3,350.00	380,301.00	383,651.00	1,782,583.00	82.29%
Health	2,000,000.00	1,272,414.80	1,463,360.07	2,735,774.87	(735,774.87)	-36.79%
WASH	3,382,845.00	0.00	151,818.00	151,818.00	3,231,027.00	95.51%
Child Protection	928,750.00	0.00	70,000.00	70,000.00	858,750.00	92.46%
Social protection	500,000.00	0.00	0.00	0.00	500,000.00	100.00%
Education	2,160,000.00	548,407.00	117,597.00	666,004.00	1,493,996.00	69.17%
Emergency preparedness	500,000.00	0.00	0.00	0.00	500,000.00	100.00%
Communication for development	500,000.00	0.00	700,000.00	700,000.00	(200,000.00)	-40.00%
Technical assistance and M&E	0.00	0.00	60,017.00	60,017.00	(60,017.00)	NA
UNICEF Recovery Cost	0.00	0.00	49,249.00	49,249.00	(49,249.00)	NA
Total	12,137,829.00	1,824,171.80	2,992,342.07	4,816,513.87	7,321,315.13	60.32%

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant reference	Overall Amount [1]
I. Humanitarian funds received in 2022		
a) Thematic Humanitarian Funds		
Thematic Humanitarian Funds		0
Total Thematic Humanitarian Funds		0
b) Non-Thematic Humanitarian Funds		
FRENCH COMMITTEE FOR UNICEF (Fridges and freezers - CMA CGM Foundation)	KM220043	3,350.00
USA (PG/Education: USG contribution to the UNICEF Mission Recovery Education)	SM220058	872,481.00
JAPAN (Supporting Digital Health System for Infectious Diseases Control)	SM220671	946,067.88
Total Non-Thematic Humanitarian Funds		1,821,898.88
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2021 through OCHA and list the grants below)		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF		0.00
Consolidated Funds from NatComs		0.00
PSFR - consolidated pool funding		0.00

d) Other types of humanitarian funds		
NON-GRANT (GC) -I In-kind assistance		2,272.92
Total humanitarian funds received in 2022 (a + b + c + d)		1,824,171.80
II. Carry-over of humanitarian funds available in 2022		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM189910	60,818.00
Total Carry over Thematic Humanitarian Funds		60,818.00
f) Carry-over of non-Thematic Humanitarian Funds		
BHA (USAID/Food for Peace) - Congo: Supplies in kind (CIK) of RUTF	KM210100	111.00
BHA (USAID/Food for Peace) - Congo: Logistics support for CIK	KM210102	159,870.00
BHA (USAID/Food for Peace) - Congo: Contribution to emergency Programme Support (RUTF)	SM210886	220,320.00
USA/USAID (Congo: Strengthening the resilience of the health system at institutional)	SM220700	350,000.00
USAID - COVID 19 (Congo: Support to the COVID-19 Vaccine Rollout in the Republic of Congo)	SM210832	1,500,000.00
JAPAN (Sustainable access to essential health, nutrition, WASH, education, child protection)	SM210044	664,863.00
GAVI The Vaccine Alliance (PD: Gavi Seed Funding, Country-Level TA Preparation, Readiness of delivery COVID19v)	SC200764	23,466.07
GAVI The Vaccine Alliance (PD: Gavi COVAX CCE Service Bundle and Leasing)	SC210300	12,894.00
Total carry-over non-Thematic Humanitarian Funds		2,931,524.07
Total carry-over humanitarian funds (e + f)		2,992,342.07
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Example: Regular resources diverted to emergency		0.00
Example: Regular resources set-aside or RR for unfunded OR used for emergency		0.00
Example: EPF if not reimbursed by 31 Dec 2022*		0.00
Total other resources		0.00
Grand Total		4,816,513.87

[1] Based on HAC funding status report, recovery rate is part of the amount.

7. Future Workplan

In 2023, the Republic of Congo will not have a Humanitarian Response Plan. Humanitarian priorities and workplan will be based in the 2023 WCARO regional HAC.

7.1. In the nutrition sector.

UNICEF will continue to support IYCF for the prevention of malnutrition, nutritional screening for SAM detection and management, through capacity building of implementing partners, community health workers, caregivers and strengthening outpatient and inpatient care of SAM cases. UNICEF will support communities in the promotion and adoption of key family practices mainly the promotion of breastfeeding and complementary feeding for children affected by humanitarian situation, targeting 19,450 pregnant and lactating women and 16,483 children.

7.2. In the Health Sector

UNICEF will continue to prioritize and support the implementation of an integrated comprehensive primary health care and nutrition package of services for women, children, and vulnerable host populations. This will include 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. The target for 2023 is 34,341 people including 16,483 children under 18 years for health interventions.

7.3. In the WASH sector

UNICEF, as the co-lead of the WASH sector, aims at improving access to safe water and appropriate sanitation facilities as well as critical hygiene supplies and services for 34,341 people. For this, US \$1.903 million will be required. As a result of the 2022 sector annual review, UNICEF and partners agreed to strengthen flood preparedness to avoid the cumulative economy losses but also assuring the rights to women and children to live in climate resilient communities along the Congo River corridor.

7.4. In the Child Protection sector

The 2022 floods caused the displacement of the population and the destruction of some infrastructure, including social action centres, affecting the continuity of child protection services. In 2023, the main interventions planned to prevent and respond to gender-based violence will be (i) the training of social workers and local actors on the psycho-social and mental health support, (ii) the organization of awareness and prevention campaigns on gender-based violence in community environments and (iii) the provision of a service package including mental health and psychosocial support.

7.5. In Education

In 2023, the main interventions planned to enable children to continue learning in a violence-free learning environment will be (i) the provision of school kits to displaced children, (ii) the provision for temporary learning centers, (iii) the training of teachers and local actors on the fundamentals of education in emergencies and on psycho-social and mental health support, (iv) the organization of awareness and prevention campaigns on gender-based violence in learning environments.

7.6. In the EVD and Coronavirus, Preparedness plan,

In 2023, priority will be given to the integration of COVID-19 vaccination into the routine immunization program. In line with this priority, steps to be taken include:

- The strengthening of the collaboration with communities to maintain high risk perception for COVID-19 through co-created activities, and with the support of local NGOs,
- The roll out of COVID-19 vaccination across the 12 departments to make sure COVID-19 vaccines are available when requested by communities,
- The reinforcement of the partnership with media (from traditional media to digital platforms) to promote life-saving messages about COVID-19 and the advantages of vaccines

Annexes

A. Human Interest Stories and Communication Materials



EMIASSIKIMINA Dimitri, Nutrition Focal Point, distributing the Ready to Use Therapeutic Food (RUTF), Plumpy Nut weekly ration at Kindamba Integrated Health Centre, Pool Health Department. © UNICEF/UN0678343/Twiringiyimana

The distribution of Ready to Use Therapeutic Food (RUTF), Plumpy Nut weekly ration by the Nutrition Focal Point at Kindamba Integrated Health Centre, Pool Health Department

At the Ambulatory Recovery Nutritional Unit (ARNU) of Jean Taty Integrated Health Center (CSI), in Makélékélé health district, children with Severe Acute Malnutrition (SAM) without medical complications are welcomed daily. SAM is a disease that reduces the immune defenses of children, making them vulnerable to all infections.

In Congo, 8.2% of children under 5 suffer from malnutrition, including 2.6% from Severe Acute Malnutrition (SAM). SAM increases the risk of death by 10 to 20 times in a child. However, the timely detection of malnutrition at the community level can reduce their complication.

This is the case of Prince, 1 year old, who came with his mother Nagcia, from the neighboring region of the Pool, to monitor his nutritional status.

“When Prince arrived here, he was suffering from Severe Acute Malnutrition (SAM) with no medical complications. The examination revealed that his weight was quite low in relation to his age and height,” said Denise, Head of the Preschool Consultation Unit (CPS).

He was skinny. His mother was sad, but we assured her that we would take good care of her son.

Prince was first spotted by Mafina, the nutrition focal point of Makélékélé Health District. “One morning,” she says, “as I was going to work, I saw a lady a few meters from me with a child on her back. He immediately caught my attention; I immediately saw that it was a severe acute malnutrition case.” she says.

“I questioned the mother, who said that Prince was not well. I offered to go to the health center with me and she agreed” continues Mafina.

“My child did not want to eat, day after day he started to lose weight and began to suffer from malnutrition. When I was received at the health center, I was well taken care of, they took good care of Prince”. Nagcia said.

The child had been taken care of and during his stay at the hospital, he benefitted from medical treatment and nutritional treatment. He was given antibiotics, an appetite test was done, and Prince was given a one-week ration of Ready-to-Use Therapeutic Food (RUTF) or Plumpy Nut. After a week, a new check showed that Prince's general condition had improved, and he was regaining strength.

“We have seen Prince regain weight. RUTFs or Plumpy Nuts have revolutionized the treatment of SAM as they are safe to use at home and provide rapid weight gain, We have seen the evolution and improvement of the child, Prince is out of SAM and was transferred for moderate acute malnutrition (MAM) care”, indicates Mrs. Denise head of the Preschool Consultation Unit.

My son prince has regained his strength <https://www.unicef.org/congo/recits/my-son-prince-has-regained-his-strength>

In Congo, 4 in 10 schools are without sanitation service. UNICEF CONGO BZV continues to support the <https://twitter.com/UNICEFcongoBZV/status/1593831566928535557>

B. Donor Feedback Form

We would be grateful for your feedback.

Thank you for filling in the feedback form and returning it to us (addressed to Chantal Umutoni at Chantal.umutoni@unicef.org and Andres A Lopez at aalopez@unicef.org, which can be found here: [UNICEF Donor Feedback Form](#)).