UNICEF/Democratic Republic of the Congo/2021/Desjardins Sibylle

Humanitarian Action for Children

Refugees fleeing the Central African Republic are provided with drinking water via emergency water networks installed by UNICEF and partners in Yakoma, North Ubangi Province.

Democratic Republic of the Congo

HIGHLIGHTS[1]

- The Democratic Republic of the Congo (DRC) continues to witness one of the most complex, protracted and acute humanitarian crises in the world. Persistent violence, inter-communal tensions, acute malnutrition and major epidemic outbreaks further compound chronic poverty and systemic weaknesses, affecting the lives and well-being of children and women.
- UNICEF is among the first responders to provide a multi-sectoral and integrated life-saving response to address acute humanitarian needs. A systematic gender lens will be applied to all analysis and programme design. Strengthening empowerment of local organizations and existing community structures is the backbone of UNICEF's localization approach. This enhances the effectiveness and efficiency of the humanitarian response, while also contributing to enhancing community resilience mechanisms and social cohesion.
- UNICEF requires US$356.4 million to address the acute needs of children in the DRC, uphold and promote their rights. Without timely and adequate funding to alleviate their suffering, their needs will continue to worsen and increase.

KEY PLANNED TARGETS

538,447
children admitted for treatment for severe acute malnutrition

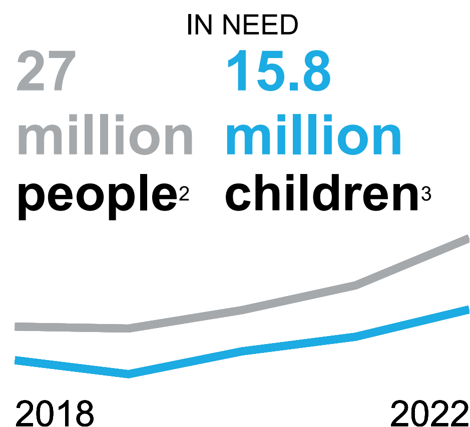
1.1 million
children vaccinated against measles

1.5 million
people accessing a sufficient quantity of safe water

400,000
children/caregivers accessing mental health and psychosocial support

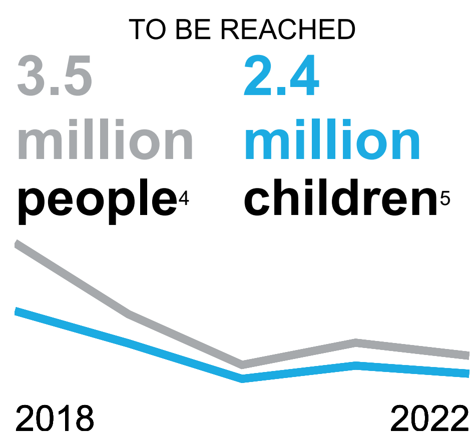
IN NEED

27 million people[2] **15.8 million children**[3]



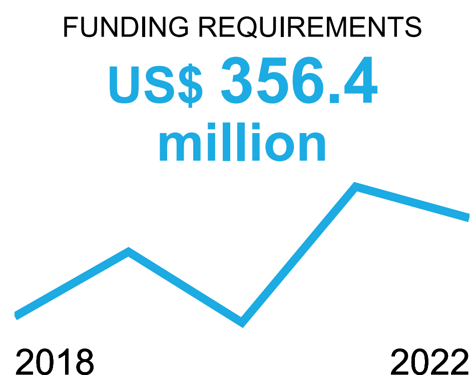
TO BE REACHED

3.5 million people[4] **2.4 million children**[5]



FUNDING REQUIREMENTS

US$ 356.4 million



Needs figures are aligned with the 2022 inter-agency planning documents (Humanitarian Needs Overview) as endorsed by the Humanitarian Country Team.

HUMANITARIAN SITUATION AND NEEDS

Throughout 2021, the Democratic Republic of the Congo continued to be confronted with a multitude of complex and overlapping acute crises.

Over 5.5 million are internally displaced people (IDPs), including 3.2 million children and 1.2 million women. Of these, over 2.6 million people were newly displaced between August 2020 and August 2021, mainly due to conflict, representing a 28 per cent increase compared to last year. Ninety per cent of IDPs live in the eastern provinces of Ituri, North Kivu, South Kivu and northern Tanganyika, where extreme violence has increased in scale and intensity.[7] Forced to relocate, often repeatedly, leaving behind their homes and belongings, displaced children live in extremely precarious conditions, exposed to violence, with very scarce access to basic services (drinking water, sanitation, primary healthcare, psychosocial support, education), hindering a safe and dignified life.

With the persistent armed conflicts, grave violations against children (killing and maiming, recruitment and attacks against schools and hospitals) continue to be reported. Over 4 million children in the Democratic Republic of the Congo are in urgent need of protection. Gender-based violence (GBV) remains a key concern. At the end of June 2021, an increase of 132 per cent in reported GBV cases was noted compared to June 2020.[8] Women and children continue to be at risk of sexual exploitation and abuse, with few avenues for reporting and seeking assistance.

Vulnerabilities are compounded by limited basic services and infrastructures. Forty-seven per cent of health zones are facing a nutritional emergency with 2.4 million children under 5 years of age suffering from acute malnutrition and 1.6 million children suffering from severe acute malnutrition.[9] Almost 7 million Congolese are in urgent need of clean water and basic sanitation.[10]

The country also faces recurrent outbreaks of Ebola, measles, meningitis, cholera and plague, placing additional strain on an already fragile public health system. In 2021, two Ebola outbreaks were declared in the country, with one still on-going as of November.[6] A new measles outbreak has already resulted in over 40,000 suspected cases with nearly 600 deaths (1.5 per cent case-fatality rate) in 23 out of 26 provinces. In Tshopo Province, almost 2,000 suspected cases of meningitis were reported, including 195 deaths (11 per cent case-fatality rate).[11] Moreover, while cholera incidences decreased by 66.6 percent, the case-fatality rate increased from 1.5 percent in 2020 to 2.3 percent to 2021 with new outbreaks reported at the end of September 2021.[12]

SECTOR NEEDS

1.6 million

children are affected by SAM[13]

6.6 million

people need water, sanitation, and hygiene [14]

4.4 million

children in need of protection services[15]

1.4 million

children aged 6 to 17 years need education support[16]

2.6 million

IDPs in need of assistance[17]

STORY FROM THE FIELD

UNICEF/Democratic Republic of the Congo/2021/LeMoyne

Boys learn carpentry and other vocational skills at a transit and orientation centre in Bunia, Ituri Province. UNICEF supports former child soldiers, enabling them to return to a normal life.

Soon after his family was murdered by a militia, 14-year-old Gabriel became a fighter himself. During a clash with the Congolese army, Gabriel was taken for interrogation. Once released, Gabriel underwent rehabilitation at a transit centre run by a UNICEF local NGO partner in Bunia, Ituri Province. Gabriel received psychosocial support as well as vocational training in carpentry skills.

“What we aim for is that when they leave the center, these children are psychologically healthy, that they can lead normal lives in their communities and in their families,“ said Baglu, the centre's psychologist.

Read more about this story here

HUMANITARIAN STRATEGY

In 2022, UNICEF will continue to be among the first responders delivering timely and integrated life-saving response to address the acute needs of vulnerable children and to ensure their needs continue to be met while working towards programmatic synergies.

Aiming to enable holistic humanitarian assistance, UNICEF will provide immediate access to essential services while enhancing community resilience and paving the way for longer-term interventions. Community engagement and empowerment of local organizations and existing structures will continue to be the backbone of UNICEF's localization approach. This allows for improved effectiveness, acceptance and enhanced access to hard-to-reach areas, while increasing overall efficiency and value for money.

At the onset of crisis, UNICEF and partners will deliver life-saving rapid response to address the most acute needs and mitigate the immediate impact. UNICEF's Rapid Response Mechanism will focus on population movement and natural disaster,[19] while the targeted cholera rapid response around suspected cases will allow transmission to be stopped.[20] UNICEF will continue strengthening the linkages between health, nutrition, water, sanitation, hygiene (WASH), education and child protection and GBV programming to enable more integrated humanitarian assistance (including through cash transfers)[21] and increase children's access to quality and inclusive assistance in a protective and child-friendly environment.

To support responses to public health emergencies, UNICEF, with the Government and partners, will contribute to the coordination and response of several outbreak response pillars[22]. Specific community needs will also be addressed including through the support to the continuity of essential social services for children, adolescents, and women.

Children associated with armed groups and unaccompanied or separated children will receive appropriate and individualized care, focusing on innovative reintegration programmes. To save the lives of children, health, nutrition and WASH efforts will focus on improving access to basic WASH services,[23] primary healthcare and immunization as well as supporting early detection of severe acute malnutrition, referrals and treatment in community and health facilities. Preventive interventions – such as infant and young child feeding counselling – will be reinforced in 2022.

UNICEF places prevention of sexual exploitation and abuse (PSEA) as a top priority and will continue to enforce a holistic and systematic approach to scaling up SEA and GBV prevention measures within all its interventions. Gender, GBV risk mitigation and PSEA cross-cutting activities will be integrated in all interventions throughout the response. Survivors will be supported with multisectoral services (medical, psychosocial, legal and socioeconomic empowerment opportunities).

Finally, UNICEF will continue to lead the WASH, nutrition and education clusters, the child protection area of responsibility and the non-food items working group. UNICEF also co-leads the monitoring and reporting mechanism.

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

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

2022 PROGRAMME TARGETS

Nutrition

- **538,447** children aged 6 to 59 months with severe acute malnutrition admitted for treatment[24]
- **448,762** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling[25]

Health

- **1,095,868** children aged 6 to 59 months vaccinated against measles
- **515,299** children and women accessing primary health care in UNICEF-supported facilities

Water, sanitation and hygiene[26]

- **1,498,596** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **599,439** people use safe and appropriate sanitation facilities

Child protection, GBViE and PSEA

- **400,000** children and parents/caregivers accessing mental health and psychosocial support
- **300,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **577,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- **7,000** children who have exited armed forces and groups provided with protection or reintegration support
- **8,500** unaccompanied and separated children accessing family-based care or a suitable alternative

Education

- **384,877** children accessing formal or non-formal education, including early learning[27]
- **230,926** children receiving individual learning materials[28]

Rapid Response Mechanism

- **720,000** people whose life-saving non-food items needs were met through supply or cash distributions within seven days of needs assessments
- **693,000** people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system[29]

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

- **35,000** households reached with humanitarian cash transfers across all sectors[30]
- **500,000** people engaged in risk communication and community engagement actions[31]

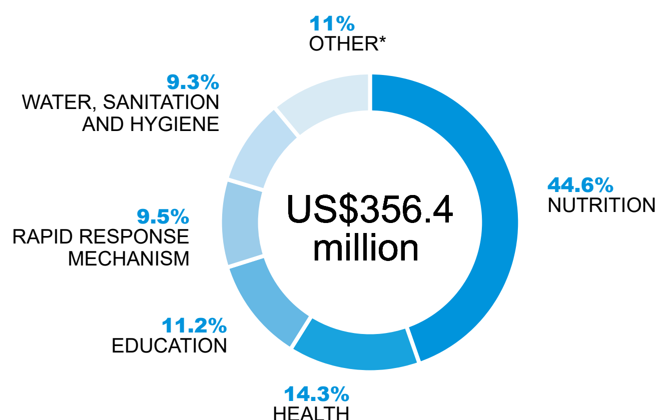
Programme targets are aligned with the 2022 inter-agency planning documents (Humanitarian Response Plan) as endorsed by the Humanitarian Country Team.

FUNDING REQUIREMENTS IN 2022

UNICEF requests US$356.4 million to meet the critical humanitarian needs of the most vulnerable in the Democratic Republic of the Congo and to fulfill children's rights in 2022[32]. In line with the 2022 Inter-agency Humanitarian Response Plan and cluster priorities, the 7.3 per cent decrease from last year does not reflect an improved humanitarian situation but rather a prioritized response to address the most critical needs in the country.

These funds will allow UNICEF to provide life-saving services in the most vulnerable areas, promote integrated humanitarian interventions and use a community-based approach to provide more timely, effective and efficient support to over 2.4 million children and their families. Without timely and adequate funding, their multifaceted needs will continue to worsen. As such, over 1 million children under 5 years of age will not be vaccinated against measles and 500,000 will not have access to severe acute malnutrition treatment; 400,000 children and caregivers will be deprived of mental health and psychosocial support; 1.5 million people will not have access to safe water and 1.5 million will not benefit from a rapid response to address their most immediate needs.

More than ever, flexible resources are needed to alleviate the suffering of Congolese children.



Sector	2022 requirements (US$)[33]
Nutrition	**159,094,178**
Health	**50,789,061**
Water, sanitation and hygiene	**33,147,686**
Child protection, GBViE and PSEA	**19,297,558**[34]
Education	**40,027,204**[35,36]
Rapid Response Mechanism	**33,968,395**[37,38]
Cross-sectoral (HCT, C4D, RCCE and AAP)	**16,278,250**[39]
Cluster coordination	**3,750,000**
Total	**356,352,332**

**This includes costs from other sectors/interventions : Child protection, GBViE and PSEA (5.4%), Cross-sectoral (HCT, C4D, RCCE and AAP) (4.6%), Cluster coordination (1.1%).*

Who to contact for further information:

Edouard Beigbeder
Representative, Democratic Republic of the Congo
T +243 814 263 353
ebeigbeder@unicef.org

Manuel Fontaine
Director, Office of Emergency Programmes (EMOPS)
T +1 212 326 7163
mfontaine@unicef.org

June Kunugi
Director, Public Partnership Division (PPD)
T +1 212 326 7118
jkunugi@unicef.org

ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. Figures are aligned with 2022 inter-agency planning documents (Humanitarian Needs Overview and Humanitarian Response Plan) as endorsed by Humanitarian Country Team.

3. Children make up 58.5 per cent of the population, as per the National Institute of Statistics Democratic Republic of the Congo Statistical Yearbook 2015–2017. The number of children in need under the sectors covered by UNICEF is 4.1 million. UNICEF uses the max of children in need under the sectors covered by UNICEF to avoid double counting.

4. Includes 1,095,868 children aged 6 to 59 months reached with measles vaccination; 448,762 primary caregivers of children aged 0 to 23 months reached with infant and young child feeding counselling; 697,338 people reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and other epidemic-affected zones; 384,877 children reached with formal or non-formal education, including early learning; 720,000 people reached with supplies distributions within seven days of needs assessments and WASH kits; 7,000 children released from armed forces/groups reached with appropriate care and services; and 8,500 unaccompanied/separated children reached with family-based care or suitable alternative; 175,000 people reached with UNICEF-funded humanitarian cash transfers across sectors. This includes 1,740,374 men/boys, 1,796,971 women/girls and 530,602 persons 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.

5. This includes 1,095,868 children aged 6 to 59 months reached with measles vaccination; 407,943 children reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and other epidemic-affected zones; 384,877 children reached with formal or non-formal education, including early learning; 421,200 children reached through supplies distributions within seven days from needs assessments and WASH kits; 7,000 children released from armed forces/groups reached with appropriate care and services; and 8,500 unaccompanied/separated children reached with family-based care or a suitable alternative; 102,375 children reached with UNICEF-funded humanitarian cash transfers across sectors. This includes 1,194,459 boys, 1,233,304 girls and 364,164 children 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.

6. Since 2018, North Kivu, Ituri, South Kivu and Equateur provinces, experienced four Ebola Virus Disease (EVD) outbreaks (10th, 11th, 12th, 13th EVD epidemic outbreak). The 10th EVD epidemic lasted 22 months (from August 2018 to June 2020) and affected 3,470 persons, with 2,287 deaths and 1,171 survivors. The 11th EVD epidemic lasted six months affecting the Equateur Province with 119 confirmed cases, 55 deaths and 75 survivors. The 12th EVD epidemic was quickly contained and lasted only three months (from February to May 2021), affecting three health zones in North Kivu province (Biena, Katwa, Musienene and Butembo). Twelve people were infected, and six people died. On 8 October 2021, the Minister of Public Health confirmed that a three-year-old boy had died of EVD on 6 October 2021 in a health centre in the Butsili health area, Beni health zone, North Kivu Province. As of 31 October 2021, eight cases have been confirmed, six have died and children represent 50 per cent of all cases reported so far.

7. Population Movement Database, OCHA, August 2021.

8. Gender Based Violence AoR Bulletin, June 2021.

9. DRC Nutrition Cluster, 2021; using the Global Nutrition Cluster recommended methodology replacing the WHO threshold by the IPC Acute Malnutrition threshold.

10. DRC WASH cluster, 2021. According to the DRC Multiple Indicator Cluster Survey 2017-2018, some 15 million Congolese in rural areas lack access to safe drinking water and sanitation facilities.

11. The meningitis outbreak Sitrep n°046/2021, as of 10 October 2021, Tshopo Provincial Ministry of Health.

12. Democratic Republic of the Congo, Ministry of Public Health, September 2021.

13. Democratic Republic of the Congo, Nutrition Cluster, November 2021.

14. DRC WASH Cluster, 2021. Some 4.1 million people have needs that meet critical and catastrophic thresholds as per the severity of needs analysis conducted by the cluster.

15. DRC Child Protection AoR, October 2021. Some 3.8 million children have needs that meet critical and catastrophic thresholds as per the severity of needs analysis conducted by the cluster. This includes protection needs related to armed conflict, acute food insecurity and epidemics. However not all children need individualized protection support.

16. DRC Education Cluster, September 2021. Some 1.3 million children have needs that meet critical and catastrophic thresholds as per the severity of needs analysis conducted by the cluster.

17. OCHA DRC Newsletter No22 – August 2021.

18. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.

19. UNICEF Rapid Response (UniRR) is a new model providing first response, one-off assistance to vulnerable populations affected by humanitarian crises. To ensure strong operationality and effective response, the mechanism was designed based on the following principles: high immediate impact, rapidity, simplicity and implementation through local partners to enhance access to hard-to-reach areas. Eighty per cent of evaluations are followed by an intervention within seven days and operational management is conducted jointly by UNICEF and its partners. UniRR offers one-off and supply-oriented assistance through WASH and NFIs kits. One-off health and nutrition assistance to health centres was introduced end of 2021 in Ituri and North Kivu. In 2022, UNICEF aims to add a cash component when relevant and appropriate.

20. The Case Area Targeted Interventions methodology was integrated into the National Cholera Elimination Plan in March 2020 during the last review by the Ministry of Public Health and the Ministry of Planning. This approach strengthens the epidemiological and microbiological surveillance system and allows for rapid and concerted public health decision-making. The methodology is defined by four axes of intervention: (1) reinforcement of coordination, epidemiological and microbiological surveillance; (2) implementation of the rapid response targeted around suspected cholera cases in communities (responding to 80 per cent of suspected cases in less than 48 hours to interrupt transmission through the implementation of cordon sanitaire in households around each suspected case); (3) preparedness, community engagement and intensification of hygiene promotion; and (4) implementation of rapid water and sanitation interventions in outbreak areas.

21. Evidence shows that cash transfers help the poorest families meet their basic needs and generate a wide range of benefits, such as increased household productive capacity, improved dietary diversity, children's school attendance. As a pilot, UNICEF introduced in 2021 a cash complementary component to a nutrition programme in Tanganyika that includes an impact evaluation. In 2022, UNICEF aims to further develop this combination of cash transfers and complementary programmes in the country.

22. In public health emergency, response pillars typically include: surveillance, contact tracing, immunization, infection prevention and control, risk communication and community engagement, case management, etc. The response pillar activated will depend of the public health emergency.

23. Basic WASH services include: improved water access, improved sanitation, health promotion with particular attention to infrastructure maintenance and community resilience for a more sustainable impact. Impact of climate change will be taken into account when appropriate and feasible (e.g. with the use of solar powered pumping systems).

24. The UNICEF target represents 98 per cent of the cluster target. The remaining 2 per cent will be covered by other cluster partners.

25. The UNICEF target represents 90 per cent of the cluster target. The remaining 10 per cent will be covered by other cluster partners. The target was increased for 2022 to reflect the scale up of this activity intiated in 2021 as a pilot.

26. The UNICEF target represents 45 per cent of the cluster target. The remaining 55 per cent will be covered by other cluster partners.

27. The cluster targets 65 per cent of children in need aged 6 to 11 years and 35 per cent aged 12 to 17 years. UNICEF will target 62 per cent of the cluster's target. The remaining 38 per cent will be covered by other cluster partners.

28. UNICEF's target is 60 per cent of the target of the 1st Indicator for Education. In other words, distribution of learning materials for students, teachers at schools-- with 60 per cent of children accessing non-formal and formal education as stated in indicator #1. The figures are provisional.

29. Target based on projection of 7,700 suspected cases for 2022. Through the CATI approach, 15 households (6 members) are targeted around each suspected cholera case.

30. UNICEF aims to target 15,000 households through a humanitarian cash transfer with a one-off basic needs response (US$113 per household - 80 per cent of hamonized minimum expenditure basket (MEB) in a one-off) and 20,000 household through CASH plus intervention in complement to other programmes such as nutrition (US$42 per household as an average based on 80 per cent of the non-food component of the MEB for six months).

31. Community actors involved in the humanitarian response, including community-based workers, displaced people's leaders, chiefs of villages and other community leaders, as well as people who participate in community dialogues.

32. Due to the situation of severe acute malnutrition identified as critical status in 17 out of 26 provinces of the country, there is a significant need for nutrition funding, while the ongoing multiple measles outbreaks with 18 out of 26 provinces at epidemic risk level remain worrying.

33. The decrease in funding requirements does not reflect an improved humanitarian situation but is mainly due to a tightened prioritization in the country to address most critical needs.

34. Includes US$12,642,264 for child protection interventions; US$4,641,660 for GBV in emergencies interventions; and US$2,160,865 for PSEA interventions.

35. Country Office received regular programme funding to support safe return to school and all associated costs in the context of COVID-19 as part of the development programme.

36. Unit Cost: US$92 per child for access to formal or non-formal education and US$20 per child for learning.

37. Includes US$22,570,000 for the Unicef Rapid Response and US$11,398,285 for the Cholera Rapid Response through the CATI approach.

38. The scale up of the cholera rapid response using the Case Area Targeted Interventions methodology resulted in improved integrated approaches, and as such, the number of individuals that can be reached for the same cost has increased.

39. Includes US$7,745,000 for humanitarian cash transfers, and US$8,533,000 for communications for development activities and community engagement.