



Nyota, 6, plays with other children in the courtyard of a UNICEF-supported safe space at the Bulengo displacement site near Goma, North Kivu Province, in October 2024.

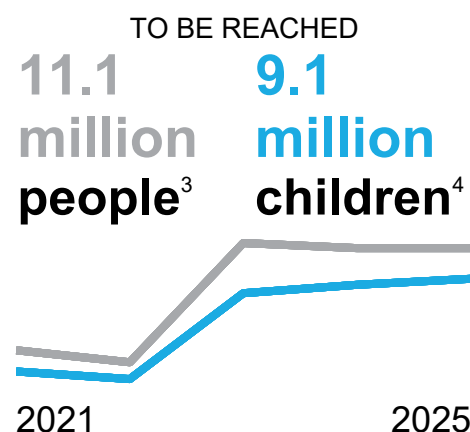
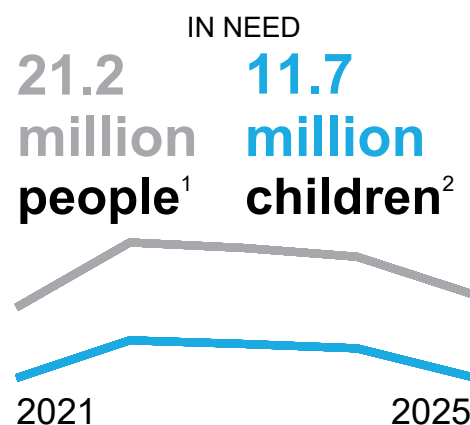
unicef 
for every child

Humanitarian Action for Children

Democratic Republic of the Congo

HIGHLIGHTS

- The humanitarian context of the Democratic Republic of the Congo is extremely complex, with chronic poverty, acute malnutrition, recurrent conflicts and major epidemic outbreaks causing high levels of vulnerability. Children and families have enormous, critical needs, in an environment of extreme child protection threats.
- UNICEF is committed to providing a rapid and integrated response to save the lives of displaced people, address the acute needs of vulnerable children and ensure that their needs continue to be met.
- To address the acute needs of 11.1 million people in the Democratic Republic of the Congo, including 9.1 million children, UNICEF is requesting \$809.6 million to uphold their rights. Without timely and adequate funding to alleviate their suffering, children will continue to experience the worst effects of ongoing conflict, disease outbreaks and acute poverty.



KEY PLANNED TARGETS



1.4 million

children vaccinated against measles



1.2 million

children with severe wasting admitted for treatment



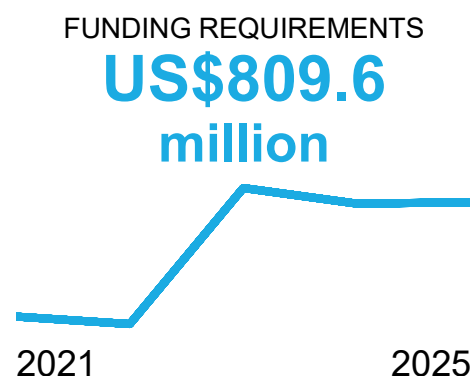
1.2 million

children/caregivers accessing community-based mental health and psychosocial support



1.8 million

people accessing a sufficient quantity and quality of water



Needs figures are aligned with the Democratic Republic of the 2025 Congo Humanitarian Needs and Response Plan 2025 as endorsed by the Humanitarian Country Team.

HUMANITARIAN SITUATION AND NEEDS

The Democratic Republic of the Congo continues to face a protracted humanitarian crisis, which will affect more than 21.2 million people in 2025.⁵ This crisis is the consequence of decades of insecurity and instability, now affecting not only the country's eastern provinces but also provinces in the south (Tanganyika, Haut-Katanga) and west (Kwilu, Kwango and Mai-Ndombe). After more than 30 years, armed conflicts and intercommunal violence have left the population extremely vulnerable and with limited access to basic services. More than half of humanitarian needs are caused by movements of population, with more than 7.77 million people displaced within the country, including more than 3 million displaced in 2024, mainly in North Kivu, South Kivu and Ituri provinces.⁶ Nearly 55 per cent of those displaced are children. In addition to cholera, the major health emergencies with high levels of morbidity and mortality in 2024 included outbreaks of mpox, measles and polio.⁷

In the Democratic Republic of the Congo in 2025, 4.75 million children under age 5 are estimated to be suffering from wasting, including 1.57 million with severe wasting, while 1.93 million pregnant or breastfeeding women are estimated to be suffering from severe wasting.⁸

In 2024, the closure of 1,593 schools, including 211 schools either occupied by armed groups or used as shelters for displaced people, left more than 500,000 children outside the school system, impacting more than 1.9 million children.

Children in the Democratic Republic of the Congo continue to be exposed to violence. They often live in precarious conditions and are at heightened risk of abuse. Conflict and displacement, including in the ongoing crisis in the eastern provinces and in Mai-Ndombe, have increased children's risks of recruitment and use by armed groups; gender-based violence and sexual exploitation; and family separation.

Between January and September 2024, the United Nations verified more than 2,900 grave violations against children, a 27 per cent increase compared with the same period in 2023. Recruitment and use of children increased by 60 per cent compared with 2023, and cases of sexual violence more than doubled.

SECTOR NEEDS



1.6 million

Children affected by severe wasting⁹



4 million

children in need of protection services¹⁰



1.9 million

children in need of education support¹¹



6.2 million

People need water, sanitation, and hygiene¹²



3 million

IDPs in need of assistance since January 2024¹³

STORY FROM THE FIELD



Joséphine, 12, plays in front of a child-friendly space in Bulengo, North Kivu Province, where displaced children can catch up with their education via radio lessons, in June 2024.

At the Bulengo displacement site near Goma, in North Kivu Province, 12-year-old Joséphine (not her real name) dreams of a brighter future. "When I grow up, I will be a teacher, and I will teach math, French, history and geography to children," she says, with a hopeful smile.

Since January 2024, Joséphine has been attending three hours of radio school each day, an initiative that enables her to continue learning despite the challenges. Before arriving at the Bulengo site in February 2023, Joséphine lived in the village of Nyamitaba, where she was enrolled in the fourth grade.

HUMANITARIAN STRATEGY

UNICEF is committed to providing a rapid, integrated response to save the lives of displaced people in the Democratic Republic of the Congo, addressing the acute needs of vulnerable children and ensuring their needs continue to be met in a comprehensive way. To strengthen the humanitarian–development nexus approach, UNICEF will provide immediate access to essential services while building community resilience, paving the way for longer-term interventions by implementing activities to strengthen community systems and services. Community engagement and the empowerment of local organizations and government partners continues to be key. As soon as a crisis occurs, UNICEF and its partners, through the rapid response mechanism, will respond to the most urgent needs of those affected to mitigate the immediate impact on children and families. UNICEF's rapid response mechanism will be complemented by the targeted rapid intervention for cholera around suspected cases, an approach that aims to stop the transmission in the areas most affected by this epidemic. UNICEF will provide a holistic humanitarian response that integrates all sectors (e.g., health, nutrition, water, sanitation and hygiene (WASH), education and child protection) and addresses gender-based violence. UNICEF aims to improve children's access to quality and inclusive aid in a protective and child-friendly environment. UNICEF will continue to support the Government by contributing to several pillars of the response to epidemics. UNICEF is committed to supporting the strengthening of essential basic social services for children, adolescents, women and people living with disabilities living in areas experiencing emergencies.

Children associated with armed groups, unaccompanied or separated children and child victims of violence and sexual abuse will receive appropriate, individualized care, with an emphasis on innovative reintegration programmes. A priority will be early detection of severe wasting through nutritional surveillance, referral and treatment of malnutrition in communities and health facilities. In 2025, UNICEF will strengthen such preventive interventions as promotion of infant and young child feeding. UNICEF will put in place a holistic and systematic approach to strengthening measures to prevent and respond to sexual exploitation and abuse and gender-based violence in all interventions. Gender equality, gender-based violence risk mitigation and cross-cutting activities to prevent and respond to sexual exploitation and abuse will be integrated into all interventions throughout the response. Finally, UNICEF will lead the WASH, nutrition and education clusters, as well as the child protection working group.

2025 PROGRAMME TARGETS¹⁴



Health (including public health emergencies)

- 236,212 children and women accessing primary health care in UNICEF-supported facilities
- 1,357,642 children vaccinated against measles, supplemental dose
- 4,800 individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities



Nutrition

- 2,886,631 children 6-59 months screened for wasting¹⁵
- 1,182,470 children 6-59 months with severe wasting admitted for treatment¹⁶
- 878,490 primary caregivers of children 0-23 months receiving infant and young child feeding counselling¹⁷
- 7,631,028 children 6-59 months receiving vitamin A supplementation



Child protection, GBViE and PSEA

- 1,226,009 children, adolescents and caregivers accessing community-based mental health and psychosocial support¹⁸
- 1,559,600 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions¹⁹
- 1,666,848 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations²⁰
- 34,478 children who have received individual case management²¹



Education

- 483,790 children accessing formal or non-formal education, including early learning²²
- 338,653 children receiving individual learning materials²³
- 8,960 teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support²⁴



Water, sanitation and hygiene

- 1,774,815 people accessing a sufficient quantity and quality of water for drinking and domestic needs²⁵
- 608,153 people accessing appropriate sanitation services²⁶
- 532,445 people reached with critical WASH supplies²⁷



Cross-sectoral (HCT, SBC, RCCE and AAP)

- 120,000 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)²⁸
- 7,722,855 people reached with timely and life-saving information on how and where to access available services²⁹
- 175,519 people engaged in reflective dialogue through community platforms
- 421,247 people sharing their concerns and asking questions through established feedback mechanisms
- 30,000 frontline workers supported with cash payments³⁰



Rapid Response Mechanism

- 1,104,000 people whose vital needs in terms of non-food items, WASH, health and nutrition were covered within 7 days of the needs assessment through a rapid response mechanism.
- 2,646,000 people around suspected cholera cases receiving targeted assistance in less than 48h³¹

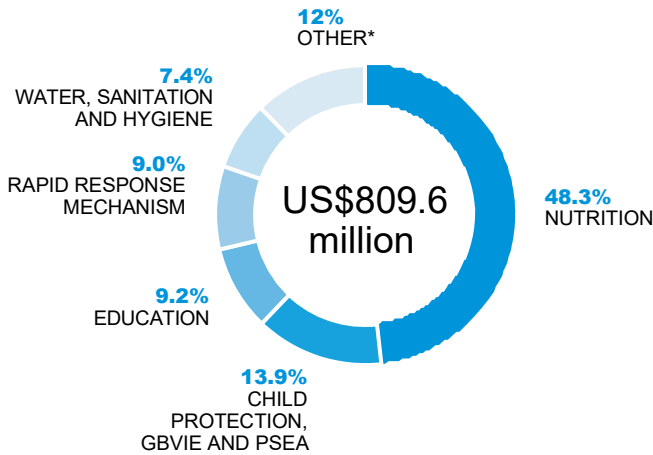
FUNDING REQUIREMENTS IN 2025

UNICEF is seeking \$809.6 million to meet the ever-increasing humanitarian needs of children and families in the Democratic Republic of the Congo and protect the rights of children in emergencies throughout 2025. This is a 1 per cent increase compared with the 2024 appeal, with a 5 per cent increase in the total number of children to be reached. The humanitarian situation in the eastern part of the country has deteriorated considerably and UNICEF will focus its humanitarian response on the most-affected areas, ensuring that no child is left behind. The total funding requirement includes preparedness and anticipatory actions, which cover readiness and risk mitigation for potential emergencies.

Full funding will enable UNICEF to deliver life-saving services in the most vulnerable areas, promote multisectoral humanitarian responses and use a community-based approach to provide faster, more effective and more efficient support to 11.1 million people, including 9.1 million children.

Without timely and adequate funding, children's many needs in the face of the country's deepening crisis will not be met. For example, 1.4 million children under age 5 will not be vaccinated against measles; 1.2 million will not have access to life-saving treatment for severe wasting; and 1.8 million people will go without access to safe drinking water, exposing them to diseases including cholera and salmonella infection, further exacerbating their vulnerability. Additionally, 1.1 million people will not benefit from a rapid response to meet their most immediate needs; 1.2 million children and caregivers will be deprived of mental health and psychosocial support; and more than 483,000 children will not have access to formal or informal education or early learning.

More than ever, flexible resources remain essential to put in place an effective, rapid and agile response to alleviate the suffering of Congolese children and to defend and promote their rights.



*This includes costs from other sectors/interventions : Cross-sectoral (HCT, SBC, RCCE and AAP) (7.4%), Health (including public health emergencies) (4.4%), Cluster coordination (<1%).

Sector	2025 requirements (US\$)
Health (including public health emergencies)	35,607,916
Nutrition	390,687,719 ³²
Child protection, GBViE and PSEA	112,189,520 ³³
Education	74,310,144 ³⁴
Water, sanitation and hygiene	60,098,618 ³⁵
Cross-sectoral (HCT, SBC, RCCE and AAP)	60,025,124 ³⁶
Rapid Response Mechanism	72,903,600 ³⁷
Cluster coordination	3,750,000
Total	809,572,641

ENDNOTES

1. Figures are aligned with Democratic Republic of the Congo Humanitarian Needs and Response Plan 2025 as endorsed by Humanitarian Country Team.
2. Children make up 55 per cent of the population, per the Democratic Republic of the Congo Humanitarian Needs and Response Plan 2025
3. Includes 878,490 primary caregivers of children aged 0–23 months receiving infant and young child feeding counseling; 7,631,028 children aged 6–59 months receiving vitamin A supplementation; 1,774,815 people reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and other epidemic-affected zones; 34,478 children receiving individual case management; 43,508 survivors of gender-based violence provided with medical, psychosocial, legal care, socioeconomic and/or educational reintegration of survivors of gender-based violence in emergency situations; 750,000 people reached with UNICEF-funded humanitarian cash transfers across sectors. Of the total number of people to be reached 5,467,261 are men/boys, 5,645,058 are women/girls, and 15 per cent are people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
4. This includes 7,631,028 children 6–59 months receiving vitamin A supplementation; 976,148 children reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and other epidemic-affected zones; 34,478 children receiving individual case management; 23,625 child survivors of gender-based violence provided with medical, psychosocial, legal care, socioeconomic and/or educational reintegration; 412,500 children reached with UNICEF-funded humanitarian cash transfers across sectors. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. Democratic Republic of the Congo Humanitarian Needs and Response Plan 2025.
6. OCHA, Democratic Republic of the Congo population movement factsheet, December 2024.
7. Epidemiological situation in the Democratic Republic of the Congo in 2024: cholera – 31,609 cases, 436 deaths; mpox – 59,522 cases, 1,300 deaths; measles – 102,139 cases, 2,231 deaths; and polio – 474 cases. Democratic Republic of the Congo Ministry of Health, total week 52, December 2024.
8. Democratic Republic of the Congo Humanitarian Needs and Response Plan 2025.
9. The number of people in need of nutrition support is based on the cluster's 2025 calculation, which takes into account a multisectoral risk analysis score derived from national nutrition survey data and health zone or territory data for locality-level information, combined with multisectoral information (IPC 2024). Six new emergency provinces reported severe wasting prevalence over the extreme emergency threshold of 5 per cent (Bas-Uele, Haut-Lomami, Mai-Ndombe, Kwango, Kwilu and Sankuru) (ENN September 2023; report published February 2024). An estimated 4.75 million children under age 5 will suffer from wasting, of whom 1.57 million will need treatment for severe wasting (2025 Humanitarian Needs and Response Plan) in non-prioritized health zones.
10. Democratic Republic of the Congo, Child Protection Area of Responsibility, November 2024.
11. Democratic Republic of the Congo education cluster, November 2024.
12. Democratic Republic of the Congo WASH cluster, November 2024.
13. OCHA, Democratic Republic of the Congo population movement factsheet, December 2024.
14. Beyond the UNICEF targets for these interventions, other humanitarian partners are expected to reach the remaining children/families in need.
15. UNICEF will target 30 per cent of the children under age 5 in high-priority health zones.
16. UNICEF will target 75 per cent of the total number of people in need for the cluster in high-priority health zones.
17. UNICEF will target 83 per cent of the cluster's target.
18. UNICEF supports 65 per cent of the Child Protection Area of Responsibility target.
19. Gender-based violence risk mitigation measures will be implemented across all sectors. Target includes beneficiaries of the child protection sector programmes and 540,000 for other sectors (WASH, education, health, nutrition, emergency). The target for risk mitigation includes 85 per cent women and girls, 15 per cent boys; for prevention, the target includes 60 per cent women and girls, 40 per cent men and boys; for response services, the target includes 30 per cent women, 60 per cent girls, 10 per cent boys.
20. Represents 15 per cent of all people to be reached by UNICEF.
21. This target includes 100 per cent of the unaccompanied and separated children and the children associated with armed groups and armed forces 'in need' number, plus 60 per cent of other at-risk/vulnerable children affected by conflict and displacement who require support with socioeconomic reintegration, in line with the Programme de Désarmement, Démobilisation, Rélevement Communautaire et Stabilisation.
22. UNICEF will target 75 per cent of the education cluster target.
23. UNICEF's target for distribution of learning materials is 70 per cent of the target of the first (access) indicator for education.
24. UNICEF has applied the pupil-teacher ratio formula, which uses the average number of pupils (students) per teacher of the first (access) indicator for education.
25. UNICEF will target 35 per cent of the WASH cluster target.
26. UNICEF will target 35 per cent of the WASH cluster target.
27. UNICEF will target 30 per cent of the WASH cluster target.
28. UNICEF aims to reach 30,000 households through the Rapid Response Mechanism with one-off multipurpose cash assistance to cover their basic needs for three months. In addition, 50,000 households will be assisted using a cash-plus approach for gender-based violence prevention and assistance and receive monthly multipurpose cash assistance for four months. Additionally, 10,000 households will receive 12 months of cash assistance through the national social protection system. Finally, through a cash for nutrition approach, 30,000 households will receive cash for four months to prevent malnutrition, improve food diversity for children aged 6–23 months, complement severe wasting treatment and prevent treatment default.
29. This target includes people reached by all activities related to the dissemination of life-saving information, messages aimed at social and behaviour change and access to basic social services, including door-to-door visits, outreach to specific groups, and communication through SMS, digital and traditional media.
30. UNICEF aims to support front-line health workers, and 30,000 workers will receive 12 months of cash incentive payments to support the government health system for the polio campaign and the mpox response.
31. The target is based on a projection of 24,500 suspected cases for 2025. Through the case area targeted intervention approach (CATI), an average of 15–18 households (six members each) are targeted around each suspected cholera case.
32. Nutrition is the largest component of UNICEF's funding requirement for the country. The proportion of funding required for severe wasting treatment compared with other nutrition interventions has increased compared with 2024, with an annual caseload now at 1.6 million children. The cost of treatment for severe wasting has been updated and harmonized within the nutrition cluster, which has resulted in a budget increase.
33. This line item includes \$68,304,107 for child protection interventions; \$38,051,445 for gender-based violence in emergencies interventions; and \$5,833,968 for protection from sexual exploitation and abuse interventions.

34. The average unit cost for the education cluster response is \$128 for a period between 7 and 12 months, as we want to link the education in emergencies response with the development (nexus) perspective. This package comprises the settlement of temporary learning spaces, provision of teachers and students with learning and teaching materials, menstrual hygiene kits for adolescent girls, teacher training, recreational kits, hygiene kits and teacher training in psychosocial support, child-centred methodologies, etc.
35. Unit costs: distribution of WASH kits: \$35/person; access to safe water: \$25/person for distribution of water via water trucking and \$20/person for extension of the pumping system.
36. Includes \$55,185,000 for humanitarian cash transfers, \$4,840,124 for social and behaviour change activities and risk communication and community engagement.
37. Includes \$62,055,000 for the UNICEF Rapid Response mechanism (UniRR) and \$10,848,600 for the cholera rapid response using the case area targeted intervention approach.