



Reporting Period: 1 January – 31 March 2024

Democratic Republic of the Congo

Situation Report No.8
Level 3 Emergency
Ituri, North Kivu, and South Kivu provinces

Highlights

- Violent clashes in North Kivu have pushed 100,000 people to Minova (South Kivu) between 2-6 February. The need for a reactive and effective scale up of services is clear.
- Over 249K households were displaced in the 3 provinces (Jan-March).
- More than 1,873 unaccompanied and separated minors (UASC) were identified and received temporary care and assistance. The number of UASC identified increased by 24 per cent between February and March.
- North Kivu accounts for over 57.5 per cent of all cholera cases and it shows a 31% decrease in cases from the same period last year (Jan-March 2023).
- UNICEF reached 96% of its ambitious CATI response goal - an essential service in curbing the cholera outbreaks.
- Ituri province saw an upsurge in attacks against civilians. More than 100 civilians are killed on average in the province each month. (OCHA)

Situation in Numbers*



4.9 million

People in need of humanitarian assistance



2.8 million

Children in need of humanitarian assistance



4 million

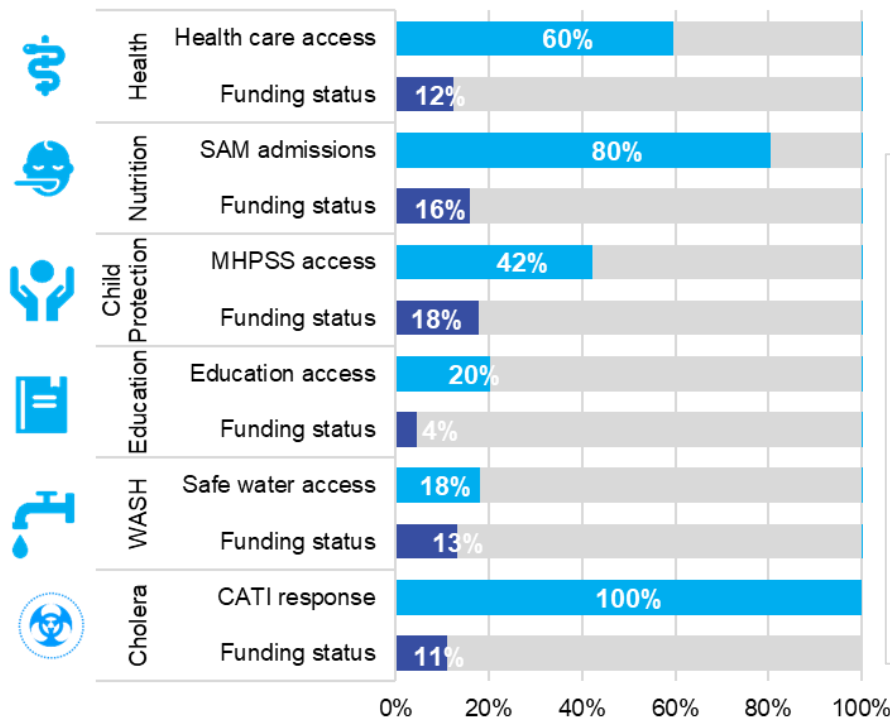
Newly internally displaced people since Oct 2022 (OCHA)



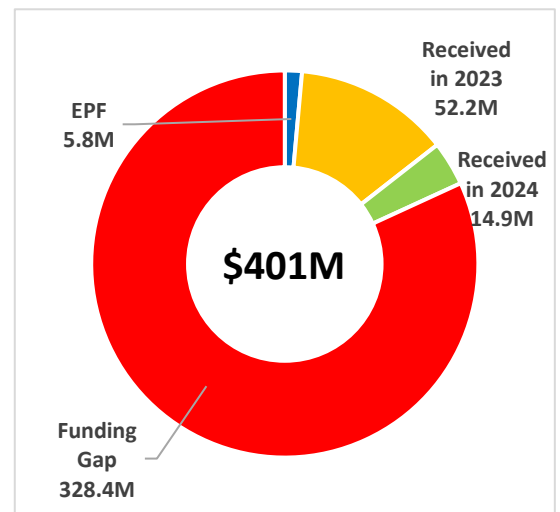
11,027

Suspected cholera cases, 186 deaths in DRC (Jan.-Mar. 2024, Min. of Health)

UNICEF Response and Funding Status



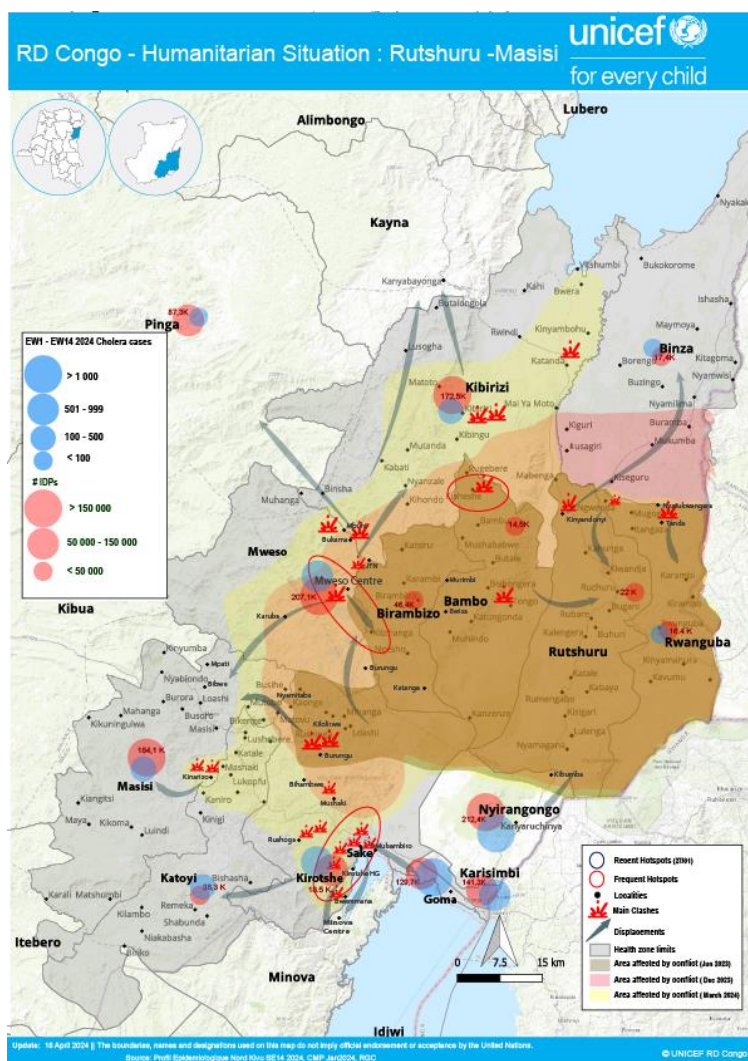
UNICEF L3 Emergency Response Appeal – USD \$401.3 million



* As per UNICEF's L3 emergency response plan

Funding Overview and Partnerships

UNICEF requires US\$ 401.3 million for its L3 emergency response in eastern DRC. This amount is a subset of UNICEF DRC's overall [Humanitarian Action for Children 2023 and 2024 appeals](#). The humanitarian response is needed to meet the acute protection needs of women and children resulting from: the upsurge in violence in Rutshuru and Masisi territories (North Kivu province); inter-communal conflict in Djugu and Mahagi territories (Ituri province); violence in the "Grand Nord Kivu" and south Ituri province; and the cholera outbreak in North Kivu and South Kivu provinces. Since June 2023, UNICEF has received US\$ 19.1 million against the emergency funding requirements. However, a total of US\$ 35.3 million was received in 2023 before the L3 declaration and is being used for the humanitarian response since June, along with an internal loan of US\$ 5.75 million (UNICEF Emergency Response Fund/EPF). UNICEF sincerely thanks all public and private donors for the contributions received.



Situation Overview and Humanitarian Needs

The scale and intricacy of the conflict in the east of DRC has reached new heights with increased fighting pushing mass population movements within and between the provinces. Violence has dramatically escalated during the first quarter of 2024 in North Kivu province, notably in Masisi and Rutshuru territories. Heavy fighting broke out between the Armed Forces of the Democratic Republic of the Congo (FARDC), its allies and the non-state armed group (NSAG) M23 around the city of Sake (27km from Goma) as well as around Mweeso and Kibirizi. This has significantly hindered humanitarian access. On 27 January, two explosive shells struck Sake. In under 24 hours on 9 February over 58 people, including 31 civilians, were admitted into an international organization's medical facility. On 12 February, a bomb hit the Zaina IDP site in Sake. Reactions varied from NGOs temporarily relocating their teams from Mweeso to Kitshanga to all humanitarian actors being evacuated from Sake in February and most remain so. The presence of armed men closer to Goma and inside IDP sites has drastically intensified which, along with the increased presence of

heavy artillery close to the IDP sites, poses great protection risks to both displaced individuals and host communities.

South Kivu province is increasingly affected as the M23 crisis extends south causing population movements towards Kirotshu and Minova. In late February, UNICEF undertook an evaluation mission by boat to Minova, which is in South Kivu but only accessible from North Kivu. Authorities reported that nearly 120,000 individuals (more than 45% children under 15) from Sake and Masisi were displaced to Minova between 2-6 February. Most of those new IDPs settled in spontaneous sites with no access to basic services such as WASH, protection, health, nutrition, or education. This represents a threefold increase compared to the

number of displaced people arriving in Minova last February (2023). Additionally, the team observed a significant presence of local armed self-defence groups (Wazalendo), as well as FARDC forces.

Ituri province saw an upsurge in attacks against civilians against a backdrop of inter-community tension – especially in Djugu territory. On 6 March, an attack on the Drodro hospital in Djugu resulted in one patient killed and the evacuation of the medical NGO that was supporting the hospital. This in turn led to the evacuation of most of the humanitarian actors from the zone. According to OCHA, more than 100 civilians are killed on average in the province each month. By the end of March, there are still severe access challenges in providing continued and effective humanitarian aid and supply routes have been cut off.

In Irumu (Ituri province), and in Beni (North Kivu province), attacks on civilians have included killing, kidnapping, and looting of properties, further provoking new displacements. The unpredictability of the ADF attacks in this area makes any intervention difficult. The suspension of activities in DroDro (Djugu territory - Ituri) by the main players since 28 February has aggravated humanitarian needs.

According to the [IOM Displacement Tracking Matrix \(DTM\)](#) as of 29 March, 1,561,676 individuals have been displaced due to the M23 crisis in North Kivu province alone. This represents an increase of 26 per cent since the beginning of the year. Furthermore, IOM figures show that Ituri province hosts the second largest IDP and returnee population of any province in the DRC with 1.6 million IDPs and 1.2 million returnees. These displacement patterns are reflected also in South Kivu province where the increased violence continues to affect the third largest IDP and returnee population, with 1.4 million and 690,000 individuals respectively.

While representing a fraction of the alerts, the total number of grave violations verified through the Monitoring and Reporting Mechanism (MRM) in the Eastern provinces of the DRC increased by 30 per cent from January to March 2024, compared to the last quarter of 2023, with more than 1,000 grave violations verified by the United Nations. Recruitment and use of children were the top grave violation reported, followed by child abduction, killing and maiming, and sexual violence against children. South Kivu province was the most affected with over 400 grave violations verified in only three months, followed by North Kivu with more than 250 verified grave violations (particularly in Rutshuru, Masisi and Beni). In Ituri province, children were particularly affected by abductions, followed by recruitment and use by armed groups, and killing and maiming, especially in Irumu and Djugu territories. In all provinces, family separation has continued to increase in a context where family tracing and reunification activities have become more complex due to insecurity and multiple, massive displacements.

The intensification of combat and conflict is generating massive needs in both already overcrowded IDP sites, and in areas with limited or no access due to the fighting. The lack of capacity to meet the increased needs is resulting in poor coverage of basic social services. However, through multi-sectoral and multi-actor efforts (Health, WASH, CATI/SBC) the first quarter of 2024 has seen a 31 per cent decrease in cholera cases in North Kivu province compared to the same period in 2023. Despite this decrease, IDP sites in Nyiragongo, Goma, Masisi, Karisimbi, and Kirotshu are still highly affected by cholera cases. North Kivu accounts for over 57 per cent of all cases in the country (11,815 notified cases); 45 per cent of these cases concern children under 18 and over six per cent are children under 5.

Humanitarian Leadership, Coordination and Strategy

Given the continued deterioration of the situation in eastern DRC and the extent of humanitarian needs, UNICEF, in alignment with the Inter Agency Standing Committee's system-wide scale-up protocol¹,

¹ On 16 June, the Under-Secretary-General for Humanitarian Affairs, and the Emergency Relief Coordinator activated a humanitarian systemwide for three months which was extended to 31 Dec 2023 and has ended.

activated its Level 3 Corporate Emergency Activation Procedure in June 2023 to mobilise corporate resources to support the scale up of the humanitarian response for six months in Ituri, South Kivu and North Kivu provinces. The L3 has been extended in a sustain phase until 14 June 2024.

Under the interagency framework for humanitarian coordination in DRC, overseen by the Humanitarian Coordinator, UNICEF leads the Education, Nutrition and WASH Clusters as well as the Child Protection Area of Responsibility (AoR) at national and subnational levels. UNICEF is also a key partner in the Health Cluster, the inter-agency network on Prevention of Sexual Exploitation and Abuse (PSEA), the Humanitarian Access working group, and the Accountability to Affected Populations (AAP) working group.

Since the declaration of the L3 scale-up, UNICEF has intensified its efforts and redirected funding to meet the increased needs of the people in Ituri, North Kivu, and South Kivu provinces. Programmatic priorities and targets were revised, and partners mobilized to continue to provide lifesaving assistance to those affected by the multiple crises. The results in this situation report are for the first quarter of 2024 against targets in the validated response plan covering June 2023 – June 2024. To see more details about UNICEF DRC's humanitarian action for children in 2024, please see previous [UNICEF DRC Situation Reports](#).

UNICEF continues to leverage its extensive presence in DRC, including field offices in Goma (North Kivu), Bunia (Ituri) and Bukavu (South Kivu). As part of the response strategy, field presence has been expanded and emergency personnel have been deployed to areas including Beni, Rutshuru, Dro Dro, and Mahagi to reach the most vulnerable children, women, and families in this humanitarian crisis.

UNICEF Clusters

From January to March 2024, **WASH cluster** partners stepped up their response in favour of displaced populations and host communities, including the distribution of 2,395 cubic meters of safe water to IDP sites around Goma (North Kivu province). IDP sites such as Bulengo, Rusayo, Nzulo and Lushagala were supplied with an additional water pumping capacity of 250k litre/day during March. 422 latrine doors and 200 shower doors were made available to newly displaced populations in the Buhimbam, Nzulo and Lushagala sites around Goma. In Ituri province, three water pumping stations were installed in IDP sites around Bunia, and in Rho IDP site in the Djugu territory. In response to the new waves of displacements in Minova, South Kivu, two potabilization stations were installed with a combined capacity of 180 cubic meters/day. In response to the cholera epidemic in IDP sites in North and South Kivu, UNICEF and its implementing partners involved in the CATI approach, distributed 17,500 WASH kits to displaced people.

The **Education cluster** organized the training of 26 members of educational centres on the utilization of new data collection tools. In addition, 52 partners were trained in education in emergencies (EiE). Cluster partners reached a total of 153,615 children (76,166 girls) in Ituri, North Kivu, and South Kivu provinces. Furthermore, 2,095 teachers (943 women) in the three provinces received training in child-centred methodologies, psychosocial support, peace education, and child protection. A total of 8,518 children (4,136 girls) were sensitized about the risks associated with epidemics and other contagious diseases. Among these children, 1,171 (571 girls) benefited from recreational kits and psychosocial support. School supplies were provided to 110,814 children (55,168 girls). Through the rehabilitation of 55 classrooms and construction of 16 classrooms in 37 schools and 36 temporary learning spaces, 14,021 children (7,243 girls) were provided access to education. In addition, 5,345 children (2,411 girls) have been reached through distance learning and school assistance through cash transfers benefitted 1,754 children (877 girls). Lastly, 2,200 children (1,068 girls) participated in remedial education courses and 3,452 children (1,757 girls) were reached by the strengthening of child protection in schools.

The **Nutrition cluster**, with financial support from UNICEF, conducted a rapid nutritional assessment of 125,564 children under 5 years old and 40,642 pregnant and breastfeeding women in 20 IDP sites in the Goma, Karisimbi and Nyiragongo health zones (North Kivu province). The aim of this nutritional assessment

was to provide a rapid overview of the nutritional situation and ensure that all new SAM cases had access to nutritional care. The results will be shared in April 2024.

Between January and March 2024, the **Child Protection area of responsibility** (CP AoR) conducted trainings in Ituri province (Bunia, Mahagi, Djugu, Irumu and Mambasa territories) on child protection minimum standards specifically focusing on community approaches, case management, and child protection risks. The CP AoR, in collaboration with the Protection Cluster and the Gender Based Violence (GBV AoR), also trained OCHA protection focal points on CP basics. In North Kivu, the mapping of CP actors revealed that fewer and fewer actors are operational in IDP sites around Goma. As the needs for affected populations are growing with the continued arrival of new IDPs, this decreased operability raises concerns not only for the coverage of the child protection response but also for the effectiveness of referral pathways to complementary services. High level joint advocacy with the Education cluster took place on protecting education in emergencies and joint strategies between the two sectors were developed for multisectoral responses through humanitarian funds allocation.

Integrated Analytics Cell (CAI)

The UNICEF CAI team has been providing technical support to the North Kivu CAI Provincial Health Division (DPS) on Integrated Outbreak Analytics (IOA), working with partners to improve data collection and integrated analytics and evidence use. During the first quarter of 2024, a meta synthesis of CAI analyses was conducted to support UNICEF's protection and gender priorities focusing on factors affecting displaced adolescent women and girls in four IDP sites/host communities: Lushagala and Bushagara (North Kivu), Minova (South Kivu), and Rhoe (Ituri). The results highlighted that a significant proportion of teenage girls live alone in IDP sites or with host families, have low levels of education and literacy, have difficulty accessing work or income generating activities as well as services, and report facing multiple risks including sexual exploitation to access kits, housing, work, and services.

In collaboration with PNECHOL-MD, in-depth investigations of cholera-affected households continue to help response actors better understand the dynamics around cholera and its prevention. A [meta-synthesis](#) of results from three Health Zones (Goma, Karisimbi, and Nyiragongo) in 2024 highlighted that 455 of 461 cases (99%) were displaced and living in IDP camps and newly displaced (within six weeks or less) highlighting the relationship between conflict, displacement and cholera. UNICEF CAI teams accompanied the MoH CAI to support analyses to better understand the measles recurrence in Manguredjipa health zone (North Kivu province). The results highlighted an overall precarious context with poor overall health indicators: 16 per cent of children in sampled households infected with measles had not been vaccinated; eight per cent of households reported the death of a child during the four weeks prior to the team's visit.

Prevention of Sexual Exploitation and Abuse (PSEA)

The response efforts of UNICEF within the framework of the L3 led to an intensification of PSEA measures to manage risks related to increased presence and activities: 201,757 people (38,448 girls; 33,097 boys; 45,805 men; 84,407 women) had access to safe mechanisms for reporting SEA during this period.

To facilitate access of child victims of SEA to services, UNICEF is supporting two schools in the North Kivu and Ituri provinces, attended by many SEA victims and children born as a result of SEA, with psychosocial activities. The schools were supported to hire counsellors and provided with necessary materials for psychosocial activities. UNICEF was equally able to leverage on L3 interventions to support access of children born as a result of SEA to civil status registration documents (birth and death certificates). This supported the children's claim to paternity and citizenship.

With the withdrawal of MONUSCO from South Kivu, UNICEF in collaboration with the inter-agency PSEA network, supported the absorption of the MONUSCO managed CBCN (community-based complaint network) into the inter-agency community-based complaint mechanisms (CBCM) for reporting SEA.

UNICEF Programme Response

Child Protection and Gender-Based Violence (GBV)

Despite an increasingly volatile and insecure situation, UNICEF was able to ensure the continued delivery of child protection services to children in need through its extended collaboration with government counterparts and local actors, who maintained their presence on the ground. UNICEF and its partners continued providing critical interventions such as mental health and psychosocial support in North Kivu, South Kivu and Ituri provinces, reaching more than 108,000 individuals. Close to 1,900 UASC were identified and assisted, with a 24 per cent increase in the number of UASC identified between February and March. Although displaced themselves, community members of community-based child protection committees continued their efforts together with social workers and para-social workers to prevent family separation and to facilitate children's identification, referral, and family reunification, notably through a UNICEF-supported weekly case management system led by the Division of Social Affairs (DIVAS).

In close collaboration with the Disarmament, Demobilization, Community Recovery and Stabilization Programme (PDDR-CS), DIVAS and its partners, UNICEF assisted 516 children formerly associated with armed groups (20% girls). To strengthen safe identification and individual assistance to children in North Kivu, UNICEF has set up case management systems in Beni, Goma, Rutshuru, Masisi, and Bweremana. These meet weekly. Consistent engagement with stakeholders enabled the UN to help release children associated with armed groups despite the conflict's escalation.

Moreover, over 185,000 women, girls and children were reached with prevention and/or GBV risk mitigation interventions across all areas covered by the L3 emergency response, including in hard-to-reach areas. As part of the Cash+GBVIE programme, UNICEF and its partners AVSI and Panzi, conducted the second round of cash transfers for 5,230 vulnerable household members in Bulenga (North Kivu) and Minova (South Kivu) of whom 87 per cent were women. Finally, close to 500 girls received dedicated support in the Goma/Nyiragongo area, including psychosocial support, legal assistance, medical care, life-skills, and socio-economic reintegration.

Water, Sanitation and Hygiene (WASH)

Since January 2024, despite access constraints, UNICEF and its partners have continued providing access to clean drinking water, sanitation, and hygiene awareness in the three eastern provinces.

In North Kivu, efforts focused on providing clean water to 234,713 people, in cholera affected IDP sites. Construction of latrines and showers benefitted over 69,450 individuals, alongside the distribution of WASH kits and personal hygiene kits. Following the deterioration of the humanitarian situation since January 2024, four new projects, were initiated in Kanyaruchinya, Bushagara, Bulengo, Lushagala and Kashaka IDP sites around Goma (North Kivu province). In Kanyaruchinya, an extension of the existing water network is underway with 14 additional standpipes. Completion is expected in May 2024. Also, the construction of three water supply networks in Rutshuru territory will directly serve over 47,000 people.

In South Kivu, 63,387 newly displaced individuals gained access to drinking water, while sanitation improvements benefitted 10,100 people. Hygiene promotion reached an additional 2,836 individuals.

In Ituri province, 22,640 new persons gained access to drinking water, while over 5,500 benefitted from sanitation facilities. The suspension of activities in Dro Dro (Djugu territory) by the main players since 28 February has aggravated humanitarian needs. For instance, a project aimed at supplying an additional 62,000 liters of water at the RHOE site and in the Masumbuko community has been put on hold.

Cholera Rapid Response

The deterioration in the security situation in North Kivu has had a direct impact on the cholera response, with data completeness falling from 81 per cent in December 2023 to 75 per cent in March 2024. Despite

this difficult environment, the CATI (Case Area Targeted Interventions) program is continuing its response. The strategic positioning of local teams (PRECATI) has enabled an immediate response to suspected cholera cases, particularly in conflict-affected and inaccessible health zones such as Bambo, Binza, Kayna, Kyondo, Masisi, Mweso, Rutshuru, Rwanguba and Walikale.

Since January 2024, 35 rapid response teams are active: 18 in North Kivu and 17 in South Kivu. Overall, CATI teams in both provinces carried out 5,556 interventions reaching 770,235 people - 91 per cent of which were completed within 48 hours after receiving the alert. Of the 6,284 suspected cases of cholera recorded for the two provinces, CATI teams responded to 5,245 cases (83.4%). CATI interventions included the disinfection of household, the distribution of cholera prevention kits, advice on good hygiene practices and information on cholera services available in their communities. In North Kivu, the CATI approach has been adjusted to address the widespread epidemic in IDP sites with available funding. This modification allows reaching more people with less funding, but also a less comprehensive package.

In addition, during the reporting period, UNICEF was able to provide epidemiologic surveillance for case intervention taking 3,930 samples for laboratory analysis – confirming 1,268 cases of cholera. A main challenge remains timely reporting and verification of reported suspected cases in the official line sheets.

UniRR (UNICEF Rapid Response)

During the reporting period, UniRR provided humanitarian assistance to more than 120,000 people of whom 67 per cent have been children. UniRR teams distributed 17,427 essential household items, WASH, and hygiene kits, reaching 120,887 persons.

In Ituri province, 4,429 primary healthcare consultations were provided. In North Kivu province, 8,233 newly displaced households from Sake received health assistance in the mobile clinic set up in the Lushagala site around Goma. A total of 480 children were screened for malnutrition and 21 with SAM were treated in community and at health centres and 20 were referred to higher level health centres.

Interventions took place within eight days of the initial assessment. The delay is due to the upsurge of fighting in North Kivu that directly impacted the humanitarian access to conflict zones.

Due to intense fighting, the distribution of NFIs and WASH kits, originally scheduled for February, to internally displaced persons (IDPs) in Bweremana (North Kivu) and in Minova (South Kivu) was finally carried out from 15 to 19 March by UNiRR partners AIDES/South Kivu and the Red Cross North Kivu.

Nutrition

UNICEF screened children aged 6-59 months and pregnant/lactating women in response to the influx of displaced people arriving in Goma (North Kivu). Results showed 9,603 Moderate Acute Malnutrition (MAM) cases and 2,630 SAM cases who received immediate assistance and referrals for adequate care.

UNICEF and nutrition actors continued engagement with communities, to provide nutrition services to affected populations. Host and displaced populations benefit from nutrition prevention and treatment services. From January to March, 20,383 children with SAM (11,100 girls and 9,283 boys) were admitted to therapeutics centers. For prevention, 631,846 mothers and caregivers received messages on IYCF in health facilities and in communities.

In the context of Djugu-Mahagi crisis, UNICEF and its partners provided treatment for 6,769 SAM children (3,648 girls and 3,121 boys). In M23 crisis areas, 13,614 (7,478 girls and 6,136 boys) SAM children aged were treated.

Health

During the reporting period, UNICEF launched new health interventions in North and South Kivu as well as in Ituri. The health zones of Mweso, Kirotshe (North Kivu) and Minova (South Kivu) benefitted from cholera case management. While in Djugu-Mahagi (Ituri), and in Goma, Karisimbi and Nyiragongo (North Kivu) the health section provided medical care to vulnerable populations and ensured free access to primary health care. Despite security concerns in these areas, UNICEF, in collaboration with national and international NGOs, made significant progress, including 19,110 curative consultations for children under 15 years old (8,966 boys and 10,114 girls) and 7,839 curative consultations for vulnerable individuals over 15 years old (4,814 women and 3,025 men). Additionally, 1,935 women received antenatal care, and 978 successful deliveries were successfully overseen by qualified medical personnel, including 56 caesarean sections. Through ongoing collaboration with local partners, routine vaccination campaigns managed to fully vaccinate 724 children. 964 cases of cholera were treated, resulting in a low fatality rate of 0.3 per cent. 10 oral rehydration points in the Bweremana health area and Kirotshe health zone, were established. In addition the cholera treatment unit (CTU) of Nzulo in Kirotshe health zone, has been rehabilitated to working standards, ensuring continued quality health access for the affected communities.

In March 5,992,952 children were vaccinated against polio (1,960,224 in South Kivu; 2,502,417 in Nord Kivu and 1,530,311 in Ituri provinces).

Education

UNICEF continues to work closely with partners to provide joint child protection and education services to 161,414 (80,066 girls) crisis-affected children and adolescents in North Kivu, South Kivu and Ituri provinces.

In North Kivu specifically, UNICEF and its partners distributed learning materials to 127,741 children (62,831 girls), established 43 temporary learning spaces and provided training to 75 teachers in psychosocial support, learner-centred pedagogy, and education for peace. These efforts collectively benefitted 19,632 children (9,995 girls). UNICEF and partners have fortified the knowledge and skills of targeted beneficiaries on PSEA, risk mitigation, and gender-based violence prevention, ensuring safer learning conditions for children.

In South Kivu, UNICEF and partners supported the education access for 440 children (223 girls) enrolled in primary schools. They distributed school supplies to 9,460 children (4,477 girls), provided remedial classes to 6,504 children (2,946 girls), and sensitized 419 adolescents (157 girls) on PSEA. They also organized psychosocial support for 7,510 children (4,127 Girls), and play-based, socio-emotional and peace building activities for 9,055 children (4,443 girls) in 30 school-based peace clubs.

In Ituri, UNICEF distributed school bags made by trained vulnerable adolescents to 2,422 children (926 girls), contributing to their socio-economic reinsertion. Also, UNICEF and partners distributed school supplies to 2,503 children (1,219 girls) and recreational kits to 4 primary schools. They also constructed 21 temporary learning spaces and 8 gender-separated latrines, benefiting 1,200 children in 8 primary schools. Additionally, they provided menstrual hygiene kits to 838 girls, conducted a GBV awareness campaign reaching 2,426 community actors, teachers, and pupils, and trained 63 teachers in GBV risk reduction.

Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE) and Accountability to Affected Populations (AAP)

From January to March 2024, 3,878,112 people in IDP sites and host communities received life-saving information, bringing the total reached to 9,795,224 since the start of the L3 response. Messages on prevention and access to basic services were disseminated face-to-face, mainly through community action cells (CACs), young U-Report volunteers, and public banners. Content included information on essential family practices, epidemic prevention (cholera), PSEA, and protection against violence. In coordination with the CATI program, messages on prevention of cholera, and on how to behave in case of symptoms were shared in cholera affected IDP sites.

During the reporting period, 77,070 individuals participated in risk communication and community engagement activities, bringing the total engagement to 369,515. These efforts enhanced community resilience and facilitated participation in decision-making processes. Participants included local leaders, members of CACs and grassroots organizations, as well as young U-Report volunteers. Additionally, in Ituri, 384 members of 32 newly formed CACs in three IDP sites were also provided with income-generating activities to empower them.

Additionally, 235,786 people accessed UNICEF feedback mechanisms between January and March, bringing the total number to 877,656. According to the information gathered, the main priority for displaced people remains access to food, security, and access to basic services.

Stories from the field

New water taps mean displaced families no longer have to choose between drinking, cooking or washing

UNICEF and partners stepped up their response by building latrines and showers and increasing the availability of drinking water at the Don Bosco site.



Bernadette, mother of four, in front of her shelter in the Don Bosco IDP site.
UNICEF/UNI539074/Jospin Benekire

Back in her village in Rutshuru in North Kivu, Bernadette ran a bustling grocery store selling flour, water and other items.

But in March 2022, her life was turned upside down when fighting spread towards her home. She fled with her family of four children aged between 3 and 10 years old to the Don Bosco displacement site in Goma. For the past 16 months, Bernadette has been living an entirely different life to the one she left behind. A difficult life, with one of the most pressing problems being a lack of clean water.

"When we arrived, we were greeted by the priest, who told us to build shelters with wood," Bernadette recalls. "To get water, we had to ask the local residents, but even their generosity had its limits."

The situation became increasingly unbearable for Bernadette and her family.

"The water we received from our neighbours was insufficient," she explains. "How do you make a choice between washing, cooking or drinking? The women suffered from infections, and our children had scabies."

The situation became still worse in February 2024 when in the space of two weeks an additional 250,000 people arrived in Goma fleeing violence in Sake and Bweremana.

[Read more here](#)

Thanks to our donors:



Who to contact for further information:

Lucia Elmi
Director of Emergency Programmes
UNICEF Headquarters
Email: lelmi@unicef.org

Gilles Fagninou
Regional Director,
UNICEF Regional Office for West & Central Africa
Email: gfagninou@unicef.org

Grant Leaity
Representative
UNICEF DRC
Email: gleaity@unicef.org

Annex A: Funding Status*

Sector	Requirements	Funds available		Funding gap	
		Funds received in 2024	Funds received in 2023 +EPF	GAP	%
Rapid Response UniRR+CATI	66,888,948	3,540,036	20,045,007	43,303,905	65%
Cash +	28,500,000	750,000	1,250,000	26,500,000	93%
WASH	77,386,642	3,678,960	9,863,020	63,844,662	83%
Child Protection/GBV	50,800,555	3,131,749	8,531,557	39,137,249	77%
Health	21,710,188	1,059,458	2,538,947	18,111,784	83%
Nutrition	47,455,001	800,000	7,747,956	38,907,045	82%
Education	86,721,230	0	3,900,952	82,820,278	96%
SBC	8,820,968	126,154	260,000	8,434,814	96%
CAI	415,000	0	0	415,000	100%
PSEA	4,768,000	315,891	623,060	3,829,049	80%
Operational Support Coordination	7,800,000	1,485,971	3,181,750	3,132,279	40%
Total	401,266,532	14,888,218	57,942,248	328,436,065	82%

* UNICEF's appeal for the L3 Emergency Response for a period of 12 months is part of the UNICEF DRC Humanitarian Action for Children 2023 and 2024; funding requested for the L3 is a subset of the total HAC appeal.

Annex B: External Media Links

Social media

https://twitter.com/UNICEF_FR/status/1756921152734171564
<https://twitter.com/UNICEFDRC/status/1756985762849935835>
https://twitter.com/UNICEF_france/status/1756981638146199602
<https://twitter.com/unicefprotects/status/1757017457070629282>
<https://twitter.com/UNICEFDRC/status/1757033446323409277>
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<https://twitter.com/unicefprotects/status/1757035307915235815>
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- [UNICEF and WFP demand action to protect children and unfettered humanitarian access in eastern DRC](#)
- [A wish to return to school is realized](#)
- [From forest to blackboard: the story of Mavala](#)
- [UNICEF deplores killing of civilians, including children, by bomb falling on displacement camp](#)
- [Bunia barber mentors children and adolescents who have exited armed groups](#)
- [New water network extension in northern Goma to benefit 150,000 displaced persons and host families](#)

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Annex C: Consolidated Humanitarian Programme Monitoring

Sector	Indicator	Gender Disaggregation	UNICEF and IPs Response		
			UNICEF Target	Total Results June 2023 – March 2024	Change since last report
HEALTH					
# of children and women receiving primary health care in UNICEF-supported facilities	Total		441,366	262,817	59,832
	Girls		216,250	93,596	20,974
	Boys		207,431	74,591	18,016
	Women		17,685	94,630	20,842
NUTRITION					
# of children 6-59 months with severe wasting admitted for treatment	Total		71,434	57,440	20,383
	Girls		37,146	29,869	10,599
	Boys		34,288	27,571	9,784
# of # of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling			427,338	1,325,499	631,846
CHILD PROTECTION					
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total		978,254	412,397	108,288
	Girls		401,084	183,706	49,402
	Boys		381,519	181,158	43,357
	Women		117,391	30,611	10,970
	Men		78,260	16,922	4,559
# of survivors accessing gender-based violence response interventions (holistic care)	Total		15,100	8,160	3,513
	Women		5,285	3,646	1,995
	Girls		8,305	4,045	1,245
	Boys		1,510	469	273
# of women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	Total		1,004,198	858,990	185,830
	Girls		401,679	274,740	53,728
	Boys		251,050	296,942	63,036
	Women		351,470	287,308	69,066
# of children who have exited armed forces and groups provided with protection or reintegration support	Total		4,350	2,766	516
	Girls		1,088	639	101
	Boys		3,262	2,127	415
# of unaccompanied and separated children provided with alternative care and/or reunified	Total		6,700	5,773	1,873
	Girls		3,417	2,427	799
	Boys		3,284	3,346	1,074
PSEA					
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total		610,174	1,160,317	201,757
	Girls		182,268	294,907	38,448
	Boys		171,632	254,502	33,097
	Women		131,039	350,004	84,407
	Men		125,236	260,904	45,805
EDUCATION					
# of children accessing formal or non-formal education, including early learning	Total		791,176	161,072	80,965
	Girls		403,500	82,147	41,292
	Boys		387,676	78,925	39,673
# of children receiving individual learning materials	Total		474,706	88,027	40,502
	Girls		242,100	44,894	20,811
	Boys		232,606	43,133	19,691
WATER, SANITATION & HYGIENE					
# of people accessing a sufficient quantity of safe water for drinking and domestic needs (based on 10L per person per day)	Total		1,872,936	337,696	116,667
	Women		955,870	172,225	57,370
	Men		918,385	165,471	59,297
	Total		1,872,936	440,360	170,900
# of people use safe and appropriate sanitation facilities	Women		955,870	224,584	76,537
	Men		918,385	215,776	94,363
# of 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			1,280,105	1,997,560	770,235
Rapid Response Mechanism (UniRR)					
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments			1,352,352	420,917	120,887
Cross-sectoral (HCT, C4D, RCCE and AAP)					
# of people reached through messaging on prevention and access to services			4,890,145	9,795,224	3,878,112
# of people engaged in RCCE actions			67,884	369,515	77,070
# of people with access to established accountability mechanisms			374,941	877,656	235,786
# of households reached with UNICEF-funded humanitarian cash transfers across sectors			435,000	14,558	14,558

Annex D: Humanitarian Programme Monitoring per crisis

		Crisis Djugu-Mahagi			Crisis M23 and South Kivu			Crisis ADF			Crisis choléra			TOTAL	
		UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	
Sector		UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
Indicator	Disaggregation														
HEALTH															
# of children and women receiving primary health care in UNICEF-supported facilities	Total	66,749	82,885	20,152	365,418	176,253	38,663				9,199	3,679	1,017	441,366	262,817
	Girls	32,707	34,781	8,047	179,055	57,640	12,572				4,489	1,175	355	216,250	93,596
	Boys	31,372	27,188	6,689	171,746	46,106	10,970				4,313	1,297	357	207,431	74,591
	Women	2,670	20,916	5,416	14,617	72,507	15,121				398	1,207	305	17,685	94,630
NUTRITION															
# of children 6-59 months with severe wasting admitted for treatment	Total	24,634	22,406	6,769	46,800	35,034	13,614							71,434	57,440
	Girls	12,810	11,651	3,520	24,336	18,218	7,079							37,146	29,869
	Boys	11,824	10,755	3,249	22,464	16,816	6,535							34,288	27,571
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling		65,088	250,769	71,557	362,250	1,074,730	560,289							427,338	1,325,499
CHILD PROTECTION															
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	394,108	168,626	22,949	419,131	164,093	57,315	165,015	79,678	28,024				978,254	412,397
	Girls	161,584	67,337	10,340	171,844	80,054	26,980	67,656	36,315	12,082				401,084	183,706
	Boys	153,702	71,118	8,784	163,461	74,685	24,018	64,356	35,355	10,555				381,519	181,158
	Women	47,293	17,497	2,367	50,296	8,375	5,599	19,802	4,739	3,004				117,391	30,611
	Men	31,529	12,674	1,458	33,530	979	718	13,201	3,269	2,383				78,260	16,922
# of survivors accessing gender-based violence response interventions (holistic care)	Total	4,000	2,031	534	6,000	4,563	2,586	5,100	1,566	393				15,100	8,160
	Women	1400	568	161	2,100	2,702	1,742	1,785	376	92				5,285	3,646
	Girls	2200	1,442	371	3,300	1,490	617	2,805	1,113	257				8,305	4,045
	Boys	400	21	2	600	371	227	510	77	44				1,510	469
# of women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	Total	285,050	224,152	57,114	504,131	444,179	103,596	215,017	190,659	25,120				1,004,198	858,990
	Girls	114,020	73,270	18,956	201,652	139,354	27,133	86,007	62,116	7,639				401,679	274,740
	Boys	71,263	68,172	19,079	126,033	173,574	35,625	53,754	55,196	8,332				251,050	296,942
	Women	99,768	82,710	19,079	176,446	131,251	40,838	75,256	73,347	9,149				351,470	287,308
# of children who have exited armed forces and groups provided with protection or reintegration support	Total	1000	263	40	1,300	1,631	213	2,050	872	263				4,350	2,766
	Girls	250	61	10	325	347	32	513	231	59				1,088	639
	Boys	750	202	30	975	1,284	181	1,537	641	204				3,262	2,127

		Crise Djugu-Mahagi			Crise M23			Crise ADF			Crise choléra			TOTAL	
		UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	
Sector	Disaggregation	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
# of unaccompanied and separated children provided with alternative care and/or reunified	Total	2,600	504	92	1,550	3,876	1,102	2,550	1,393	679				6,700	5,773
	Girls	1326	258	67	790	1,533	423	1,301	636	309				3,417	2,427
	Boys	1,274	246	25	760	2,343	679	1,250	757	370				3,284	3,346
PSEA															
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	186,583	253,184	69,100	316,091	684,176	106,862	107,500	222,957	25,795				610,174	1,160,317
	Girls	55,191	60,098	12,979	94,827	187,612	19,671	32,250	47,197	5,798				182,268	294,907
	Boys	53,027	53,848	10,939	88,505	158,877	16,069	30,100	41,777	6,089				171,632	254,502
	Women	39,966	86,923	31,617	67,960	187,342	44,580	23,113	75,739	8,210				131,039	350,004
	Men	38,399	52,315	13,565	64,799	150,345	26,542	22,038	58,244	5,698				125,236	260,904
EDUCATION															
# of children accessing formal or non-formal education, including early learning	Total	292,646	29,363	0	262,536	122,673	80,965	235,994	9,036	0				791,176	161,072
	Girls	149,249	14,975	0	133,893	62,563	41,292	120,357	4,608	0				403,500	82,147
	Boys	143,397	14,388	0	128,643	60,110	39,673	115,637	4,428	0				387,676	78,925
# of children receiving individual learning materials	Total	175,588	33,632	2,505	157,522	52,698	37,997	141,596	1,697	0				474,706	88,027
	Girls	89,550	17,152	1,278	80,336	26,876	19,533	72,214	865	0				242,100	44,894
	Boys	86,038	16,480	1,227	77,186	25,822	18,464	69,382	832	0				232,606	43,133
WATER, SANITATION & HYGIENE															
# of people accessing a sufficient quantity of safe water for drinking and domestic needs (based on 10L per person per day)	Total	692,950	30,640	22,640	948,273	276,416	63,387				1,181,305	307,056	94,027	1,872,936	337,696
	Women	353,405	15,626	11,546	357,577	140,972	30,197				602,466	156,599	45,824	955,870	172,225
	Men	339,546	15,014	11,094	343,555	135,444	33,190				578,839	150,457	48,203	918,385	165,471
# of people use safe and appropriate sanitation facilities	Total	692,950	7,500	5,500	948,273	212,680	79,550				1,181,305	220,180	85,850	1,872,936	440,360
	Women	353,405	3,825	2,625	483,619	108,467	35,418				602,466	112,292	38,494	955,870	224,584
	Men	339,546	3,675	2,875	464,654	104,213	44,132				578,839	107,888	47,356	918,385	215,776
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification											1,280,105	1,997,560	770,235	1,280,105	1,997,560

