



UNICEF Democratic Republic of the Congo/2020/Desjardins Sibyle

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for every child

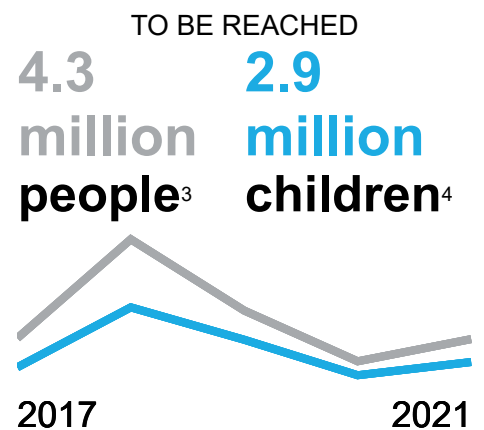
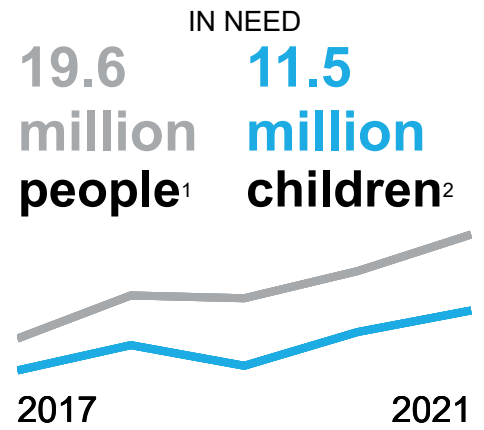
Humanitarian Action for Children

The child-friendly space established by UNICEF in a camp for internally displaced persons in Bunia is giving children a safe place to learn, play, make friends, and become children again.

Democratic Republic of the Congo

HIGHLIGHTS

- The scale and complexity of humanitarian needs and protection concerns in the Democratic Republic of the Congo are staggering. Chronic poverty and weak essential service systems, recurrent armed conflict, acute malnutrition and major epidemic outbreaks, including the coronavirus disease 2019 (COVID-19) pandemic, are all heightening vulnerability.
- UNICEF will be among the first responders providing a timely and integrated life-saving response to address the acute needs of people affected by forced displacements, natural disasters and public health emergencies. Using a localized approach, UNICEF will revitalize and strengthen the capacities of community-based organizations to enhance the effectiveness and efficiency of the humanitarian response, address immediate needs and reinforce the resilience of communities and systems.
- UNICEF requires US\$384.4 million to address the acute needs of children in the Democratic Republic of the Congo and uphold and promote their rights. Without timely and adequate funding to alleviate their suffering, the situation will continue to worsen.



KEY PLANNED TARGETS



644,496

children admitted for treatment for severe acute malnutrition



1 million

children vaccinated against measles



2.2 million

people accessing a sufficient quantity of safe water

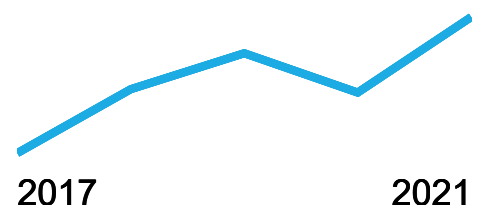


400,000

children/caregivers accessing mental health and psychosocial support

FUNDING REQUIREMENTS

US\$ 384.4 million



HUMANITARIAN SITUATION AND NEEDS

Due to multifaceted conflicts, the Democratic Republic of the Congo is home to the second largest displaced population in the world. There are 5.2 million people internally displaced in the country, including 3 million children. Fifty per cent of displaced people were displaced in the last 12 months, which has created a protection crisis of unprecedented size.⁶ Displaced children are exposed to extreme violence, at heightened risk of abuse and live in precarious conditions with limited access to basic services such as drinking water, primary health care and education.

Four million children in the Democratic Republic of the Congo are in urgent need of protection.⁷ In the first half of 2020, as violence intensified in Ituri and North and South Kivu provinces, grave violations against children increased by 16 per cent.⁸ The prevalence of gender-based violence remains high, particularly in conflict-affected provinces. Nearly 30 per cent of women and girls aged 15 to 49 are survivors of gender-based violence.⁵ Women and children are also at risk of sexual exploitation and abuse, with few avenues for reporting abuse and seeking assistance.

Access to social services and basic infrastructure remains limited across the country. Some 15 million Congolese in rural areas lack access to safe drinking water and sanitation facilities.⁹ In addition, 3.3 million children under 5 years are malnourished and 1 million children are suffering from severe acute malnutrition (SAM).¹⁰ The socio-economic impact of the COVID-19 pandemic is expected to further increase the number of children with SAM in 2021. Some 3 million vulnerable children aged 3 to 17 years lack access to quality education.¹¹

The high prevalence of diseases with epidemic potential is deepening the complexity of the humanitarian situation. Less than half of all households have access to primary health care and only half of the children in these households have received the pentavalent vaccine.¹² A new Ebola outbreak was declared on 1 June 2020 in the Equateur province, with 119 confirmed cases as of 25 October and a mortality rate of 42.3 per cent.¹³ Over 14,400 suspected cholera cases have also been recorded.¹⁴

The COVID-19 pandemic has placed additional pressure on already fragile social and health systems. More than 11,000 cases have been reported since March 2020.¹⁵ COVID-19-related restrictions have limited livelihood opportunities and undermined access to markets, adding to humanitarian needs across the country. The pandemic has disrupted children's development, learning and well-being; and violence against women and girls is on the rise.

SECTOR NEEDS



Nutrition

1 million children are affected by SAM¹⁶



Water, sanitation and hygiene

7.9 million people need water, sanitation and hygiene¹⁷



Child protection, GBViE and PSEA

4 million children need some form of protection^{18,19}



Education

2.7 million children aged 6 to 17 years need education support²⁰

STORY FROM THE FIELD



"That day when my life changed," recalls Kayeny.

The day 15 January left an indelible mark on the lives of residents of Gadawazi, a village in the Ituri province of the Democratic Republic of the Congo. All residents fled when men with knives attacked the village and burned down houses.

As she returned from her field, Kayeny saw her neighbours running around and decided to run away too. "We ran for three hours and took refuge in Djalasiga," says Kayeny.

So far in 2020, UNICEF has provided 10,000 displaced households in Ituri province with non-food items.

[Read more about this story here](#)

More than a quarter of a million people, the majority of them children, have fled intensifying violence in Ituri Province since the beginning of the year.

In 2021, UNICEF will be among the first responders providing a timely and integrated life-saving response to address the acute needs of people affected by population movement, natural disasters and health emergencies in the Democratic Republic of the Congo.

Building on lessons learned during the Ebola outbreak response in the east, UNICEF will take a community-based approach to its humanitarian action, including by revitalizing and strengthening the capacities and operations of community-based organizations to enhance the effectiveness and efficiency of the humanitarian response, address immediate needs and reinforce the resilience of communities and systems. UNICEF will also focus on survivor follow up, health system strengthening and the supervision of community action cells to improve community-based surveillance. Cross-cutting issues such as disability, gender and age will be integrated throughout the response. UNICEF will also invest in a systemic approach to preventing sexual exploitation and abuse, including regular training, community engagement, risk assessment, increased vetting and human resources measures.

Following sudden shocks, UNICEF and partners will work through UNICEF Rapid Response to provide vulnerable communities in hard-to-reach areas with life-saving assistance.²¹ The mechanism will serve as an entry point for a comprehensive humanitarian response. To this end, UNICEF will strengthen the linkages between health, nutrition, water, sanitation and hygiene (WASH), education and child protection programmes to enable holistic humanitarian assistance and pave the way for more sustainable humanitarian interventions.

To save the lives of children under 5 years suffering from severe wasting, UNICEF's nutrition response will support early detection at the community and family levels, referrals and SAM treatment through community and health facilities. Preventive interventions – such as infant and young child feeding counselling, growth monitoring, WASH-in-nutrition and vaccination – will be provided jointly with other sectors.

Children associated with armed groups and unaccompanied and separated children will receive appropriate and individualized care, focusing on innovative reintegration programmes. Gender-based violence programming will be integrated across all programmes; life-saving gender-based violence services will be expanded; and women and girls will be supported with safety- and resilience-building interventions. UNICEF will also strengthen the linkages between child protection, education, WASH and health programmes to increase children's access to quality and inclusive assistance in protective and child-friendly learning and care environments.

UNICEF is committed to eliminating cholera in the Democratic Republic of the Congo by 2024. A new rapid response approach to responding to cholera will be scaled up using the Case Area Targeted Interventions methodology.²² To mitigate the immediate impacts of COVID-19 and improve the socio-economic situation of vulnerable households, UNICEF will support the development of a shock-response social protection system where feasible and appropriate.

UNICEF will continue to lead the WASH, nutrition and education clusters and the non-food items and child protection working groups at the national and decentralized levels and to co-lead the cash working group in Goma.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/drc/situation-reports>



Nutrition

- **644,496** children aged 6 to 59 months with severe acute malnutrition admitted for treatment²⁴
- **393,039** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling²⁵



Health

- **1,043,684** 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 hygiene²⁶

- **2,159,946** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **427,508** people accessing appropriately designed and managed latrines



Child protection, GBViE and PSEA

- **400,000** children and caregivers accessing mental health and psychosocial support²⁷
- **300,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions
- **7,000** children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services²⁸
- **8,500** unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services²⁹



Education

- **426,389** children accessing formal or non-formal education, including early learning^{30,31}
- **1,408** schools implementing safe school protocols (infection prevention and control)



Social protection and cash transfers

- **40,000** households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding



C4D, community engagement and AAP

- **100,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms³²
- **34,000** community action cell members participating in community-level actions for social and behavioural change



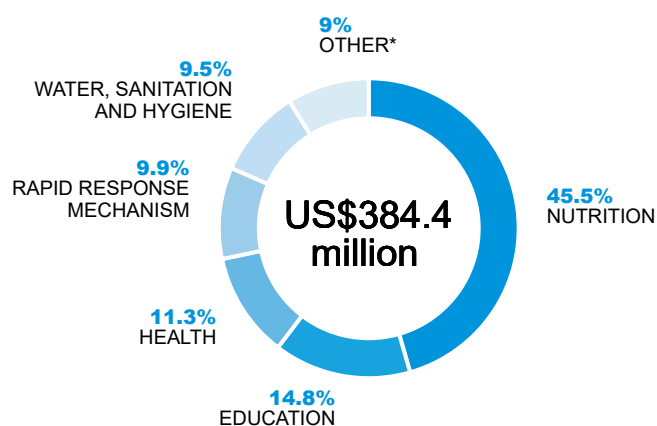
Rapid Response Mechanism

- **765,000** people whose life-saving non-food items needs were met through supply or cash distributions within seven days of needs assessments³³
- **238,000** households with suspected cholera cases that were responded to within 48 hours of notification with an adapted rapid response

FUNDING REQUIREMENTS IN 2021

UNICEF requires US\$384.4 million to ensure the continuity and expansion of its support to meet the acute needs of children and women in the Democratic Republic of the Congo. This represents a 37.5 per cent increase over the 2020 appeal, which corresponds to the 32 per cent increase in the total number of people to be reached. The funding requirement is aligned with the 2021 Humanitarian Needs Overview, Humanitarian Response Plan and cluster priorities. It includes the response to the humanitarian impacts of COVID-19 and Ebola in line with national strategic response plans.

These funds will enable UNICEF to scale up its rapid response, promote integrated life-saving interventions and use a community-based approach to provide more timely, effective and efficient support to vulnerable children. Without timely and adequate funding, UNICEF and its partners will be unable to provide critical services addressing the acute humanitarian needs of 2.9 million Congolese children and their families and uphold and promote their rights.



*This includes costs from other sectors/interventions : Child protection, GBViE and PSEA (4.2%), Social protection and cash transfers (1.8%), C4D, community engagement and AAP (1.8%), Cluster coordination (<1%).

| Sector | 2021 requirements (US\$) |
|--------------------------------------|--------------------------|
| Nutrition | 175,088,235 |
| Health | 43,598,460 |
| Water, sanitation and hygiene | 36,698,249 |
| Child protection, GBViE and PSEA | 16,198,380 ³⁴ |
| Education | 56,955,555 |
| Social protection and cash transfers | 7,100,000 |
| C4D, community engagement and AAP | 7,080,400 |
| Rapid Response Mechanism | 37,942,810 |
| Cluster coordination | 3,750,000 |
| Total | 384,412,089 |

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ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Democratic Republic of the Congo: 2021 Humanitarian Needs Overview', OCHA, 2020.
2. This was calculated based on children making up 58.5 per cent of the population, as per the National Institute of Statistic Democratic Republic of the Congo Statistical Yearbook 2015–2017. The number of children in need under the sectors covered by UNICEF is 4.6 million.
3. This includes 1,043,684 children under 5 years to be reached with measles vaccination; 393,039 primary caregivers of children aged 0 to 23 months to be reached with infant and young child feeding counselling; 1,496,278 people to be reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and other epidemic-affected zones; 426,389 children to be reached with formal or non-formal education, including early learning; 765,000 people to be reached with supplies or cash distributions within seven days of needs assessments and WASH kits; 200,000 people to be reached with cash transfers through an existing government system; 7,000 children released from armed forces and groups to be reached with appropriate care and services; and 8,500 unaccompanied and separated children to be reached with family-based care or a suitable alternative. This includes 2,135,226 men/boys, 2,204,664 women/girls and 650,983 persons with disabilities.
4. This includes 1,043,684 children to be reached with measles vaccination; 875,322 children to be reached with safe water for drinking, cooking and personal hygiene in cholera-prone zones and other epidemic-affected zones; 426,389 children to be reached with formal or non-formal education, including early learning; 447,525 children to be reached through supplies or cash distributions within seven days from needs assessments and WASH kits; 117,000 children to be reached with cash transfers through an existing government system; 7,000 children released from armed forces/groups to be reached with appropriate care and services; and 8,500 unaccompanied/separated children to be reached with family-based care or a suitable alternative. This includes 1,439,307 boys, 1,486,113 girls and 438,813 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.
5. These data cover the period of 2018-2019. United Nations Secretary-General, 'Report of the United Nations Secretary-General on Conflict-Related Sexual Violence', 2019.
6. Office of the Coordination of Humanitarian Affairs (OCHA), 2020.
7. Child Protection Working Group, 2020. This includes protection needs related to armed conflict, acute food insecurity and epidemics. However not all children need individualized protection support.
8. Grave violations against children include the killing and maiming of children; recruitment or use of children as soldiers; and attacks against schools or hospitals. Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict, 'Analysis of the DRC Human Rights Situation from January to June 2020', 2020.
9. Democratic Republic of the Congo Multiple Indicator Cluster Survey 2017-2018.
10. Democratic Republic of the Congo Nutrition Cluster, October 2020.
11. This includes children in areas affected by conflict and areas with high prevalence of COVID-19. Democratic Republic of the Congo Education Cluster, October 2020.
12. Democratic Republic of the Congo Ministry of Public Health, September 2020.
13. Ibid.
14. The incidence decreased by 23.4 per cent compared with the same period in 2020. This decrease can be partly attributed to the new rapid response approach to cholera using the Case Area Targeted Interventions methodology described in the humanitarian strategy. Democratic Republic of the Congo Ministry of Public Health, 2020.
15. Democratic Republic of the Congo Ministry of Public Health and the World Health Organization, 'Bulletin Epidemiologique COVID-19', no. 267/2020, 23 October 2020.
16. Democratic Republic of the Congo Nutrition Cluster, October 2020. Over 460,000 children have needs that meet critical and catastrophic thresholds as per the severity of needs analysis conducted by the cluster.
17. Democratic Republic of the Congo WASH Cluster, 2020. Some 7.1 million people have needs that meet critical and catastrophic thresholds as per the severity of needs analysis conducted by the cluster.
18. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
19. Child Protection Working Group, 2020. Some 3 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.
20. Democratic Republic of the Congo Education Cluster, 2020. Some 1.8 million children have needs that meet critical and catastrophic thresholds as per the severity of needs analysis conducted by the cluster.
21. UNICEF Rapid Response is a new model that will provide first response, one-off assistance to all vulnerable populations affected by humanitarian crisis. In order to ensure strong operationality and an 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.
22. 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.
23. Programme targets were established based on analysis of acute humanitarian needs and operational capacities, including access as well as the absorption capacities of stakeholders, including UNICEF. Operations can only grow to a certain extent to ensure the quality and accountability of humanitarian assistance. The overall target for people to be reached in 2021 has increased by 30 per cent over the 2020 revised target.
24. The UNICEF target represents 98 per cent of the cluster target. The gap between the cluster targets and UNICEF targets will be covered by the other members of the cluster.
25. The UNICEF target represents 74.4 per cent of the cluster target. The gap between the cluster targets and UNICEF targets will be covered by the other members of the cluster.
26. The UNICEF target represents 45 per cent of the cluster target. The gap between the cluster targets and UNICEF targets will be covered by the other members of the cluster.
27. The UNICEF target represents 75 per cent of the child protection working group target to address the needs of individualized protection services. The target has increased by almost 167 per cent compared with the revised 2020 appeal. This target includes caregivers as well as mental health and psychosocial support in public health emergencies (COVID-19 and Ebola). The gap between the cluster targets and UNICEF targets will be covered by other members of the working group.
28. The UNICEF target represents 88 per cent of the child protection working group target. The gap between the cluster targets and UNICEF targets will be covered by the other members of the working group.
29. The UNICEF target represents 72 per cent of the child protection working group target. The gap between the cluster targets and UNICEF targets will be covered by the other members of the working group.
30. In the Democratic Republic of the Congo, both the cluster and UNICEF target children aged 6 to 17 years. The cluster targets 60 per cent of children aged 6 to 11 years who are in need and 40 per cent of children aged 12 to 17 years who are in need due to population displacement. The cluster targets 30 per cent of people who are in need due to cholera and 50 per cent of people who are in need due to COVID-19. The UNICEF target represents 73 per cent of the cluster target. The gap between the cluster targets and UNICEF targets will be covered by other members of the cluster. The target has increased by almost 19 per cent compared with the 2020 revised appeal.
31. The number of children targeted for formal or non-formal education, including early learning, is 426,389 (52 per cent girls; 48 per cent boys). The number of children targeted for individual learning materials is 426,389 (52 per cent girls; 48 per cent boys).
32. This target specifically focuses on feedback received through established engagement platforms, including U-Report and public health emergency feedback mechanisms co-managed with technical partners.
33. This target includes 45,000 households to be reached through humanitarian cash transfers.
34. This includes US\$11,524,880 for child protection interventions; US\$4,006,500 for gender-based violence in emergencies interventions; and US\$667,000 for prevention of sexual exploitation and abuse interventions.